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9 April 2018

Mr Anthony CHU  
Clerk to Public Accounts Committee  
Legislative Council Complex  
1 Legislative Council Road  
Central  
Hong Kong

Dear Mr CHU,

**Public Accounts Committee**  
**Consideration of Chapter 1 of the Director of Audit's Report No. 69**  
**Administration of lump sum grants by the Social Welfare Department**

Thank you for your letter of 5 March 2018 to the Director of Social Welfare. I have been authorised to reply regarding the issues raised in your letter relating to the subject matter.

- (a) According to paragraph 4.4(g) of the Lump Sum Grant Manual (the Manual), if a subvented non-governmental organisation (NGO) obstructs the Director of Social Welfare, as the controlling officer for the social welfare subventions, to exercise his/her authorities (e.g. accessing the records and accounts of the NGO or conducting performance assessment on the NGO's services and related support services under the Service Performance Monitoring System (SPMS)), or fails to (i) achieve a reasonable standard of performance in accordance with the full requirements of the Funding and Service Agreements (FSAs); (ii) exercise reasonable and prudent financial management; or (iii) comply with the Lump Sum Grant (LSG) rules and other subvention rules, the Social Welfare Department (SWD) will withhold or terminate its social welfare subventions.

There was a case in which an NGO, due to its internal governance problem, failed to operate according to its articles of association, and was unable to exercise its human resource management and financial management properly. Despite repeated advice and reminders given to its Board, the NGO was unable to submit the financial statements and service performance reports to



the SWD as required. In the end, the NGO Board confirmed that they were unable to make any rectifications and had no objection to the SWD's withdrawal of the subvention. The SWD subsequently allocated the affected subvented services to other subvented NGOs for continuation of operations.

- (b) Please refer to **Annex 1** for a sample of the FSA.
- (c) The NGO operator of Agreement Service Unit (ASU) 12 has been providing subvented intercountry adoption service since 1986. When the SWD formulated the FSA on intercountry adoption service with the NGO in 2000, the Output Standards were set in consultation with the NGO, taking into consideration the service demand for intercountry adoption at that time (including making reference to the number of children available for adoption and those successfully placed for overseas adoption), the procedures required for intercountry adoption and the past service performance of the NGO.

Amidst the social changes and advancement in medical technology, the number of children being placed for adoption due to unwed pregnancy, abandonment or mild health or disabilities has been decreasing, thus resulting in the continual decline of the number of children available for adoption. In addition, in accordance with the principle set out in the Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption, the Contracting State should accord priority to placing children to families of the same cultural or ethnic background as far as possible. Therefore, suitable overseas adoptive homes should be identified through intercountry adoption only when there are no suitable local homes for the children waiting to be adopted.

All along the majority of children waiting for intercountry adoption are children with special needs (e.g. having disabilities or health problems, or older in age). This is challenging for the NGOs providing intercountry adoption service as there are considerable difficulties to secure suitable overseas adoptive homes, and intercountry adoption also needs to be arranged in compliance with the adoption procedures/laws etc. in the respective countries. Besides, the number of applications for intercountry adoption by relatives has been fluctuating. These have resulted in difficulties for the NGO in the provision of intercountry adoption service, and led to its failure in meeting some of the Output Standards as stipulated in the FSA in the past few years.

The purpose of intercountry adoption service is to arrange overseas adoption for children who are in need of adoption placement but no suitable local homes are available for them, so that they can receive permanent and stable family care and grow up healthily. These children, who are mostly wards of the Director of Social Welfare, are abandoned, having mild disabilities or health problems and are under the age of 18 and unmarried. To ensure the service stability and continuity to safeguard the best interests of the children, it



is necessary to provide subventions to the organisation to operate the related service. Having regard to the fluctuating number of children available for adoption and the latest development of the adoption service, the SWD, together with the NGO, have kept reviewing its service performance, exploring intervening strategies and extending the scope of service such as requiring the NGO to expand its overseas network and promote the intercountry adoption programme to government officials and related parties overseas, so as to enhance the adoption prospect of the children to be adopted. The SWD has also revised the FSA with the NGO, and the revised FSA has come into effect since 1 July 2017. The SWD will continue to pay attention to the latest development of the adoption service, maintain close communication with the relevant service provider, and monitor the performance and effectiveness of the service units.

- (d) (i) As the utilisation rate of the home care service for persons with severe disabilities (HCS) was lower than expected, in order to optimise the use of public money, the SWD has reviewed the subvention arrangements for the service jointly with the NGO operators and revised the relevant FSAs, which came into effect in April 2015. Under the revised arrangements, annual subventions (payable on a monthly basis) to the NGOs are pegged to the caseload (which is defined as “the total number of cases provided with social work intervention including counselling and support service to the service users and their family members/carers”), as follows: -
- The ASU will receive 50% of the annual subvention and its agreed level of performance will also be set at 50% of the annual agreed level, if it attains less than 50% of the agreed caseload for the year;
  - The ASU will receive 75% of the annual subvention and its agreed level of performance will also be set at 75% of the annual agreed level, if it attains 50% or above but less than 75% of the agreed caseload for the year; and
  - The ASU will receive 100% of the annual subvention and its agreed level of performance will also be set at 100% of the annual agreed level, if it attains 75% or above of the agreed caseload for the year.

Each service output has an annual agreed level of performance. When the caseload has increased to a higher level, both the amount of subvention and the agreed level of performance will also be raised. This practice is in line with the principle of optimal use of public money and would motivate the NGO operators to enhance their service output.



As all service units had accumulated experience and established the service mode with sufficient time in 2015-16 and their caseloads had exceeded 75% of the agreed caseload at the end of the year, following the aforesaid principle, the allocation of subvention and agreed level of performance for them were at 100% level for 2016-17. This explains why all the service units could not achieve the expected level of performance in 2015-16 but the agreed level of performance still increased in 2016-17.

(ii) Reasons for service standards not being met are set out below: -

- As the service targets of the HCS are not referred from the central waiting list, the NGO operators have to devote considerable time and manpower at the initial stage to establish a liaison and referral network with hospitals, clinics, paramedical and allied health professionals, other rehabilitation service and home care service units, patients' self-help organisations and other relevant organisations. As a result, it takes time for the case numbers and output to build up;
- The principal staff team members of the HCS involve various professional disciplines (including physiotherapists, occupational therapists, nurses and social workers) and personal care workers, etc. The NGO operators have faced considerable difficulties and challenges in staff recruitment; and
- Upon further review of various elements and workflow of the service provision with the NGO operators, the SWD found that the original definition of service output and calculation methods during the service planning stage could not fully cover certain service-related indicators and therefore the data collected could not fully reflect the actual output of the NGOs (including direct and indirect services). Examples are shown below: -
  - **Direct services:** such as pre-discharge and home-based professional assessment, transfer of medical equipment to home of service users, home modifications, etc.; and
  - **Indirect services:** such as holding multi-disciplinary case conference for formulating and coordinating the treatment plan, training of personal care workers and therapy assistants for the provision of individualised care, arrangement of suitable treatment device on a case-by-case basis, etc.

(iii) To address the manpower shortage problem for allied health and nursing professionals, the SWD has already joined hands with



universities and the Hospital Authority (HA) to launch professional training programmes for strengthening the manpower input of allied health and nursing professionals in subvented services, with details appended below: -

- **Professional staff of occupational therapy and physiotherapy:** Since January 2012, the Hong Kong Polytechnic University has launched two two-year programmes of Master in Occupational Therapy and Master in Physiotherapy on a self-financing basis. In respect of these two programmes, the SWD provides funding support to NGOs in the form of a sponsorship scheme to provide tuition fee sponsorship for students admitted by the NGOs in order to encourage them to join the social welfare sector. The students of the first and second cohorts of the programmes graduated in January 2014 and January 2016 respectively, and joined the employment market to alleviate the shortage of allied health professionals in the sector. The third cohort of the programmes commenced in January 2017. The 68 sponsored students have to work in the sponsoring NGOs for no less than three years after graduation; and
- **Nursing staff:** To alleviate the shortage of nurses in the sector, the SWD had joined hands with the HA from 2006 to 2016 to run 14 classes of the two-year Enrolled Nurse (General)/Enrolled Nurse (Psychiatric) Training Programmes with about 1 800 training places. Over 90% of the graduates in these 14 classes had joined the social welfare sector. The SWD also commissioned the Open University of Hong Kong to provide 920 training places in the four consecutive years from 2017-18, with the first class having commenced in September 2017. The training programmes are fully funded by the Government. Participants are required to sign an undertaking to work for two consecutive years in the social welfare sector upon completing the training programmes.

- (iv) Compared with the two years of 2015-16 and 2016-17, all NGO operators have achieved significant improvement in performance in 2017-18 (up to December 2017). Please refer to **Annex 2** for details.
- (e) According to the Audit Report, the term “support services” include rehabilitation, nursing and/or personal care services only. Regarding the HCS and the integrated support service for persons with severe physical disabilities (ISS), the major characteristic of the two services is the provision of case management for service users. Among the 24 cases (13 cases from ASU A and 11 cases from ASU B) examined by the Audit Commission, all are taken care of under case management by social workers, with the provision of services including all sorts of service coordination and matching, emotional



support, information giving, carers' support, etc. A large number of cases have also received multi-disciplinary professional assessment services. Since the Audit Report has not put social work support under its definition of "support services", the follow-up by social workers and their work and support delivered under case management have not been reflected in the Audit Report.

Reasons for the cases described in the Audit Report to have received no "support services" are as follows: -

- Family members/carers expressed no immediate service need but requested using the service whenever in need (e.g. respite service) so as to alleviate the caring and psychological pressure;
- Family members/carers changed their mind and chose other services (e.g. hire of domestic helpers, day rehabilitation centres, etc.);
- Service users were attending day hospitals or receiving outreaching services for the discharged;
- Service users were in unstable medical condition, and were not suitable to receive physiotherapy or occupational therapy services;
- Service users were hospitalised or had to be admitted to hospitals frequently and therefore could not receive home care service; and
- Loss of contact with service users and family members/carers.

