

Chapter 6

Training, employment and residential services for people with disabilities

Audit conducted a review to examine the economy, efficiency and effectiveness of the provision of training, employment and residential services for people with disabilities by the Social Welfare Department (SWD) and by non-governmental organisations (NGOs) receiving government subventions.

Provision of training, employment and residential services

2. According to Table 3 in paragraph 2.11 of the Audit Report, the average unit costs of training, employment and residential services provided by the SWD exceeded those of NGOs by 7% to 57%. As stated in paragraph 2.14(b), the SWD had prepared an action plan to transfer the operation of one day activity centre, two sheltered workshops, one hostel for moderately mentally handicapped persons and one hostel for severely mentally handicapped persons to NGOs by April 2004. The Committee asked about the progress so far and the reasons for the high costs of the services provided by the SWD.

3. **Miss Ophelia CHAN, Assistant Director of Social Welfare (Rehabilitation and Medical Social Services (R&MSS))**, replied that:

- since mid-2003, the SWD had outsourced to NGOs the operation of three sheltered workshops, one day activity centre, one day activity centre cum hostel, and one hostel for moderately mentally handicapped persons;
- as at May 2004, the SWD still ran two sheltered workshops, each of which was paired up with a hostel for moderately mentally handicapped persons. At present, the SWD had no plan to outsource these hostels as some of the places were required for providing emergency places and performing a statutory function of place of refuge for disabled children. Moreover, if the SWD was to outsource these service units, the SWD staff working there would be affected; and
- the unit costs of SWD-run services were high as the costs of SWD staff who worked there, such as Social Work Assistant and Senior Social Work Assistant, were higher than those of NGOs. Some sheltered workshops which were paired up with hostels were supervised by staff at officer grade. Moreover, the SWD's hostels were of a large scale and provided services for people with a higher degree of disabilities. More facilities and more healthcare personnel were required, resulting in higher costs.

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4. **Mr Paul TANG Kwok-wai, Director of Social Welfare**, supplemented that the SWD would keep in view the possibility of outsourcing its remaining service units, having regard to the capability of the department in redeploying affected staff and the availability of alternative service providers in the rehabilitation sector.

5. The Committee was concerned that, as stated by the SWD in paragraph 2.14(c), not all the savings resulting from the closure of the SWD's service units could be realised because it had to absorb the surplus staff until they retired. The Committee asked whether:

- the SWD had considered transferring its surplus staff to other government departments or NGOs so as to realise the savings;
- SWD staff were eligible for the voluntary retirement scheme; and
- any SWD staff were idle due to the outsourcing of the service units.

6. The **Director of Social Welfare** responded that:

- it had been the SWD's practice to give priority to absorbing its staff affected by outsourcing through internal redeployment. While the SWD would also consider the possibility of transferring surplus staff to other departments, there was not much room for doing so. Other departments were also under pressure to reduce their manpower and they might not have suitable job types for SWD staff;
- transferring SWD staff to NGOs would involve a lot of complicated issues, such as the willingness of the NGOs and the affected staff to accept such arrangement. As it was a policy issue, he would have to consult the Civil Service Bureau (CSB); and
- some SWD staff had joined the voluntary retirement scheme. No SWD staff was left idle. All the staff members affected by outsourcing had been redeployed to other posts within the department. However, such a problem might arise eventually if the SWD continued to outsource its remaining service units.

7. The Committee enquired whether the CSB could assist the SWD in transferring its surplus staff to NGOs or other government departments, so as to help it realise the savings resulting from the closure of its service units.

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8. In his letter of 21 May 2004 in *Appendix 50*, the **Secretary for the Civil Service** stated that:

- the CSB had confirmed with the SWD that there was at present no need to transfer any of its surplus staff to NGOs or other government departments as all of them had been gainfully redeployed within the department to meet new service needs. Notwithstanding this, if such a need arose in future, the CSB would assist in identifying redeployment opportunities elsewhere in the civil service to accommodate the surplus staff as far as practicable; and
- as regards the suggestion to transfer surplus staff to NGOs, it involved quite a number of issues such as whether the NGOs were prepared to take on the surplus staff, funding arrangement, and staff sentiments.

9. The Committee noted from Table 4 in paragraph 2.15 of the Audit Report that as at 31 March 2003, the average waiting time for admission to a long-stay care home was 102 months. The Committee considered it unsatisfactory that people had to wait for more than eight years and queried whether the SWD had any plan to shorten the long waiting time.

