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Panel on Welfare Services

**Updated background brief prepared by the Legislative Council Secretariat
for the meeting on 11 April 2016**

**Vocational rehabilitation services and residential care services
for persons with disabilities**

Purpose

This paper provides a brief account of discussions at meetings of the Council and relevant committees on the provision of vocational rehabilitation services and residential care services ("RCS") for persons with disabilities.

Background

2. To identify persons with disabilities with genuine need for RCS and to match them with appropriate types of services, a Standardized Assessment Tool for Residential Services for People with Disabilities was implemented with effect from 1 January 2005. All applicants for subvented RCS for persons with disabilities must be assessed by the Tool to ascertain their RCS needs before they are put on the Central Waiting List or admitted to their required service units.

3. According to the Administration, various kinds of subsidized RCS¹ are provided to those who cannot live independently or cannot be adequately cared for by their families. In line with the strategic directions enshrined in the

¹ Residential care services for persons with disabilities include Hostel for Severely Mentally Handicapped Persons, Hostel for Moderately Mentally Handicapped Persons, Supported Hostel, Care and Attention Home for Severely Disabled Persons, Hostel for Severely Physically Handicapped Persons, Long Stay Care Home, Halfway House, Care and Attention Home for the Aged Blind, Integrated Vocational Training Centre (Residential Service), Small Group Home for Mildly Mentally Handicapped Children/Integrated Small Group Home and Residential Special Child Care Centre, etc.

Hong Kong Rehabilitation Programme Plan, the Administration has introduced a statutory licensing scheme for residential care homes for persons with disabilities ("RCHDs") to regulate their standards and operation since November 2011. As a complementary measure, the Administration has also launched the Bought Place Scheme for Private Residential Care Homes for Persons with Disabilities ("BPS") on a pilot basis since October 2011 with a view to encouraging private operators of RCHDs to upgrade the service standard, shortening the waiting time for services by increasing the overall supply of subsidized RCS places, and helping the market develop more service options. BPS has been regularized since October 2014.

4. In addition to RCS, the Administration provides a wide range of employment and vocational rehabilitation services for persons with disabilities so as to equip them with job skills that meet market requirements and assist them in securing suitable employment commensurate with their abilities. These services and measures include sheltered workshops ("SWs"), supported employment, integrated vocational rehabilitation services centres ("IVRSCs"), integrated vocational training centres (day service), on the job training programme for people with disabilities and Sunny Way – on the job training programme for young people with disabilities, etc. Furthermore, for persons with severe intellectual disabilities who are unable to benefit from vocational rehabilitation training, day activity centers ("DACs") provide them with day care and training in daily living skills and simple work skills.

Members' deliberations

Measures to increase the provision of residential care places for persons with disabilities

5. Noting with grave concern about the long waiting time for hostels for mentally handicapped persons, some Members held a strong view that the provision of subvented RCS for persons with disabilities should be expedited to shorten the average waiting time to a reasonable timeframe. To alleviate the shortfall of RCS, the Administration should consider allocating a certain percentage of the total floor area of new public rental housing ("PRH") projects to RCHDs. The Administration should also seriously consider providing residential care places for persons with disabilities ("RCD places") and hostels for mentally handicapped persons in Home Ownership Scheme flats and government premises such as public housing blocks or Government Office Buildings. To increase the supply of Hostel for Severely Mentally Handicapped Persons ("HSMH") places, the Administration should consider introducing BPS for private HSMHs.

6. The Administration advised that in the coming few years, an additional 1 036 DAC places and 896 HSMH cum DAC places would be provided.

Apart from the additional 896 HSMH places which would be provided by 2017-2018, another 607 additional HSMH places would be provided through redevelopment or expansion on the sites owned by non-governmental organizations, particularly those under the Special Scheme on Privately Owned Sites for Welfare Uses ("the Special Scheme"). If all the 63 preliminary proposals received under the Special Scheme could be implemented smoothly, about 8 000 places for rehabilitation services would be provided. The Administration anticipated that about 2 140 additional residential care places and about 1 590 additional day training places would be provided for persons with disabilities between 2014-2015 and 2017-2018.

