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Report of the Subcommittee on Issues Relating to the Support for Persons with Disabilities

Purpose

This paper reports on the deliberations of the Subcommittee on Issues Relating to the Support for Persons with Disabilities (“the Subcommittee”) formed under the House Committee.

Background

2. In 2020, there were about 534 000 persons with disabilities (“PWDs”) residing in residential care homes (“RCHs”) and domestic households in Hong Kong, constituting 7.1% of the total population.¹ The Government has been committed to promoting the well-being of PWDs and actively implemented various rehabilitation services programmes. The Chief Executive announced in the 2017 Policy Address that the Rehabilitation Advisory Committee had been tasked to formulate a new [Persons with Disabilities and Rehabilitation Programme Plan](#) (“RPP”), which aims to provide PWDs with more comprehensive and strategic services as well as to further promote social inclusion. Through interdepartmental collaboration, the Government has provided comprehensive support services to help PWDs unleash their potential, integrate into the community and realize their self-worth.

The Subcommittee

3. A subcommittee was appointed by the House Committee on 13 October 2023 to study and follow up on measures to support PWDs with

¹ For details, please refer to the Census and Statistics Department’s [Special Topics Report No. 63](#) “Persons with disabilities and chronic diseases”.

a view to comprehensively improving their quality of life and promoting social inclusion. The Subcommittee comprises 12 members. Hon LAM So-wai and Dr Hon TIK Chi-yuen served as the Chairman and Deputy Chairman of the Subcommittee respectively. The terms of reference and membership of the Subcommittee are set out in [Appendix 1](#) and [Appendix 2](#) respectively.

4. The Subcommittee has held a total of eight meetings since commencement of its work in June 2024, including the public hearing with deputations, service users and relevant government departments. In addition, the Subcommittee has conducted a joint visit with the Panel on Welfare Services to the Siu Lam Integrated Rehabilitation Services Complex.

Deliberations of the Subcommittee

Review of policy planning and development direction

5. The Subcommittee has considered the need to first discuss the implementation of RPP with the Administration, integrating a **marco vision** with **pragmatic approaches**, followed by a review of the progress and effectiveness of various strategies based on the four major directions outlined in RPP.² To better meet the actual needs, the Subcommittee held a public hearing on 8 October 2024, inviting deputations, service users, and relevant government departments to gather diverse feedback on the “**Planning and provision of support services for persons with disabilities**”,³ which provides a crucial basis for policy adjustments. Upon completion of policy discussion and gathering public input, the Subcommittee has proposed that subsequent meetings should focus on the following key aspects to comprehensively promote the well-being of PWDs:

✧ Basic safeguards (paragraphs 7-23)	: Medical services, financial support, residential care
✧ Social inclusion (paragraphs 24-51)	: Barrier-free living environment, mobility initiatives, educational support, employment support, participation in cultural, recreational and sports activities
✧ Community support (paragraphs 52-55)	: Emotional and psychological support, support for carers

² The four major strategic directions are: (1) provide timely support; (2) enhance community care services; (3) promote inclusive culture; and (4) sustainable development of services.

³ The list of attendance and items of discussion are in the [Minutes](#) of the Subcommittee meeting.

- ✧ **Information sharing** : Inter-organizational information sharing (paragraphs 56-64)

6. While appreciating the financial constraints faced by the Government, members have suggested according priority to public aspirations and allocating more resources to expeditiously addressing the various pressing needs of PWDs under the principle of “**sharing the public’s urgent concern**”. The Administration has advised that it has allocated substantial resources for the relevant services and undertaken to make further improvements so as to strike a balance between budgetary constraints and meeting public demand and to attach importance to the well-being of PWDs.

Basic safeguards

Medical needs of and services for PWDs

Overview of current policy

The Government has all along been providing various medical services to PWDs, and appropriate medical treatment, infirmary and rehabilitation services and allowances are provided to PWDs by Department of Health (“DH”), Hospital Authority (“HA”) and Social Welfare Department (“SWD”). Different bureaux and departments work in close collaboration to deliver a wide range of support services to PWDs and review such services from time to time to meet their needs.

Coordination and planning of mental health services

7. Members have suggested that the Administration should consider setting up a **dedicated body to coordinate and plan mental health services**. The Administration has advised that the Advisory Committee on Mental Health (“Advisory Committee”) is tasked to advise the Government on mental health policies. As ex-officio Members of the Advisory Committee, representatives from the Health Bureau, Labour and Welfare Bureau, Education Bureau (“EDB”), HA, DH and SWD will collaborate to coordinate matters relating to mental health.

8. Members have urged the Administration to establish a mechanism to support PWDs and their families in coping with emotional and mental health problems. In view of the long waiting time for psychiatric outpatient services, members have suggested the Administration **allocate additional resources** to strengthen the prevention, treatment and rehabilitation work, and consider diverting some patients to private psychiatric clinics for

treatment through **public-private partnership** and the **co-payment model**. The Administration has advised that if healthcare staff find that a patient or his/her family member has emotional or mental health problems, they will refer the latter to social workers or allied health professionals. As regards the shortening of waiting time, the Administration has **introduced a public-private partnership programme for general outpatient clinics** and stepped up publicity to encourage greater participation of psychiatric patients.

Enhance rehabilitation and outreach services

9. Members have urged the Administration to increase the number of **rehabilitation beds** and enhance the quality of **day care services**. Given that the shortage of rehabuses has made it difficult for PWDs to seek medical treatment, members have suggested **strengthening the outreach medical teams and telehealth services**. The Administration has advised that HA currently has around 30 000 beds, of which about 5 000 are rehabilitation beds. The support for RCHs has been strengthened by shifting the focus to outreach medical services or day care services, thereby reducing the demand for hospital beds. In addition, there are plans to develop **telehealth**, which together with outreach services will provide patients with more appropriate services.

