Hong Kong Rehabilitation Programme Plan

Report on Scoping Stage

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Part I. Background

1.1 The Hong Kong Rehabilitation Programme Plan (RPP) sets out the strategic directions as well as short, medium and long term measures to address various service needs of persons with disabilities, which include residential and community support services, employment support services, provision of barrier-free facilities and transport, healthcare, education, sports and arts, etc. RPP currently covers 10 types of disabilities, including attention deficit/hyperactivity disorder (AD/HD), autism, hearing impairment, intellectual disability, physical disability, mental illness, Specific Learning Difficulties, speech impairment, visceral disability and visual impairment. The RPP was last reviewed and updated in 2007.

1.2 The Chief Executive announced in the 2017 Policy Address to formulate a new RPP to keep our rehabilitation services abreast with the times. The Rehabilitation Advisory Committee (RAC) was asked to formulate the RPP, and set up a Working Group on Rehabilitation Programme Plan Review (Review Working Group) and five Task Forces to take the task forward. The review structure and issues to be examined endorsed by the RAC are at Annex I.

1.3 In December 2017, the Labour and Welfare Bureau (LWB) commissioned a consulting team led by the Department of Rehabilitation Sciences of Hong Kong Polytechnic University (Consulting Team) to assist the RAC and the Review Working Group to examine issues related to rehabilitation services, and to launch extensive public engagement exercise to engage various stakeholders and other interest parties in the process.

1.4 There are three stages of public engagement exercise for the formulation of the new RPP, namely Scoping Stage, Formulation of Recommendations Stage and Consensus Building Stage:

i. Scoping Stage: to define the scope of the new RPP and identify the key issues that need to be addressed, to commence discussion with various sectors of the community, and to collate their views;

ii. Formulation of Recommendations Stage: to analyse the key issues identified and examine the overall direction and possible options for consideration to address these issues; and

iii. Consensus Building Stage: to discuss with various sectors of the community on the final recommendations of the new RPP and build up a consensus on these recommendations.
Part II. Objective and Guiding Principles for RPP Review

2.1 Policy Objective
The objective of the Government’s rehabilitation policy is to help persons with disabilities develop their capabilities and to create a barrier-free physical environment, with a view to ensuring that persons with disabilities can participate in full and enjoy equal opportunities with regard to their social life and personal growth. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) has entered into force for Hong Kong since August 2008. The purpose of UNCRPD is to promote, protect and ensure the full and equal enjoyment of rights and freedom by persons with disabilities, and to promote respect for their inherent dignity. The RAC will abide by the core values of “diverse needs of persons with disabilities”, “individual autonomy and independence” and “barrier-free environment, transport and information” enshrined in UNCRPD during the formulation of a new RPP.

2.2 Guiding Principles of the Review
2.2.1 As instructed by the RAC, the Consulting Team adopts the following three guiding principles in the formulation of the new RPP:

(i) adopting a life span approach in examining the needs of persons with disabilities in different aspects and stages of their lives;

(ii) exploring cross-sectoral collaboration in providing services for persons with disabilities; and

(iii) conducting in-depth and extensive consultation and research work.

2.2.2 Considering the core values of UNCRPD, the RAC has also asked the Consulting Team to prioritise its study on measures to strengthen community support services for persons with disabilities and their carers, such that persons with disabilities can choose to continue to live in the community, hence the need for admission to residential homes can be postponed.

2.3 Purpose of the Report
This report sets out the information collected in the Scoping Stage public engagement exercise and the results of their analysis. It also lists out the preliminary observations and discussion topics on macro topics and specialised topics proposed to be discussed in the next stage by the Consulting Team and the Task Forces respectively; and to make recommendations for the preparatory work for the Formulation of Recommendations Stage.
Part III. Collection and Analysis of Public Views

3.1 Public Engagement Activities

3.1.1 Participating parties and groups

The Review Working Group and the Consulting Team conducted four stakeholder meetings, four public fora and fourteen focus groups at the Scoping Stage between 15 March 2018 and 25 June 2018. Participating stakeholders included:

i. rehabilitation and care service operators, including operators providing subsidised or non-subsidised community care services and residential care services;

ii. rehabilitation and care service users, including individual users and self-help organisations of persons with disabilities;

iii. sector and professional associations related to rehabilitation services; and

iv. interest groups/individuals, including organisations from various disability categories, social welfare concern groups and community representatives (including representatives from political parties and members of District Councils).

3.1.2 Arrangement on the activities

i. Public fora: prospective participants were registered through the PolyU MySurvey. Such arrangement would enable the Consulting Team to understand participants’ basic information including their association, representation and need for special assistance (e.g.: sign language and Cantonese/English simultaneous interpretation), so that the Consulting Team could make advance arrangements.

ii. Stakeholder meetings: the relevant stakeholders were invited by the Consulting Team based on the information from the Hong Kong Council of Social Service and Social Welfare Department (SWD). The arrangements for participants to express their views were similar to public fora.

iii. Focus groups: as research activities, the focus groups were approved by the Human Subjects Ethics Sub-committee of the Hong Kong Polytechnic University. Participants were recruited through a list of service operators and online self-registration. International academic standards and guidelines in conducting focus group research were taken into consideration, such as obtaining informed consents, limiting the number of participants, guiding the participants, and audio-recording the discussions. The topics of focus groups and the numbers of participants are enclosed in Annex II.
3.2 Task Forces’ Meetings with Stakeholders

In addition, Task Forces, including Task Force on Mental Wellness, Task Force on Employment Support and Task Force on Special Needs arranged meetings with relevant stakeholders during the first stage. Details are at Annex II.

3.3 Written Submissions

Public can submit their written views via email, post, fax or the RPP dedicated website. A total of 70 written submissions were received during the Scoping Stage. In addition, the views submitted by 23 people through the website were kept anonymous and collated into a single document for analysis. The list of written submissions is at in Annex III.

3.4 Minutes of Relevant Meetings

The Consulting Team also reviewed the minutes of the relevant meetings of the Legislative Council Panel on Welfare Services, RAC and Review Working Group.

3.5 Visits to Relevant Organisations/ Service Units

The Consulting Team also visited organisations and service units related to services for persons with disabilities to gather information on their service operation and views of the stakeholders. The organisations/service units visited by the Consulting Team are at Annex IV.