7. Noting with concern that some private RCHDs did not meet the requirements under BPS, some Members considered that the Administration should assist these private RCHDs in meeting the required standards, thereby increasing the supply of subsidized RCD places. According to the Administration, it had been continuously increasing the provision of RCD places. As at end-October 2014, there were 12 608 subsidized RCD places (including the 365 places purchased under BPS), representing an increase of about 97% since 1997. Since the regularization of BPS in October 2014, the cap of subsidized places in each home had been raised from 55% to 70% and the target number of places had been increased from 300 to 450. The Administration would continue to subsidize private RCHDs under the Financial Assistance Scheme to undertake improvement works so as to meet the licensing requirements and standards.

Setting targets for provision of and waiting time for residential care services for persons with disabilities

8. Some Members reiterated the need for the Administration to formulate a long-term plan and set targets for the provision of RCHDs and hostels for mentally handicapped persons. They took the view that the Administration should make a pledge for reducing the waiting time for RCD places. According to the Administration, it would be difficult to set such a target as the waiting time would be affected by various factors, such as the location preference of individual waitlistees and the slow turnover of RCD places due to ageing of persons with disabilities, particularly the ageing of persons with intellectual disabilities. The Administration considered it necessary to review the mode of services having regard to the ageing of persons with disabilities. To this end, the Rehabilitation Advisory Committee had set up a Working Group on Ageing of Persons with Intellectual Disabilities to examine in detail the service needs having regard to the ageing of persons with intellectual disabilities as well as the provision and the mode of the related services. A survey on the service users' profiles was being conducted to collect data for studying the supply of and demand for the services. The Administration would continue to bid for vacant premises in government buildings and vacant

school premises and actively identify vacant PRH units for the provision of rehabilitation services. The Administration would also enhance community care services, which would help alleviate the demand for RCS.

Day training and vocational rehabilitation services

9. Some Members expressed concern about an increase of 30% to 40% in the number of persons with disabilities waiting for long stay care home and the waiting time for DACs and SWs. The Administration explained that, in recent years, additional places were mostly provided for hostels for severely and moderately mentally handicapped persons, and comparatively the waiting time for places in long stay care homes was longer. As at July 2013, a total of 9 300 SW and IVRSC places were offered, 80% of which were places not attached to residential services. An IVRSC providing 160 additional places would be set up in Yuen Long in the 2015-2016 financial year, 80% of which would be for SWs. In addition, the two Integrated Rehabilitation Services Complex, one to be constructed at the site of ex-Siu Lam Hospital in Tuen Mun and the other at the site of ex-Kai Nang Sheltered Workshop and Hostel in Kwun Tong, would provide a total of 2 210 additional places for residential care, day training and vocational rehabilitation services. As at end-March 2014, a total of 4 801 subsidized places were provided in DACs in the territory for persons with disabilities in need. The Administration would keep in view the demand for vocational rehabilitation services and increase the service quotas of DACs and SWs accordingly.

10. Some Members suggested that the Administration should consider delinking DACs from HSMHs. The Administration explained that among the applicants waiting for DAC service, only 408 indicated that they would accept places in standalone DAC, whereas 805 would only accept HSMH cum DAC places. Therefore, there was a need to continue to provide DAC cum Hostel together with standalone places to meet the service demand.

Manpower planning for residential care homes for persons with disabilities

11. Some Members considered it necessary for the Administration to formulate plans to address the manpower shortage problem of RCHDs. The Administration advised that, to ascertain the manpower demand in the welfare sector, the Social Welfare Department ("SWD") conducted regular projections on the manpower demand for various types of paramedical and care staff in the welfare sector (particularly the manpower demand in elderly care and rehabilitation services). The projections took into account relevant factors such as the existing situation of supply and demand, additional manpower demand arising from new initiatives/projects planned for implementation in future and the ageing population etc., with due reference to other related surveys and views of the welfare sector.

12. According to the Administration, to alleviate the manpower supply problem, training had been strengthened for various ranks of staff servicing RCHDs. Approved health worker training courses were offered in 16 training institutes, providing a total of 56 training courses applicable to RCHDs. The Employees Retraining Board provided training places to upgrade the health care skills of existing staff of RCHDs and health workers who were interested to work in RCHDs. Participants who had successfully completed the training course might apply for registration as health workers according to the Residential Care Homes (Persons with Disabilities) Regulation. In addition, SWD had collaborated with the Hospital Authority ("HA") in offering the enrolled nurse training programme since 2006. SWD was fully subsidizing the tuition fees for the whole course, provided that trainees of the enrolled nurse training programme met the requirement of working in the welfare sector for a continuous period of no less than two years after satisfactory completion of the training.

