

Legislative Council Panel on Welfare Services

Ageing of Persons with Intellectual Disabilities

Purpose

This paper briefs Members on the study conducted by the Government on ageing of persons with intellectual disabilities (PIDs) and the enhancement measures to be implemented.

Background

2. The Labour and Welfare Bureau (LWB) and the Social Welfare Department (SWD) have been mindful of the needs of ageing users of rehabilitation services. Since 2005, SWD has implemented various measures, including “Extended Care Programme” (ECP), “Work Extension Programme” (WEP), “Visiting Medical Practitioner Scheme” (VMPS) and “Enhanced Physiotherapy Service and Health Care”, to enhance the services of rehabilitation units and address the special needs of ageing service users. In 2013, SWD completed a review on the above measures and increased the provision of resources to strengthen the relevant rehabilitation services, including the following:

- (a) starting from 2013-14, increasing the annual recurrent provision for non-governmental organisations by about \$70 million to enhance the care staff manpower of residential care homes for persons with disabilities (RCHDs) (including different types of hostels for persons with intellectual or physical disabilities); enhance the care staff manpower for the ECP to provide suitable services, including occupational therapy/physiotherapy services, for service users of day activity centres (DACs) who may not benefit from prolonged or intensive training owing to old age or deteriorating health condition; enhance the care staff manpower for the WEP to provide suitable services, including nursing/healthcare services, for ageing service users of sheltered workshops /integrated vocational rehabilitation services centres (IVRSCs) who can no longer benefit from ordinary vocational training owing to old age or deteriorating work abilities; and increase the funding for the VMPS to provide primary medical care and support for residents of subvented RCHDs to cope with problems relating to their ageing and deteriorating health condition;
- (b) starting from 2014-15, increasing the annual recurrent provision by about \$93 million to strengthen the care and support for ageing service users through enhancing the care and nursing staff manpower of day training and vocational rehabilitation service units and providing 645 additional

WEP places in Sheltered Workshops/ IVRSCs and 895 additional ECP places in DACs; and

- (c) starting from 2015-16, increasing the recurrent expenditure by \$25.9 million to enhance the care staff manpower of long stay care homes for ex-mentally ill persons and strengthen the allied health services of hostels for moderately mentally handicapped persons, so as to provide care and support for ageing service users.

Study and Report on Ageing of PIDs

3. Meanwhile, the Rehabilitation Advisory Committee (RAC) noted that according to some overseas research studies, PIDs have a higher survival rate and longer average life expectancy owing to advancement in medical technology and ongoing improvement in socio-economic conditions. Moreover, rehabilitation service organisations serving PIDs reflected that their service users suffer from various chronic illnesses and related functional impairments earlier than ordinary people of the same age. RAC set up a Working Group on Ageing of Persons with Intellectual Disabilities (Working Group) in May 2013 to examine the issue of ageing of PIDs in Hong Kong and explore measures to further improve the existing services for PIDs.

4. The Working Group commissioned the Hong Kong Polytechnic University (PolyU) in March 2014 to conduct a survey study on ageing of PIDs in Hong Kong. Questionnaires were distributed to 230 service units under 29 rehabilitation service organisations to collect the data of 11 426 PIDs who were users of day training, vocational rehabilitation and residential care services. The survey study sought to obtain information on the age profile, disability status and medical conditions of service users with intellectual disabilities, and examine the association between age and job training performance, nursing care needs and personal care needs. Analysis of the findings indicates, inter alia, that hypertension, diabetes mellitus and cataract are the more common medical conditions found in all age groups of the study subjects. There is a tendency for the average number of medical conditions to rise with increasing age, starting from the age of 30 to 39. PIDs with Down Syndrome have more co-morbid disabilities and medical conditions when compared with those without Down Syndrome, and they have significantly more medical conditions starting from the age of 30 to 39. As for PIDs with cerebral palsy, they have significantly more medical conditions starting from the age of 50 to 59. In June 2015, the Working Group held a sharing session with representatives of social welfare organisations, parents' associations and other stakeholders to collect their views on the survey study conducted by the PolyU. The full report of the survey study was uploaded to the website of the LWB http://www.lwb.gov.hk/eng/other_info/index.htm in June 2015.