3.6 Documentary Review

i. United Nations Convention on the Rights of Persons with Disabilities

ii. Incheon Strategy to “Make the Right Real” for Persons with Disabilities in Asia and the Pacific

iii. Beijing Declaration and Action Plan

iv. 1977 White Paper on Rehabilitation – Integrating the Disabled into the Community

v. 1995 White Paper on Rehabilitation – Equal Opportunities and Full Participation

vi. 1998/99-2003/04 Hong Kong Rehabilitation Programme Plan

vii. 2005-2007 Hong Kong Rehabilitation Programme Plan


ix. Hong Kong Life Tables 2011-2066

x. Hong Kong Poverty Situation Report on Disability 2013

xii. Consultancy Report on Sport for People with Disabilities (Submitted by the Hong Kong Baptist University to HKSAR Home Affairs Bureau) (2016)


xiv. 2017 Elderly Services Programme Plan


xvii. Hong Kong Population Projection 2017-2066

xviii. Other relevant documents and minutes issued by the Panel on Welfare Services (2017-2018)


3.7 Research Method and Data Analysis

3.7.1 Research method

i. General qualitative orientation

This study adopts a general qualitative orientation1 with a holistic perspective2 and aims to provide a broad and in-depth exploration of the views and experiences of persons with disabilities, their families/carers, and service providers in Hong Kong to ascertain their needs. The study also attempts to examine the existing rehabilitation services and draw experience on their success and pitfalls as to formulate recommendations on rehabilitation policies that fulfil the needs of persons with disabilities and promote independence, sustainability and social integration.

ii. Maintaining neutrality

In qualitative research, the researcher acts as the human instrument of data collection and analysis. Empathic neutrality should be maintained throughout the process of the whole inquiry3. In the process of data collection, particularly focus group sessions, the researchers maintained empathic neutrality to the participants (e.g.: persons with disabilities and carers

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without any manipulation, obtrusion or control during the discussions; the researchers also avoided showing any subjective or emotional preference that may interfere with the participants. The interviewers also maintained a neutral attitude and made no commentary on the sharing and performance of participants during engagement activities.

Triangulation strengthens this study in neutrality and credibility during the process of data collection and analysis. First, *triangulation of qualitative data sources* ensures a variety of data sources in this study: (1) public fora; (2) stakeholder meetings; (3) focus groups; and (4) visits to service organisations. The multiple data sources in this stage of study allow the Consulting Team to solicit extensive views from different stakeholders related to rehabilitation services, and data collection from each source involved multiple research team members, avoiding partiality that might arise due to individual subjectivity.

Second, *triangulation through multiple analysts*. During the analysis of qualitative data, two independent analysts were involved to code the data and required to reach a reconciliation in case of disagreement. The codebook and themes derived from data analysis were further discussed among the Consulting Team to seek advice from academics with profound qualitative research background.

Third, *methods triangulation*. The Consulting Team is aware that views collected in Scoping Stage may not necessarily reflect the entire situation of the public. In order to generalise the findings to a greater population, quantitative methods, including survey and projections, will be employed in the Formulation of Recommendations Stage to collect views of persons with disabilities and their carers on major policies and issues emerged from the current stage.

### 3.7.2 Organisation and coding of verbal data

i Sources of verbal opinions:

1) Meetings of Panel on Welfare Services
2) Meetings of Rehabilitation Advisory Committee
3) Meetings of Review Working Group
4) Four public fora
5) Four stakeholders’ meetings
6) Fourteen focus groups
7) Other meetings that Consulting Team attended
ii. Each session was audio recorded and professionally transcribed verbatim. Notes were also taken during each session to provide additional input, preventing misinterpretation of the data and working as a safeguard against technological failure. And all the verbal opinions were organized.

3.7.3 Organisation and coding of written data

In addition to verbal expressions of views, written data were also collected from various stakeholders and interest parties. Channels for the submission of written views include hardcopy submission during public engagement activities, website, email and fax. All handwritten submissions were input as Microsoft Word format for better performance of data analysis for submissions via email and posts. The Consulting Team read each submission carefully, and organized them accordingly.

3.7.4 Data collected from visits to organisations

During the visit to organisations/service units, apart from audio recording and professionally transcribed verbatim, observations were also taken during each session to provide additional input, preventing misinterpretation of the data.

3.7.5 Data analysis

All written data and transcripts were content analysed using applied thematic analysis. The qualitative data were formatted to Microsoft Word or PDF to input to QSR Nvivo 12, a qualitative analysis software, and coded to develop various themes. These themes will be structured into important scopes for discussion in the Formulation of Recommendations Stage, providing theoretical grounds for formulating recommendations on rehabilitation policies.

The process of data analysis is described as follows:

i. Preliminary coding and analysis of data were performed by two independent coders.

ii. Open coding was achieved in the preliminary coding by segmenting data into meaningful expressions and describing them in single words or short sequence of words.

iii. During the process of open coding, some themes were developed and merged with others to generate parent themes.

iv. Upon completion of initial open coding, the two independent coders discussed the results to reach consensus on the understanding of the data and the coding methods.

v. Disagreements on the codes between the two coders were discussed in internal meetings of the Consulting Team for further reconciliation with advice from academics with profound qualitative research background.

vi. Preliminary codebook was developed during this process.

vii. The remaining data were coded under the preliminary codebook independently by the two coders.
viii. The codebook was further modified and enriched during coding and acts as the framework of issues in the Scoping Stage.

3.8 Research Limitations and Recommendations

3.8.1 Despite the academic rigor upheld in the study, some limitations still exist. First, invitations of public engagement activities were sent to approach the interest parties mainly through social organisations/self-help groups. It is possible that some persons with disabilities living in the community or those who do not receive rehabilitation services may not be reached. Second, participants of focus groups may have reservations in sharing their experiences due to sensitive issues such as disease and family relationship. Third, the qualitative analysis of the extensive data was comprehensive. However, “piggybacking” and repetition of issues were commonly manifested among some outspoken individuals/groups. The frequency of issues emerging in the data cannot directly and accurately reflect the importance and generalisation. Fourth, participants who are less verbally competent may lead to linguistic or logical ambiguity in some qualitative data. Fifth, it is relatively difficult for qualitative research to establish external validity. The findings in this stage are not sufficient to draw a definite conclusion on the entire population of persons with disabilities.