13. The Administration further advised that, through the support of the University Grants Committee, the student intakes of Bachelor of Science (Hons) Occupational Therapy and Bachelor of Science (Hons) Physiotherapy programmes had been increased by 44 places (i.e. from 46 to 90 places) and 40 places (i.e. from 70 to 110 places) respectively per cohort in the 2012-2015 triennium. The Hong Kong Polytechnic University had offered two-year Master programme in Occupational Therapy and two-year Master programme in Physiotherapy in 2012 and again in 2014. Each of these programmes had provided a total of about 60 training places and all the graduates of the programmes from the batch in 2012 had joined the welfare sector. The Administration had also launched the Navigation Scheme for Young Persons in Care Services in July 2015 which would provide a total of 1 000 training places in the coming few years to offer employment and training opportunities to young persons who were interested in providing care services in the welfare sector.

Service quality of residential care homes for persons with disabilities

14. Noting that the staff to resident ratio in RCHDs which had participated in the Pilot BPS was 1:8, some Members expressed grave concern about the standard and service quality of RCHDs. According to the Administration, it had solicited views from different stakeholders in drawing up BPS, with a view to encouraging private RCHDs to upgrade their service standards, increasing the supply of subsidized RCS places and helping the market develop more service options. The service standard set for RCHDs participating in BPS had exceeded the licensing requirements and these RCHDs were required to provide residents occupying non-BPS places with the same level of service as BPS residents so as to benefit more persons with disabilities. To monitor RCHDs, a Service Quality Group was set up comprising community members and

residents' parents who would conduct unannounced visits to RCHDs and offer feedback on the service.

15. Noting a spate of incidents in which staff of RCHDs had allegedly abused RCHD residents, some Members called on the Administration to step up monitoring of RCHDs. The Administration advised that the Licensing Office of Residential Care Homes for Persons with Disabilities ("LORCHD") would conduct routine inspections as well as surprise inspections to RCHDs. LORCHD would adjust the frequency of inspections and increase the number of inspections to some RCHDs having regard to the service performance and the risk levels of individual RCHDs. Inspectors would monitor the service quality of RCHDs through various means, including collection of views of residents and their family members during inspections. Since the full operation of the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613) on 10 June 2013 to end-January 2016, LORCHD had conducted 5 430 surprise inspections and issued over 1 160 advisory letters and two warning letters. The RCHD operators and managers receiving these letters took follow-up actions and improvement measures actively.

16. According to the Administration, to enhance the monitoring and upgrade the service quality of RCHDs, SWD had established a notification mechanism with the Department of Health and HA for early identification of and follow-up on problem areas of RCHDs, organizing or promoting various training programmes for the staff of RCHDs, issuing guidelines to RCHDs as necessary for assisting them in improving management of operation and services as well as providing RCHDs with guidance and advice in handling complaints as and when required. The Administration was planning to reorganize SWD's Licensing Office of Residential Care Homes for the Elderly and LORCHD in 2016-2017. The two Offices would be merged with additional manpower to be provided to comprehensively strengthen the inspection and monitoring of residential care homes for the elderly and those for persons with disabilities.

Relevant papers

17. A list of relevant papers on the Legislative Council website is in the **Appendix**.

Appendix

Relevant papers on vocational rehabilitation services and residential care services for persons with disabilities

Committee	Date of meeting	Papers
Panel on Welfare Services	11 May 2009 (Item V)	Agenda Minutes
	14 March 2011 (Item V)	Agenda Minutes
	10 December 2012 (Item IV)	Agenda Minutes
	14 January 2013 (Item IV)	Agenda Minutes
Joint Subcommittee on Long-term Care Policy	29 January 2013 (Item I)	Agenda Minutes
	26 February 2013 (Item I)	Agenda Minutes
	2 July 2013 (Item I)	Agenda Minutes
Panel on Welfare Services	12 May 2014 (Item V)	Agenda Minutes
	8 December 2014 (Items IV and V)	Agenda Minutes
Council Meeting	17 February 2016	Written question (No. 11) on "Monitoring residential care homes for persons with disabilities"