

For information  
on 26 February 2013

**LEGISLATIVE COUNCIL**

**PANEL ON WELFARE SERVICES  
PANEL ON HEALTH SERVICES**

**JOINT SUBCOMMITTEE ON LONG-TERM CARE POLICY**

**Planning for provision of  
subsidised residential care places for the elderly  
and persons with disabilities**

**Administration's Response to Issues Raised**

**Purpose**

This paper provides the Administration's response to the issues raised by Members and deputations regarding the planning for provision of subsidised residential care places for the elderly and persons with disabilities at the meeting on 29 January 2013, and by Dr Hon Fernando Cheung and Hon Cheung Kwok-che vide their respective letters to the Secretariat of the Joint Subcommittee on Long-term Policy (Joint Subcommittee) dated 8 February 2013 and 14 February 2013.

**Issues Raised**

2. At the meeting of the Joint Subcommittee on 29 January 2013, Members requested the Administration to provide the following information –
  - (a) a paper on long-term care (LTC) policy which should outline the direction, types of services to be provided, planning for the resources required for such services (e.g. site/premises, manpower, etc.) and the targets to be met;
  - (b) factors impeding the Administration to set target time for admission to residential care homes (RCHs), the types of job in the welfare sector which face shortage of manpower and specific measures the Administration would take to address the problem;

- (c) the process of land planning for LTC facilities;
- (d) the existing waiting time and the waiting time in the past three years for subsidised care-and-attention (C&A) places and nursing home (NH) places;
- (e) whether the Administration would consider allowing RCHs participating in the Enhanced Bought Place Scheme (EBPS) to import labour in proportion to the number of places purchased to solve the problem of manpower shortage;
- (f) the reasons for elderly applicants withdrawing their applications for residential care places;
- (g) whether the Administration would evaluate the impact of the Old Age Allowance (OAA), Old Age Living Allowance (OALA) and Guangdong (GD) Scheme on the services of RCHs;
- (h) how the Administration would meet the demand for C&A places given that a higher proportion would be allocated to NH places;
- (i) the number of special groups mentioned by the deputations (e.g. persons with dementia, persons with hearing impairment, etc.) who were waiting for and admitted to RCHs and the Administration's support to these groups; and
- (j) response to the views of members and deputations expressed at the meeting.

Dr Hon Fernando Cheung and Hon Cheung Kwok-che subsequently asked for additional information vide LC Paper No. CB(2)673/12-13(03) on 8 February 2013 (**Annex A**) and LC Paper No. CB(2)673/12-13(04) on 14 February 2013 (**Annex B**) respectively. The Administration's response to the issues raised is set out in ensuing paragraphs.

## **The Administration's Response**

### **LTC policy and planning for the resources required for LTC services**

3. The Administration has provided a paper on LTC policy for the elderly and persons with disabilities and related land and manpower matters covering issues raised in paragraph 2(a), (b), (c) and part of (j)

above vide LC Paper No. CB(2)673/12-13(01) to this Joint Subcommittee.

**Land**

Whether the 36 Government, Institution or Community (G/IC) sites mentioned in the Policy Address for housing development purpose were originally for RCH, and whether the Administration intends to allocate certain proportion of such housing projects for RCH development (Question 2(3) of Annex A)

4. Among the 36 Government, Institution or Community (G/IC) and other government sites identified for residential development, no site is originally planned for residential care.

5. The Planning Department (PlanD) will consult the concerned departments when reserving land for various G/IC uses, including social welfare facilities such as residential care homes for the elderly (RCHEs), NHs, residential care homes for persons with disabilities (RCHDs), etc. If the Social Welfare Department (SWD) requires land for the provision of social welfare facilities to meet its policy objectives, PlanD will identify suitable sites for the purpose having regard to relevant requirements.