10. The **Assistant Director of Social Welfare (R&MSS)** responded that:

- long-stay care homes were provided for ex-mentally ill persons who were discharged from hospitals after receiving treatment but were not yet able to lead an independent life. As the discharge rate for such homes was low, very few vacant places were available;
- to meet the demand, the SWD had allocated resources to increase the supply of long-stay-care-home places. 400 new places would be provided by the end of 2004. In order to reduce the number of applicants on the waiting list for long-stay care homes, the SWD had, in collaboration with the Hospital Authority (HA), conducted a review on the condition of the applicants on the waiting list to examine their genuine need for the service. The department had also stepped up the outreach service for ex-mentally ill persons who were staying at home; and
- in order to raise the discharge rate for long-stay care homes, thereby increasing supply, the SWD encouraged the residents of such homes to settle in the community through compassionate rehousing or to move to halfway houses. It had also identified other service options for these people, such as

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self-financing hostels at the ex-staff quarters of the Castle Peak Hospital for those who could afford them. The social workers of voluntary agencies and other healthcare personnel near the Castle Peak Hospital could provide support and follow-up service.

11. The Committee asked what the waiting time would be after all the above measures had been implemented. The **Assistant Director of Social Welfare (R&MSS)** replied that:

- according to the latest information, there were 919 applicants on the waiting list. About 20 persons had been admitted so far in 2004 and they had waited for about 86 months, i.e. about seven years; and
- unless the SWD was given new resources for providing more places for such service, there was bound to be a gap between supply and demand.

12. The Committee pointed out that the waiting time was still too long. It enquired whether there were many applicants who died while waiting for the service and whether the SWD would strive for more resources to increase long-stay-care-home places.

13. The Committee was also concerned that there might be some applicants for long-term residential care service who were forced to stay in hospitals before they were admitted to long-stay care homes. In particular, the cost of taking care of such persons in the hospital setting would be higher than that in the rehabilitation setting. The Committee asked whether this was the case.

14. The **Director of Social Welfare** and the **Assistant Director of Social Welfare (R&MSS)** responded that:

- some applicants had to stay in hospitals as assessed by doctors or social workers. They might require long-term care service and thus had to apply for admission to long-stay care homes. Among the 900 odd applicants on the waiting list, about 170 persons were above the age of 60 while more than 700 were below 60. Many of the ex-mentally ill persons belonged to the middle-age group;

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- in order to shorten the waiting time for long-stay care homes, the SWD had all along tried to provide more new places. In this regard, 400 new places had been provided recently to meet the demand. All these places would be allocated by June 2005. However, while the waiting list would be shortened by these 400 places, it would continue to grow at the same time with the addition of several dozens of new applicants every month;
- the SWD accepted Audit's recommendation to allocate more resources to such service when new resources were available. It would reflect to the bureau the need for new resources. As far as the SWD was concerned, it would have to allocate its resources having regard to all the services provided by the department; and
- to achieve cost-effectiveness in the use of resources, the SWD had been reviewing with the HA the condition of the waitlistees to determine whether they were genuinely in need of the service. The SWD would only put an applicant on the waiting list if his/her family could not provide the necessary support and care at home. Of the 900 odd people currently on the waiting list, 600 had been identified as having genuine need for the service and were already in hospitals. The other 300 were in the community and had been waiting for a long time. These 300 people might be able to continue to settle in the community with strengthened community support. The SWD would review the situation when it began to allocate the 400 new places at the end of 2004.

15. To ascertain whether the SWD could speed up the admission of in-patients to long-stay care homes so as to reduce the overall resources spent on taking care of such people, the Committee enquired:

- whether an arrangement could be made between the HA and the SWD whereby the transfer of an applicant for long-term residential care service from a hospital to a long-stay care home would be accompanied by a corresponding budget transfer from the HA to the SWD;
- about the cost differential between taking care of a person in need of long-term residential care service in a hospital and in a long-stay care home; and
- about the amount of saving that could be achieved if all the applicants on the waiting list for the long-term residential care service and who were in hospitals were admitted to long-stay care homes.