5. The Working Group has recently completed a report on ageing of PIDs endorsed by the RAC. The report has put forward various recommendations on short, medium and long-term measures in the following areas: medical service support for PIDs, training and services for PIDs, support at policy level, review of service delivery modes and development of innovative service modes, support for parents and carers of PIDs and manpower training for providing services for PIDs. Details of the recommendations are at **Annex 1**.

Enhancement Measures

6. Having regard to the recommendations of the Working Group, the Government will implement enhancement measures to strengthen the support for ageing users of rehabilitation services, including:

(1) Medical service support for PIDs

7. To strengthen the provision of primary medical care and support for residents of subvented RCHDs, the Government will, starting from 2016-17, increase the annual recurrent provision for VMPS of SWD by about \$9.5 million to about \$24 million, representing an increase of about 60% as compared with the current amount of subvention received by RCHDs under VMPS. In the long term, the Hospital Authority will explore the feasibility of implementing a collaboration programme to provide visiting specialist medical services for the intellectually disabled residents with chronic illnesses so as to enhance the medical service support for them.

(2) Training and services for PIDs

8. LWB will set up a task force and invite stakeholders including the Department of Health, rehabilitation service organisations, parents' associations and PIDs to participate in the production of an information kit on basic health and disease prevention (including healthy exercise and eating habits, oral and dental care, etc). The information kit, which includes leaflets, online/video information, education videos and mobile applications, will be made available in an easy-to-read format, with a view to facilitating PIDs' understanding of the information and enhancing their self-learning motivation.

9. To cater for the needs of ageing users of rehabilitation services to go out for medical consultation and other activities, the Government will, starting from 2016-17, provide an additional recurrent provision of about \$18 million for 58 DACs cum hostels for severely mentally handicapped persons and four community rehabilitation day centres to hire drivers and strengthen their centre bus services. SWD will also apply for around \$66 million from the Lotteries Fund for procurement of 73 centre buses for these hostels/centres.

(3) Support at policy level

10. The Government understands that parents are worried about the caring of their children with special needs, in particular those with intellectual disabilities, after they pass away. As announced in the Chief Executive's 2016 Policy Address, LWB will form a working group to examine the feasibility of setting up a special needs trust and review the relevant guardianship system.

(4) Review of service delivery modes and development of innovative service modes

11. SWD will co-ordinate with rehabilitation service organisations in providing appropriate services to meet the needs of ageing PIDs. For example, district support

centres for persons with disabilities currently provide a total of 60 day care service places for persons with severe disabilities with a wide range of day care services such as nursing care, rehabilitation services, social skills training and personal care services. SWD will make use of these service places to provide day care services for PIDs assessed as having early onset of ageing. Moreover, SWD will review the Funding and Service Agreements for rehabilitation services in order to facilitate rehabilitation service organisations trying out innovative practices and service delivery modes to serve ageing service users with intellectual disabilities.

12. SWD has recently reviewed the provision of furniture and equipment in rehabilitation service units, and has included some facilities designed for ageing service users (such as geriatric chair and mobile hoist) as standard facilities. SWD has also started reviewing the schedule of accommodation in respect of rehabilitation services to meet the special needs of ageing service users.

(5) Support for parents and carers of PIDs

13. To strengthen health education for parents and carers of PIDs, and provide them with more healthcare training in respect of their children with intellectual disabilities and enhance their knowledge of disease prevention, LWB/SWD will assist rehabilitation service organisations in collaborating with parents' associations to conduct education and publicity activities for parents and carers. LWB/SWD will also help these parents and carers grasp health information and obtain the relevant services and support as needs arise.

14. In order to ease the financial pressure on carers arising from the need to take care of PIDs, the Government has sought funding from the Community Care Fund, with a view to launching a pilot scheme on living allowance for eligible carers of persons with disabilities by the end of this year.