Reasons why sites 3, 5, 7, 10, 21 and 22 put forward by the Alliance for the Subvented Residential Care Service cannot be turned into RCHs (Questions 1 and 2 of Annex B)

6. As to why site #3, 5, 7, 10, 21 and 22 put forward by the Alliance for the Subvented Residential Care Service cannot be turned into an RCHE or RCHD, SWD considers them unsuitable for development or redevelopment for such purposes. Specifically, for site #3, SWD has no plan at this stage to pursue development of RCHs in view of the site constraints, i.e. a large portion of the site is on a steep slope and there is no proper vehicular access to the site. Any intended development in the site will involve, inter alia, a detailed geotechnical study to assess the slope stability which will take time to complete. Also, the related site formation and slope stabilisation works would likely have significant time and cost implications, and this should be considered having regard to the fact that the amount of usable site area for the welfare development is likely to be limited. We will also need to study whether the provision

of an up-to-standard emergency vehicular access will involve works which will encroach on adjoining residential areas outside the subject site. As for Sites #5, 7, 10, 21 and 22, they are zoned “Open Space” in the relevant Outline Zoning Plans. Lands which are zoned “Open Space” are intended primarily for the provision of outdoor open-air public space for active and/or passive recreational uses serving the needs of local residents as well as the general public. The provision of social welfare facilities, including RCHEs or RCHDs, is thus not permitted unless rezoning is pursued and approved by the relevant authorities. While SWD may pursue welfare development at the above sites, this would take time and eventually may not prove to be desirable nor cost-effective in some, if not all, of the sites. SWD will focus its efforts and resources on expediting the provision of RCH facilities in other sites identified for the purpose.

*Whether to change the open bidding policy to facilitate redevelopment of land owned by Non-governmental Organisations (NGOs) (Question 3 of Annex B)*

7. As mentioned in the Policy Address, we have been discussing with social welfare organisations on how to make better use of land owned by NGOs through in-situ redevelopment or expansion to provide diversified subvented and self-financing facilities. We will seriously explore how best to assist, facilitate and incentivise NGOs to unleash the potential of the land they own, including whether the existing open bidding policy should be fine-tuned.

**Manpower**

*Short and long-term manpower planning (Question 6 of Annex B)*

8. To ascertain the manpower demand in the welfare sector, SWD conducts regular projections on the manpower demand for various types of paramedical and care staff in the sector (particularly the manpower demand in elderly care and rehabilitation services), taking 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. Having regard to the strong manpower demand in the sector, SWD has put in place measures as set out in the Administration’s paper (LC Paper No. CB(2)673/12-13(01)).

Salary of front-line care workers (Question 7 of Annex B)

9. Regarding the salary of front-line care workers, under the lump sum grant approach, subvented RCHEs and RCHDs run by NGOs have the flexibility to deploy the allocated provisions to arrange suitable staffing and determine their salary levels to ensure service quality and to meet service needs. Operators of contract RCHEs and the EBPS homes can also flexibly deploy their contract sum to engage staff where appropriate.

Staffing complement of RCHEs (Question 8 of Annex B)

10. Schedule 1 of the Residential Care Homes (Elderly Persons) Regulation (Cap. 459A) sets out the minimum staffing requirements of each type of staff of the various types of RCHEs. These statutory requirements were devised following extensive consultation with a wide range of stakeholders in the elderly care sector, and are still considered appropriate for ensuring minimum acceptable standards for RCHEs. SWD has been providing RCHEs which offer subsidised places with various kinds of supplements including the Dementia Supplement and Infirmary Care Supplement so that they can engage additional professional and / or care staff, or purchase relevant professional services, in a more flexible manner.

Measures to facilitate women to join the workforce (Question 9 of Annex B)

11. To support parents who are unable to take care of their children temporarily because of work or other reasons, SWD provides subvention to NGOs to run a variety of day child care services, and strives to enhance the flexibility of such services. At present, NGOs provide children of different age with a wide spectrum of child care services, including the independent Child Care Centre service, Kindergarten-cum-Child Care Centre service, Mutual Help Child Care Centre service, Neighbourhood Support Child Care Project and After School Care Programme, etc. Currently, there are still unused quotas for fee waiver and fee reduction for various child care services in general. Operating hours of relevant services cover morning, afternoon and evening on weekdays, weekends and holidays, with residential services provided under special circumstances. We will continue to closely monitor the operation of these services to meet the demand in the community.