3.8.2 Data source triangulation\(^7\)\(^8\) is adopted to ensure the veracity of opinions collected from the public fora. Efforts were made to gather more information by elaborating relevant issues through focus group sessions, visits to organisation and even literature review. Quantitative research will be conducted in the Formulation of Recommendations Stage, including projections and survey studies. Based on the findings in the qualitative data of Scoping Stage, the quantitative research scope will focus on persons with disabilities population, rehabilitation services supply and manpower, ageing persons with disabilities and carers and community supports etc.

3.8.3 Nevertheless, the Consulting Team has solicited a substantial amount of views throughout the public engagement process, which enable the Consulting Team to understand various needs of persons with disabilities and other stakeholders, and provide significant theoretical values for the quantitative components in Formulation of Recommendations Stage in exploring how to improve the existing rehabilitation services.

Part IV. Summary of Views and Preliminary Observations

This chapter sets out the discussion topics derived from the public views solicited from the public engagement exercise, written submissions and visits/meetings records, and the future research guidelines for these topics. These issues are pertinent to disability affairs and received extensive attention from the stakeholders. Therefore, they would be prioritised for in-depth study.

In view of the opinions collected in the Scoping Stage, the RAC has agreed, in the meeting held on 24 July 2018, that the scope of the RPP review should include:

Seven macro topics:

• Definition of persons with disabilities;
• Planning of community support services (including support to carers and self-help organisations);
• Planning of manpower for rehabilitation and care services;
• Planning of residential care services;
• Ageing of persons with disabilities;
• Application of Gerontechnology;
• Prevention, identification and medical rehabilitation;

And issues under the five specialised topics:

• Accessibility;
• Employment support;
• Mental wellness;
• Special needs; and
• Disability inclusive culture.

Based on the information and opinions collected, the Consulting Team’s observations and analysis are as follows:
A. Macro Topics

4.1 Definition of Persons with Disabilities

- The categories of disabilities in the current RPP adopted the categories from the previous publications, with two additional categories (AD/HD and Specific Learning Difficulties) included in the 2005 review.

- Intellectual impairment is only one of the symptoms manifested by persons with Down Syndrome; who have certain level of differences in terms of medical and caring needs as compared to persons with intellectual disability (PIDs).

- According the latest version of Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the name “autism” should be “autism spectrum disorder”.

- Many views suggested that consideration should be given for applying the International Classification of Functioning, Disability and Health (ICF) in disability classification and assessment. Taiwan amended its People with Disabilities Rights Protection Act in 2007, using eight body functions of ICF as the basis of the disability classification. In Japan, disability is mainly categorised as physical disability, intellectual disability and mental disorders, with 16 subcategories.

4.2 Planning of Community Support Services

- Many persons with disabilities expressed their wishes to continue living at home to postponing the admission to residential homes for persons with disabilities (RCHDs). They expect the Government to strengthen community support services for their families, such that persons with disabilities could choose to continue living with their families in the community and to reduce the pressure on their family members at the same time.

- There are a wide range of community support services for persons with disabilities (e.g.: District Support Centres for Persons with Disabilities (DSCs), Transitional Care and Support Centre for Tetraplegic Patients, Community Rehabilitation Day Centre, Social and Recreational Centre for the Disabled, and Parents/Relatives Resources Centre (PRC) etc.), leading to possible service overlapping or gaps. The existing number of service centres may not able to meet the needs of persons with disabilities living at the community.

- According to the observations at the two DSCs visited, the Consulting Team noticed that there is lack of clear criteria for the positioning of DSCs’ services targets. The existing service targets include persons with physical disability, intellectual disability, autism, etc. and their age is ranging from the age of 6 to 80. One centre’s autistic members account for one-third of its total members. The current positioning of DSCs’ services target may not be
effective in addressing the different needs of persons with different types of disabilities, especially users with behavioural problems.

- SWD regularised the “Home Care Service for Persons with Severe Disabilities” in 2014. However, it does not include home-based cleaning service and its service targets do not include persons with moderate level of disabilities but in need of transitional home-based support services.

- During the focus group interviews, many carers expressed that they were very stressful in giving the care and indicated the need for various types of services including respite and emergency respite to relieve their pressure. The emotional pressure of the carers also needs to be relieved.

- The Government is currently providing many cash subsidy schemes for persons with disabilities. Some views suggested that the consideration should be given to the introduction of “Community Care Service Vouchers for Persons with Disabilities”, such that eligible persons with disabilities can choose services according to their individual needs.

- SWD is providing time-limited (a two-year time-defined) funding support to self-help organisations of persons with disabilities/Chronic Illness. Many self-help organisations expressed that they need to tackle funding, manpower and space constraints under the existing funding.

4.3 Planning of Manpower for Rehabilitation and Care Services

- During the visits to service centres, the Consulting Team noticed that the lack of rehabilitation and care professionals is a common issue.

- Some frontline staff reflected during the focus group that the current salary standards need to be enhanced, and career ladder for care workers should be optimised to attract more people to join the rehabilitation industry.

- Some hostels for PIDs launched a pilot “Integrated Rehabilitation Worker” model, which integrates the job duties of Care Worker, Health Worker and Programme Worker with a view to increasing the flexibility of care staff.

4.4 Planning of Residential Care Services

- The current waiting time for subsidised RCHDs is long. For example, the average waiting time for Hostels for Severely Mentally Handicapped Persons in 2017-18 is almost 15 years.

- Some persons with disabilities will wish to continue to live at the community and have no imminent need of admitting to RCHDs at the time of being allocated places at RCHDs.
However, they eventually admitted to RCHDs considering the long waiting time and not willing to give up the places.

- The Consulting Team noticed various issues arising from persons with different types of disabilities living at the same RCHD in the visits to organisations. For example, there may be potential physical collision between a young person with autistic and behavioural problems and an ageing person with intellectual disability (PID), leading to conflicts or injuries.

4.5 Ageing of Persons with Disabilities

- According to Special Report No. 62, of those persons with the selected eight categories of disability (except intellectual disability), more than 60% aged 65 and above. Ageing becomes the major attribute to restricted body movement and hearing difficulty. Both persons with disabilities and their carers are faced with the issues arising from ageing. This issue is particularly prominent among PIDs.