Case managers should record situations where service users are unable to receive rehabilitation, nursing care and/or personal care services in their casefiles. The SWD will work out guidelines to remind all NGO operators to monitor and implement the relevant practice accordingly.

(f) With regard to paragraph 4.19 of the Audit Report setting out the delay in discharging service users, the Audit Commission has examined a total of 28 cases (11 cases from ASU A and 17 cases from ASU B) and opined that there was delay in arranging service users to be discharged from the service. These cases can mainly be summarised as follows: -

- Family members/carers expressed no immediate service need but requested using the service whenever in need (e.g. respite service) so as to alleviate the caring and psychological pressure;
- Service users were hospitalised or had to be admitted to hospitals frequently for treatment;
- Service users were in unstable medical condition;



- Loss of contact with service users and family members/carers;
- It took time to wind up and complete the administrative work for closing the case; and
- The case social worker had not closed the case in a timely manner.

The SWD had already spelt out clearly in the Service Specifications of the HCS the policy and terms on exit of the service (see **Annex 3**) before the regularisation of the service in March 2014. Besides, according to the requirement of “Service Quality Standard 10” (see **Annex 4**) for subvented NGOs, service units need to have the policy and procedures for entering and leaving the service.

- (g) The SWD has since November 2017 commenced the review of the two services and formulation of improvement measures with the NGO operators as a follow-up to the Government’s response as mentioned in paragraphs 4.25(b) and (c) of the Audit Report. The present progress is as follows: -

- **Paragraph 4.25(b):** With regard to providing more guidelines on the counting of cases into the caseloads, provision of support services in accordance with the agreed care plans and discharge of service users, the SWD will continue to liaise with the NGO operators, and the task is expected to be completed around December 2018; and
- **Paragraph 4.25(c):** With regard to setting up a case cross-checking mechanism among the service operators of the HCS and the ISS to avoid service users receiving support services from the two services concurrently, the SWD has already reached an agreement with the NGO operators that the applicants, who may be the service users, family members or carers, should give consent and authorisation to allow the staff of the service units to liaise with service units providing similar service in the district when they apply for the service, so that the staff can check and prevent the service users from using service of the same nature at the same time. Besides, the applicants need to make declaration upon application that they are not using any services of the same nature. Such measure has already been put in place since December 2017. Please refer to **Annex 5** for details.

- (h) The current five Refuge Centres for Women (RCs) in the territory have been receiving subventions from the SWD since 1989, 1996, 2002, 2006 and 2009 respectively. Among them, two RCs commenced operation before the implementation of the Lump Sum Grant Subvention System (LSGSS) in 2001. Outcome Standard was not included when the FSA of these two RCs were set. However, the operators are requested to provide information on two items to reflect service effectiveness when submitting the quarterly statistical information form, i.e. (i) user satisfaction rate; and (ii) the extent of



enhancement in service users' basic skills in protecting themselves and their children, upon leaving the refuge centre.

With regard to service unit offering similar services as the RCs, there is the Multi-purpose Crisis Intervention & Support Centre operated by the Tung Wah Group of Hospitals (CEASE Crisis Centre), which has been providing temporary accommodation for victims of domestic violence since 2010. The two Outcome Standards mentioned above have been included in the FSA of CEASE.

In September 2017, the SWD reviewed the FSA of RCs and deliberated with the service units concerned on the addition/revision of the Output Standards as well as establishing Outcome Standards for enhancing the service monitoring of individual units. Two Outcome Standards have been newly added to the FSAs of these two service units, which came into effect in April 2018.

- (i) The SWD has already begun to set Outcome Standards for new ASUs. For the existing ASUs, the SWD will discuss with the NGOs concerned on setting Outcome Standards as appropriate, when their FSAs are reviewed. Besides, the Task Force for Review on Enhancement of Lump Sum Grant Subvention System (the Task Force) was set up by the SWD in November 2017. "Mechanism for review of FSAs" is one of the eight review areas proposed by the Task Force, which will be examined in detail in the coming meetings of the Task Force. For details of the Task Force, please refer to item (z) below.
- (j) Children and Youth Centres (CYCs) provide services at neighbourhood level. According to the FSA, in addition to core programmes (e.g. counselling, supportive services and socialisation programmes), CYCs are also required to provide non-core programmes, e.g. drop-in service, interest groups, family recreational activities, community carnivals, etc. Non-core programmes aim to attract children and young people to go to the centres with their families, enable them to use their leisure time constructively, build up relationship between members and their families as well as build up community network. As such, apart from children and young people, people of other age groups, including family members and people in the community, can have the opportunity to join non-core programmes. While the number of programme sessions and attendances for non-core programmes are much higher than those for core programmes, the resources utilised for non-core programmes are in fact much lower than those for core programmes.

In addition, according to the response of the concerned NGO, the CYC conducted activities for young children under the age of 6 and retired men from 2014-15 to 2016-17. The NGO considered that through providing services for young children, early intervention for children could be achieved for meeting the needs of the community. Besides, providing services for retired men could set up a platform for young people to have interaction with retired men with a view to enhancing their communication skills with elders and





fostering trans-generational harmony.

The SWD all along monitors the performance of the service unit through the SPMS. The NGO is required to conduct self-assessment of attainment of Output Standards, Outcome Standards, Essential Service Requirements and Service Quality Standards on a regular basis and submit the reports to the SWD. In the last three financial years, records of the SWD showed that the service unit concerned fully met the performance standards as stipulated in the FSA. Case 8 reported in the Audit Report indicated that the output levels were not accurately reported by the service unit concerned. Although the NGO counted the service figures of non-service targets towards the output level of core programmes by mistake, the NGO was still able to meet the required output level after the Audit Commission's re-calculation.

The SWD is examining the service information and output figures in connection to the services provided for young children under the age of 6 and retired men from 2014-15 to 2016-17 as submitted by the NGO. In the event of any subvented resources being deployed for non-FSA related activities, the NGO will be requested to apportion the costs in respect of rent, rates, utility charges and personal emoluments, etc. funded by social welfare subventions.

- (k) Emergency residential child care service aims at providing emergency out-of-home placement for children who cannot be adequately cared for by their families because of family problems or crisis (such as sudden illness, hospitalisation, desertion and death of the parents). In 2011, the NGO operator of ASU S shortened the maximum duration of stay of its emergency places from 3 months to 6 weeks, which led to repeated and frequent extension of stay for individual cases which were unable to secure alternative residential placement. In addition, on the admission procedures, the NGO did not specify a reasonable timeframe for the referring social workers to complete the required admission procedures for the children as soon as possible after confirming that there are vacant places (including obtaining the consent of the parents/guardians of the children, arranging medical examination for the children, etc.), which has undermined the service utilisation of the emergency places. Besides, there was no mechanism in place to clearly require the referring social workers to submit relevant documents to ascertain that long-term welfare plans of the children had been formulated, as a reason for the extension of stay when the applications were made.

The SWD has discussed with the NGO on improving the utilisation of resources. Upon consultation and review with the SWD on the service utilisation, the NGO has extended the maximum duration of stay of the emergency residential child care places from 6 weeks to 3 months with effect from 1 December 2017. In addition, in order to improve the admission procedures of the emergency places, the NGO has taken intervening measures, including the requirement for the referring social workers to complete the required admission procedures for the children as soon as possible. If the



referring social worker fails to arrange for the children to be admitted within 14 days (on the principle of admission as soon as possible), the residential places will be allocated to other children in need of the service. The SWD has also requested the NGO to provide statistical return of the utilisation of emergency residential child care places on a regular basis so as to monitor the utilisation of the service.

The SWD has maintained an established mechanism governing the extension of stay for the emergency residential child care places. The referring social workers may apply extension of stay for the child provided that the long-term welfare plan of the child has been formulated (such as having waitlisted for long-term residential child care services or having concrete family reunion plan) and parents' consent has been obtained. To facilitate the processing of applications for extension of stay, the NGO has set out the requirements that the parental consent, endorsement of the long-term welfare plan of the child by the senior of the referring social workers and other relevant documents have to be provided by the referring social workers when the application for extension of stay is made.

- (l) At present, all NGOs receiving LSG subventions have already implemented all items under the seven Level One guidelines of the Best Practice Manual (BPM). During the 3-year transition period (i.e. 2014-15 to 2016-17), each NGO is required to report to the SWD its progress of implementing Level One guidelines by submitting to the SWD by end of October of each year a self-assessment report for each financial year, showing the position as at 31 March of that year. Based on the information collected from the self-assessment reports, the SWD will provide views and advice to individual NGOs on their implementation.
- (m) The SWD all along encourages NGOs receiving LSG subventions to adopt the Level Two guidelines. As at 31 March 2017, 153 NGOs had implemented all or some items of the Level Two guidelines, representing an increase of 7.7% as compared with the situation as at 31 March 2016 (i.e. 142 NGOs). The SWD issued a letter to NGOs in April 2017 to share with them the implementation progress of the BPM, and appeal to them to adopt the Level Two guidelines with a view to enhancing transparency in corporate governance and public accountability. The SWD will soon collate the checklists submitted by NGOs and arrange sharing sessions for NGOs on the good practices of the Level Two guidelines. NGOs which have not yet implemented the Level Two guidelines will be encouraged to make reference to the relevant good practices and develop suitable implementation plans.
- (n) The follow-up actions taken by the SWD on NGO 6 regarding their implementation of the Level One guidelines are provided in the following table in chronological order: -



Date	Content
October 2016	The NGO submitted the BPM checklist for 2015-16. The checklist showed that it did not comply with the Level One guidelines on the use of Provident Fund reserve for non-Snapshot Staff.
November 2016	The SWD contacted the NGO to understand their reasons for not complying with the guidelines and the difficulties encountered, and reiterated that all NGOs had to implement all Level One guidelines by 2016-17.
December 2016	The SWD requested the NGO by email to follow up the requirements of the Level One guidelines.
August 2017	The SWD contacted the NGO again to understand the progress of their implementation of the Level One guidelines.
October 2017	The SWD visited the NGO and met with the NGO's management to ensure that they understood how to fulfill the requirements of the BPM.
December 2017	The NGO's Board endorsed and implemented all Level One guidelines.