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16. The **Secretary for Health, Welfare and Food** advised, in the letter of 15 June 2004 in *Appendix 51*, that:

- at present, the average cost of treating an extended care patient in a HA hospital was about \$1,260 per day. The unit cost of a residential place in a long-stay care home receiving subvention from the SWD was about \$304 per day. Based on these cost estimates, the difference was \$956 per day. It should be noted that the service needs of patients and residents of long-stay care homes were very different and this was reflected in the different costs of providing extended care in the hospital and residential service in the long-stay care home settings;
- as at 31 March 2004, there were 919 applicants on the SWD's waiting list for a place in long-stay care homes and 466 of them were receiving in-patient treatment in HA hospitals. It should be noted that the circumstances of these 466 applicants might have changed since they first came on the waiting list. At present, when a long-stay care home place became available, the first applicant on the list, if he/she happened to be receiving in-patient treatment in a hospital, would be reviewed to assess his/her suitability to be transferred to a long-stay care home and his/her personal and family preference for such transfer. Some applicants might decline the transfer. Hence, it would be difficult to state whether all the 466 applicants were suitable and ready to be transferred. It should also be noted that as mental illness was a chronic illness, the beds vacated by chronic patients might eventually be filled by other mentally ill patients who required hospitalisation and the "savings" resulting from the transfer might not necessarily materialise; and
- hospitals and long-stay care homes provided different and essential treatment and services for the rehabilitation of chronic mental patients characterised by relapses and remissions. There was a strong demand for their treatment and services. It was necessary to adopt a prudent and holistic approach in examining any proposal on transfer of resources. The Administration would need to establish that the arrangement suggested by the Committee (i.e. an arrangement whereby the admission of an applicant for long-term residential care service who was in a hospital to a long-stay care home would be accompanied by a corresponding budget transfer from the HA to the SWD) would not affect medical care for patients with chronic mental illness.

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17. The Committee noted that it would be most cost-effective for disabled persons to be provided with a continuum of care and services so that they would not forget the skills that they had acquired earlier. As the waiting time for different types of service was long, the Committee asked how the SWD could ensure that a continuum of care and services was provided.

18. The **Assistant Director of Social Welfare (R&MSS)** stated that:

- the SWD ran a central waitlist system for six types of residential services and was moving towards the direction of providing integrated services. The aim was to provide different levels of care and facilities in one integrated centre to meet the changing needs of clients. For example, there were hostels for severely mentally handicapped persons, moderately mentally handicapped persons and physically handicapped persons in the newly renovated Fanling Hospital. This could remove the need for the clients who were already residing in a particular type of residential home to wait for another type of residential home due to the deterioration of their health;
- the SWD had also approved the construction of a hostel for severely disabled persons adjacent to a large-scale hostel providing 200 places for mentally handicapped persons in Sha Tin. The aim was to turn the original hostel into an integrated centre so that it could provide a higher level of care to meet the needs of its clients as they grew old and their functioning level deteriorated;
- the SWD had developed a standardised assessment tool to identify the needs of persons with mental/physical handicap applying for residential service, with a view to matching their needs with appropriate levels and categories of service; and
- the SWD had in place the emergency placement arrangement for those on the waiting lists for residential services whose health conditions had become very poor or whose families had undergone changes, provided that they were supported by social workers for priority admission into the hostels.

19. Referring to the large number of applicants on the waiting lists for different types of services, as listed out in Table 4 of the Audit Report, the Committee asked how many of them were receiving other modes of support services in the community, as well as the effectiveness of the services in meeting their needs.

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20. The **Assistant Director of Social Welfare (R&MSS)** said that:

- of the 1,798 waiting for hostels for severely mentally handicapped persons, about 1,000 were already receiving day service. Of the 1,200 odd waiting for hostels for moderately mentally handicapped persons, more than 50% were already working in the sheltered workshops or supported-employment units; and
- parents of those waiting for hostels for mentally handicapped persons still wanted to secure residential places for their children as they worried that they would grow old and could not take care of their children.