- The Consulting Team noticed in the visits to organisations that aged persons with disabilities (particularly aged PIDs) have special needs in terms of care and nursing, which require specialised service for addressing the needs effectively.

- Certain persons with disabilities may suffer from frailty or decline in body functions than ordinary people and the existing definition of elderly would affect their application of RCHDs and welfare benefits. Therefore, there is a need to review the definition of “ageing of persons with disabilities” and the assessment for service eligibility. According to a local study\(^\text{10}\), PIDs suffer from various chronic diseases and the related functional impairments earlier than ordinary people of the same age. Hypertension, diabetes, and cataract are the more common medical conditions found in all age groups of the study subjects. There is a tendency for the average number of medical conditions of PIDs to rise with increasing age, starting from the age of 30 to 39. PIDs with Down Syndrome have more co-morbid disabilities and medical conditions when compared with those without Down Syndrome, and they have significantly more medical conditions starting from the age of 30 to 39. As for PIDs with cerebral palsy, they have significantly more medical conditions starting from the age of 50 to 59.

- Apart from ageing of persons with disabilities, their carers are also facing the ageing issue and the aged carers are concerned about the caring arrangements of their children with disabilities after the carers pass away.

\(^{10}\text{Report of Survey Study on the Ageing Trend of Persons with Intellectual Disabilities (2016, Hong Kong Polytechnic University).}\)
4.6 Application of Gerontechnology

- Some participants mentioned that the Government is currently providing some technology products on rehabilitation for persons with disabilities, but some products could not meet their real needs.
- During the visit to DSCs and RCHDs, the Consulting Team discovered that there is obvious demand for basic rehabilitation equipment and facilities.
- During the discussion with stakeholders, the Consulting Team discovered that few aged persons with disabilities and carers have knowledge in rehabilitation products using assistive technology. Even if some organisations have provided such products, they think they would need a considerable amount of time to learn and adapt.
- Many persons with disabilities expressed that they are difficult to cope with the job due to lack of assistive technology products even when they got a suitable job.

4.7 Prevention, Identification and Medical Rehabilitation

- In recent years, there have been some social crisis arising from issues on mental wellness in Hong Kong. There is a need to enhance public education on the prevention of mental illness and to make the public more aware of the causes of the illness.
- The number of children with special needs in Hong Kong, especially the number of children with autism and AD/HD, has a significant increase, which may pose challenges for related rehabilitation services. According to official statistics\(^{11}\), from 2001 to 2006, the number of people with autism increased from 3,000 to 3,800 (the prevalence rate increased from 0.05% to 0.1%), and the number of people with speech impairment increased from 18,500 to 28,400 (the prevalence rate increased from 0.3% to 0.4%); since 2006, AD/HD (5,500 persons and prevalence rate 0.1%) and specific learning difficulties (9,900 persons and prevalence rate 0.1%) were introduced as new categories. Until the latest statistics in 2013, the number of people with autism is 10,200 (0.1%), the number of people with speech impairment is 49,300 (0.7%), the number of people with AD/HD is 12,800 (0.2%) and the number of people with specific learning difficulties is 17,700 (0.2%).
- Some persons with disabilities would experience deterioration in disability or early onset of frailty due to their medicals needs could not be met in time.
- Some persons with disabilities could not get appropriate facilitation services when receiving public health services.

B. Specialised Topics

4.8 Accessibility

The Task Force on Accessibility is responsible for reviewing accessibility matters relating to persons with disabilities, including accessible environment, accessible transportation services, and access to information and communication. The Task Force also formulates strategic directions as well as short, medium and long-term measures on the related matters for the consideration of the Review Working Group.

In view of the opinions collected at the Scoping Stage, the review scope of the Task Force on Accessibility include three main areas on accessibility of physical environment, accessibility of transportation system, and access to information and communication. The observations and issues to be further examined by the Task Force are illustrated under this section and in Annex V (A).

Accessibility of physical environment

Observations

- The Buildings Department’s “Design Manual: Barrier Free Access” was last reviewed in 2008. In addition, the Manual does not cover issues related to outdoor environment.
- The definition of “universal design” is stated in the UNCRPD.
- A major retrofitting programme in respect of government facilities was completed in 2014. The quality of barrier-free facilities managed by private organisations varied.

Issues to be further examined

- The Task Force will assist in formulating strategies and measures to enhance the accessibility of the local community/living environment in Hong Kong through a consultancy study. The scope of the consultancy study includes benchmarking against the latest standards/best practices/guidelines in other cities on prevailing extent of accessibility; and formulating strategies and measures for implementation by phases to enhance the environment/facilities and application of innovative technology and assistive devices with a view to further enhancing the accessibility of the local community/living environment for persons with different abilities.
- To review the accessibility facilities/services of government and public organisations, and to formulate strategies and measures to remove physical, operational and attitudinal barriers.
- To study how to introduce new monitoring mechanism and incentive scheme to enhance the accessibility of facilities/services of the private sector.
- To prepare targeted training programmes and public education on accessibility.
Accessibility of transportation system

Observations

- Rehabus plays an important role in providing special transport services for person with disabilities. However, the accessibility in public transport systems needs to be further enhanced so that more people can be benefited.

Issues to be further examined

- To review the current situation of barrier-free facilities in the public transport system, and to formulate strategies and measures to remove physical, operational and attitudinal barriers, with special regard to land transport (e.g.: removal of operational and attitudinal barriers in railways, franchised buses; future development of accessible taxis and minibuses; and barrier-free facilities at public transport interchanges); sea transport (e.g.: barrier-free services, barrier-free water transport, accessible facilities at ferry terminals and piers) and air transport (e.g. accessible facilities at the airport and inclusive services provided by airlines).

- To review the positioning of Rehabus with special regard to validity of the prevailing eligibility and priority for users by reference to “Types of disabilities” and “Trip purposes”; the need for inclusion of social and environmental factors; and the seamless interface between accessible public transport services and special transport services.

Access to information and services

Observations

- The application of information and communication technology can greatly help persons with disabilities improve their ways of travel and access to services.

- persons with disabilities could access various information to enrich their lives through the Internet.

