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Panel on Welfare Services and Panel on Health Services

Joint Subcommittee on Long-term Care Policy

**Updated background brief prepared by the Legislative Council
Secretariat for the meeting on 30 October 2017**

Support services for elderly persons with intellectual disabilities

Purpose

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

Background

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

3. Intellectual disability is one of the 10 categories of disability¹ listed in the Hong Kong Rehabilitation Programme Plan released in 2007. To fulfil the objective of its rehabilitation policy, the Administration provides day training or vocational rehabilitation services, residential services and community support services for persons with intellectual disabilities.

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

Members' deliberations

Data on population of elderly persons with intellectual disabilities

4. In discussing medium and long-term social welfare planning, members of the Panel on Welfare Services called on the Administration to collect data on the population of elderly persons with intellectual disabilities, and in the light of the findings, to enhance services for elderly persons with intellectual disabilities accordingly. Members suggested that the Administration should consider conducting a survey, in collaboration with rehabilitation service organizations, on the number of persons with intellectual disabilities in the community.

5. The Administration advised that to facilitate formulation of policies and planning for services for persons with disabilities, the Census and Statistics Department ("C&SD") conducted a survey on persons with disabilities and chronic diseases every five to seven years. The surveys aimed to study the basic profiles of persons with disabilities and chronic diseases and collect information about the carers of these persons. The latest Survey on Persons with Disabilities and Chronic Diseases was released in January 2015. In the survey report, C&SD pointed out that there was strong indication of under-estimation in respect of the number of persons with intellectual disabilities residing in households as derived from findings of the household survey as well as the difficulty in collecting such data.

Inadequate manpower support

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

7. The Administration advised that in line with the service development direction of providing continuum of care for persons with disabilities, the Social Welfare Department ("SWD") had implemented a number of measures since October 2005 to meet the needs of ageing service users with deteriorating functional capacity. These included the launching of the Extended Care Programme ("ECP") in Day Activity Centres ("DACs"), the Work Extension Programme ("WEP") in Sheltered Workshops ("SWs") and Integrated Vocational Rehabilitation Services Centres ("IVRSCs"), the Visiting Medical Practitioner Scheme ("VMPS") and the Enhanced Physiotherapy Service and Health Care. To further enhance the

improvement measures for meeting needs of ageing service users, SWD had provided an annual additional funding of some \$93 million for non-governmental organizations since 2014-2015 to strengthen the care and support for ageing service users through enhancing the care and nursing manpower of day training and vocational rehabilitation service units and providing additional WEP places in SWs/IVRSCs and additional ECP places in DACs. SWD had also increased the recurrent expenditure by \$25.9 million since 2015-2016 to enhance the care staff manpower of long stay care homes for ex-mentally ill persons and strengthen the allied health services of hostels for moderately mentally handicapped persons, so as to provide care and support for ageing service users.

Long-term service planning for elderly persons with intellectual disabilities

8. A written question was raised at the Council meeting of 21 January 2015 about whether the Administration would clearly define the degree to which functional capacity of persons with intellectual disabilities had deteriorated for them to be treated as elderly persons with intellectual disabilities. According to the Administration, studies conducted by different countries in the past attempting to define ageing of persons with intellectual disabilities and their average life expectancy did not provide any conclusive evidence. The medical field had not reached any consensus on this issue either. As persons with intellectual disabilities encompassed a highly heterogeneous group with varying degrees of intellectual disabilities, functional capabilities and need complexities, there was no universal definition of ageing of persons with intellectual disabilities. Whilst persons with different disabilities required different rehabilitation services, persons with disability of the same category might also require different services having regard to their own capabilities and situations. In view of this, the Administration had adopted a "people-oriented" approach in developing rehabilitation services in order to address the different needs of individuals, thereby facilitating full integration of persons with disabilities into the community.

9. Some Members expressed concern about the lack of residential care homes ("RCHs") and DACs for persons with intellectual disabilities and the shortage of manpower, in particular psychiatric doctors and frontline care staff. They considered it necessary for the Administration to examine the service needs of elderly persons with intellectual disabilities.

10. According to the Administration, the Working Group on Ageing of Persons with Intellectual Disabilities ("the Working Group") had completed a report on ageing of persons with intellectual disabilities endorsed by the Rehabilitation Advisory Committee. The report had put forward various recommendations on short, medium and long-term measures in the

following areas: (a) medical service support for persons with intellectual disabilities; (b) training and services for persons with intellectual disabilities; (c) support at policy level; (d) review of service delivery modes and development of innovative service modes; (e) support for parents and carers of persons with intellectual disabilities; and (f) manpower training for providing services for persons with intellectual disabilities. Details of the recommendations were set out in **Appendix I**. Having regard to the recommendations of the Working Group, the Administration would implement enhancement measures to strengthen the support for ageing users of rehabilitation services.