21. In response to the Committee's request, the **Director of Social Welfare** provided, in his letter of 17 May 2004 in *Appendix 52*, details of other more targeted services received by the applicants waitlisted for the various types of residential rehabilitation services, and the number of applicants who were not receiving any regular service. He also stated that:

- the services received by the applicants included regular day centre training programmes, home-based training service, supported employment and sheltered workshop and day care service. These programmes were under regular review of the SWD and were generally well received by the disabled persons and their families;
- there were other general support services in the community available to the disabled persons to strengthen the capability of their families in taking care of them and to enhance their quality of living. Such services included casework services, home help service, home care service, respite service, share care projects, mental health link, holiday care, gateway club, social and recreation centres, etc. However, the participation of the disabled persons in these support services was not captured by the Central Referral System for Rehabilitation Services. Hence, it was likely that some of the applicants who were not recorded to be receiving any regular service were in fact receiving some form of general support services in the community; and
- not all applicants who were waiting for the residential services required immediate placement. For example, some of them were special school students, in-patients in the hospital or residents in other institutions. Hence, the waiting list and the waiting time had to be interpreted in such context.

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Staff training and staff safety at service units

22. According to paragraph 3.10 of the Audit Report, from January 2000 to September 2003, Service Unit 29 (a day activity centre) and Service Unit 13 (a day activity centre cum hostel) respectively granted, on average, 24.3 days and 8.3 days of sick leave to each staff member in a year, as a result of injuries during work. In particular, as revealed in Appendix C of the Audit Report, Service Unit 29 granted 702 and 634 days of sick leave in April 2000 and July 2001 respectively to its staff members who sustained back injury due to slipping down on the floor. The Committee asked whether:

- the SWD had replaced the PVC floor tiles of Service Unit 29 with anti-slippery floor tiles, as suggested by its staff; and
- other improvements had been made by these two service units in providing a safe working environment for their staff.

23. The **Director of Social Welfare** and the **Assistant Director of Social Welfare (R&MSS)** replied that:

- as a matter of principle, the SWD would remind the service units with high staff injury rates of the need to improve staff training and staff safety. Actually, it was one of the SWD's stated service quality standards that service units should ensure that they provided a safe physical environment for their staff and service users;
- funds were available from the Lotteries Fund for fitting out the service units and for purchasing appropriate facilities and equipment, including floor tiles, to ensure the safety of the working environment; and
- regarding staff training, in 2003, NGOs had arranged more than 600 certificate programmes for front-line workers who had no previous experience or training in working with people with disabilities. The SWD had also assisted in organising several such training courses.

Services provided at sheltered workshops and supported-employment units

24. The Committee noted from paragraph 5.10 of the Audit Report that the expenditure of the SWD's Marketing Consultancy Office (MCO) in 2002-03 was \$4.6 million. According to paragraph 5.12, Audit's survey revealed that, in the same year, on average, the respondent service units obtained only 7% of their job opportunities through

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the MCO. The Committee asked whether the SWD agreed with Audit's view that it should review the cost-effectiveness of the MCO.

25. The **Director of Social Welfare** and the **Assistant Director of Social Welfare (R&MSS)** explained that:

- the effectiveness of the MCO should not be assessed only by the job orders secured. Actually, it was the duty and responsibility of the service operators of sheltered workshop and supported-employment units to secure job orders and job placements as the SWD had already provided them with funding and staff to do so;
- the MCO was staffed by a dozen personnel outside the civil service with marketing experience. The expenditure of \$4.6 million for salary was only an estimate and the actual amount would fluctuate depending on the staff employed;
- the MCO's services included promoting the working abilities of people with disabilities and providing business consultation services to NGOs. More importantly, it explored and coordinated large-scale projects from government departments and public organisations to secure long-term and stable work opportunities for service users of sheltered workshops and supported-employment units. For example, it had obtained car cleaning service orders from government departments and the HA. Although only 22% of the job orders obtained from government departments were secured through the MCO, the SWD was satisfied with the result. Very often, the clients would contact the sheltered workshops directly after having used their service once;
- the MCO also promoted the work ability of people with disabilities among the business sector and had secured many free promotion channels. Recently, it had obtained car cleaning service orders from private estate management companies; and
- the MCO was also involved in vetting the applications under the "Enhancing Employment of People with Disabilities through Small Enterprise" Project. In addition, the MCO provided support to the kiosks set up under SEPD, i.e. "Support the Employment of People with Disabilities", which sold the arts and crafts made by people with disabilities. The trademark of SEPD was registered.