(6) Manpower training for providing services for PIDs

15. SWD will take appropriate measures to strengthen training for rehabilitation personnel. These measures include providing subsidies for frontline staff to enrol in the certificate and diploma courses in rehabilitation services organised by tertiary institutions at SWD's invitation, and enriching course contents to raise awareness of early onset of ageing of PIDs. SWD will also encourage rehabilitation organisations to provide on-the-job training in respect of PIDs' healthcare and eating habits for their staff, so that they can disseminate the relevant information to PIDs and their parents and carers properly. Besides, SWD will encourage NGOs to make use of the Social Welfare Development Fund to provide on-the-job training for frontline staff, and conduct exchange and sharing sessions on different service modes and innovative practices.

Consultation

16. In April 2016, LWB/SWD and the Working Group held a briefing on the Working Group's report with relevant stakeholders. A list of stakeholders attending the briefing is at Annex 2. Participants welcomed in particular the following enhancement measures to be implemented by the Government: examining the feasibility of setting up a special needs trust and reviewing the relevant guardianship

system; providing living allowance for carers of persons with disabilities; strengthening bus services of rehabilitation services centres; increasing the recurrent provision for VMPS; and producing an information kit on health for PIDs. On the other hand, some stakeholders requested the Government to continue to improve residential care services and facilities and increase provision of manpower and resources for rehabilitation service organisations. The Government will examine the relevant suggestions where practicable.

Follow-up Actions

17. LWB will continue to work with relevant government departments and organisations to examine the implementation of other recommendations of the Working Group where practicable, and will continue to maintain close liaison with various stakeholders.

Advice Sought

18. Members are invited to note the content of the paper.

Labour and Welfare Bureau
Social Welfare Department
May 2016

**List of Short, Medium and Long-term Measures
Recommended by the Working Group
to Address the Rehabilitation Service Needs of Persons with Intellectual Disabilities (PIDs)**

Recommendations Areas	Short-term	Medium-term	Long-term
(1) Medical service support for PIDs	<ul style="list-style-type: none"> ➤ Increase the amount of subvention to a competitive level and allow more flexibility to attract more private doctors to join the Visiting Medical Practitioner Scheme to provide primary medical care and support for the intellectually disabled residents of subvented residential care homes for persons with disabilities. 		<ul style="list-style-type: none"> ➤ Explore with the Hospital Authority the feasibility of introducing a collaboration programme to provide visiting specialist medical services for the intellectually disabled residents with chronic diseases.
		<ul style="list-style-type: none"> ➤ Employ effective preliminary assessment tools to determine the physical condition of those in the high-risk groups to facilitate early intervention. ➤ Rehabilitation service organisations should collaborate with medical bodies/associations and tertiary institutions to provide regular body checkups [including optometric (cataract), hearing and dental screening and surveillance services] for service users with intellectual disabilities. This will help detect any symptoms of early onset of ageing at an early stage. 	<ul style="list-style-type: none"> ➤ Encourage the rehabilitation sector to adopt a standardised assessment tool to identify demented elderly PIDs, and provide them with follow-up services and support where appropriate.

Recommendations Areas	Short-term	Medium-term	Long-term
<p>(2) Training and services for PIDs</p>	<ul style="list-style-type: none"> ➤ Help PIDs cultivate proper eating habits and provide them with healthy and nutritious diets to prevent medical conditions arising from poor diets. ➤ Enhance health surveillance for service users with intellectual disabilities and provide them with training in the prevention of dental diseases, including basic training in daily oral cleansing and care. 		
	<ul style="list-style-type: none"> ➤ Integrate elements of health education and disease prevention in service provision to delay early onset of ageing and ageing-related medical conditions. ➤ Make suitable preparations at an early stage for service users with intellectual disabilities who will be included in the Extended Care Programme and Work Extension Programme to facilitate their transition and adaptation to new daily routine, and review the programmes on a regular basis. ➤ When PIDs are transferred to other service units, the rehabilitation service organisations concerned should share their case 	<ul style="list-style-type: none"> ➤ Rehabilitation service organisations should enhance the provision of speech therapy services, assess the swallowing ability of service users with intellectual disabilities and provide oral-motor exercises for them to reduce the risk of choking. ➤ Rehabilitation service organisations should timely adjust and enrich their service contents as well as provide diversified training. ➤ Review regularly the service delivery mode and positioning, and meet new service needs of service users with intellectual disabilities at different stages of life through multi-disciplinary collaboration. ➤ To address early onset of ageing of service users with intellectual 	