11. Some Members took the view that the existing service delivery modes had not taken into account service needs of persons with intellectual disabilities in different age groups. Given that aged persons with intellectual disabilities required a higher level of care and their service needs varied with the age groups, they called on the Administration to examine the service delivery modes in a holistic manner and provide services according to users' needs.

12. The Administration advised that SWD would coordinate with rehabilitation service organizations in providing appropriate services to meet the needs of ageing persons with intellectual disabilities. Some rehabilitation service organizations were trying out the provision of day care services for ageing service users with intellectual disabilities. The Administration was discussing with these organizations how to facilitate the care of ageing service users in DACs and would keep in view the effectiveness of the service delivery modes.

Enhancing medical service support for persons with intellectual disabilities

13. Some Members considered that the Administration should restore the psychiatric outreach services provided before 2003 for persons with intellectual disabilities in moderate and mild levels. They called on the Administration to consider increasing funding to attract more psychiatric doctors from overseas to cope with the manpower shortage of psychiatric doctors specialized in services for persons with intellectual disabilities and provide psychiatric outreach services for persons with intellectual disabilities in RCHs.

14. The Administration advised that due to manpower shortage, currently psychiatric outreach services were mainly provided for persons with severe intellectual disabilities. To enhance the psychiatric services for persons with intellectual disabilities, the Hospital Authority ("HA") had assigned designated time slots for psychiatric specialist out-patient services for persons with intellectual disabilities in all the seven clusters. Besides,

overseas-trained doctors were required to pass the Licensing Examination administered by the Medical Council of Hong Kong in order to practise in Hong Kong. HA sought to recruit overseas doctors by way of Limited Registration subject to the approval of the Medical Council of Hong Kong. The Administration also advised that in 2016-2017, subvention for VMPS would be further increased to enhance the primary medical services for ageing service users at RCHs.

15. Some Members expressed concern about whether there would be adequate medical staff to cope with the additional services under VMPS. Some other Members opined that the recurrent provisions for both VMPS and ageing users of rehabilitation services to go out for medical consultation were inadequate to meet the service demand.

16. According to the Administration, it would subsidize operators of residential care homes for persons with disabilities ("RCHDs") to purchase services from private doctors to provide primary medical care and support for the residents with intellectual disabilities of subvented RCHDs. Besides, the Administration had increased the recurrent provision for VMPS several years ago. Since 2016-2017, the annual recurrent provision for VMPS would be increased by about 60%. The Administration would keep in view the ageing of persons with intellectual disabilities and implement other measures when necessary.

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

Age limit of applicants for Dementia Supplement

18. Members noted that over 40% of the persons with intellectual disabilities residing in RCHs showed symptoms of dementia when they reached the age of 40. However, given that the eligible age for applying for Dementia Supplement² was 60 or above, RCHs were unable to apply

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

for the Supplement to hire additional manpower for upgrading the care for these residents. Some Members called on the Administration to consider relaxing the age requirement for applying for the Supplement and extending the Supplement to persons with intellectual disabilities who were using subsidized community care services and aged below 60. According to the Administration, SWD would continue to monitor the service demand and resource utilization, and review the age limit of application for the Supplement accordingly. The Administration would also study the provision of the Supplement for users of community care services.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
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**List of Short, Medium and Long-term Measures
Recommended by the Working Group
to Address the Rehabilitation Service Needs of Persons with Intellectual Disabilities (PIDs)**

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

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

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

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

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

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

Source: Annex 1 to the Administration's paper (LC Paper No. CB(2)1411/15-16(04)) for the meeting of the Panel on Welfare Services on 9 May 2016

**Relevant papers on
Support services for elderly persons with intellectual disabilities**

Committee	Date of meeting	Paper
Joint Subcommittee on Long-term Care Policy	29 January 2013 (Item I)	Agenda Minutes
Panel on Welfare Services	19 February 2013 (Item V)	Agenda Minutes LC Paper No. CB(2)824/12-13(01)
Joint Subcommittee on Long-term Care Policy	26 February 2013 (Item I)	Agenda Minutes
	23 April 2013 (Item I)	Agenda Minutes
	2 July 2013 (Item I)	Agenda Minutes
Legislative Council	3 July 2013	Official Record of Proceedings (Pages 126 – 132)
Panel on Welfare Services	8 July 2013 (Item II)	Agenda Minutes
Joint Subcommittee on Long-term Care Policy	16 December 2013 (Item I)	Agenda Minutes
Legislative Council	21 January 2015	Official Record of Proceedings (Pages 67 – 71)
Panel on Welfare Services	9 May 2016 (Item IV)	Agenda Minutes LC Paper No. CB(2)1892/15-16(01) (Chinese version only) LC Paper No. CB(2)1976/16-17(01)