- (o) The workflow of the BPM (see **Annex 6**) has clearly illustrated how the SWD follows up with those NGOs not complying with the Level One guidelines. According to the BPM, if an NGO cannot comply with the Level One guidelines and persistently fail to make improvement, the SWD will consider putting up the case to the Lump Sum Grant Steering Committee for consideration and making recommendations. The Level Two guidelines are those that NGOs are encouraged to adopt. The SWD has all along encouraged the NGOs to adopt those guidelines as far as possible, and through submission of the self-assessment reports by the NGOs, understand the NGOs' implementation of this level of guidelines and collect their views.
- (p) Regarding the high absence rate of some NGOs' board/committee members and the re-appointment of those board members with records of repeated absence from the meetings, the NGOs concerned explained that some board members were unable to attend the meetings due to their busy schedules.



Papers for the meetings would still be issued to those board members who could not attend the meetings, and they could review the documents and express their views through other channels, e.g. returns in proforma and e-mails. Some board members with low attendance rates were still re-appointed as they had made substantive contributions to the NGOs, for example, as leading fundraisers or professionals (e.g. architects, engineers, doctors, paramedical professionals, solicitors, accountants, etc.) who could provide complimentary professional advice for NGOs' premises and service development.

In order to encourage NGOs to adopt good practice of corporate governance, relevant guidelines or templates on corporate governance of the Efficiency Office (EffO) (formerly known as Efficiency Unit), the Independent Commission Against Corruption and the Hong Kong Council of Social Service (HKCSS) have been listed in the Manual and uploaded onto the SWD's website. Also, the SWD has allocated more than \$9.7 million from the Lotteries Fund to the HKCSS to launch a four-year project "NGOs' Governance Platform" to provide more exchange and training opportunities for NGOs' Board of Directors and further enhance the governance capacity of the NGOs.

- (q) To improve NGOs' management of conflicts of interest and enhance transparency, the SWD will remind the NGOs' Boards and encourage them to (i) set out clearly the requirements for the avoidance of conflicts of interest, and the course of action to be taken when a member faces a real or apparent conflict of interest situation; (ii) consider adopting a "two-tier reporting system" whereby in addition to reporting conflicts of interest at board meetings as and when they arise, board members should disclose their general interest on appointment to the board and annually thereafter; and (iii) arrange making the declaration on a registration form, which should be made available for public inspection.
- (r) To enhance corporate governance of the NGOs receiving LSG subventions as well as promote their wider adoption of good practices on areas of declaration of interest, attendance of board/committee meetings and appointment of board/committee members, the SWD will continue to encourage the NGOs to adopt other good governance practices, including the Guide to Corporate Governance for Subvented Organisations of the EffO. As and when appropriate, the SWD will share with the NGOs' Boards the good practices in the sector.
- (s) (i)-(ii) Human resource management, including recruitment and staff turnover, etc., falls within the realm of corporate governance of the NGOs. The SWD is very concerned about the manpower requirements in the sector.

The Joint Committee on Social Work Manpower Requirements (the



Committee), comprising of representatives of the SWD and the HKCSS, collects employment data of social work personnel through its “Social Work Manpower Requirements System” (SWMRS) to keep track of the manpower situation in social work field and facilitate manpower planning. It also publishes annual reports of the SWMRS for the sector’s reference. Based on the data collected from subvented and self-financing organisations, local tertiary institutions and Government departments concerned, the Committee will provide the overview and projection of the demand and movement of manpower, including the trends of changes in the turnover rates of social workers in the past years. The SWD has also subsidised the HKCSS to publish the “NGOs Salary Survey Report” annually since 2003. Among some 100 participating organisations (most of them are social welfare organisations), about 60 are receiving subventions from the SWD. The annual survey report shows the turnover rates of different grades of staff of the participating organisations in the year. Although there is no information on the reasons for staff departure, the report shares the measures on retaining staff as adopted in the sector. Besides, in order to grasp the manpower situation of frontline care workers of rehabilitation and elderly services in recent years, the SWD conducted in mid-2017 a questionnaire survey of the subvented NGOs to collect the information, including turnover rates and the reasons for staff departure, and shared the findings with the sector afterwards.

Staff turnover is subject to many factors, including remuneration packages, other employment opportunities, external economic/labour market environments, personal development, family needs and organisational culture, etc. There is great variance in the turnover rates among different grades of staff/work types or different scales of NGOs.

The SWD will continue to monitor the performance of subvented services through the existing mechanism and provide suitable assistance to NGOs when needed to ensure that they can deliver with stability the welfare services which meet the requirements and fulfil the needs of the society.

- (iii) At present the SWD does not require NGOs receiving LSG subventions to conduct exit interviews with departing staff or compile information on staff turnover. As such information is useful for subvented NGOs in enhancing their corporate governance as well as human resource management, the SWD will encourage the NGOs to adopt these good management practices through appropriate channels such as correspondence or briefing sessions.
- (iv) As stated in item (s)(ii) above, staff turnover is subject to many factors. “Staff turnover and vacancy condition” is one of the eight review areas



proposed by the Task Force and will be examined in detail in the coming meetings of the Task Force. For details of the Task Force, please refer to item (z) below.

- (v) The SWMRS does not have the statistical information about the job leavers' age, rank and reasons for leaving. According to the published figures of the SWMRS, the wastage rates of social work posts in 2013-14, 2014-15 and 2015-16 are as follows: -

Year	Degree Posts Wastage Rate (%)	Diploma Posts Wastage Rate (%)	All Social Work Posts Wastage Rate (Note) (%)
2013-14	4.7	8.0	4.2
2014-15	4.6	6.5	2.8
2015-16	5.1	9.0	3.4

Note: Deducting the cases of inter-grade movement, i.e. cases switching between Diploma posts and Degree posts.

- (t) & Under the LSGSS, NGOs' human resource management including the  
(u) formulation of pay structure and benefits is in the realm of corporate governance of the NGOs.

The Government is very concerned about the pay scales and salary gap in some ranks, which have impacts on the human resource management of the subvented NGOs. "Pay policies and pay scales" is one of the eight review areas proposed by the Task Force, and will be examined in detail in the coming meetings of the Task Force. For details of the Task Force, please refer to item (z) below.

- (v) The Working Group on Implementation Details of BPM, chaired by the Assistant Director of Social Welfare with members including NGOs' management, staff representatives, service user representatives and independent members, will continue to convene meetings with a view to forging consensus among the representatives for the four outstanding items. It is expected that the matters concerned would be submitted to the Lump Sum Grant Steering Committee for discussion in the third quarter of 2018 followed by the incorporation of the items in the BPM.
- (w) One of the members of the Lump Sum Grant Independent Complaints Handling Committee (IHC) was the principal (the principal) of a school under the NGO being complained. From July 2011 to November 2012, the principal participated in reviewing the complaints lodged against the NGO in four IHC meetings (i.e. the 10<sup>th</sup>, 12<sup>th</sup>, 14<sup>th</sup> and 15<sup>th</sup> meetings) and took part in the discussions at two of the meetings. At the 12<sup>th</sup> meeting, the principal participated in examining the investigation report on the complaint against a service unit of the NGO and endorsed that the complaint issues were not substantiated. Since the NGO's education and welfare services are



independently run, the principal was not aware of the potential conflict of interest and therefore had not declared the potential conflict of interest concerned.

All along, the ICHC requests its members to declare their potential conflict of interests or seek the Chairman's ruling in accordance with the guideline for the “One-tier Reporting System” issued by the Home Affairs Bureau (see **Annex 7**). The ICHC also requests its members to complete the standard declaration form before each meeting to declare their potential conflict of interests, and the ICHC Chairman will make decisions and arrangements on the members' declarations.

At the 33<sup>rd</sup> ICHC meeting held on 20 September 2017, the SWD reiterated to the members the guideline, including the scope, timing and method for declaration of interests. The ICHC Secretariat would record the details of the handling of members' declaration of interests in the minutes of the meetings, including the decisions made by the ICHC Chairman. In future, the SWD will reiterate the contents of the guideline and re-circulate it to the members for reference every year.

- (x) In the past, the ICHC Secretariat had followed up the decisions of the Chairman on the declaration of interest without recording the related information in the minutes of the meetings. Starting from the 33<sup>rd</sup> ICHC meeting held on 20 September 2017, the ICHC Secretariat would record such information in the minutes of the meeting.
- (y) The Chairman and members of the ICHC are all appointed by the Secretary for Labour and Welfare. Each term of membership lasts for two years. The functions of the ICHC are as follows: -
  - to receive LSG related complaints against welfare NGOs which cannot be satisfactorily resolved at the NGO level;
  - to handle LSG related complaints such as misuse of subventions, NGOs' management decisions that have a direct impact on service performance and non-compliance with service requirements; and
  - to relay ICHC's decisions and recommendations to the SWD so that follow-up action may be taken by the SWD, as appropriate, to enhance the LSGSS.

The current term of the ICHC (2017-19) has a total of eight members from the medical, legal, human resource management and business sectors as well as from the district. The ICHC held a total of 12 meetings in the past three financial years—five in 2014-15, three in 2015-16 and four in 2016-17. The ICHC held a total of four meetings in 2017-18.



- (z) Please refer to **Annexes 8 to 10** for the terms of reference, membership list and the proposed scope of the review of the Task Force. The Government expects to consult the Panel on Welfare Services of the Legislative Council on the scope of the review proposed by the Task Force in May 2018. It is expected that the relevant review study will be completed within two years after the scope of the review is established.

Should you have any enquiries, please contact the undersigned.

Yours sincerely,

(WONG Kwok-chun, Alex)  
for Director of Social Welfare

<u>c.c.</u>	Secretary for Labour and Welfare	(Attn: Mr. Kenneth CHENG)
	Secretary for Financial Services and the Treasury	(Attn: Ms. Kinnie WONG)
	Director of Administration	(Attn: Ms. Subrina CHOW)
	Director of Audit	(Attn: Mr. Andrew CHANG)



**Funding and Service Agreement<sup>1</sup>****Neighbourhood Elderly Centre (NEC)**  
**(with effect from 1 October 2014)****I Service Definition****Introduction**

Neighbourhood Elderly Centre (NEC) is a type of community support services serving as a neighbourhood base for community network of informal support and formal social services provided to elderly persons living in the community.