Issues to be further examined

- To explore new information and communication technologies (e.g.: to facilitate persons with visual impairment in wayfinding through indoor navigation system) or apply existing technologies (e.g.: to provide sign language interpretation for persons with hearing impairment through video communication) for persons with disabilities to participate in social activities.

- To explore how to promote accessible web contents and the use of the Internet for persons with disabilities.

- To explore how to promote barrier-free services (e.g.: banking services).
4.9 Employment Support

The Task Force on Employment Support assists the Review Working Group in reviewing matters related to employment and vocational rehabilitation of persons with disabilities; and formulating strategic directions as well as short, medium and long-term measures on the related matters for the consideration of the Review Working Group.

In view of the opinions collected at the Scoping Stage, the review scope of the includes six main areas on employee with disabilities-oriented measures, employer-oriented measures, inter-employer connection, one-stop communication platform, new business modes, and other issues. The observations and issues to be further examined by the Task Force are illustrated under this section and in Annex V (B).

Observations

- The significance of employment for persons with disabilities lies not only in the provision of income, but also the social recognition of their ability and contribution achieved through such employment.

- On one hand, ageing is prevalent among service users of Day Activity Centres cum Hostels for Severely Mentally Handicapped Persons and Sheltered Workshops, rendering them unable to benefit from the existing service modes of vocational rehabilitation. On the other hand, an increasing number of service target has resulted in a rather long waiting time for such places.

- More and more persons with disabilities have acquired higher education. Thus, traditional types of work may no longer be suitable for them.

- Employment support for persons with disabilities involves various government departments, statutory bodies, and non-governmental organisations. It is rather difficult for employers to grasp comprehensive information.

- Continuous post-employment support should be provided for persons with disabilities to help them cope with work pressure.

- Private enterprises usually hire persons with disabilities for reasons of “social responsibility” or “social conscience” failing to fully reflect the spirit of equality as enshrined in the UNCRPD.

Issues to be further examined

1. Employee with disability-oriented measures

- To explore possible integration of vocational training and rehabilitation services for employees with disabilities provided by various government departments and enhancement
of such services, for example, continuous follow-up counselling after employment and provision of assistive devices etc.

- “Occupational stereotyping” is prevalent among persons with disabilities. In response to the needs of the market, it is suggested that new types of work or industries be developed for persons with disabilities of different levels of ability and academic qualifications.
- To study how to encourage employers to offer more internship opportunities for employees with disabilities, enabling employers and employees to better understand the requirements of the future work and the abilities of the employees.
- To study how to strengthen the support to social enterprises in order to increase the employment opportunities to the persons with disabilities.
- To study how to support self-employed persons with disabilities.
- To study how to improve the existing vocational rehabilitation services under SWD with regard to such aspects as the service mode and positioning of the Sheltered Workshops, Integrated Vocational Rehabilitation Services Centres or Integrated Vocational Training Centres.

2. Employer-oriented measures

- To review the existing subsidies on the employment of persons with disabilities and the Financial Incentive Scheme for Mentors of Employees with Disabilities Receiving Subvented Vocational Rehabilitation Services, etc.
- To respond to the needs of employers, it is worth studying how to strengthen the support to co-workers of employees with disabilities through measures such as provision of continuous training and other necessary support, and promotion of disability inclusive skills in the workplace.
- To encourage employers to provide more “reasonable accommodation” for employees with disabilities in the workplace, including installation of barrier-free facilities, provision of assistive devices, and adjustment in duty roster and other workflow (e.g.: adoption of flexi-hours), etc.

3. Inter-employer connection

- To study how to forge closer links among enterprises employing persons with disabilities and to develop a platform for sharing of some successful employment stories, as well as examples of providing reasonable accommodation to persons with disabilities in the workplace through corporate visits and workshops.
• To encourage enterprises employing persons with disabilities to serve as “Corporate Mentors” and provide useful information and views to those enterprises that have employed or intend to employ persons with disabilities, with a view to further promoting the employment of more persons with disabilities in different positions in the business sector.

4. One-stop communication platform
• To study how to integrate services and information related to the employment of persons with disabilities so as to render better support and connection for employers and their employees with disabilities including but not limited to the following initiatives:
  ➢ To establish a “One-stop Information” website to share information on successful stories related to employment of persons with different types of disabilities, support measures implemented by the Government, subvented non-governmental organisations, and statutory bodies, and practical tips on providing “reasonable accommodation” as shared by employers, etc.
  ➢ To conduct a survey on current employment of persons with disabilities in the public sector, and based on the results formulate strategies to promote employment of persons with disabilities.

5. New business modes
• To integrate existing information related to employment of persons with disabilities disseminated to the business sector by the Government, non-governmental organisations, statutory bodies and self-help organisations.
• To promote “reasonable accommodation”, “diversity and inclusion”, and “disability-friendly employment” on the grounds of equality through innovative activities.
• To establish and promote new business modes to facilitate the employment of persons with disabilities in both public and private sectors, including review of existing promotional strategies (e.g.: potential improvement to the operation of social enterprises and the Talent-wise Employment Charter and Inclusive Organisations Recognition Scheme).

6. Other issues
• The Task Force will also review issues regarding employment policies related to persons with disabilities, including
➢ To explore the possibility of raising the maximum level of disregarded earnings for recipients with disabilities under the Comprehensive Social Security Assistance (CSSA) Scheme.

➢ To study the feasibility of providing subsidies for employees with disabilities who opt to undergo productivity assessment so that they are paid at not lower than the Statutory Minimum Wage rate; and

➢ To evaluate the pros and cons of setting up an employment quota for persons with disabilities in Hong Kong.

4.10 Mental Wellness

The Task Force on Mental Wellness is responsible for reviewing matters related to community support services for ex-mentally ill persons and formulating strategic directions as well as short, medium and long-term measures on the related matters for the consideration of the Review Working Group.

In view of the opinions collected at Scoping Stage, the review scope of the Task Force includes three main areas on early identification and intervention, recovery and social integration, and promoting public education on mental health. In the meantime, the service positioning of Integrated Community Centre for Mental Wellness (ICCMW) will be studied in a hope to strengthen medical-social collaboration. The observations and issues to be further examined by the Task Force are illustrated under this section and in Annex V (C).