Career ladder for care workers (Paragraph 2(i) above and Question 10 of Annex B)

12. The Industry Training Advisory Committee of the elderly care sector under the Qualifications Framework will draw up Specifications of Competency Standards for the sector, setting out the skills, knowledge and outcome standards required of employees in different functional areas, and providing a basis for course providers to design training courses to meet the needs of the sector. This will facilitate employees in the sector to set clear goals and directions for learning with a view to enhancing their career through continuous learning, raise the professionalism of practitioners and their sense of belonging, thereby attracting more people to join or remain in the welfare sector.

Information on temporary staff of RCHEs and RCHDs supplied by employment agents (Question 11 of Annex B)

13. We do not have the requested information. SWD has not kept information on whether RCHEs and RCHDs engage employment agents in recruiting / engaging staff.

Importation of labour to alleviate manpower shortage problem (Paragraph 2(e) above and Question 12 of Annex B)

14. As to whether the Administration will consider allowing RCHEs participating in the EBPS to import labour for their non-subsidised portion as a means to alleviate the manpower shortage problem, SWD is closely assessing the manpower situation of the RCHE sector and will formulate appropriate measures in light of the latest situation.

**Demand for subsidised residential care places**

Waiting time for subsidised C&A places and NH places (Paragraph 2(d) above)

15. The average waiting time for subsidised C&A places and NH places as at end-December of 2009 to 2012 is tabulated as follows –

	<b>Average waiting time (in months) (average from the past three months)</b>			
	<b>31 December 2009</b>	<b>31 December 2010</b>	<b>31 December 2011</b>	<b>31 December 2012</b>
<b>C&amp;A</b>				
Overall	22	21	22	25
Subvented/Contract Home	31	33	34	34
EBPS Home	9	8	8	7
<b>NH</b>	39	37	37	37

Number of persons with dementia and persons with hearing impairment who were waiting for and admitted to RCHs and support for these persons (Paragraph 2(i) above)

16. SWD does not keep statistics on the number of demented elderly applicants or elderly applicants with hearing impairment who are waiting for and admitted to subsidised residential care places. Nor does SWD classify elderly applicants for LTC services by their physical / mental illnesses. SWD implements an integrated LTC service model and provides care supplements (i.e. Infirmary Care Supplement and Dementia Supplement) to RCHEs for taking care of elderly residents requiring special care services. SWD has also allocated additional resources to improve the facilities of the subvented and contract RCHEs for providing better support to elders with different disabilities.

Factors impeding the Administration to set target time for admission to RCHs (Paragraph 2(b) above)

*RCHEs*

17. As the waiting time for subsidised residential care places is affected by a number of factors such as the special preference of applicants in terms of the location, diet and religious background of the elderly homes, whether the applicant has requested for joining family members and/or relatives in a particular home, and the turn-over rate of

individual homes, etc., it is very difficult to set target time for admission to RCHEs.

### *RGHDs*

18. In the case of RGHDs, the waiting time also hinges on a number of factors such as the location preference of applicants and the turn-over rate of individual homes, etc. It is difficult to estimate the extent to which the waiting time will be shortened by the provision of additional places.

### *Reasons why elderly applicants withdraw their applications for residential care places (Paragraph 2(f) above)*

19. The main reasons for applicants' dropping out of the Central Waiting List (CWL) for subsidised residential care places for the elderly include their admission to subsidised residential care places, withdrawal of applications, and passing away while on CWL. The relevant figures are set out in tabular form in **Annex C**.

### *Supply of subsidised residential care places*

### *How the Administration would meet the demand for subsidised C&A places given that a higher proportion would be allocated to subsidised NH places (Paragraph 2(h) above)*

20. The Administration has already set out the strategies in increasing subsidised C&A places for the elderly vide paragraph 4 of LC Paper No. CB(2)432/12-13(01).

### *Data regarding the operation of private RCHs and the profile of residents (Question 2(2) of Annex A)*

### *RCHEs*

21. As at end-December 2012, private RCHEs provided 51 868 C&A places in Hong Kong, of which 7 337 were EBPS places. The enrolment rate of the residential care places offered by private RCHEs was about 75.5%. SWD does not keep statistics on the age and gender profile of the elderly residents of private RCHEs.