**Purposes and Objectives**

2. The ultimate goal of NEC is to enable elderly persons to continue to stay in the community, to lead a healthy, respectful and dignified life, to enhance their positive and contributory role and to involve the public to build up a caring community.

**Nature of Service**

3. NEC should provide a range of comprehensive services to elderly persons, carers and the community at large, as stipulated in the Specifications on Re-engineering Community Support Services for Elders.

**Target Service Users**

4. Service Operator of the NEC is expected to serve elderly persons aged 60 or above residing in the respective Districts as delineated by District Council boundary. Service Operator is also expected to provide support to formal and informal carers who take full-time or part-time care of elderly persons, and to provide educational and developmental programmes to the community at large.

**II Performance Standards**

5. Service operator should meet the following performance standards:

**Output Indicators**

(to be reported to Social Welfare Department [SWD] on a quarterly basis)

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<sup>1</sup> This Funding and Service Agreement is a sample document for reference only.

<b><u>No.</u></b>	<b><u>Output indicators of NEC</u></b>	<b><u>Agreed level</u></b>
1.	Average membership within one year.	400
2.	Average attendance per session within one year.	60
3.	Total number of groups, activities and programmes held within one year:	200
	a. (i) for promotion on healthy and active ageing, physical and psycho-social well-being of elderly persons; (ii) to meet the educational and developmental needs of elderly persons; and (iii) to meet the social and recreational needs of elderly persons.	120
	b. for volunteer recruitment, development and services.	40
	c. to provide carer support services including mutual support groups and training activities etc;	40
4.	Total number of volunteers within one year.	100
5.	Active counselling cases within one year :	
	a. monthly average number of active counselling cases with agreed plan (summing up the 12 month-end number of active counselling cases ÷ 12);	80
	b. turnover rate of active counselling cases within one year (total number of closed case ÷ total number of active counselling cases served x 100%);	20%
6.	Total number of carers served within one year.	140
7	Services for hidden or vulnerable elderly persons:	
	a. monthly average number of active cases of hidden or vulnerable elderly persons (summing up the 12 month-end number of active cases ÷ 12)	35
	b. turnover rate of cases served within one year in relation to hidden or vulnerable elderly persons (total number of closed case ÷ total number of cases served x 100%)	20%
8.	Total number of activities of building up rapport with local stakeholders for service promotion and/or establishing strategic partnership within one year.	12
9.	Total number of Minimum Data Set-Home Care (MDS-HC) Version 2.0 <sup>2</sup> assessments conducted within one year. <sup>3</sup>	35

<sup>2</sup> MDS-HC Version 2.0 or the prevailing version of MDS-HC adopted by SWD

<sup>3</sup> SWD will take into consideration the availability of referrals should the agreed level not being met.

**Outcome Indicators** (to be reported to SWD once every three years <sup>4</sup>)

	<b>Outcome indicators of NEC</b>	<b>Minimum level of attainment</b>
1	Percentage of users satisfied with the centre service. (a survey with sample size reaching 160 or not less than 30% of the total membership should be conducted.)	70%
2	Percentage of carers satisfied with the centre service. (a survey with sample size not less than 30% of the total number of carers served should be conducted.)	70%
3	Percentage of senior volunteers satisfied with their volunteer services and/or organising centre activities. (a survey with sample size not less than 30% of the total number of senior volunteers should be conducted.)	70%
4	From output indicators No. 3 of clause 5, percentage of groups, activities and programmes for which elderly members are involved in planning and implementation.	10%
5	Percentage of carers with lower stress level in taking care of elderly persons after attending the programme. (the outcome should be counted as average attainment level of all programmes/groups for reducing carers' stress level).	70%
6	Percentage of users whose support network is widened. (a survey with sample size reaching 160 or not less than 30% of the total membership should be conducted.)	70%

**Essential Service Requirements**

6. The NEC should operate at least 6 days a week with a minimum of 48 hours per week with full flexibility in order to best fit the needs of services users.

7. The operation of the NEC should be under the supervision and guidance of registered social worker.

<sup>4</sup> As the statistics of outcome indicators has been reported for the year 2013/14, the coming years of reporting outcome statistics will be 2016/17, 2019/20 and so on.

**Quality**

8. The Service Operator will meet the requirements of the 16 Service Quality Standards (SQSs).

**III Obligations of SWD to Service Operator**

9. The SWD will undertake the duties set out in the General Obligations of SWD to the Service Operator as specified in the Funding and Service Agreement (FSA) Generic Sections.

**IV Basis of Subvention**

10. The basis of subvention is set out in the offer and notification letters issued by SWD to the Service Operator.

**Funding**

11. An annual subvention will be allocated on a Lump Sum Grant (LSG) mode to the Service Operator for a time-defined period (*applicable to time-defined projects only*). This lump sum has taken into account the personal emoluments, including provident fund for employing registered social workers and supporting staff, and other charges (covering all other relevant operating expenses including employees' compensation insurance and public liability insurance) applicable to the operation of the project and recognised fee income, if any. Rent and rates in respect of premises recognised by SWD for delivery of the subvented activities will be reimbursed separately on an actual cost basis.

12. In receiving the LSG, the Service Operator is accorded flexibility in the use of the grant but required to observe the guidelines set out in the latest LSG Manual, LSG Circulars, management letters and correspondence in force as issued by SWD on subvention policies and procedures, whichever is applicable, as well as the relevant Guidance Notes for specific services. The LSG will be subject to adjustments including salary adjustments in line with civil service pay adjustments and other charges in line with the government-wide price adjustment factor. The Government will not accept any liabilities or financial implication arising from the project beyond the approved funding.

**Payment Arrangement, Internal Control and Financial Reporting Requirements**

13. Upon the Service Operator's acceptance of the FSA, payment of the LSG subventions will be made on a monthly basis.

14. The Service Operator is responsible for maintaining an effective and sound financial management system, including budget planning, projection, accounting, internal control and auditing. It should maintain proper books and records and supporting documents on income and expenditure relating to the project and make them available for inspection by the Government representative.

15. The Service Operator shall submit the Annual Financial Report (AFR) as reviewed and the annual financial statements of the NGO as a whole as audited by a certified public accountant holding a practising certificate as defined in the Professional Accountants Ordinance (Chapter 50) and signed by two authorised representatives of the NGO, i.e. Chairperson/NGO Head/Head of Social Welfare Services in accordance with the requirements as stipulated in the latest LSG Manual. The AFR should be prepared on a cash basis and non-cash items such as depreciation, staff leave accrual etc. should not be included in the AFR.

#### **V Validity Period** *(Applicable to time-defined projects only)*

16. This FSA is valid for a time-defined period. Should Service Operator be in breach of any term of condition of this FSA and fail to remedy the same in such manner and within such time as shall be specified in a written notice from the SWD that the same be remedied, the SWD may after expiry of such notice, terminate this FSA by giving 30 days' notice in writing to the Service Operator.

17. Where there is any change to the performance standards within the agreement period, SWD will seek mutual agreement with the Service Operator and the Service Operator will be required to achieve new requirements in accordance with the specified implementation schedule.

18. Continuation of service for the next term will be subject to relevant considerations such as the prevailing policy directive, service needs and the performance of the Service Operator. SWD reserves the right to reallocate the project.

#### **VI Other Reference**

19. Apart from this FSA, the Service Operator should also comply with the requirements/commitments set out in the Service Specifications mentioned in clause 3 above, and the Service Operator's proposal and supplementary information, if any. Where these documents are in conflicts, this FSA shall prevail. The Service Operator's compliance with all these documents will be closely monitored by SWD.

**Performance of Agreement Service Units (ASUs) in the Provision of the  
Home Care Service for Persons with Severe Disabilities (HCS)  
(2015–16, 2016–17, and 2017-18 (Apr - Dec))**

Output Standard	ASU	2015-16			2016-17			2017-18 (Apr-Dec)		
		Agreed level of performance (No.) (a)	Performance achieved (No.) (b)	Achievement rate (%) (b)/(a)	Agreed level of performance (No.) (c)	Performance achieved (No.) (d)	Achievement rate (%) (d)/(c)	Agreed level of performance* (No.) (e)	Performance achieved* (No.) (f)	Achievement rate (%) (f)/(e)
Total number of service hours to meet the care needs of service users in a year	ASU A	125 400	25 407	20%	158 400	34 201	22%	118 800	32 227	27%
	ASU B	116 160	6 972	6%	126 720	12 350	10%	95 040	15 380	16%
	ASU 13	126 720	43 358	34%	126 720	51 265	40%	95 040	36 353	38%
	ASU 14	102 960	24 000	23%	126 720	28 896	23%	95 040	31 922	34%
	ASU 15	118 800	34 336	29%	158 400	49 937	32%	118 800	44 041	37%
	ASU 16	108 108	19 053	18%	133 056	38 856	29%	99 792	42 822	43%
Total number of service sessions of rehabilitation training service provided by physiotherapists/ occupational therapists in a year	ASU A	15 675	5 200	33%	19 800	6 667	34%	11 138	6 859	62%
	ASU B	14 520	6 359	44%	15 840	9 528	60%	8 910	8 325	93%
	ASU 13	15 840	2 543	16%	15 840	6 615	42%	8 910	6 297	71%
	ASU 14	12 870	4 471	35%	15 840	6 760	43%	8 910	6 800	76%
	ASU 15	14 850	8 040	54%	19 800	12 586	64%	11 138	11 570	104%
	ASU 16	13 514	3 074	23%	16 632	6 370	38%	9 356	6 600	71%
Total number of service sessions of nursing care service provided by nurse/health care staff in a year	ASU A	10 450	1 163	11%	13 200	1 190	9%	7 425	2 256	30%
	ASU B	9 680	2 033	21%	10 560	4 553	43%	5 940	4 053	68%
	ASU 13	10 560	4 158	39%	10 560	4 016	38%	5 940	3 924	66%
	ASU 14	8 580	2 885	34%	10 560	4 004	38%	5 940	3 507	59%
	ASU 15	9 900	3 124	32%	13 200	3 781	29%	7 425	5 290	71%
	ASU 16	9 009	1 053	12%	11 088	6 552	59%	6 237	4 344	70%

\* According to the Funding and Service Agreement (w.e.f. March 2017) as agreed by Social Welfare Department and the Operators of HCS, started from 2017-18, the counting of service output would be changed in terms of hours spent instead of service session for the rehabilitatin training service to be provided by physiotherapist/occupational therapist and nursing care service to be provided by nurse/health care staff.

view to rendering efficient and effective supportive services to service users.

