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**Panel on Welfare Services**

**Updated background brief prepared by the Legislative Council  
Secretariat for the meeting on 9 May 2016**

**Support services for elderly persons with intellectual disabilities**

**Purpose**

This paper provides a brief account of discussions at meetings of the Council and relevant committees regarding support services for elderly persons with intellectual disabilities.

**Background**

2. According to the Administration, as enshrined in the Hong Kong Rehabilitation Programme Plan, the overall objective of the rehabilitation policy is to prevent disabilities; to help persons with disabilities develop their physical and mental capabilities as well as their ability to integrate into the community; and to create a barrier-free physical environment through a comprehensive range of effective measures, with a view to ensuring that persons with disabilities can participate in full and enjoy equal opportunities both in terms of their social life and personal growth.

3. Intellectual disability is one of the 10 categories of disability<sup>1</sup> listed in the Hong Kong Rehabilitation Programme Plan released in 2007. To fulfil the objective of its rehabilitation policy, the Administration provides day training or vocational rehabilitation services, residential services and community support services for persons with intellectual disabilities.

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<sup>1</sup> The other nine categories are Attention Deficit/Hyperactivity Disorder; autism; hearing impairment; mental illness; physical disability; Specific Learning Difficulties; speech impairment; visceral disability; and visual impairment.

## **Members' deliberations**

### Data on population of elderly persons with intellectual disabilities

4. In discussing medium and long-term social welfare planning, members of the Panel on Welfare Services called on the Administration to collect data on the population of elderly persons with intellectual disabilities, and in the light of the findings, to enhance services for elderly persons with intellectual disabilities accordingly.

5. The Administration advised that to facilitate formulation of policies and planning for services for persons with disabilities, the Census and Statistics Department conducted a survey on persons with disabilities and chronic diseases every five to seven years. The surveys aimed to study the basic profiles of persons with disabilities and chronic diseases and collect information about the carers of these persons. The latest Survey on Persons with Disabilities and Chronic Diseases was released in January 2015.

### Deteriorating functional capacity and early onset of dementia

6. Some Members were concerned that problems such as deteriorating functional capacity, cognitive impairment, swallowing difficulties and uncoordinated limbs of persons with intellectual disabilities would worsen with age, and that early onset of dementia and deteriorating functional capacity usually came very suddenly. Since persons with intellectual disabilities had difficulties in communicating with others and were unable to express their discomfort, it was difficult to assess the conditions of those persons suffering from dementia. At the Council meeting of 3 July 2013, a written question was raised on whether the Administration had developed a tool for assessing dementia in persons with intellectual disabilities.

7. The Administration advised that through multi-disciplinary teams comprising psychiatrists, psychiatric nurses, occupational therapists, medical social workers and clinical psychologists, and so on, the Hospital Authority ("HA") had been providing appropriate medical and rehabilitative care services for persons with intellectual disabilities according to their individual needs. In determining whether a person with intellectual disabilities was suffering from dementia, doctors would examine the patient's clinical symptoms and conduct blood test, mental and behavioural assessments, cognitive assessments, brain scans and magnetic

resonance imaging scans as necessary before making the diagnosis and providing follow-up treatment where appropriate.

#### Inadequate manpower support

8. Noting that frontline healthcare manpower was insufficient to meet the service needs arising from the ageing of persons with intellectual disabilities, some Members expressed concern about whether the Administration would review and adjust the mode and staff establishment of existing services.

9. The Administration advised that in line with the service development direction of providing continuum of care for persons with disabilities, the Social Welfare Department ("SWD") had rolled out a number of measures since October 2005 to meet the needs of ageing service users with deteriorating functional capacity. These included the launching of the Extended Care Programme ("ECP") in Day Activity Centres ("DACs"), the Work Extension Programme ("WEP") in Sheltered Workshops ("SWs") and Integrated Vocational Rehabilitation Services Centres ("IVRSCs"). To further enhance the improvement measures for meeting needs of ageing service users, SWD had provided an annual additional funding of some \$93 million for non-governmental organizations ("NGOs") since 2014-2015 to increase the care and nursing manpower of day training and vocational rehabilitation service units, including DACs, SWs and IVRSCs, and strengthen the care and support for ageing service users. The increase of manpower had taken effect on 1 October 2014. Under the Lump Sum Grant Subvention System, NGOs had the flexibility in deploying the additional funding in arranging suitable staffing to ensure service quality and meet service needs. The Administration would further provide additional places for WEP and ECP in the fourth quarter of 2014-2015 with a view to strengthening the care and support for ageing service users.