1. Early identification and intervention/ timely referral

Observations

• The prevalence rate of common mental disorders (especially depression) is 13.3%.\(^{12}\) Depression is detrimental to patients in many aspects of life, accounting for a high proportion of causes of suicides.

• Cases of severe mental illness are now prioritised under the Hospital Authority network, while the waiting time for those with common mental disorders is longer.

Issues to be further examined

• To strengthen primary mental health services, explore the ways to decrease the demand of patients with common mental disorder (including depression) for psychiatric specialist services, and reduce the waiting time of such services.

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\(^{12}\) Hong Kong Mental Morbidity Survey 2010.
Innovative methods, including guided self-learn programmes (e.g.: Emotion GPS\textsuperscript{13}) and mobile clinics.

To provide counselling and referral for individuals in need for psychiatric or psychotherapy by general practitioners who have received mental health training.

To explore the feasibility of establishing a role of “Officers for Community Mental Health” to provide preliminary evaluation and referral for individuals with mental distress.

To explore collaborative programmes with private doctors to allow those in need to receive further clinical assessments and psychotherapies.

2. Recovery and social integration

Observations

- There are a number of community mental health programmes to support the family or carers of people with mental illness (e.g., Community Investment and Inclusion Fund). However, these programmes are usually time-limited and fail to sustain the services for those in need.
- Currently there is only one SWD-subsidised Parents/Relatives Resource Centre for the family or carers of people with mental illness.
- Employment is a crucial element for mental recovery.

Issues to be further examined

- To recommend effective community mental health programmes to the Government so that relevant services can be regularised and extended to a territory-wide scale.
- To strengthen the network of parents/relatives of people with mental illness, allowing them to share with and help each other.
- To study how to improve and extend peer support services carried out in community mental rehabilitation units.
- To strengthen employment measures aimed to support ex-mentally ill people as to secure and sustain their employment opportunities.

\textsuperscript{13} Emotion GPS is a guided self-learn programme held by non-governmental organisations with a team of well-trained Psychological Wellbeing Officers to provide evaluation and early intervention (e.g.: one-to-one guided self-help sessions and psychoeducation groups) for individuals aged between 18 and 65 with mild to moderate emotional distress.
3. Promoting public education on mental health

Observations

- Supportive services to ex-mentally ill individuals or those suspected to have mental illness can be found in various government departments. However, the service profiles across departments or platforms are not synchronised due to geographical limitations or other reasons.
- Misunderstanding and discrimination against individuals with mental illness still exists in society.

Issues to be further examined

- To review the information systems of various government departments that provide mental health services, and to explore possible ways to synchronise service profiles of individuals with mental illness across different departments and platforms while privacy protection is ensured.
- To minimise social discrimination against people with mental illness and their family; to increase public acceptance and support through the promotion work on mental health:
  - At a territory-wide level, to facilitate collaboration between government and non-government service providers, with the involvement of other sectors (e.g., business sector), so as to increase public awareness in mental health and relevant services.
  - At a community level, to strengthen education and promotion on mental health, allowing individuals with mental issues to seek for assistance as early as possible, and building a stronger supportive network for those in need.

4. Examining the service positioning of ICCMW

Observations

- There are 24 service units of ICCMW in all districts across the territory. Through one-stop and integrated service mode, the ICCMW provides to ex-mentally ill individuals aged 15 or above for district-based and accessible community support and social rehabilitation services, including casework counselling, occupational rehabilitation, outreaching services, day training, therapeutic and supportive group work services, social and recreational activities, public education programmes on mental health and casework referral.

Issues to be further examined

- To examine the service positioning of ICCMW, including
➢ Target group – in view of the concerns for adolescent mental health, it is necessary to explore the feasibility of expanding the service targets of ICCMW.

➢ Service mode and priorities – it is necessary to promote medical-social collaboration, including early intervention and referral services by professionals, and coordination between Hospital Authority and service providers (e.g. elderly services, adolescent services and private residential care homes for persons with disabilities).

➢ Manpower establishment and facilities in ICCMW – to optimise the services of ICCMW in the community.

5. Medical-social collaboration

Observations

The practice of some hospitals under Hospital Authority is to establish and promote medical-social collaboration in every aspect of mental health services so that links between service providers and the community can be strengthened to maximise the benefits.

Issues to be further examined

- Medical-social collaboration with regard to mental health may include:
  
  ➢ To strengthen information and resource exchange, training and other elements;
  
  ➢ To promote collaboration of multiple platforms on issues of “mental health of children and adolescents”, “mental health of adults”, “cognitive impairment”, and “prevention and awareness-building”;
  
  ➢ Participation and cooperation between key stakeholders from medical profession (e.g., psychiatric services of Hospital Authority, family medicine, private doctors, etc.) and the community (e.g., self-help organisations, social organisations, schools, and resident organisations).

4.11 Special Needs

The Task Force on Special Needs is responsible for reviewing matters related to services for persons with special needs and their parents/carers and formulating the strategic directions as well as short, medium, long-term measures on the related matters the consideration of the Review Working Group.

In view of the opinions collected at Scoping Stage, the review scope of the Task Force includes five main areas on pre-school support services, education services, community support services,
residential care services and special medical services. The observations and issues to be further examined by the Task Force are illustrated under this section and in Annex V (D).

1. Pre-school support services

Observations

- Early intervention and providing timely training for children in need are importance.
- The outcomes of the On-site Pre-school Rehabilitation Services Pilot Scheme are effective and help relieving the pressure on the waiting time of pre-school rehabilitation services.
- The waiting time of Child Assessment Service of the Department of Health is too long for suspected children with special needs.

Issues to be further examined

- To examine how the inter-disciplinary team service could be further optimised upon the regularisation of the On-site Pre-school Rehabilitation Services.
- To examine measures to increase the service capacity of the Child Assessment Service of the Department of Health for identifying children with special needs.

2. Education services

Observations

- Children with special needs can no longer receive government subvented pre-school rehabilitation services after entering primary school, but some children may need transitional support to help them adapt to the new environment at mainstream education.
- The JC A-Connect programme is effective in supporting children with autism and it provides comprehensive support services for these children in mainstream schools and their parents.