## ENTRY AND EXIT

21. The Operator is required to accept referrals from referring workers or direct applications from service users. Where the applicant is an active case of a social service unit<sup>4</sup>, application for Home Care Service shall be made by the unit concerned to the regional Home Care Service Team in accordance with the applicant's residential address. For an applicant who is already on the waiting list for HSMH, HSPH and C&A/SD, the referrer should attach the relevant supporting documents, i.e. assessment result ascertaining his / her level of disability. The above referral arrangement is also applicable to an applicant who is a student attending special schools for children with severe intellectual and / or physical disabilities. Upon receipt of the referral, the Operator is required to intake the case and provide follow-up assistance as appropriate.

22. Where the applicant is not on the waiting list for HSMH, HSPH and C&A/SD, the respective regional Home Care Service Team, upon receipt of the referral, shall conduct a comprehensive assessment on the applicant with the standardized assessment tool as mentioned in paragraph 15(b) to ascertain his / her care needs and eligibility for service. Under special circumstances, the above-mentioned eligibility assessment can also be conducted by the service unit handling his / her case, subject to the agreement among the applicant, the respective service unit and the Home Care Service Team.

23. For an applicant not receiving service in any social service unit / rehabilitation service unit, he / she or their carer(s) may directly approach the respective regional Home Care Service team for intake. Social worker of the regional Home Care Service team shall conduct a comprehensive assessment on the applicant with the standardized assessment tool mentioned in paragraph 15(b) above to ascertain his / her care needs and eligibility for service, and provide follow-up assistance as appropriate. If the applicant is assessed not eligible for the home care service, the social worker of the regional home care team is required to refer him / her for alternative support services as appropriate.

24. At present, there are a number of persons with severe physical disabilities who have been assessed according to the Standardized Care Need Assessment Mechanism for Elderly Services to be severely impaired and receiving / waitlisting for Integrated Home Care Services (Frail Cases) IHCS(FCs)<sup>5</sup> provided by the Integrated Home Care Services Teams under

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<sup>4</sup> These units include Integrated Family Services Centres, Medical Social Services Units, School Social Work Units, Integrated Home Care Services Teams, and other rehabilitation service units, etc.

<sup>5</sup> As at end of July 2013, there were 135 persons with severe physical disabilities receiving IHCS(FCs), and 19 were on the waiting list for IHCS(FCs).

Elderly Service. These cases can be transferred to the regional Home Care Service Team for provision of Home Care Service, if it is so agreed by the service users<sup>6</sup>. The Operator is required to intake the cases and assess their needs and provide appropriate services. While it is not necessary to conduct repeated assessment on the applicant, the referrer should attach the relevant supporting documents, i.e. assessment result ascertaining his / her level of impairment.

25. To optimize utilisation of resources and reduce unnecessary waiting time, the Operator should make first contact with the service users within seven working days upon receiving the referrals and develop initial care plans as soon as possible, normally within 14 working days from receipt of the referrals of cases. In general, the Operator should accept all eligible applicants and provide appropriate services.

26. The Operator is required to have a clear operation manual and protocol for handling entry and exit of service users. Proper discharge plan should be developed well in advance of the discharge date and the reasons for discharge should be documented in individual case files. Referral or notification has to be made to other appropriate service units and concerned parties. In general circumstances, service user may exit from the service for the following reasons -

- (a) the service user is admitted for long-term placement of subvented residential care service; or
- (b) the service user is hospitalized for a period of more than three months without a specific discharge plan; or
- (c) the service user decides to terminate the services; or
- (d) death of the service user; or
- (e) the impairment level, health condition, supportive network and environmental conditions of the service user have been improved or strengthened to a level that the service user is able to live independently or with little assistance.

## **OFFICE BASE, FITTINGS AND FURNISHINGS**

27. SWD is identifying suitable premises in the four regional clusters

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<sup>6</sup> The service users of IHCS(FCs) shall be well explained of the scope of services provided under Home Care Service for Persons with Severe Disabilities as stated in paragraph 14 (a) – (f) before deciding on the transfer of cases from IHCS(FCs) to the regional Home Care Service Team.



## **Service Quality Standards (SQSs) and Criteria**

### ***Principle 3 : Service to Users***

*The service unit should identify and respond to specific service users' needs.*

**SQS 10 The service unit ensures that service users have clear and accurate information about how to enter and leave the service.**

- 10.1 The service unit has policies and procedures in relation to entering and leaving the service and they are accessible to service users, staff or other interested parties.
- 10.2 The entry policy is non-discriminatory and clearly identifies the target group for service delivery and the criteria for determining priority for entry.
- 10.3 Where an applicant is refused entry to a service, the service unit provides the applicant with reasons for the decision and, where appropriate, refers the applicant to an alternative service unit.

## 【RESTRICTED】

(12/2017)

**Application form for Home Care Service for Persons with Severe Disabilities**

Please fax the application form to the respective Home Care Service Team  
(Please tick in the appropriate box ☐)

<input type="checkbox"/>	Tung Wah Group of Hospitals	Hong Kong (Central, Western, Southern, Islands, Eastern and Wan Chai)	(Tel. No.: 2803 2103) (Fax No.: 2803 2145) (Email: <a href="mailto:lkhs@tungwah.org.hk">lkhs@tungwah.org.hk</a> )
<input type="checkbox"/>	Yang Memorial Methodist Social Service	Kowloon (1) (Sham Shui Po, Kowloon City, Yau Tsim Mong and Tseung Kwan O)	(Tel. No.: 2337 9966) (Fax No.: 2337 9060) (Email : <a href="mailto:khcs@yang.org.hk">khcs@yang.org.hk</a> )
<input type="checkbox"/>	Christian Family Service Centre	Kowloon (2) (Kwun Tong and Wong Tai Sin)	(Tel. No.: 3996 8515) (Fax No.: 3996 8514) (Email : <a href="mailto:rhc@cfsc.org.hk">rhc@cfsc.org.hk</a> )
<input type="checkbox"/>	SAHK	New Territories (1) (Shatin, Sai Kung, Tai Po and North)	(Tel. No.: 2602 8900) (Fax No.: 2699 4070) (Email: <a href="mailto:nthss@sahk1963.org.hk">nthss@sahk1963.org.hk</a> )
<input type="checkbox"/>	Po Leung Kuk	New Territories (2) (Tsuen Wan, Yuen Long, Tin Shui Wai)	(Tel. No.: 2154 3818) (Fax No.: 2154 3889) (Email: <a href="mailto:homecare.nt@poleungkuk.org.hk">homecare.nt@poleungkuk.org.hk</a> )
<input type="checkbox"/>	The Neighbourhood Advice-Action Council	New Territories (3) (Tuen Mun, Kwai Chung and Tsing Yi)	(Tel. No.: 2618 0411) (Fax No.: 2618 0198) (Email : <a href="mailto:tohc@naac.org.hk">tohc@naac.org.hk</a> )

**I. Service Applied**

<b>Type of Service</b>	<input type="checkbox"/> Personal Care <input type="checkbox"/> Nursing Care <input type="checkbox"/> Rehabilitation Training <input type="checkbox"/> Escort Service <input type="checkbox"/> Home Respite Service <input type="checkbox"/> Carer Support Service
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**II. Personal Particulars**

1. Name	(English)	(Chinese)
2. Sex/ Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female /   (dd)   (mm)   (yyyy)	
3. HKID No.	, or No. of Certificate of Exemption :	
4. Correspondence Address & Tel. No./ Email:	Address: Email:	Tel. No.:
5. Residential District	<input type="checkbox"/> Central & Western <input type="checkbox"/> Wan Chai <input type="checkbox"/> Eastern <input type="checkbox"/> Southern <input type="checkbox"/> Islands <input type="checkbox"/> Sham Shui Po <input type="checkbox"/> Kowloon City <input type="checkbox"/> Yau Tsim Mong <input type="checkbox"/> Tseung Kwan O <input type="checkbox"/> Kwun Tong <input type="checkbox"/> Wong Tai Sin <input type="checkbox"/> Shatin <input type="checkbox"/> Sai Kung <input type="checkbox"/> Tai Po & North <input type="checkbox"/> Tsuen Wan <input type="checkbox"/> Yuen Long <input type="checkbox"/> Tin Shui Wai	

	<input type="checkbox"/> Tuen Mun <input type="checkbox"/> Kwai Chung & Tsing Yi
6. School attending (if applicable)	<input type="checkbox"/> Special School <input type="checkbox"/> Boarding Section of Special School <input type="checkbox"/> Other, please specify:  Name of School:  <hr/> Category of School: <input type="checkbox"/> Special School for Physically Disabled Children <input type="checkbox"/> Special School for Severely Intellectually Disabled Children <input type="checkbox"/> Others, please specify:
7. Service Receiving (may choose more than one item)	<input type="checkbox"/> Nil  <div>Community support:</div> <div> <input type="checkbox"/> District Support Centre for Persons with Disabilities      <input type="checkbox"/> Respite Services  <input type="checkbox"/> Integrated Support Service for Persons with Severely Physical Disabilities (Cash Subsidy)  <input type="checkbox"/> Integrated Support Service for Persons with Severely Physical Disabilities (Integrated Home-based Support Service)  <input type="checkbox"/> Community Rehabilitation Day Centre  <input type="checkbox"/> Day Care Service for Persons with Severe Disabilities  <input type="checkbox"/> Integrated Home Care Services (Frail Cases)  <input type="checkbox"/> Integrated Home Care Services (Ordinary Cases)  <input type="checkbox"/> Enhanced Home Care and Community Care Service  <input type="checkbox"/> Day Care Centre/Unit for the Elderly  <input type="checkbox"/> Community Care Service Voucher for the Elderly  <input type="checkbox"/> Others, please specify:         </div>  <div>Day training:</div> <div> <input type="checkbox"/> Integrated Vocational Rehabilitation Services Centre      <input type="checkbox"/> Supported Employment  <input type="checkbox"/> On the Job Training for People with Disabilities      <input type="checkbox"/> Sheltered Workshop  <input type="checkbox"/> Day Activity Centre         </div>  <div>Residential service:</div> <div> <input type="checkbox"/> Private Hostel      <input type="checkbox"/> Self-financed Rehabilitation Hostel  <div>Medical treatment:</div> <input type="checkbox"/> Psychiatric In-patient      <input type="checkbox"/> Non-Psychiatric In-patient  <input type="checkbox"/> Day Hospital  <input type="checkbox"/> Out-patient clinic, please specify:         </div>
8. Waitlisting for subvented residential care services	<input type="checkbox"/> Yes, please specify the category of residential care service :  <input type="checkbox"/> No