Extension of oral health services

10. Members have pointed out that at present, adults with intellectual disability (“ID”) can only rely on the ad hoc “Healthy Teeth Collaboration” programme (“HTC”). As they are having a longer life expectancy, their dental needs will increase which, if not properly addressed, will give rise to emotional behavioral problems and impose a heavier burden on their carers. Furthermore, as persons with ID do not have sufficient awareness of oral care and feel nervous when receiving treatment, there is a dire need for dedicated dental services. Members have suggested **converting HTC into a regular service** and establishing a system of **dedicated dental service** to ensure that persons with ID receive the necessary dental care.

11. The Administration has advised that the extension of HTC depends on the availability of resources. The Administration will explore an expansion of HTC’s service model and coverage to include PWDs or persons with special needs, and consider incorporating special dental care under **specialties or subspecialties** to enhance the dental services for persons with ID.

Enhance accessibility of drugs

12. Pointing out that **rare disease drugs**, which are **expensive** and beyond patients' affordability, have yet to be included in the HA Drug Formulary ("Formulary"), and given that the price of similar drugs are lower in the Mainland, members have suggested that the Administration should consider **cross-border procurement** to reduce costs and include these drugs in the Formulary. The Administration has explained that the pricing of pharmaceutical companies varied from place to place, it is important to exercise caution in the purchasing process. The new drug approval mechanism will encourage the application of more new drugs and advanced therapies in Hong Kong, thereby providing more choices for patients, enhancing efficacy, reducing drug prices and expediting the application for registration of new rare disease drugs for inclusion in the Formulary. A working group has been set up by HA to examine the needs of patients with rare diseases in terms of drugs, food or curative dressings. Also, the Community Care Fund Medical Assistance Programmes have been launched to subsidize eligible patients to buy expensive drugs.

Financial support

Overview of current policy

SWD has introduced a non-contributory social security system to provide cash assistance for PWDs, including the Disability Allowance ("DA") under the Social Security Allowance Scheme, the Comprehensive Social Security Assistance ("CSSA") Scheme and other financial support, such as various subsidy schemes and charitable funds administered by SWD or other organizations.

Increase medical subsidies

13. Expressing concern about the high **costs for rehabilitation consumables and medical care** for PWDs, members have suggested increasing the medical subsidies for PWDs, in particular the sandwich-class and wheelchair users, including providing an additional **rehabilitation consumables** subsidy, issuing **vouchers for rehabilitation services and consumables** as well as **extending the fee waiver for Chinese medicine clinics to cover non-CSSA PWDs**. Furthermore, members have requested the Administration to review the existing policy under which carers are not allowed to benefit from both the Scheme on Living Allowance for Low-income Carers of Persons with Disabilities and CSSA.

14. The Administration has explained that the existing financial support, such as DA, Old Age Living Allowance and the Special Care

Subsidy for Persons with Severe Disabilities, has adopted more lenient vetting and approving criteria, and most of the subsidy schemes only required income test but not asset test. SWD has already provided DA and Special Care Subsidy to eligible PWDs, and provided various supplement and special grants to PWDs receiving CSSA, including the grant to cover costs of medical, rehabilitation, surgical appliances and hygienic items. For eligible persons with severe physical disabilities requiring constant attention and care, SWD has provided them with special subsidies for renting assistive medical equipment and buying related medical consumables. While some charitable funds also provide subsidies to PWDs who were in need, HA has put in place a medical fee waiver mechanism. The Administration will **study the inclusion of Chinese medicine outpatient fees into HA's fee waiver mechanism.**

Provide subsidy for repairing assistive tools

15. Members have reflected that many PWDs **have to look for spare parts on their own when their electrical wheelchairs need to be repaired**, and called on the Administration to provide concrete support. The Administration has advised that CSSA recipients may apply for grants to buy or repair electrical wheelchairs, whereas non-CSSA recipients may apply to SWD or relevant charitable funds for a one-off grant. Some organizations for PWDs have currently provided professional repair and lending services for wheelchairs. Although the borrowed wheelchairs may not fully cater for the requirements, it can be a transitional arrangement. Members have suggested **stepping up the publicity** of such services.

Relax income requirements for subsidies

16. Members have requested the Administration to consider **relaxing the income requirement** under the Scheme on Providing Subsidy for Higher Disability Allowance Recipients in Paid Employment to Hire Carers ("the Hire Carers Scheme") so as to help more PWDs proactively join the workforce. The Administration has advised that there are currently 50 people benefiting from the Hire Carers Scheme. The income ceiling is \$31,200 plus around \$4,000 of Higher Disability Allowance, thus adding up to a total ceiling of around \$35,000. It is considered that people earning more than this amount should be able to afford to hire carers, thus the existing income requirement under the Hire Carers Scheme is reasonable and a review will be conducted in due course.

International research

17. At the request of the Subcommittee, the Research Office of the Legislative Council ("LegCo") Secretariat has studied the **non-contributory**

financial assistance systems in Australia, Singapore, South Korea and the United Kingdom and prepared a [Fact Sheet](#). The relevant information helps provide a **benchmark** to facilitate the Subcommittee to review the welfare policies for PWDs in Hong Kong, and make recommendations on how to further improve the relevant policies.

Residential care services

Overview of current policy

SWD provides various types of [residential care services](#) (“RCS”) for PWDs who are unable to live independently or be cared for by their families. As of the end of March 2024, a total of 16 532 RCS places have been provided, including 1 266 subsidized places in private RCHs for PWDs (“RCHDs”) under the Bought Place Scheme (“BPS”).