Issues to be further examined

- To review the bridging services for children with special needs when they proceed from kindergarten to primary school.
- To review the supports to students with special needs at mainstream and special schools, including the respite service places at special schools.
- To review the continuous education needs for persons with special needs, including graduates from mainstream and special schools, with a view to assisting them to conduct career planning.
3. Community support services

Observations

- Apart from insufficient service capacity, the existing community support services, in particular DSCs, may not able to provide targeted services as they are providing services to too many types of persons with disabilities and facing huge age variation among their service users.
- Parental involvement in the training process can improve the quality of the training for children with special needs.

Issues to be further examined

- To review the positioning of community support services, including community support service centres and home-based services.
- To explore measures to strengthening the support for parents of persons with special needs and the family members/carers, including the Parent/Relatives Resources Centre and reviewing the carer allowance for carers of persons with disabilities.

4. Residential care services

Observations

- Should prioritise the study on measures to strengthening community support services for persons with disabilities, including the support to their carers, such that persons with disabilities can choose to continue to live in the community, hence postponing the need for admission to residential homes; then to be followed by the review on the need for residential care services and overall manpower requirements.

Issues to be further examined

- To review the positioning and service mode of residential care services.

5. Special medical services

Observations

- Persons with disabilities should have access to medical services as others

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14 The planning parameters and basis of the community support and residential care services will be examined and undertaken by the Working Group on Rehabilitation Programme Plan Review

15 The service quality and monitoring of RCHDs are currently being examined and undertaken by the Working Group on the Review of Ordinances and Codes of Practice for Residential Care Homes of the SWD.
• Family members/carers’ accompaniment when adult PIDs are admitted to hospital can assist medical staff in understanding the special needs of their children, hence relieving the pressure of the medical staff.

• There is a need to provide special dental services to PIDs and persons with autism in view of their special needs.

Issues to be further examined

• Should assist persons with disabilities to obtain medical services through reason accommodation measures. Should consider providing epical medical services in view of the special needs of certain types of disabilities.

• To provide special dental service for persons with disabilities. In the long run, should train the general dentists on the skills to provide dental services to persons with disabilities.

4.12 Disability Inclusive Culture

The Task Force on Disability Inclusive Culture assists the Review Working Group in reviewing the public education strategy in promoting the UNCRPD and disability inclusive culture, including assisting persons with disabilities to participate in sports, arts and access to information; and formulating the strategic directions as well as short, medium, long-term measures for the consideration of the Review Working Group.

In view of the opinions collected at Scoping Stage, the review scope of the Task Force includes five main areas on public education, sports participation, arts participation, guide dog service, and access to information. The observations and issues to be examined by the Task Force are illustrated under this section and in Annex V (E).

1. Public education

Observations

• Should further promote the UNCRPD, and enhance educational activities in community.

Issues to be further examined

• To study how to enhance public education for continuous promotion of the spirit and core values of the UNCRPD to different levels in the society.

• To study how to promote educational activities so that the Government or organisations will consider needs of persons with disabilities when implementing their service plans.
2. Sports participation

Observations

- Should encourage persons with disabilities to participate in different mainstream sports as far as possible.
- Should ensure persons with disabilities are accessible to sports facilities and related services on equal basis with others as far as possible.

Issues to be further examined

- To explore how to promote wider participation in sports among persons with disabilities through the provision of courses, training and facilities, etc.
- To study how to further enhance the accessibility of recreational venues.

3. Arts participation

Observations

- To study how to enrich arts knowledge of persons with disabilities, foster their interests, and explore their potential in arts.
- Should ensure persons with disabilities are accessible to cultural performance/service venues, as well as cultural information on equal basis with others as far as possible.

Issues to be further examined

- To explore how to assist persons with disabilities through the “Arts Development Fund for Persons with Disabilities” in enhancing their arts knowledge and fostering their interests in arts by providing general and advanced arts programmes; and helping persons with disabilities who have great artistic potential strive for excellence and develop their career in performing, visual or creative arts.
- The Leisure and Cultural Services Department should consider the needs of persons with disabilities when providing art and cultural activities, including the accessibility of cultural venues and programmes.

4. Guide dog service

Observations

- There are still cases which guide dogs are prohibited from entering public premises.
**Issues to be further examined**

- To study how to enhance public’s understanding in guide dog service, increase the acceptance towards guide dogs as well as guide dogs under training, and the proper care of guide dogs.

5. **Access to information**

**Observations**

- To enhance persons with disabilities’ access to entertainment.
- To enhance persons with disabilities’ access to announcements in the public interest.

**Issues to be further examined**

- To explore how to provide audio description for persons with visual impairment in entertainment places such as cinemas, theatres and auditoriums, etc.
- To study how to promote information accessibility through easy-to-read versions for people with intellectual disability.
- To study how to promote information accessibility through sign language for people with hearing impairment.

4.13 **Summary of Public Views**

A summary of public views on the above 12 aspects collected by the Consulting Team at the Scoping Stage is at Annex VI. As for other related views which involve the coordination and cooperation of multiple governmental departments and other social sectors are at Annex VII and will be referred to the relevant departments through the LWB for their detailed consideration.
Part V. Preparatory Work for the Formulation of Recommendations Stage

5.1 Objectives
The objectives of the Formulation of Recommendations Stage are to analyse the key issues identified in the Scoping Stage and to examine the overall direction and possible options for consideration to address these issues. These seek to establishing the vision, mission and strategic directions of the new RPP, as well as the specific recommendations under these strategic directions for discussing with various sectors of the community on the final recommendations of the new RPP under the Consensus Building Stage.

5.2 Division of Labour and Collaboration
5.2.1 The Review Working Group will, with the assistance of the Consulting Team, examine the long-term planning of various rehabilitation and care services related to persons with disabilities (including community support and residential care) and the related macro issues (details are at Section 4.1 to 4.7 of Part IV). In addition, the five Task Forces under the Review Working Group are responsible for examining several specialised issues (details are at Section 4.8 to 4.12 of Part IV), and reporting to the Review Working Group on the progress of examining these specialised issues regularly.

5.2.2 The Consulting Team noted that the "Working Group on the Review of Ordinances and Codes of Practice for Residential Care Homes" under SWD is currently examining the service quality and monitoring of RCHDs. In this connection, the Consulting Team will focus on examining the planning parameters and basis of the residential care services.