### III. Disability

1. Major Diagnosis (Optional)	
2. Physical Disability	<input type="checkbox"/> Not physically disabled <input type="checkbox"/> Quadriplegia <input type="checkbox"/> Paraplegia <input type="checkbox"/> Hemiplegia <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Loss of upper or lower limbs

	<input type="checkbox"/> Loss of hand/foot or finger/toe <input type="checkbox"/> medical report attached	<input type="checkbox"/> Others, please specify:
3. Intellectual Disability	<input type="checkbox"/> Not intellectually disabled <input type="checkbox"/> Profound <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Mild Date of psychological assessment: (dd) (mm) (yyyy) <input type="checkbox"/> psychological report attached	
4. Other Disability (may choose more than one item)	<input type="checkbox"/> Speech impairment <input type="checkbox"/> Visual impairment ( <input type="checkbox"/> Blind/ <input type="checkbox"/> Partially impaired) <input type="checkbox"/> Mental illness, please specify:	<input type="checkbox"/> Deaf / Hearing impairment <input type="checkbox"/> Autism <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Others, please specify:
5. Illness/Health Problem	Please specify if any:	
6. Mobility	<input type="checkbox"/> Walk unaided <input type="checkbox"/> Walk with escort <input type="checkbox"/> Walk with aid <input type="checkbox"/> Wheelchair bound <input type="checkbox"/> Bed ridden	
7. Treatment Receiving	<input type="checkbox"/> Occupational therapy <input type="checkbox"/> Others: <input type="checkbox"/> Not applicable	<input type="checkbox"/> Physiotherapy <input type="checkbox"/> Nursing care service

#### IV. Care system

Particulars of Carer(s)

- “carer” refers to a family member that offers or would offer care or assistance to the applicant, including parents, relatives and kins.
- Other carer(s) refers to the neighbors, friends, or employed domestic helpers who provide care to the applicant, but not staff of institutions or hospitals.

Types of Carer	Name	Sex/ Age	Relationship	Whether living together	Occupation	Contact Tel. No.
(a) Primary carer						
(b) Other carer(s)						

#### V. Referrer Information

Case Ref.  
No.:

Service  
Unit:

Name of  
Referrer:

(Chi)

Agency  
name :

(Eng)

Tel./Fax  
No.:

Date:

#### Remarks

Persons with severe disabilities over the age of 60 can opt for (1) Home Care Service for Persons with Severe Disabilities / Integrated Support Service for Persons with Severe Physical Disabilities or (2) services for the elderly including Integrated Home Care Services/ Enhanced Home and Community Care Services/ Day Care Centre/Unit for the Elderly/ Community Care Service Voucher for the Elderly if the applicant is assessed to be eligible for service. The applicant cannot receive both kinds of services at the same time. For the applicant with severe disabilities under the age of 60, he/she can only choose Home Care Service for Persons with Severe Disabilities or Integrated Support Service for Persons with Severe Disabilities depending on their eligibility for the respective service. To avoid service duplication, Applicant/Guardian/Appointee is required to make a declaration for the service operator of not using

similar services of other subvented non-government organisations during service application, and gives consent for the service operator to confirm information with relevant agencies.

## Application Form for Integrated Support Service for Persons with Severe Physical Disabilities

(Please put a "✓" in the appropriate box in accordance with the residential address of the applicant)

	Service Operator	Regional Cluster	Telephone Number	Fax Number	Address
<input type="checkbox"/>	Yang Memorial Methodist Social Service	<b>Hong Kong Island and Kowloon</b> (Central, Western, Southern, Islands, Eastern, Wan Chai, Kowloon City, Yau Tsim Mong, Sham Shui Po, Wong Tai Sin, Kwun Tong and Tseung Kwan O)	3959 1700	3425 4994	Level 1 of Lift Tower Block, Phase II, Lei Yue Mun Estate, Kwun Tong, Kowloon
<input type="checkbox"/>	Po Leung Kuk	<b>New Territories</b> (Sha Tin, Tai Po, North, Sai Kung, Tsuen Wan, Kwai Tsing, Tuen Mun, Yuen Long and Tin Shui Wai)	3708 8690	3708 8693	Shop No. RB2, Commercial Centre, Cheung Shan Estate, New Territories

### Personal Particulars

1. Name	(English)		(Chinese)	
2. Sex/ Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female	(dd)	(mm) (yyyy)
3. HKID No.	or No. of Certificate of Exemption:			
4. Residential Address/ Tel. No./ Email	Address: Email: Tel. No.:			
5. School Attending	<input type="checkbox"/> Nil <input type="checkbox"/> Special School <input type="checkbox"/> Boarding Section of Special School <input type="checkbox"/> Others, please specify: _____ Name of School: _____ Category of School: <input type="checkbox"/> Special School for Severely Intellectually Disabled Children <input type="checkbox"/> Special School for Physically Disabled Children <input type="checkbox"/> Others, please specify: _____			
6. Service Receiving (May choose more than one item)	<input type="checkbox"/> Nil Community support <sup>Note</sup> : <input type="checkbox"/> District Support Centre for Persons with Disabilities <input type="checkbox"/> Home Care Service for Persons with Severe Disabilities <input type="checkbox"/> Community Rehabilitation Day Centre <input type="checkbox"/> Day Care Service for Persons with Severe Disabilities <input type="checkbox"/> Transitional Care and Support Centre for Tetraplegic Patients <input type="checkbox"/> Integrated Home Care Services (Frail Cases) <input type="checkbox"/> Integrated Home Care Services (Ordinary Cases) <input type="checkbox"/> Enhanced Home and Community Care Services <input type="checkbox"/> Community Care Service Voucher for the Elderly <input type="checkbox"/> Day Care Centre/Unit for the Elderly <input type="checkbox"/> Respite Services <input type="checkbox"/> Others, please specify: _____ Day training: <input type="checkbox"/> Integrated Vocational Rehabilitation Services Centre <input type="checkbox"/> Special Child Care Centre <input type="checkbox"/> On the Job Training for People with Disabilities <input type="checkbox"/> Supported Employment <input type="checkbox"/> Day Activity Centre <input type="checkbox"/> Sheltered Workshop <input type="checkbox"/> Others, please specify: _____ Residential service : <input type="checkbox"/> Subvented/Bought Place Residential Care Home/Hostel <input type="checkbox"/> Self-financed Residential Care Home/Hostel <input type="checkbox"/> Private Residential Care Home/Hostel Medical treatment: <input type="checkbox"/> Psychiatric In-patient <input type="checkbox"/> Non-Psychiatric In-patient <input type="checkbox"/> Day Hospital <input type="checkbox"/> Out-patient clinic, please specify: _____			
7. Waitlisting for Subvented Residential Care Services	<input type="checkbox"/> Yes, please specify the category of residential care service: _____ <input type="checkbox"/> No			

<sup>Note</sup> Persons with severe physical disabilities over the age of 60 can opt for (1) Home Care Service for Persons with Severe Disabilities/ Integrated Support Service for Persons with Severe Physical Disabilities or (2) services for the elderly including Integrated Home Care Services/ Enhanced Home and Community Care Services/ Day Care Centre/Unit for the Elderly/ Community Care Service Voucher for the Elderly if the applicant is assessed to be eligible for the service. The applicant cannot receive both kinds of services at the same time. For the applicant with severe physical disabilities under the age of 60, he/ she can only choose Home Care Service for Persons with Severe Disabilities or Integrated Support Service for Persons with Severe Physical Disabilities depending on their eligibility for the respective service. To avoid service duplication, Applicant/ Guardian/ Appointee is required to make a declaration for the service operator of not using similar services of other subvented non-government organisations during service application, and gives consent for the service operator to confirm information with relevant agencies.

## II. Disability

1. Physical Disability	<input type="checkbox"/> Tetraplegia/Quadriplegia <input type="checkbox"/> Paraplegia <input type="checkbox"/> Hemiplegia <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Loss of hand/foot or finger/toe <input type="checkbox"/> Loss of upper or lower limbs <input type="checkbox"/> Medical report attached <input type="checkbox"/> Others, please specify: _____
2. Intellectual Disability	<input type="checkbox"/> Not intellectually disabled <input type="checkbox"/> Profound <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Mild <input type="checkbox"/> Not Known Date of psychological assessment:    (dd)    (mm)    (yyyy) <input type="checkbox"/> Psychological report attached
3. Other Disability (May choose more than one item)	<input type="checkbox"/> Speech impairment <input type="checkbox"/> Deaf/Hearing impairment <input type="checkbox"/> Down's Syndrome <input type="checkbox"/> Visual impairment ( <input type="checkbox"/> Blind / <input type="checkbox"/> Partially impaired) <input type="checkbox"/> Autism <input type="checkbox"/> Mental illness, please specify: _____ <input type="checkbox"/> Others, please specify: _____
4. Illness/ Health Problem	Please specify if any: _____
5. Need for Respiratory Support Medical Equipment (RSME)	<input type="checkbox"/> Yes, please specify the category of RSME: _____ <input type="checkbox"/> No
6. Mobility	<input type="checkbox"/> Walk unaided <input type="checkbox"/> Walk with escort <input type="checkbox"/> Walk with aid <input type="checkbox"/> Wheelchair bound <input type="checkbox"/> Bed ridden
7. Treatment Receiving	<input type="checkbox"/> Occupational therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Nursing care service <input type="checkbox"/> Others: _____ <input type="checkbox"/> Not applicable

## III. Care System

Particulars of Carer(s)

- "Carer" refers to a family member that offers or would offer care or assistance to the applicant, including parents, relatives and kins.
- "Other carer(s)" refers to the neighbours, friends or employed domestic helpers who provide care to the applicant, but not staff of institutions or hospitals.