Shorten service waiting time

18. Members have noted that at present, the average waiting time for RCHDs is more than 10 years. There is a serious shortfall of service places, and the demand from the Small Group Home for Mildly Mentally Handicapped Children (“SGH”) and tetraplegic patients is particularly keen. To this end, members have suggested that the Administration should set specific targets to **shorten the waiting time** and increase the number of service places for SGH and tetraplegic patients. In addition, members have suggested that reference should be drawn from the **fast-track construction mode for residential care homes for the elderly** and **Light Public Housing** (“LPH”) to expedite the provision of residential care places. The Administration has replied that it has been adopting a multi-pronged approach to provide more rehabilitation service facilities, and the number of places for rehabilitation services (including day, residential and respite services) is expected to increase to about 39 900 by 2028-2029. To minimize premature institutionalization of PWDs who are able to remain in the community and accord priority to emergency cases, the Administration has implemented the **“Active” and “Inactive” Waitlisting Mechanism** in 2023 and provided home-based support at the same time.

19. Members have suggested **developing RCS for PWDs in the Guangdong-Hong Kong-Macao Greater Bay Area (“GBA”)**. The Administration has advised that as PWDs have a stronger need for medical support, careful consideration will be given to the proposal of setting up RCHDs in GBA, particularly in respect of the users’ medical affordability and needs.

Enhance respite services

20. Noting that the maximum duration of stay for respite services is only 30 days, members have suggested that **a longer duration of stay** should be allowed and **the number of respite and residential service places for wheelchair users should be increased**. The Administration has advised that the numbers of day respite service places and residential respite places in RCHDs have increased in recent years, and there are currently a total of 231 day respite places and 428 residential respite places. Subject to the availability of respite places in RCHDs, the duration of stay of people in need may be extended.

Staffing and quality of residential care homes

21. Expressing concern about the staffing and quality of imported care workers in RCHs, members have called on the Administration to **provide professional services for residents with hearing impairment (“HI”)**. The Administration has advised that the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613) and the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) were amended in 2023 to enhance the staffing standards so as to provide more nursing support. Various schemes have been launched to attract local young people to join the care sector, and there is a plan to provide an additional 8 000 quotas of imported care worker in the next three years starting from 2024. Some RCHs **have used gerontechnology to improve communication with residents with HI**.

Land and resources planning

22. Members are concerned about the effectiveness of the **Incentive Scheme to Encourage Provision of Residential Care Homes for Persons with Disabilities in New Private Developments** launched in 2023. The Administration has advised that no application has been received since the launch of the Scheme, which may be attributed to the changes in the property market and the developers’ strategies for the future market. Members have suggested that the Administration should utilize the space of **transitional housing (“TH”)** or **public housing estates** to build additional RCHDs. The Administration has advised that it may not be suitable to use TH as RCHs due to the shorter tenancy period. If the land use period can be extended, consideration will be given to studying the feasibility of providing residential care places for PWDs in TH.

Site visit

23. On 15 April 2025, the Subcommittee conducted a joint visit with the Panel on Welfare Services to the **Siu Lam Integrated Rehabilitation Services Complex**, which was commissioned at the end of February of the same year. The Complex provides a total of **1 150 residential care places** and **560 day training places**, and its service targets cover **persons with ID, persons with physical disabilities** and **persons in mental recovery**. During the visit, members exchanged views with representatives of the operators to understand the challenges faced by them and their direction of development. Information about the facilities in the Complex is available at LegCo's [Photo Gallery](#).

Social inclusion

Build a barrier-free living environment

Overview of current policy

It is the Government's policy to provide a barrier-free environment for PWDs to ensure that they have a barrier-free access to premises and make use of the facilities and services on an equal basis with others, thereby facilitating them to live independently and fully integrate into the community.

Enhance community support

24. To build an inclusive community, members have suggested that the Administration should appoint PWDs as **Access Officers** and allow them to join the **relevant committees of the Town Planning Board** and **Urban Renewal Authority**, so as to ensure that the needs of PWDs will be taken into account in the planning of facilities. Members have also suggested expanding the **Access Co-ordinator and Access Officer Scheme to District Councils** to help monitor and improve the barrier-free facilities in the districts. In response, the Administration has highlighted that the intention of assigning dedicated government officials as Access Officers is that they are more familiar with the barrier-free facilities and services in venues under their management.

Popularize universal design

25. Members are concerned about the travel inconvenience of PWDs and have suggested that the Administration should consider **enacting legislation** or **formulating more specific guidelines**, and setting up a

high-level **interdepartmental coordination mechanism** to incorporate the **principle of universal design** from the planning stage, with a view to meeting the diversified needs and achieving social inclusion. The Administration has advised that the Buildings Department is conducting a review of the “Design Manual: Barrier Free Access 2008” (“Design Manual”), and the compilation is expected to be completed in the first quarter of 2026.

Strengthen supervision of buildings

26. Pointing out that many existing buildings fail to meet the latest standards of barrier-free facilities, Members have suggested that the Administration **should waive the checking fee for the construction of ramps in private housing estates** to assist property owners in providing barrier-free facilities. In addition, the Administration should leverage efforts of community organizations and technology to comprehensively **examine the gaps in barrier-free facilities in Hong Kong**, and order improvements of facilities that fail to meet the standards, with a view to improving the barrier-free environment. The Administration has advised that as the Buildings Ordinance (Cap. 123) did not have retrospective effect, old buildings are only required to comply with the latest requirements when carrying out alteration or addition works. Consideration will be given to addressing the situation by adding a new chapter in the Design Manual.

27. Members have suggested that the Administration should establish a **mechanism for accessibility check-walks** and open up the **inspection system for completed facilities and approved plans** to ensure compliance of community facilities with the accessibility standards, thereby building a friendly and inclusive environment. The Administration has advised that it will include an additional chapter on the repair and maintenance of buildings in the updated Design Manual so as to get across the message of enhanced management of barrier-free facilities.

Improve road conditions

28. Members have pointed out that the **uneven surface** of some roads due to bulging tree roots and the **narrow streets** in old districts have endangered the safety of elderly persons and wheelchair users. Members have suggested that the Administration should **coordinate with the relevant departments**; adopt **flexible design for road paving or diversion**, and **improve the narrow streets**. The Administration has advised that it will study how the working guidelines and objectives of different departments can be rationalized to enhance the efficiency of coordination, and explore ways to balance the needs of tree preservation and public mobility.