### *RCHDs*

22. As at end-December 2012, there were 78 private RCHDs in the territory providing about 4 000 places. The average enrolment rate was about 70%. SWD does not keep statistics on the profile of residents and other services that they may receive.

*Whether the Administration would adjust the percentage of maximum number of bought places in Bought Place Schemes (Question 5 of Annex B)*

### *RCHEs*

23. The maximum number of bought place from EBPS homes has been capped at 50% of the total home capacity since 2003. This measure on the one hand allows the participating private homes to run their non-subsidised part of business in the same RCHE, and on the other hand enables more homes to participate in EBPS so as to enhance the service standard of the private homes as far as possible.

### *RCHDs*

24. The pilot Bought Place Scheme (BPS) for private RCHDs, launched in October 2010, aims at purchasing about 300 places by phases over a four-year period. As at end-December 2012, a total of 245 places has been purchased. SWD will continue to purchase more places, having regard to the availability of quality service places in private RCHDs. Meanwhile, SWD will also review the operation of the pilot scheme, including the need to increase the percentage of subsidised places in BPS homes.

*OAA, OALA and GD Scheme (Paragraph 2(g) above and Question 4 of Annex B)*

25. The OAA, OALA and GD Schemes are social security schemes designed to help meet the special and financial needs of the elderly. For the GD Scheme which will provide OAA for Hong Kong elderly people who choose to reside in GD, while applicants are generally required to make applications in Hong Kong, SWD will appoint an agent which will, among other tasks, provide assistance to Hong Kong elderly people residing in GD (both at homes and RCHEs in GD) to make applications in GD if there is documentary proof that they are unfit to travel to Hong

Kong for health reasons.

26. After the implementation of OALA and GD Scheme for a period, the Administration will explore the feasibility of allowing elderly people who choose to retire in GD to receive OALA.

**Others (Paragraph 2(j) above)**

27. The Administration's response to issues raised by Members and the deputations which have not been addressed in preceding paragraphs is set out below.

**Community care places for the elderly**

28. Arising from their concerns over the provision of subsidised residential care services for the elderly, some Members and deputations provided their views and comments on the subsidised CCS for the elderly and the Pilot Scheme on Community Care Service Voucher for the Elderly (the Pilot Scheme) at the meeting on 29 January 2013. Information on CCS, including the Pilot Scheme to be rolled out in September 2013 and the Administration's efforts in increasing the provision of subsidised CCS places, has been set out in the Administration's paper on the LTC policy (LC Paper No. CB(2)673/12-13(01)).

**Service quality of private RCHDs under BPS**

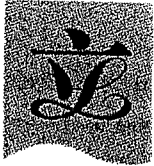
29. Private RCHDs under the pilot BPS are required to comply with a set of spatial and staffing requirements which are higher than the minimum licensing standards. Moreover, at least 50% of the care workers must have completed a relevant training course recognised by SWD. BPS homes must also comply with the 16 Service Quality Standards with reference to the existing service monitoring mechanism for service units subvented by SWD.

30. Surprise inspections are conducted by the inspectors of the licensing office on a regular basis to assess the service performance of these BPS homes and ensure their compliance with the above-mentioned requirements. Moreover, SWD set up in May 2012 Service Quality Groups comprising persons with disabilities/family members/carers and stakeholders in the district as members to help provide views and suggestions for service improvements in these BPS homes.