#### Long-term service planning for elderly persons with intellectual disabilities

10. A written question was raised at the Council meeting of 21 January 2015 about whether the Administration would clearly define the degree to which functional capacity of persons with intellectual disabilities had deteriorated for them to be treated as elderly persons with intellectual disabilities. According to the Administration, studies conducted by different countries in the past attempting to define ageing of persons with intellectual disabilities and their average life expectancy did not provide any conclusive evidence. The medical field had not reached any consensus on this issue either. As persons with intellectual disabilities

encompassed a highly heterogeneous group with varying degrees of intellectual disabilities, functional capabilities and need complexities, there was no universal definition of ageing of persons with intellectual disabilities. Whilst persons with different disabilities required different rehabilitation services, persons with disability of the same category might also require different services having regard to their own capabilities and situations. In view of this, the Administration had adopted a "people-oriented" approach in developing rehabilitation services in order to address the different needs of individuals, thereby facilitating full integration of persons with disabilities into the community.

11. Some Members considered it necessary for the Administration to examine the service needs of elderly persons with intellectual disabilities. They were concerned about the lack of residential care homes ("RCHs") and DACs for persons with intellectual disabilities and the shortage of manpower, in particular psychiatric doctors and frontline care staff. They called on the Administration to restore the psychiatric outreach services provided before 2003 for persons with intellectual disabilities in moderate and mild levels.

12. According to the Administration, the Working Group on Ageing of Persons with Intellectual Disabilities under the Rehabilitation Advisory Committee had set up a Task Force on Rehabilitation Services ("the Task Force") to conduct a survey on users of rehabilitation services. Relevant data of elderly persons with intellectual disabilities and their functional capacity etc. would be obtained with a view to developing concrete proposals for service enhancement and a long and medium-term plan. The Task Force would also work with NGOs concerned to explore the development direction of providing day services for persons with intellectual disabilities having regard to the ageing trend of service users and, where appropriate, consider the feasibility of launching pilot projects with funding support from the Lotteries Fund. Places for short-term residential and day respite services would be increased and home-based support services would continue to be strengthened to address various needs of persons with intellectual disabilities. The Administration further advised that due to manpower shortage, currently psychiatric outreach services were mainly provided for persons with severe intellectual disabilities. To enhance the psychiatric services for persons with intellectual disabilities, HA had assigned designated time slots for psychiatric specialist out-patient services for persons with intellectual disabilities in all the seven clusters.

13. Some Members called on the Administration to consider increasing

funding to attract more psychiatric doctors from overseas to cope with the manpower shortage of psychiatric doctors specialized in services for persons with intellectual disabilities and provide psychiatric outreach services for persons with intellectual disabilities in RCHs. According to the Administration, overseas-trained doctors were required to pass the Licensing Examination administered by the Medical Council of Hong Kong in order to practise in Hong Kong. HA sought to recruit overseas doctors by way of Limited Registration subject to the approval of the Medical Council of Hong Kong. The Administration also advised that in 2016-2017, subvention for the Visiting Medical Practitioner Scheme would be further increased to enhance the primary medical services for ageing service users at RCHs.

14. Noting that the Pilot Project on Dental Services for Persons with Intellectual Disability ("the Pilot Project"), which was launched in August 2013, only covered persons with moderate intellectual disabilities who were receiving Comprehensive Social Security Assistance, some Members requested the Administration to extend the scope of the Pilot Project to cover those with severe intellectual disabilities. The Administration advised that it would consider the feasibility of extending the service scope after the end of the four-year trial period.

#### Age limit of applicants for Dementia Supplement

15. Members noted that over 40% of the persons with intellectual disabilities residing in RCHs showed symptoms of dementia when they reached the age of 40. However, given that the eligible age for applying for Dementia Supplement<sup>2</sup> was 60 or above, RCHs were unable to apply for the Supplement to hire additional manpower for upgrading the care for these residents. Some Members called on the Administration to consider relaxing the age requirement for applying for the Supplement. According to the Administration, SWD would continue to monitor the service demand and resource utilization, and review the age limit of application for the Supplement accordingly.

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<sup>2</sup> Dementia Supplement, which was introduced by the Social Welfare Department in 1999, is provided for subvented residential care homes to facilitate their employment of additional staff and/or procurement of relevant professional services for the care of their elderly residents suffering from dementia. The Supplement has been extended to private residential care homes participating in the Enhanced Bought Place Scheme since April 2009.

**Relevant papers**

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

Council Business Division 2  
Legislative Council Secretariat  
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**Relevant papers on  
Support services for persons with intellectual disabilities**

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Welfare Services	21 January 2013 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Joint Subcommittee on Long-term Care Policy	29 January 2013 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	19 February 2013 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a>  <a href="#">Administration's response to issues raised by deputations</a>
Joint Subcommittee on Long-term Care Policy	26 February 2013 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Joint Subcommittee on Long-term Care Policy	23 April 2013 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Joint Subcommittee on Long-term Care Policy	2 July 2013 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Legislative Council	3 July 2013	<a href="#">Official Record of Proceedings</a> (Pages 126 – 132)
Panel on Welfare Services	8 July 2013 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Joint Subcommittee on Long-term Care Policy	16 December 2013 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Legislative Council	21 January 2015	<a href="#">Written question (No. 7) "Ageing of persons with intellectual disabilities"</a>