Measures for barrier-free accessibility

Overview of current policy

The Government is committed to providing a barrier-free and accessible public transport system to facilitate PWDs to participate and integrate into the community. The Transport Department has all along been working closely with the public transport operators to provide facilities and support to facilitate the mobility of PWDs.

Expedite the implementation progress of “Universal Accessibility” Programme

29. Members are concerned about the progress of the “Universal Accessibility” (“UA”) Programme, especially the progress slippage of the construction of **pedestrian access connecting housing estates under the Home Ownership Scheme, Tenants Purchase Scheme and public facilities**, which has failed to effectively respond to public needs. Members have further suggested **retaining the existing ramps** upon completion of the new lifts to ensure the safe passage of persons with mobility difficulties in case of breakdown or maintenance of the facility. In response, the Administration has pointed out that unless the lift works affected the original public space, the ramps will be retained as a matter of principle. Comprehensive assessment of cost-effectiveness and implementation feasibility will have to be conducted for the UA Programme, including considerations for resumption of land and negotiation with owners, which will be the basis for determining the priority of works.

Enhance public transport facilities and services

30. Members have pointed out that the **height of platforms and wheelchair accessible ramps** of minibuses and buses **does not comply with the requirements**, which poses potential safety hazards to wheelchair users as they have to be assisted when boarding and alighting the buses. Members have suggested **enhancing the barrier-free design of the platforms** and urging the operators to **strengthen the professional training for drivers**, including enhancing their skills in operating accessible ramps, fastening wheelchairs and providing assistance. Furthermore, members are of the view that the authorities should **increase the number of lifts in MTR stations** and **improve their locations** so as to shorten the walking distance for PWDs, thereby comprehensively improving the barrier-free environment of public transport.

31. The Administration has explained that, in order to assist PWDs in using the roads safely, there have been discussions with deputations for

PWDs over the past years and the design of **guide tiles** and **dropped kerbs** has been introduced. The Administration will study the enhancement of the spatial configuration of bus stops and minibus stands. In addition, the MTR Corporation Limited will, as far as practicable, provide each station with a lift connecting the ground level and station concourse or other barrier-free facilities, and proactively apply innovative technologies to facilitate the travel of passengers in need. As for franchised buses, currently 99% of the buses in Hong Kong are of low-floor design and equipped with wheelchair parking spaces, and the training of bus captains has already covered assistance to PWDs.

32. Members have requested the Government to promote the **popularization of barrier-free e-taxis** and strengthen the regulation of **booking fees** charged to wheelchair users by the taxi fleet. The Administration has advised that the taxi fleet has been requested to adopt green transport and provide barrier-free taxis by all means. Under the Taxi Fleet Regime, taxi fleets are allowed to charge passengers customized fares for pre-arranged trips and a booking fee. There are currently five selected taxi fleet operators and it is expected that through market competition, this will provide the public with more choices.

Enhance Rehabus services

33. Members have expressed concern about the difficulties encountered by users in booking Rehabus services, and urged the relevant authorities to **strengthen the monitoring of the operators, enhance the services, increase the number of drivers, extend the service hours** and increase the **flexibility of service arrangements**. Members are also concerned about the inadequate supply of rehabuses in rural areas, and have suggested implementing the **“shared use” arrangement between rehabuses and Accessible Hire Car**. The Administration has replied that after service enhancement, the success rate of the Rehabus dial-a-ride service has significantly increased to over 90%. It will closely monitor the changes in service demand and consider procuring additional vehicles to enhance the service capacity subject to availability of resources.

Application of technology in barrier-free travel

34. To enhance the barrier-free travel experience of PWDs, members had put forward a number of improvement proposals, including providing **rental and loan services of stair climbers** to the Community Care Teams and introducing **exoskeleton assistive technology** equipment; in respect of public transport, introducing **Bluetooth identification technology** at bus stops to assist visually impaired persons in identifying bus routes, and at the same time promoting the use of **intelligent crosswalks** with voice prompts;

integrating **smart poles** with navigation function as well as developing a **e-map system** dedicated for wheelchairs. The Administration has advised that the proposal of developing a “Bus Stop Announcement Application” had been referred to franchised bus operators for consideration.

Strengthen regulation over the use of disabled parking spaces

35. To safeguard the right of PWDs to use dedicated parking spaces, members have suggested that the Administration should, among other things, **strengthen the regulation** over “grey permits” (i.e. parking permits for drivers carrying PWDs) and conduct stringent checking on the eligibility for using such permits to **prevent abuse of disabled parking spaces**; and at the same time adjust the priority by considering to accord priority use of **parking spaces** to holders of “blue permits” (i.e. parking permits for PWDs). In addition, members have proposed to **introduce technological enforcement**, such as using the intelligent surveillance systems to immediately crack down on non-compliant occupation. The Administration has advised that the relevant criteria for applying as well as vetting and approving “grey permits” were further tightened in April 2025, so as to bring the criteria for vetting and approving medical documents on a par with the stringent criteria for “blue permits”, thereby ensuring the rational allocation of parking resources and effectively combat the abuse of parking spaces.

Enhance educational support

Overview of current policy

EDB is committed to, through the provision of support and cooperation in various respects, providing comprehensive and appropriate education opportunities for students with special educational needs (“SEN”) to help them overcome difficulties and develop their potential so that they can gradually become independent persons with adaptability and learning-to-learn capabilities.

Review resource allocation and funding mechanism

36. Highlighting that schools with over-enrolment of students with SEN will not be able to receive additional funding due to the funding ceiling, members have suggested the Government **adjust the funding mechanism** to provide additional funding in proportion to the number of students with SEN. The Administration has advised that if the proportion of students with SEN in ordinary schools is too high, teaching and learning may be jeopardized. EDB has allowed schools with a larger enrolment of students with SEN to have a certain degree of flexibility in curriculum design and school-based curriculum.