## **Advice Sought**

31. Members are invited to note the content of this paper.

Labour and Welfare Bureau  
Social Welfare Department  
February 2013



**工黨**  
LABOUR PARTY

張超雄立法會議員辦事處

Fernando Chiu Hung Cheung Legislative Councilor's Office

致立法會長期護理政策聯合小組委員會秘書

**有關要求政府當局提供政策文件及資料**

長期護理政策聯合小組委員會下次會議於 2013 年 2 月 26 日舉行，延續上次與團體會商的會議，繼續討論「院舍護理服務的規劃及不足情況」。

上次會議期間，不少團體及委員均要求政府提交「長期護理政策文件」，勞工及福利局首席助理秘書長陳吳婷婷女士回應指政府有這份文件的存在，本人認為政府有必要向立法會及公眾提交這份長遠規劃方向及政策文件。本人要求政府在下次會議提供下列兩份資料文件，以供各委員參考及討論：

1. 長期護理政策文件，必須包括以下項目：
  1. 政策理念及價值
  2. 具體目標
  3. 具體服務，包括服務及資助模式，如何達成具體目標
  4. 未來十年的服務需求分析及預測，包括各類別殘疾人士、長者、及特別群組老齡化的問題，當中須包括預期新增輪候人數
  5. 各類服務提供數量及預測，包括長者及各類殘疾人士服務的仔細預測
  6. 各類服務及目標落實之時間表
  7. 人力資源規劃，包括整體需求分析及培訓計劃
  8. 土地規劃及供應策略，及與其他部門協調的工作
  9. 公眾教育及與地區人士協調的工作
  10. 財政預算及安排
2. 回應提問文件：
  1. 就 2013 年 1 月 29 日長期護理政策聯合小組委員會會議中，團體及各委員提出的意見及關注點，作出全面回應。
  2. 現時私營院舍的運作情況及數字，包括整體宿位數量及入住率；及入住私營院舍的長者及殘疾人士整體面貌(profile)，包括殘疾類別、年齡、性別、現正接受日間或社區服務的情況。
  3. 行政長官於 2013 年施政報告提出將 36 幅合共 27 公頃的「政府、機構或社區」(GIC) 用地改作房屋發展，請政府回應 36 幅土地中有否原規劃用作院舍服務的土地被特首徵用作房屋用途？另外，政府會否打算在這些房屋用地中，撥一定樓層及面積用作院舍服務？

長期護理政策聯合小組委員會  
主席

張超雄

謹上

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致立法會長期護理政策聯合小組委員會

有關要求政府當局跟進回答現時院舍護理服務的規劃及不足情況

長期護理政策聯合小組委員會已於 2013 年 1 月 29 日舉行小組會議，討論現時院舍護理服務的規劃及不足情況。然而，政府當局於 2013 年 1 月 29 日提交的資料文件《資助安老宿位及殘疾人士宿位的供應補充資料》(下稱補充資料)中並沒有詳盡交代有關長者及殘疾人士的規劃情況，故本人希望政府能跟進回答下列 13 條有關護理規劃問題，以供各委員在日後會議作出參考及討論：

1. 就當局回應「爭取資助院舍聯席」的跟進情況(補充資料附件 13)中，請當局詳細解釋何以不就用地編號 3 (沙田廣榮里近帝堡城的用地)進行車輛通道改善措施，而拒絕研究在該處發展院舍；
2. 隨上，請當局詳細解釋何以拒絕改劃用地編號 5、7、10、21 和 22 的「休憩用地」使用，以研究發展院舍用途；
3. 就資助安老宿位及殘疾人士宿位不足情況，不少社福機構曾向本人表示欲重建其所擁有的社福用地，以釋放出更多土地空間作提供服務之用。唯政府現行的競投合約政策難以鼓勵機構於有關用地進行重建，白白浪費提高土地運用效益、解決宿位不足的機會。當局能否就此在尋找新社福用地的同時，改變現行投標政策，便利機構於原有社福土地用途建築物進行重建並提供更多服務用地，認真解決現時宿位不足的情況；
4. 現時有本港社福機構於內地廣東地區提供頤養服務，唯現行的廣東計劃只涵蓋綜援申請人及將安排予高齡津貼領取人士，政府打算於何時將計劃延展至長者生活津貼的申請人？另外，是否會邀請在廣東地區提供頤養服務的香港社福機構，例如香港復康會和香港伸手助人協會，代長者向政府申報居住年期，以鼓勵有意於內地頤養的人士願意用有關服務，以減輕本地宿位不足的壓力；若否，原因為何？
5. 政府當局不論就長者還是殘疾人士都有向私營院舍進行買位計劃，然而私營院舍有因於政府買位不足而影響參與計劃的意欲。為滿足大量輪候資助宿位人士的需求，政府會否考慮短期內即時增加買位計劃至佔院舍的七成宿位，以吸引更多私營院舍參與，提供更多資助宿位、縮短輪候時間；
6. 現時除了資助安老宿位及殘疾人士宿位嚴重不足外，從事相關的護理照顧服