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26. The Committee noted the Director of Social Welfare's comment in paragraph 5.19(d) of the Audit Report that, after two years of operation, it was an opportune time to review the cost-effectiveness of the MCO. The Committee enquired about:

- the timetable and methodology of the review; and
- the yardsticks that would be adopted for measuring the MCO's effectiveness and whether the total number of job orders obtained from government departments through the MCO would be taken into account.

27. In his letter of 17 May 2004, the **Director of Social Welfare** advised that:

- the SWD aimed to start the internal review on the MCO by the end of June 2004 and this would take four to five months. The review would cover the following functions of the MCO:
 - (a) to enhance the marketing orientation of sheltered workshops, supported-employment units and integrated vocational rehabilitation services centres, etc.;
 - (b) to devise strategies for promoting and marketing the products and services of the sheltered workshops, supported-employment units and integrated vocational rehabilitation services centres;
 - (c) to secure sales orders and to coordinate sheltered workshops, supported-employment units and integrated vocational rehabilitation services centres in the procurement of large job orders;
 - (d) to provide advice to NGOs on the setting up and running of small businesses; and
 - (e) to provide consultation to NGOs on productivity, marketing strategies, etc.;
- in conducting the review, the views of the NGOs, government departments and private enterprises who had made use of the MCO's services would be solicited via questionnaires and focus group meetings. The performance statistics of the MCO in the past two years would also be analysed;

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- the yardsticks for measuring the MCO's effectiveness would include both qualitative and quantitative benchmarks. The number of job orders obtained from government departments might well be one of the quantitative benchmarks; and
- the SWD was still working on the details of the review and would seek the views of the Advisory Committee on Enhancing Employment of People with Disabilities comprising businessmen, financial/accounting/legal personnel, government officials and representatives of people with disabilities.

Monitoring the provision of services

28. According to paragraph 6.23 of the Audit Report, in one of the SWD's on-site assessments conducted in 2003-04, SWD staff found that a sheltered workshop had previously submitted incorrect performance information to the SWD. However, apart from requesting this sheltered workshop to submit an action plan for improvement, the SWD did not verify other performance information previously submitted by it. The Committee asked:

- about the details of the case; and
- whether the SWD had now verified other performance information previously submitted by the workshop and, if so, what the results were.

29. The **Director of Social Welfare** informed the Committee in his letter of 17 May 2004 that:

- during the on-site assessment in August 2003, the SWD had thoroughly checked and verified the sheltered workshop's daily attendance records, case review records, payment vouchers, bank autopay slips and salary pay lists. They were found to be in order; and
- the incorrect performance information stemmed from the agency's misinterpretation of the calculation method of the output standard of "Rate of progress review completed in a year". The agency had subsequently rectified the calculation methodology and attained the agreed level of this output standard in 2003-04. The SWD would continue to closely scrutinise the performance information submitted periodically by the sheltered workshop.

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30. The Committee noted from paragraph 6.26 of the Audit Report that the SWD did not disclose to the public the statistical and self-assessment reports of service units collected in the periodic returns, its review visit reports and on-site assessment reports. Audit had recommended in paragraph 6.30(f) that such reports and returns should be made available on the SWD's website. In paragraph 6.30(g), Audit had also recommended that the SWD should ask service units to upload their annual plans and assessments of achievement of the plans onto their websites, with links to the SWD's website. The Committee asked about the progress made in implementing the recommendations.

31. The **Director of Social Welfare** stated at the public hearing and in his letter of 17 May 2004 that the SWD was considering the technical feasibility of Audit's recommendation. It would also consult the NGOs concerned regarding Audit's recommendation that they should upload their annual plans and assessments of achievement of the plans onto their websites.

32. **Conclusions and recommendations** The Committee:

Provision of training, employment and residential services

- expresses concern that the unit costs of training, employment and residential services provided by the Social Welfare Department (SWD) exceeded those of non-governmental organisations (NGOs) by 7% to 57%;
- notes that:
 - (a) the SWD has taken action to transfer the operation of some of its service units to NGOs;
 - (b) as at May 2004, the SWD still ran two sheltered workshops, each of which was paired up with a hostel for moderately mentally handicapped persons; and
 - (c) the SWD will review the costs and benefits of outsourcing these remaining service units;
- expresses concern that:
 - (a) at the time of the Audit Report, people applying for the long-stay-care-home service and the day-activity-centre service had to wait for 102 months and 24 months respectively;