Strengthen professional development for teachers

37. To provide a better learning environment to support students with SEN, members have suggested that the Administration should **adjust the teacher-to-student ratio, enhance the training of teachers** and ensure that the Special Educational Needs Coordinators (“SENCOs”) **had received professional training before they assumed duty**. The Administration has explained that teachers are provided with structured Basic, Advanced and Thematic Courses. Pre-service teacher training has also included knowledge and skills in supporting students with SEN. While the new SENCOs are required to undergo about 120 hours of professional training, EDB will also organize other training activities for SENCOs.

Enhance support for parents

38. Members have pointed out that students with SEN are facing a lengthy and costly assessment process, and have suggested that the Administration should provide support to parents to help them choose the suitable assessment agencies, and at the same time **introduce accreditation for assessment agencies** to ensure professionalism and consistency in assessment. While recognizing that the relevant assessment service should be provided by professionals, the Administration has pointed out that SENCO and EDB’s Special Education Division can provide professional advice on whether a student had SEN.

Enhance study and career support

39. Members are pleased to note that EDB has obtained information on students with SEN through the Special Education Management Information System (“SEMIS”), and have suggested that **SEMIS should be used to identify the needs and challenges of students in pursuing further studies** so as to enhance the effectiveness of teaching and learning. The Administration has advised that SEMIS mainly provide information on the different pathways during the transition from kindergarten to post-secondary education. Due to privacy considerations, it was not possible to conduct an in-depth study on individual students.

40. Members have suggested that the Administration should put in place a **systematic support mechanism for school leavers to strengthen the follow-up of their social adjustment after graduation** and foster self-reliance. The Administration has advised that both ordinary and special schools **had put in place a mechanism** to help school leavers with SEN to better prepare for graduation. Specifically, social workers of special schools will keep track on the students’ daily lives within two years after they have left school and refer them to District Support Centers for

Persons with Disabilities or Integrated Family Service Centers as necessary, so as to ensure that they smoothly integrate into the community and receive the necessary support.

Review integrated education

41. Considering that integrated education (“IE”) should be further improved, members have suggested creating a more inclusive and effective learning environment for students with SEN through **early identification**, developing **Individual Education Plans (“IEPs”)**, enhancing **collaboration of medicine, education and social work**, and **fostering better understanding and support among students**. The Administration has explained that to facilitate the implementation of IE in ordinary schools, apart from providing additional manpower and resources to schools, EDB also provide professional support and teacher training according to SEN type. IEPs provided by schools for students with more severe disabilities have also effectively enhanced students’ learning, communication and social skills.

Improve premises and insufficient places of special schools

42. Expressing concern about the **shortage of places** in special schools and the relatively small or old premises of some special schools, members have suggested the **reprovisioning or expansion of premises** to improve the learning environment. The Administration has advised that under the existing mechanism, each school has its own primary catchment area. It will keep in view the demand and supply of school places and actively consider building or reprovisioning special schools.

Provide employment support

Overview of current policy

The Government has introduced various financial support measures for employers and service operators to encourage employment of PWDs. The Labour Department (“LD”) also provides personalized employment services, job matching services and on-the-job training for job-seekers with disabilities who are fit for open employment.

Create employment opportunities

43. Members have called on the Government to help PWDs become self-reliant from the perspectives of “empowerment” and “inclusion”. The Government should **identify suitable internal positions for PWDs** and **prioritize their employment**. In the long term, the Government should

encourage public organizations and large private enterprises to set up **mandatory employment quotas for PWDs**, and incentivize enterprises to employ more PWDs through measures such as **tax incentives**. The Administration has advised that while there is already in place a set of preferential employment procedures for candidates with disabilities in the recruitment of civil service posts, there are no plans to set targets for the employment of PWDs.

Promote employment

44. Members have suggested strengthening a series of measures to comprehensively improve existing services and ensure that PWDs can access appropriate support so as to enhance their employment opportunities and career development. Specific proposals include (a) reviewing the scope of services provided by the Selective Placement Division (“SPD”) of LD and **creating the post of job adaptation officer** to strengthen support and provide post-placement follow-up services; (b) **leveraging technology and data** to create a precise employment platform; (c) stepping up publicity about the issues of PWD employment, such as successful employment cases, and **encouraging PWDs to participate in job fairs**; (d) **increasing the variety of jobs available in sheltered workshops (“SWs”)** and upgrading trainees’ skills in order to expand their employment prospects; and (e) helping PWDs to become **self-employed**.

45. The Administration has replied that LD provides personalized employment services and post-employment follow-up services for disabled job-seekers who are fit for open employment. The consultants of SPD regularly visit workplaces to promote communication and cooperation between employers and employees, as well as help PWDs to adapt to their jobs. In addition, the Administration will regularize the Pilot Project on Enhancing Vocational Rehabilitation Services of SWs and the integrated vocational rehabilitation services centres to provide training to PWDs according to their personal interests and abilities, helping them to develop their potential and enhance their employment opportunities. Meanwhile, a university has formed a research team to conduct functional assessments of PWDs. These assessments aim to classify types of disability and evaluate abilities across various domains. Once completed, the system will make it easier for employers to match job requirements with the capabilities of PWDs, thereby improving matching efficiency. The system is expected to be piloted in the first half of 2025.

Promote the participation of persons with disabilities in cultural, recreational and sports activities

Overview of current policy

The Culture, Sports and Tourism Bureau (“CSTB”), the Leisure and Cultural Services Department (“LCSD”) and the West Kowloon Cultural District Authority (“WKCD Authority”) have been promoting the development of culture, arts, recreation and sports for PWDs through various measures to facilitate their participation in cultural, arts, recreational and sports activities, as well as visits to tourist attractions.