Types of Carer	Name	Sex/Age	Relationship	Whether living together	Occupation	Contact Tel. No.
Primary carer						
Other carer(s)						

## IV. Signature of Applicant/Guardian/Appointee (Applicable to self-approach for service)

Type of Service Applied (May choose more than one item)	<input type="checkbox"/> The use of Respiratory Support Medical Equipment (RSME) and medical consumables	<input type="checkbox"/> Nursing care service	<input type="checkbox"/> Nutrition/ Use of drugs
	<input type="checkbox"/> Cash subsidy for renting RSME and purchasing medical consumables (For persons with severe physical disabilities depending on respiratory support medical equipment)	<input type="checkbox"/> Rehabilitation training	<input type="checkbox"/> Home modification
	<input type="checkbox"/> Personal care service <input type="checkbox"/> Social work service	<input type="checkbox"/> Home respite service	<input type="checkbox"/> Community activities
	<input type="checkbox"/> Carer support service <input type="checkbox"/> Others, please specify: _____		
Applicant/Guardian/Appointee: _____ Tel. No.: _____ (Please delete as appropriate) (Signature)			
_____ Date: _____ (Name)			

**V. Medical Information (To be completed by Medical Officer, Nursing or Allied Health Staff for patients planning for discharge from hospital or receiving outpatient treatment)**

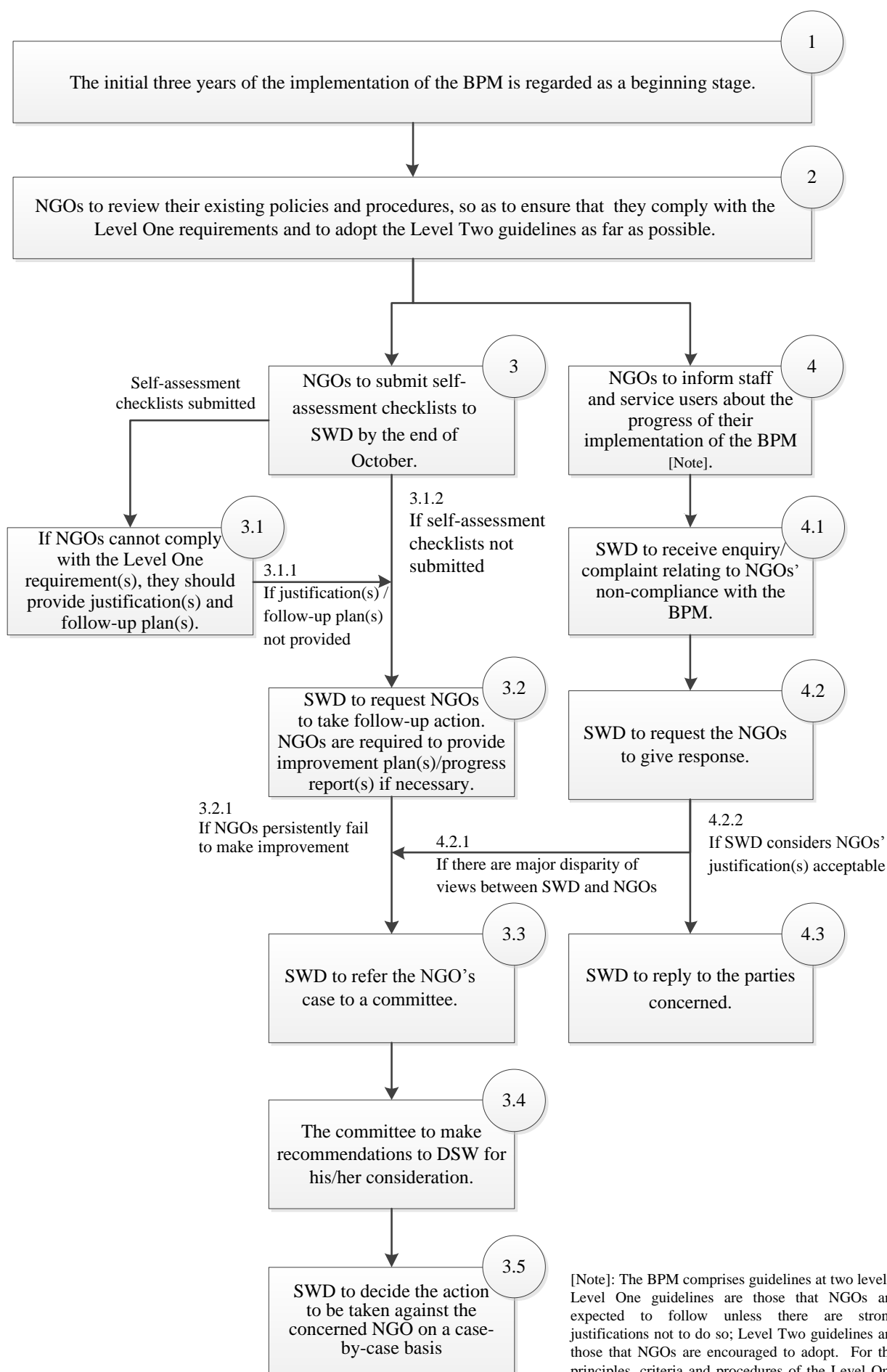
1. Medical Diagnosis	<input type="checkbox"/> Tetraplegia (To be completed by Medical Officer) <input type="checkbox"/> Tetraplegia with medical report attached <input type="checkbox"/> Others, Please specify: _____  		
2. Discharge Date			
3. Post-discharge Arrangement by Hospital/Clinic	<input type="checkbox"/> Occupational therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Nursing care service <input type="checkbox"/> Day rehabilitation centre <input type="checkbox"/> Day hospital <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> Outpatient treatment, please specify clinic: _____		
4. Areas Recommended to be Followed up by "Integrated Support Service for Persons with Severe Physical Disabilities" (May choose more than one item)	<input type="checkbox"/> The use of Respiratory Support Medical Equipment (RSME) and medical consumables <input type="checkbox"/> Nursing care service <input type="checkbox"/> Nutrition/ Use of drugs <input type="checkbox"/> Cash subsidy for renting RSME and purchasing medical consumables (For persons with severe physical disabilities depending on respiratory support medical equipment) <input type="checkbox"/> Rehabilitation training <input type="checkbox"/> Home modification <input type="checkbox"/> Personal care service <input type="checkbox"/> Social work service <input type="checkbox"/> Community activities <input type="checkbox"/> Carer support service <input type="checkbox"/> Others, please specify: _____		
5. Medical Information Completed by	 <div style="display: flex; justify-content: space-between;"> <span>_____ (Signature)</span> <span>_____ (Name)</span> <span>_____ (Post Title)</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Hospital/Clinic: _____</span> <span>Tel. No.: _____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Ref. No.: _____</span> <span>Date: _____</span> </div>		

**VI. Referrer's Information (To be completed by Referrer where applicable)**

Suggested Follow up Areas (May choose more than one item)	<input type="checkbox"/> The use of Respiratory Support Medical Equipment (RSME) and medical consumables <input type="checkbox"/> Nursing care service <input type="checkbox"/> Nutrition/ Use of drugs <input type="checkbox"/> Cash subsidy for renting RSME and purchasing medical consumables (For persons with severe physical disabilities depending on respiratory support medical equipment) <input type="checkbox"/> Rehabilitation training <input type="checkbox"/> Home modification <input type="checkbox"/> Personal care service <input type="checkbox"/> Social work service <input type="checkbox"/> Community activities <input type="checkbox"/> Carer support service <input type="checkbox"/> Others, please specify: _____		
Case Ref. No.: _____	Service Unit: _____		
Name of Referrer: (Eng) _____	Agency Name: _____		
(Chi) _____	Post Title of Referrer: _____		
Email Address: _____	Tel./ Fax No.: _____		
Referrer's Signature: _____	Date: _____		



## Workflow of the Best Practice Manual



**Declaration of Interests by  
Members of Public Sector Advisory and Statutory Bodies**

**Guidelines for a One-tier Reporting System**

**General Principles**

When a member (including the chairman) of a public council, board or committee has a potential conflict of interest in a matter placed before the committee, he should make full disclosure of his interest. The basic principle to be observed is that members' advice should be disinterested and impartial and it is the responsibility of each member to judge and decide if the situation warrants a declaration, and to seek a ruling from the chairman in case of doubt.

It is impossible to define or describe all the situations that would call for such a declaration, because each individual case differs, and because of the difficulty of catering for unusual and unforeseen circumstances. On the other hand, it is not intended that a member should make a declaration of interest simply because the committee is considering a matter in which he has knowledge or experience.

**Potential Conflict of Interest Situations**

The following are potential conflict of interest situations :

- (1) Pecuniary interests in a matter under consideration by the committee, held either by the member or by any close relative of his. Members are themselves the best judge of who, in the particular circumstances, is a "close relative".
- (2) A directorship, partnership, advisory or client relationship, employment or other significant connection with a company, firm, club, association, union or other organisation which is connected with, or the subject of, a matter under consideration by the committee.
- (3) Some friendships which might be so close as to warrant declaration in order to avoid situations where an objective observer might believe a member's advice to have been influenced

by the closeness of the association.

- (4) A member who, as a barrister, solicitor, accountant or other professional adviser, has personally or as a member of a company, advised or represented or had frequent dealings with any person or body connected with a matter under consideration by the committee.
- (5) Any interest likely to lead an objective observer to believe that the member's advice might have been motivated by personal interest rather than a duty to give impartial advice.