Recommendations Areas	Short-term	Medium-term	Long-term
	<p>information as appropriate, so that PIDs can receive suitable services and adapt to the new living environment as soon as possible.</p> <ul style="list-style-type: none"> ➤ Allocate more resources to support the provision of transportation and drivers by rehabilitation service organisations, so as to cater for the needs of the ageing service users with intellectual disabilities to go out for medical consultation and other activities. 	<p>disabilities, rehabilitation service organisations should be encouraged to suitably re-arrange or re-organise their internal services as permitted under the regulatory regime.</p> <ul style="list-style-type: none"> ➤ Rehabilitation service organisations should review their staff establishment and adopt a multi-disciplinary collaboration approach to providing holistic care for all. ➤ Rehabilitation service organisations should review the design, equipment and environment of their service units to meet the daily needs of the ageing service users with intellectual disabilities, with a view to minimising the risk of accidents. 	
(3) Support at policy level		<ul style="list-style-type: none"> ➤ Enhance the support for parents of PIDs to enable them to make proper financial planning for their children so that after their passing, their children will have the necessary financial support. ➤ Improve the existing guardianship system for PIDs by extending its coverage so as to render more targeted care to PIDs. 	<ul style="list-style-type: none"> ➤ Adopt a forward-looking approach to planning services or building rehabilitation service facilities for PIDs, and give due considerations to early onset of ageing of PIDs and the service interface. ➤ Co-ordination between different policy areas (e.g. healthcare, welfare services, recreational and cultural facilities) is required when planning and designing services for PIDs. ➤ General community services and facilities should adopt

Recommendations Areas	Short-term	Medium-term	Long-term
			<p>universal design to cater for the needs of PIDs living in the community.</p> <ul style="list-style-type: none"> ➤ Conduct a longitudinal study for PIDs with regular assessments to examine the extent of changes in their physical functioning. This will generate comprehensive reference data for the planning of rehabilitation services and formulation of policies. ➤ The rehabilitation sector should adopt a set of commonly-recognised assessment and recording tools, and verify their credibility and effectiveness to formulate uniform assessment standards. ➤ Set up a PID case management system and database for service users with intellectual disabilities. ➤ Encourage the community to study and develop rehabilitation work or services for PIDs.

Recommendations Areas	Short-term	Medium-term	Long-term
<p>(4) Review of service delivery modes and development of innovative service modes</p>	<ul style="list-style-type: none"> ➤ Gradually open up the day care service places for persons with severe disabilities at District Support Centres for Persons with Disabilities for PIDs assessed as having early onset of ageing. 	<ul style="list-style-type: none"> ➤ Review the current service delivery mode and positioning of sheltered workshops, integrated vocational rehabilitation services centres and day activity centres, and explore the feasibility of service transformation to ensure efficient response to the service demand of ageing service users of services with intellectual disabilities. 	<ul style="list-style-type: none"> ➤ Conduct an in-depth study on the launch of a new service delivery mode, e.g. provision of a day care centre, for ageing PIDs on a pilot basis. ➤ When constructing a rehabilitation services complex, purpose-built service facilities for elderly PIDs should be included in its design. ➤ Collaborate with mainstream elderly service providers to examine the feasibility of providing residential care homes for ageing PIDs and their elderly parents.
	<ul style="list-style-type: none"> ➤ Adopt a case management approach to providing on-going support services for PIDs to ease their service demand arising from ageing. 		
<p>(5) Support for parents and carers of PIDs</p>	<ul style="list-style-type: none"> ➤ Enhance education for parents and carers. Parents of PIDs should be provided with more training in health education and knowledge about disease prevention. 	<ul style="list-style-type: none"> ➤ Introduce an allowance for carers of persons with disabilities to ease their financial pressure arising from taking care of PIDs. 	
	<ul style="list-style-type: none"> ➤ Collaborate with organisations such as parents' associations to conduct education and publicity activities for parents and carers. The 	<ul style="list-style-type: none"> ➤ Education for the entire community should be strengthened to enhance public awareness of early onset of ageing of PIDs. ➤ Public education activities at district and territory-wide levels should be launched to disseminate the message of social integration of able-bodied and persons with disabilities in the community. This will encourage PIDs to make good use of the mainstream services for the elderly as well as the recreational and cultural facilities in the community. 	