Promote inclusion and interaction

46. Some members have suggested establishing a standing mechanism to **enable PWDs to continue participating in the planning of public cultural, arts, recreational and sports facilities**. This would help to ensure that these facilities better meet their actual needs. In addition, members have suggested setting up **social clubs** to help PWDs to expand their social networks. According to the Administration, Hong Kong has been promoting inclusion and interaction in various areas. LCSD has collected views on improving its services through funding schemes and by cooperation with the China Hong Kong Paralympic Committee and special schools. Furthermore, WKCD has organized over 30 consultation activities, attracting 700 participants, with the aim of creating an inclusive and multicultural environment.

47. As regards media services, members have suggested that Radio Television Hong Kong (“RTHK”) should **provide sign language services** for its cultural and sports programmes. This will set an example for commercial media outlets and enable persons with HI to enjoy cultural and recreational activities equally. At the same time, artificial intelligence (“AI”) can be used to develop **audio description technology** to work out **arts training programmes**, so that visually impaired people can develop skills and enjoy cultural and arts activities.

48. In response, the Administration has confirmed that CSTB will liaise with RTHK to examine the proposed provision of sign language services at the upcoming 15th National Games and the 12th National Games for Persons with Disabilities and the 9th National Special Olympic Games. LCSD will explore the application of artificial intelligence technology with arts groups, such as providing accessible subtitles for persons with HI. However, it is necessary to balance resources with actual needs.

49. Members have suggested **setting up relaxed theatres and quiet rooms in performance venues and public places** for people with autism/attention-deficit/hyperactivity disorder, etc. These spaces can help them to manage their emotions during times of emotional upheaval. In response, the Administration has advised that LCSD has implemented various measures to encourage PWDs to participate in cultural programmes and included relaxed theatre performances in some programmes. Quiet rooms will also be made available at the Sai Wan Ho and Tai Po civic centres, as well as the West Kowloon Performing Arts Centre, which is expected to open in 2027, for audience members to use during performances.

Promote the participation of persons with disabilities in recreational and sports activities

50. Members note that the Administration currently provides six designated venues where eligible organizations can organize disability-inclusive sports activities during non-peak hours. Members have urged the Administration to extend this arrangement to more sports venues and during peak hours. According to the Administration, these arrangements will be reviewed annually, but it is necessary to balance the needs of different users.

51. Members have suggested that **district age group sports competitions should include PWD events** and that PWDs should be allowed to enrol without having to meet the residence or student status requirements. The Administration has pointed out that disability-inclusive events, such as the wheelchair 3-on-3 basketball competition, were included in the 9th Hong Kong Games in 2024. It will continue to organize such events and consider adding others, taking into account the popularity of other sports among PWDs.

Community support services

Overview of current policy

The Government's policy objective is to support PWDs in developing their social capabilities to the fullest possible extent for community integration. SWD subsidizes non-governmental organizations to provide PWDs with a range of rehabilitation services, including community care and support services. These services aim at facilitating community integration and enhancing the capacities of carers, alleviating their burden.

Emotional support

52. Members are concerned that due to the volatile nature of **persons in mental recovery**, their carers face greater psychological pressure and emotional distress. Members have suggested that the Administration should **provide more support and resources** to help carers cope with these difficulties. In addition, members have urged the Administration to step up publicity to **reduce social discrimination against persons in mental recovery** and promote collaboration with the business sector in organizing activities that raise public awareness of mental health.

53. According to the Administration, there are currently 19 Parent/Relatives Resource Centres (“Resource Centres”) in Hong Kong, one of which is specifically set up for family members of persons in mental recovery. To further strengthen the support for families of persons in mental recovery, the Government has implemented the following measures:

- (a) **Service regularization:** The Pilot Project on Transitional Support Service for Persons in Mental Recovery will be regularized in the first quarter of 2026 to provide continuous support to persons in mental recovery who are discharged from hospitals and waiting for places in halfway houses;
- (b) **Service expansion:** Four additional Resource Centres for persons in mental recovery will be set up across the territory in 2026 to ensure that more families can access the support they need; and
- (c) **Hotline service:** SWD operates the Designated Hotline for Carer Support 182 183 to help carers find respite services and indirectly reduce their burden.

54. Members have suggested that the scope of emotional support services should be expanded by **providing de-stressing spaces in carer support centres across all 18 districts of the territory** to enable carers to take timely breaks after taking care of PWDs. According to the Administration, respite services are a form of indirect emotional support, as sharing the caregiving burden can give family members some breathing space. Currently, there are over 650 places for day or residential respite services in Hong Kong.

Strengthen home care and integrated support services

55. Members have expressed concern about whether the Home Care Service for Persons with Severe Disabilities and the Integrated Support

Service for Persons with Severe Physical Disabilities can meet the needs of persons with severe or moderate disabilities. They have also suggested that the Administration should **regularly assess service needs**. According to the Administration, utilization of these two services has exceeded 95%. To cope with the service demand from persons with severe disabilities, the Administration plans to set up 14 integrated centres in phases from the third quarter of 2025, and increase the number places for home care services and community rehabilitation services.

Information sharing

Overview of current policy

At present, data relating to elderly persons, PWDs and their carers are scattered in the systems of different government departments, public organizations and non-governmental organizations. On the premise of protecting personal data privacy and ensuring technical feasibility, enhancing the integration of these data can improve the efficiency and standard of services for elderly persons, PWDs and their carers.

Improve service efficiency and standards through inter-organizational information sharing

56. The Administration has **highlighted** to the Subcommittee the work of **eHealth** in enhancing the medical-social collaboration and the **preparation of a database on carers**.

Accelerate the establishment of a database on carers

57. Members have repeatedly emphasized the urgency of establishing up a database on carers, urging the Administration to **take immediate action** by starting with a simple pilot scheme and gradually expanding it, while also formulating a **specific timetable**. The Administration should also set up **key performance indicators** for the database on carers and assess its effectiveness six months or a year after its launch to ensure that it operates as expected.