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## 立法會張國柱議員辦事處 (社會福利界)

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務之專業及前線支援人手亦甚為緊絀，政府當局就此有否作出長、短期的人手和服務規劃；若有，相關規劃政策內容為何；

7. 前線長期護理人手不足，乃有因於最低工資實行後引伸出的薪酬問題，當局會否考慮就此針對前線支援人手低薪問題提高薪酬或推行特別津貼或獎金，以增加職位吸引力；若有，內容為何；若否，原因為何；
8. 由於平均入住安老院舍的長者健康日漸退化，增加了照顧的時間和程序，令現有的照顧人手疲於奔命，難以應付服務需求。當局會否增加安老院舍的照顧人手編制，以便院舍維持服務；若有，內容為何；若否，原因為何；
9. 2010年統計處數字指出女性不能加入勞動市場的原因有超過40%是由於料理家務，已婚女性的勞動參與率更由40-44歲開始下跌。基於現時本港婦女因照顧家庭需要，就業較男性困難。當局會否考慮推行協助婦女就業的政策(如增加資助托兒及課餘託管名額、延長有關服務開放時間等)，鼓勵婦女投身照顧服務，以助解決長期護理照顧服務人手不足的問題；
10. 除了低薪金及就業支援配套不足外，現時本港長期護理照顧服務的就業前景亦不足夠，除了於資歷架構推動護理照顧行業外，當局會否考慮就該類職業提供職業晉升階梯，提升為專業/半專業職位，提高其職業地位，以鼓勵更多新血從事護理照顧行業；
11. 政府當局知否津助院舍現時因前線照顧人手短缺，而向中介公司招聘臨時人手(時薪或日薪)頂替，以符合條例的限制；若是得悉，能否告知這些機構聘用的人數和內容如何(工種、薪酬情況)；
12. 為應付護理人手不足問題，當局是否打算以引入外勞作長遠解決人手問題的應對政策；若否，政府能否提供一套「長期護理政策」政策規劃以應付未來二十年人口老化的需要(不論是零碎的個別政策，還是整體規劃)；
13. 除了就護理人手作出規劃，當局能否提供未來二十年，長者和殘疾人士的長期護理院舍和社區照顧服務的需求推算數據；政府就未來需求有否進行內部討論；有否打算就此作出全面研究？

張國柱

二零一三年二月十四日

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**Annex C**

**Number of Elderly Admitted to  
Subsidised Residential Care Places  
(2007-08 to 2011-12)**

	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>
<b>NH place</b>	428	618	622	599	779
<b>C&amp;A place</b>	3 906	3 855	3 443	4 294	4 200

**Number of Elderly Who Withdrew their Applications from the  
Central Waiting List  
(2007-08 to 2011-12)**

	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>
<b>NH place</b>	294	290	371	269	333
<b>C&amp;A place</b>	2 168	1 985	2 067	2 292	2 155

**Number of Elderly Who Passed Away  
While Waiting for Subsidised Residential Care Places  
(2007 to 2011)<sup>Note</sup>**

	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>NH place</b>	1 619	1 847	1 822	1 823	1 958
<b>C&amp;A place</b>	2 449	2 556	2 716	2 971	3 189

<sup>Note</sup> : only figures in calendar years are available.

**Other Reasons<sup>Note</sup> for Dropping Out of  
the Central Waiting List  
(2007-08 to 2011-12)**

	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>
<b>NH place</b>	249	250	242	264	212
<b>NH place</b>	1 378	1 403	1 333	1 501	1 411

<sup>Note</sup> : “Other reasons” include applicant’s disqualification for long-term care services, losing contact with the applicant, change in service need, etc. SWD, however, does not collate statistics for these causes individually. Therefore, no further breakdown can be provided.