Recommendations Areas	Short-term	Medium-term	Long-term
	<p>effectiveness of education can be enhanced through positive interaction among parents.</p> <ul style="list-style-type: none"> ➤ Help family members and carers of PIDs, particularly younger parents and relatives, enhance their knowledge in caring skills, understand the phenomenon of early onset of ageing of PIDs and obtain the relevant services and support as needs arise. 	<ul style="list-style-type: none"> ➤ Given that PIDs living in the community and engaging in open employment might have early onset of ageing in the future, the Government should provide them with on-going support services. 	
(6) Manpower training for providing services for PIDs		<ul style="list-style-type: none"> ➤ Enhance training for the practitioners to increase their understanding of early onset of ageing of PIDs ➤ Encourage exchange of views and experience on different service delivery modes and innovative services for ageing PIDs among staff of rehabilitation service organisations. 	

**List of Stakeholders Participating in
Briefing Sessions on Report of the
Working Group on Ageing of Persons with Intellectual Disabilities**

1. Yan Chai Hospital Social Service Department
2. The Parents' Association of Pre-School Handicapped Children
3. The Intellectually Disabled Education And Advocacy League
4. The Hong Kong Down Syndrome Association
5. The Hong Kong Joint Council of Parents of Mentally Handicapped
6. Chosen Power
7. Hong Chi Association Services Management Office
8. Pentecostal Church of Hong Kong
9. Pentecostal Church of Hong Kong Hostel
10. Fu Hong Society Head Office
11. Tung Wah Group of Hospitals Rehabilitation Services
12. Tung Wah Group of Hospitals Tai Tung Pui Day Activity Centre cum Hostel
13. Tung Wah Group of Hospitals Jockey Club Tsin Cheung Day Activity Centre cum Hostel
14. Tung Wah Group of Hospitals Jockey Club Rehabilitation Complex
15. Tung Wah Group of Hospitals Jockey Club Ngai Chun Integrated Vocational Rehabilitation Centre
16. Po Leung Kuk Tin Chak Vocational Services Centre
17. Po Leung Kuk Y. C. Cheng Centre
18. The Mental Health Association of Hong Kong Head Office
19. Caritas Hong Kong Rehabilitation Services
20. Hong Kong Christian Service
21. Rehabilitation Alliance Hong Kong
22. Hong Kong PHAB Association
23. Hong Kong Lutheran Social Service Homantin Hostel
24. Hong Kong Lutheran Social Service Rehabilitation Services
25. SAHK
26. Evangelical Lutheran Church of Hong Kong
27. Christian Family Service Centre Dick Chi Day Activity Centre cum Hostel
28. Wai Ji Christian Service Head Office
29. Haven of Hope Christian Service
30. Yang Memorial Methodist Social Service Bradbury Day Activity Centre

31. Yang Memorial Methodist Social Service Rehabilitation Services Division
32. New Life Psychiatric Rehabilitation Association
33. The Neighbourhood Advice-Action Council
34. The Neighbourhood Advice-Action Council Tai Hing Hostel
35. St. James' Settlement
36. The Salvation Army Social Services Department
37. The Hong Kong Society for the Blind
38. The Hong Kong Council of Social Service
39. The Concern Group on Aging Issues of People with Intellectual Disabilities