58. The Administration has identified two major challenges in establishing the database. Firstly, compliance with the Personal Data (Privacy) Ordinance (Cap. 486) must be ensured in order to protect personal privacy. Secondly, technical integration is required given that the databases of various departments are in different formats, necessitating inter-departmental coordination. The Administration plans to launch the database in phases, prioritizing data on low-income families and elderly

carers. It will also collaborate with the Hospital Authority to pilot a system where SWD will be notified to follow up on the needs of carers when they are hospitalized. It is expected that initial progress will be made by 2025, with gradual advancement under the premise of ensuring quality.

59. Members are of the view that **clear criteria should be established for high-risk groups and their carers**, based on factors such as age and disability status, so as to ensure effective resource allocation and reduce administrative burden. Some members have suggested breaking down the high-risk group further, for example, into patients with rare diseases and their carers, in order to provide more tailored support. According to the Administration, high-risk carers initially include the elderly and those on low incomes. The need to include other high-risk groups will be assessed in the future.

Enhance the functionality of the database on carers

60. Members suggested making reference to the **digital marketing model** to push service information to carers, with an effectiveness evaluation after one year. In addition, the database should be equipped with **automated monitoring features**, such as bed-exit alarms and emergency call systems, to enable real-time health monitoring and provide timely support, particularly for high-need families in emergency situations.

61. The Administration has advised that it has established a **carers' information portal**, which could be integrated with digital marketing technology in the future to disseminate information to specific groups of people. This will improve responsiveness to emergencies and provide timely assistance to high-risk families. The Administration is working with a university team to link the Hospital Authority's patient admission records with the database to facilitate data sharing. In the event of a carer's emergency, the system will automatically alert social welfare organizations, which will proactively reach out to the carer and provide targeted assistance. Following the establishment of the database, the Administration will consider incorporating real-time data from the **remote home safety monitoring system** to further enrich the content of the database and provide more appropriate support services.

62. Some members have suggested that the Administration should refer to the Australian [Aged Care Act 2024](#), which **recognizes personalized services as a right and has established an assessment mechanism** to encourage beneficiaries to take the initiative to provide information for updating the database. In addition, an **effective framework** should be established to ensure that the database is continuously updated rather than remaining static. The Administration has advised that it is working with

the Office of the Privacy Commissioner to explore possible options within the framework of Cap. 486 and that there is currently **no urgent need to amend the legislation**.

Implementation progress of eHealth

63. Members have expressed concern about the participation of RCHDs and social welfare organizations in **eMedication** under eHealth. They have enquired how the Administration will encourage these organizations to make use of eHealth to **facilitate information sharing**, so as to enhance health management, improve medication dispensing efficiency and reduce the risk of medication incidents.

64. In response, the Administration has pointed out that the majority of the RCHs subsidized by SWD have completed eHealth registration. Following the epidemic, SWD has initiated efforts to encourage RCHs to register as healthcare providers and to require their residents to register individually in their own names in order to facilitate quick access to medical records by healthcare personnel. SWD will **continue to promote eHealth registration** and consider **expanding into community settings further** to enhance information sharing.

Recommendations

65. In the course of deliberations, the Subcommittee has **focused on a number of key issues** and made a number of recommendations for the Administration's consideration:

Medical services		
Concerns	Major recommendations	
Rehabilitation and outreach services	✦	increase rehabilitation beds and day care services
	✦	deploy additional outreach medical teams; promote telehealth services
Oral health care	✦	regularize HTC
	✦	establish dedicated dental service for persons with ID
Mental health services	✦	establish a dedicated organization to coordinate mental health services
	✦	expand public-private partnership and implement the co-payment model to divert patients
Accessibility of drugs	✦	cross-border drug procurement for rare diseases to reduce costs
	✦	include rare disease drugs in the Formulary

Financial support

Concerns	Major recommendations
Policy on allowances	✦ relax the income requirements of the Scheme to Hire Carers ✦ allow carers to benefit from the Scheme on Living Allowance for Low-income Carers of Persons with Disabilities and CSSA at the same time
Medical subsidies	✦ introduce a subsidy for rehabilitation consumables and rehabilitation vouchers to alleviate the burden of middle-income families and the sandwich class ✦ extend the fee waiver of Chinese medicine clinics to non-CSSA PWDs
Assistive tools	✦ provide a subsidy for repair and maintenance to alleviate the financial burden ✦ step up publicity on the repair and maintenance and lending services in the community

Residential care

Concerns	Major recommendations
Waiting time	✦ set targets and draw reference from the fast-track construction mode of LPH, so as to speed up the provision of additional RCH places and shorten the waiting time ✦ prioritize the provision of dedicated places for SGH and tetraplegic patients ✦ develop RCS for PWDs in GBA
Respite service	✦ extend the duration of stay ✦ increase the number of respite places and residential places for wheelchair users
Land resources	✦ optimize the space of TH or public housing to build more RCHs

Barrier-free living environment

Concerns	Major recommendations
Community support	✦ encourage the sharing of resources to support the community and the rental of assistive devices such as mobility aids ✦ expand the Access Officer Scheme to the District Council level and appoint PWDs as Access Officers or members of the relevant committees

Concerns	Major recommendations
Universal design	✦ set up a high-level interdepartmental coordination mechanism and formulate an implementation timetable ✦ consider enacting legislation and formulating clear guidelines to put in place universal design standards
Building control	✦ waive the approval fees for ramps in private housing estates ✦ examine the gaps in barrier-free facilities in Hong Kong and improve substandard facilities ✦ establish a mechanism for accessibility check-walks and open up the inspection system for completed facilities and approved plans to ensure that community facilities comply with the accessibility standards
Road conditions	✦ accord priority to address the issues of bulging tree roots and narrow and uneven road surfaces to ensure safety of road users