#### **Declaration of Interests at Meetings**

The following are guidelines governing declaration of interests at meetings :

- (1) If a member (including the chairman) has any direct personal or pecuniary interest in any matter under consideration by the committee, he must, as soon as practicable after he has become aware of it, disclose to the chairman (or the committee) prior to the discussion of the item.
- (2) The chairman (or committee) shall decide whether the member disclosing an interest may speak or vote on the matter, may remain in the meeting as an observer, or should withdraw from the meeting.
- (3) If the chairman declares an interest in a matter under consideration, the chairmanship may be temporarily taken over by a vice-chairman.
- (4) When a known direct pecuniary interest exists, the secretary may withhold circulation of relevant papers to the member concerned. Where a member is in receipt of a paper for discussion which he knows presents a direct conflict of interest, he should immediately inform the secretary and return the paper.
- (5) All cases of declaration of interests shall be recorded in the minutes of the meeting.

**Task Force for Review on Enhancement of  
Lump Sum Grant Subvention System**

**Terms of Reference**

To discuss the following and make recommendations to the Secretary for Labour and Welfare on enhancement of the Lump Sum Grant Subvention System (LSGSS) –

1. scope of the review on enhancement of the LSGSS;
2. collation and study of data relevant to the review;
3. areas for improvement and feasible measures for enhancement of the LSGSS; and
4. stakeholders' engagement for the review.

**Task Force for Review on Enhancement of  
Lump Sum Grant Subvention System**

**優化整筆撥款津助制度檢討專責小組**

**Membership List 成員名單**

Chairman : Director of Social Welfare 社會福利署署長

Members : **Legislative Councillors** **立法會議員**

Hon Cheung Chiu-hung, Fernando	張超雄議員
Hon Leung Che-cheung, SBS, MH, JP	梁志祥議員
Hon Luk Chung-hung	陸頌雄議員
Hon Shiu Ka-chun	邵家臻議員

**The Hong Kong Council of Social Service** **香港社會服務聯會**

Mr Chua Hoi-wai 蔡海偉先生

**Hong Kong Social Workers Association** **香港社會工作人員協會**

Ms Leung Pui-yiu, Irene, JP 梁佩瑤女士

**Representatives of NGO Management** **機構管理層代表**

Mr Fong Cheung-fat, JP	方長發先生
Mr Kwok Lit-tung, JP	郭烈東先生
Ms Yeung Yee-ching, Noel	楊綺貞女士

**Staff Representatives** **員工代表**

Mr Cheung Chi-wai	張志偉先生
Mr Yip Kin-chung	葉建忠先生

**Service Users**

Ms Chan Yee-ching, Tammy  
Mrs Lee Lau Chu-lai, Julie, JP

**服務使用者**

陳綺貞女士  
李劉茱麗女士

**Lump Sum Grant Independent Complaints  
Handling Committee**

Mr Hui Chung-shing, Herman, SBS, MH, JP

**整筆撥款獨立處理  
投訴委員會**

許宗盛先生

**Lump Sum Grant Independent Review  
Committee**

Ms Chan Mei-lan, Anna May, MH, JP

**整筆撥款獨立檢討  
委員會**

陳美蘭女士

**Lump Sum Grant Steering Committee**

Ms Au Chor-kwan, Ann

**整筆撥款督導委員會**

歐楚筠女士

**Independent Members**

Professor Chan Chi-fai, Andrew, SBS, JP  
Mr Eric Tong  
Mr Charles Yang, BBS, JP

**獨立人士**

陳志輝教授  
唐業銓先生  
楊傳亮先生

**Government Representatives**

Deputy Secretary for Labour and Welfare  
(Welfare)1, Labour and Welfare Bureau  
Deputy Director (Services), Social Welfare  
Department  
Assistant Director (Subventions), Social  
Welfare Department

**政府代表**

勞工及福利局  
副秘書長(福利)1  
社會福利署  
副署長(服務)  
社會福利署  
助理署長(津貼)

Secretary : Chief Social Work Officer (Subventions),  
Social Welfare Department

社會福利署  
總社會工作主任  
(津貼)

**Task Force for Review on Enhancement of  
Lump Sum Grant Subvention System**

**Scope of the Review**

(a) Operating environment of non-governmental organisations (NGOs) under the Lump Sum Grant Subvention System (LSGSS)

Under the LSGSS, NGOs are given flexibility to deploy resources and re-engineer their services to meet changing social needs in a timely manner. The scope of review on the enhancement of the LSGSS will include an examination of the challenges and difficulties faced by NGOs receiving Lump Sum Grant (LSG) subventions in their sustainable development in an ever-changing social environment, so as to facilitate NGOs in continuous quality maintenance and service development.

(b) Review of staffing establishments and subvention benchmarks

There are views that the notional staffing establishments and subvention benchmarks should be reviewed to keep pace with service development. In this regard, the Social Welfare Department (SWD) will collect<sup>1</sup> related information and data from the sector so that the SWD can comprehensively review the following items as service demand becomes more complex and expectation of service users rises, including: –

- (i) notional staffing establishments for service provision, central administrative support and supervisory support to maintain a stable and high-quality workforce;
- (ii) benchmark at mid-point salaries; and
- (iii) benchmark at 6.8% Provident Fund (PF).

(c) Use of LSG/Provident Fund (PF) reserve and financial planning

There are views that some NGOs have kept huge amounts of reserve without a specific purpose of usage while some NGOs are facing deficits. There is a need for NGOs to review the use of LSG reserve and their financial planning as follows: –

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<sup>1</sup> Including engaging a consultant to conduct data collection and research study.

- (i) to examine the current situation of how NGOs utilise the LSG reserve and the PF reserve and how the use of the reserves is planned; and
- (ii) to examine the mechanism for early identification of financial risks (e.g. continuous deficits in the LSG reserve) and the mechanism for financial planning.

(d) Pay structures, staff turnover and vacancies

The staff side has expressed grave concern on the pay policies and salary structures of NGOs. In this regard, the review should cover the following areas: –

- (i) to review the pay policies and pay scales of the welfare sector (including policies on recognition of experience, minimum point of pay, adjustment of salaries, contractual arrangements, etc.); and
- (ii) to examine the staff turnover and vacancies and look into the improvement measures required.

(e) Funding and Service Agreement (FSA) related activities and flexibility provided for NGOs

NGOs have been supporting the implementation of various policy initiatives through Government/public funding and the scope of services has been diversifying. According to paragraph 2.37 of the LSG Manual, both LSG and LSG reserve are accounted for under recurrent subventions and, in essence, are intended for meeting the operating expenditure for FSA or FSA related activities. There is concern on the usage of LSG subvention for supporting other initiatives, thus reducing the manpower resources deployed for the original FSA service. To facilitate NGOs to serve the community on various fronts, the SWD has agreed to recognise a provision of central administrative overhead at the backend of NGOs from 5% to 15% for funds under the ambit of the SWD, subject to assessment of individual projects, with effect from August 2017<sup>2</sup>. However, there are still concerns on the assessment of FSA related services. It is opportune to address the issue and cover the following in the scope of review: –

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<sup>2</sup> The Hong Kong Council of Social Service was informed of the decision on 16 August 2017. Further to the support of the LSG Steering Committee in October 2017, the Labour and Welfare Bureau also informed other Government bureaux of this arrangement on 2 November 2017.



- (i) to examine the parameters for assessing FSA related activities, so as to provide clear guidelines on the provision of services relating to FSAs and the flexibility allowed for NGOs to respond to and meet the service needs in the districts and the community in a timely manner;
  - (ii) to deliberate on the FSA related services and their financial implications (e.g. whether service performance and monitoring and output standards are required of the FSA related services, whether and how they can be covered by LSG, whether rent and rates are allowed to be reimbursed on an actual basis, whether assessments on service components, facilities and space requirements are required to ensure compatibility with FSA services); and
  - (iii) to elucidate cost apportionment guidelines between FSA/FSA related services and other non-FSA services.
- (f) Mechanisms for reviewing FSAs and NGOs' service performance assessment

To respond to the ever-changing social needs, the sector considers that it is necessary to set up a regular review mechanism for FSAs. In this regard, the Government should develop a standing mechanism to provide appropriate and continuous planning and review on the development of each welfare service, as well as to collect the views of services users for ensuring service quality and promoting service development. The Audit Report has made some recommendations to strengthen self-assessment on the service performance of NGOs. The review should cover the following items: –

- (i) regular review mechanism for FSAs;
  - (ii) to review and refine the mechanism on self-assessment of service performance and identify good practices on self-assessment for sharing by NGOs; and
  - (iii) to examine possible enhancement of the service performance assessment mechanism.
- (g) Transparency and public accountability

Given the huge amount of subvention provided for operating welfare services, NGOs have developed their accountability framework in accordance with paragraph 4.5 of the LSG Manual on the use of

subvention, disclosed the financial information including audited Annual Financial Report and remuneration of the top three-tier senior executives according to paragraphs 4.14 to 4.19 of the LSG Manual. To comply with the requirements of the Best Practice Manual, NGOs also need to inform staff of their LSG reserve and PF reserve. There have been rising expectations from the Legislative Council, staff side, service users and the public on greater transparency of NGOs. The Audit Report has also recommended the SWD to follow up with NGOs on rectifying the disclosure requirements in accordance with the interpretation of the disclosure guidelines issued by the Director of Administration. In this connection, the scope of review should cover the following items: –

- (i) To deliberate on areas for enhancing public accountability and transparency (e.g. pay structures, staffing establishment, disclosure of the use of reserves, occurrence of major incidents in the NGO, etc.); and
  - (ii) to review and define the requirements on reporting the review on the remuneration packages of the top three-tier senior executives of NGOs (e.g. criteria on operating income relating to the scope of welfare services).
- (h) Communication and participation of stakeholders

There are views on the need to increase the participation of staff and service users and the communication with the Board of Directors in respect of major management decisions and service development plans. The review should examine the current practices of NGOs and explore optimal arrangements.

**Social Welfare Department**  
**March 2018**