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- (b) not all the savings resulting from the closure of the SWD's service units can be realised because the SWD needs to absorb the surplus staff until they retire; and
 - (c) the SWD will require new resources before it can allocate more resources to those services, such as the long-stay-care-home service, for which people had to wait for a long time;
- recommends that:
- (a) the Director of Social Welfare should consider seeking the assistance of the Civil Service Bureau in transferring the surplus staff to other government departments or NGOs, so as to realise the savings resulting from the closure of its service units; and
 - (b) the Secretary for Health, Welfare and Food should discuss with the Hospital Authority (HA) and the SWD, with a view to making an arrangement whereby the transfer of an applicant for long-term residential care service from a hospital to a long-stay care home will be accompanied by a corresponding budget transfer from the HA to the SWD;
- notes that:
- (a) as at May 2004, the waiting time for the long-stay-care-home service had been reduced to 86 months;
 - (b) the SWD will step up the supply of those services with great demand through planning of new service units and in-situ expansion; and
 - (c) the Director of Social Welfare will implement Audit's recommendations in paragraph 2.18 of the Audit Report;

Staff training and staff safety at service units

- expresses concern that, of the staff of the service units covered in the Audit survey, 5% did not receive any job-related training and another 35% received only ten hours or less job-related training;
- expresses serious concern that a day activity centre and a day activity centre cum hostel respectively granted an average of 24.3 days and 8.3 days of sick leave to each staff member in a year, as a result of injuries during work;

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- notes that:
 - (a) the SWD will discuss with the rehabilitation sector the details of reporting and disclosing training received by staff of service units;
 - (b) the SWD will conduct investigations into those service units having a high rate of injuries caused to staff and service users; and
 - (c) the Director of Social Welfare will implement Audit's recommendations in paragraph 3.19 of the Audit Report;

Medical services and assistance from parents and volunteers

- expresses concern that 45% of the respondent service units had not established a parents association;
- notes that the Director of Social Welfare will implement Audit's recommendations in paragraph 4.21 of the Audit Report;

Services provided at sheltered workshops and supported-employment units

- expresses serious concern that:
 - (a) the SWD did not specify the duration of employment for calculating the successful discharge rates for service users of the supported-employment service;
 - (b) the respondent service units obtained only 7% of their job opportunities through the SWD's Marketing Consultancy Office (MCO); and
 - (c) government offices provided only 6% of the total job opportunities for the respondent service units;
- notes that the Director of Social Welfare will implement Audit's recommendations in paragraph 5.18 of the Audit Report and has established criteria for measuring the effectiveness of the additional aspects of work taken up by the MCO;

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Monitoring the provision of services

- expresses concern that:
 - (a) the SWD did not take appropriate action against the sheltered workshop which submitted incorrect performance information to it; and
 - (b) the SWD does not disclose to the public the statistical and self-assessment reports of service units collected in the periodic returns, its review visit reports and on-site assessment reports;
- notes that the Director of Social Welfare will implement Audit's recommendations in paragraph 6.30 of the Audit Report; and

Follow-up actions

- wishes to be kept informed of:
 - (a) the results of the SWD's review on outsourcing its remaining service units for people with disabilities;
 - (b) the progress of the SWD's efforts to reduce the waiting time for people with disabilities seeking services;
 - (c) any action taken by the Secretary for Health, Welfare and Food to address the problem in allocating resources between the HA and the SWD regarding the provision of long-term residential care service;
 - (d) the action taken by the SWD to improve staff training and staff safety at service units for people with disabilities;
 - (e) the progress of implementing the private general-practitioner scheme in service units;
 - (f) the progress of establishing parents associations in service units;
 - (g) the progress of introducing additional output standards for evaluating the effectiveness of the services provided at sheltered workshops and supported-employment units;
 - (h) the results of the SWD's review of the MCO;

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- (i) the progress of adopting more outcome indicators for reporting the performance of rehabilitation services;
- (j) the progress of modifying the annual self-assessment reports for rehabilitation services;
- (k) the progress of preparing overall plans and setting targets for conducting on-site assessments and users' satisfaction surveys;
- (l) the progress of making available on the SWD's website the statistical reports, self-assessment reports, review-visit reports and on-site assessment reports;
- (m) the progress of asking service units to upload their annual plans and assessments of achievement of the plans onto their websites; and
- (n) the progress of involving external personnel to provide advice to rehabilitation service units.