Mobility initiatives

Concerns	Major recommendations
“Universal Accessibility” programme	✦ expedite project progress under the programme ✦ retain existing ramps upon completion of additional lifts to ensure the safety of persons with mobility difficulties
Public transportation facilities	✦ <u>MTR</u>: increase the number of lifts in the stations and improve their locations to shorten the walking distance ✦ <u>Bus</u>: enhance professional training for drivers on assisting wheelchair users ✦ improve the design of minibus stands and bus stops to ensure the smooth boarding and alighting of wheelchair users
Rehabus and rehabilitation taxi	✦ <u>Rehabus</u>: increase the number of vehicles to enhance service capacity; improve the booking process to reduce the difficulty in booking; implement the “shared use” arrangement with Accessible Hire Car ✦ <u>Taxi</u>: promote the popularization of barrier-free e-taxis; strengthen interdepartmental coordination and review the booking fee system for wheelchair users to avoid monopolistic pricing

Concerns	Major recommendations
Applied technology	✦ provide rental and loan services of stair climbers in the community ✦ introduce exoskeleton assistive technology equipment; introduce Bluetooth identification technology at bus stops ✦ promote intelligent crosswalks with voice prompts; integrate smart poles with navigation function; develop a e-map system dedicated for wheelchairs
Management of parking spaces	✦ step up monitoring of “grey permits” (parking permits for drivers carrying PWDs) to prevent abuse of disabled parking spaces ✦ consider to accord priority use of parking spaces to holders of “blue permits” (parking permits for PWDs) ✦ introduce an intelligent monitoring system to crack down on unauthorized occupation of disabled parking spaces

Educational support

Concerns	Major recommendations
Resource allocation	✦ adjust the Learning Support Grant for ordinary schools in proportion to the number of students ✦ increase the number of special education places and expanding or reprovisioning some old school premises
Teacher training	✦ adjust the teacher-student ratios; strengthen teacher training ✦ enhance professional training for SENCOs and prevent them from assuming duty before receiving professional training
Assessment mechanism	✦ accredit agencies for assessing students with SEN to ensure professionalism and consistency in assessment; assist parents in selecting appropriate assessment units
Integrated education	✦ early identification of students with SEN at kindergarten stage; develop IEPs; enhance collaboration of medicine, education and social work; promote understanding and support among students

Employment support

Concerns	Major recommendations
Create employment opportunities	✦ identify suitable positions for PWDs within the Government and prioritize the employment of PWDs ✦ encourage public organizations and large private enterprises to set up mandatory employment quotas for PWDs, and incentivize enterprises to employ more PWDs through measures such as tax incentives
Promote employment	✦ create the post of job adaptation officer in the Selective Placement Division of LD ✦ leverage technology and data to provide precise employment services ✦ encourage PWDs to participate in job fairs and share cases of successful employment ✦ increase the variety of jobs available in sheltered workshops ✦ assist PWDs to become self-employed

Participation in cultural, recreational and sports activities

Concerns	Major recommendations
Cultural and arts activities	✦ enable PWDs to continue participating in the planning of cultural, arts, recreational and sports facilities ✦ set up a social club to expand the social network of PWDs ✦ official media to lead the way in adding sign language services, setting an example for commercial media ✦ leverage artificial intelligence to develop audio description technology for providing arts training programmes, empowering visually impaired persons to acquire and develop skills ✦ set up relaxed theatres and quiet rooms in performance venues and public places respectively to help PWDs to alleviate emotional distress
Recreational and sports activities	✦ expand disability-inclusive sports activities to more venues and peak hours ✦ allow all PWDs to participate in district age group sports competitions without having to meet the residence or student status requirements

Community support services

Concerns	Major recommendations
Emotional support	✦ increase support and resources for persons in mental recovery and their carers.
Carer support	✦ step up publicity to reduce social discrimination against persons in mental recovery and raise public awareness of mental health. ✦ provide space in carer support centres in 18 districts for carers to relax and rest
Home care and integrated support services	✦ regularly assess the need for Home Care Service for Persons with Severe Disabilities and the Integrated Support Service for Persons with Severe Physical Disabilities

Information sharing

Concerns	Major recommendations
Database on carers	✦ formulate a specific timetable, set up key performance indicators, and launch the database on carers as soon as possible ✦ establish clear criteria for the group of high-risk carers; further break down the high-risk group, for example, into patients with rare diseases and their carers ✦ make reference to the digital marketing model to push service information to carers ✦ equip the database with automated monitoring features to enable real-time health monitoring and provide timely support ✦ make reference to the Australian Aged Care Act 2024, recognizing personalized services as a right and establishing an assessment mechanism

Advice sought

66. Members are invited to note the work of the Subcommittee.

Council Business Divisions
Legislative Council Secretariat
 18 June 2025

**Subcommittee on Issues Relating to the Support
for Persons with Disabilities**

Terms of Reference

To study, follow up and make recommendations on support measures for persons with disabilities in various aspects, including facilities and manpower resources for residential care homes, employment support, Disability Allowance review system, gerontechnology, community support services, as well as education, housing and transport support.

**Subcommittee on Issues Relating to the Support
for Persons with Disabilities**

Membership list

Chairman Hon LAM So-wai

Deputy Chairman Dr Hon TIK Chi-yuen, SBS, JP

Members Hon Vincent CHENG Wing-shun, MH, JP
Hon Doreen KONG Yuk-foon
Hon Stanley LI Sai-wing, MH, JP
Hon Andrew LAM Siu-lo, SBS, JP
Hon Dennis LEUNG Tsz-wing, MH
Hon CHAN Hoi-yan
Hon Lillian KWOK Ling-lai
Revd Canon Hon Peter Douglas KOON Ho-ming, BBS, JP
Hon TANG Ka-piu, BBS, JP
Prof. Hon CHAN Wing-kwong

(Total: 12 members)

Clerk Ms Joyce KAN

Legal Adviser Ms Clara WONG

* Change in membership is shown in the **Annex**.

Annex to Appendix 2

**Subcommittee on Issues Relating to the Support
for Persons with Disabilities**

Change in membership

Member	Relevant Date
Hon Andrew LAM Siu-lo, SBS, JP	Since 11 June 2024