5.2.3 In addition, the Government has set up an Advisory Committee on Mental Health (ACMH) in December 2017 to advise the Government on the mental health policy and assist in developing policies, strategies, and measures to enhance mental health services in Hong Kong. The Consulting Team, the ACMH, and the Task Force on Mental Wellness under the Review Working Group will explore medical services and social services related to mental health, with division of labour and collaboration.

5.3 Themes
5.3.1 In view of the opinions collected at the Scoping Stage, the Consulting Team recommends that priority should be accorded to the following 36 key issues under 10 themes for the next stage of public engagement exercise:
## Proposed Themes

### A. Macro Issues

<table>
<thead>
<tr>
<th>Theme 1</th>
<th>Definition of persons with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Need for new categories of disabilities</td>
</tr>
<tr>
<td>2.</td>
<td>Need for a breakdown of more specific disability categories from existing categories or updating the description of certain disability categories</td>
</tr>
<tr>
<td>3.</td>
<td>Study of the experience of other countries/economies in introducing the World Health Organisation’s “International Classification of Functioning, Disability and Health” for disability classification and assessment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme 2</th>
<th>Service planning for community support services and residential care services and interface between the two</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Service capacity of existing community support service centres (e.g. District Support Centres for Persons with Disabilities, Day Care Service for Persons with Severe Disabilities, Day Care Services for the Disabled, Social and Recreation Centre for the Disabled, Day Activity Centres, Parents/Relatives Resources Centre, etc.) and the appropriate mode of interface among these centres/services</td>
</tr>
<tr>
<td>5.</td>
<td>Need for setting up specialised service centres for specific types of disabilities</td>
</tr>
<tr>
<td>6.</td>
<td>Service capacity and service targets of home-based support services</td>
</tr>
<tr>
<td>7.</td>
<td>Demand for residential care services after strengthening of community support services</td>
</tr>
<tr>
<td>8.</td>
<td>Future planning parameters and basis for community support facilities (including the application of technology)</td>
</tr>
<tr>
<td>9.</td>
<td>Future planning parameters and basis for residential care facilities (including the application of technology)</td>
</tr>
<tr>
<td>10.</td>
<td>Carers’ support (including direct support for carers themselves and indirect support through services such as respite service and emergency placement service for the persons of disabilities under their care)</td>
</tr>
</tbody>
</table>
### Proposed Themes

<table>
<thead>
<tr>
<th>Theme 3</th>
<th>Supply of manpower for rehabilitation and care services</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.</td>
<td>Projection of overall manpower requirements, including allied health professionals (e.g. nurses, occupational therapists, physiotherapists, speech therapists, clinical/educational psychologists, etc.) and frontline staff (e.g. personal care workers, health workers, special child care workers, etc.)</td>
</tr>
<tr>
<td>14.</td>
<td>Measures to increase manpower supply</td>
</tr>
<tr>
<td>15.</td>
<td>Measures to increase the flexibility of service units to employ and mobilise professionals/care staff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme 4</th>
<th>Ageing of persons with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.</td>
<td>Measures to promote health awareness in residential care homes and community to handle and alleviate early onset of ageing and other health-related problems</td>
</tr>
<tr>
<td>17.</td>
<td>Types of special services to be provided in residential care homes (e.g. professional services for handling swallowing problems, outreaching medical and rehabilitation services, etc.)</td>
</tr>
<tr>
<td>18.</td>
<td>Optimisation of vocational rehabilitation pathway, including a review on the training and care needs of ageing service users of Sheltered Workshop</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme 5</th>
<th>Prevention, identification and medical rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.</td>
<td>Strengthening early identification and assessment of children with special needs</td>
</tr>
<tr>
<td>20.</td>
<td>Measures to allow persons with mental health needs to obtain early and appropriate information and services</td>
</tr>
</tbody>
</table>

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16 These schemes include “Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities”, “Special Care Subsidy for the Severely Disabled” and “Pilot scheme on providing subsidy for Higher Disability allowance recipients in paid employment to hire carers”.

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30
## Proposed Themes

### 21. Reasonable accommodation measures for persons with disabilities to obtain medical services (including dental services and supporting arrangements for hospitalisation)

### B. Specialised Topics

#### Theme 6 Accessibility

22. Accessibility of community/living environment through improvement of environment/facilities and application of innovative technology and use of assistive devices

23. Accessibility of transportation, including the positioning of and interface between barrier-free public transport system and Rehabus service, as well as application of technology to enhance efficiency and service quality

24. Access to information (e.g. Web accessibility) and services (e.g. banking service) and application of technology to enhance access

#### Theme 7 Employment support

25. Review of existing employment support measures (including future development of social enterprises) and formulation of new employment support measures (having regard to an increasing number of persons with disabilities acquiring higher education and advancement in technology)

26. How to establish “Disability Inclusive Culture” among enterprises (instead of “Corporate Social Responsibility”) and to promote “reasonable accommodation” measures in the workplace

27. Analysis of the pros and cons and implications of new policies advocated by some stakeholders (e.g. employment quota for persons with disabilities and wage subsidy)

#### Theme 8 Mental wellness

28. Measures to enhance service capacity and quality of services to cope with common mental disorder (particularly depression) through collaboration among medical, social welfare, and education sectors

29. Measures to facilitate recovery and social integration of mentally ill patients
### Proposed Themes

<table>
<thead>
<tr>
<th>Theme 9</th>
<th>Special needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.</td>
<td>Supporting models for pre-school rehabilitation services and bridging services for children with special needs from kindergarten to Primary One</td>
</tr>
<tr>
<td>32.</td>
<td>Supporting models for students with special education needs in primary and secondary schools</td>
</tr>
<tr>
<td>33.</td>
<td>Support for graduates with special education needs (including continuous education needs and career planning)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme 10</th>
<th>Disability inclusive culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>34.</td>
<td>Measures to enhance public education (including the further promotion of the United Nations Convention on the Rights of Persons with Disabilities, mental health, and guide dog services)</td>
</tr>
<tr>
<td>35.</td>
<td>Measures to promote the participation of persons with disabilities in arts and sports</td>
</tr>
<tr>
<td>36.</td>
<td>Accessible entertainment and information, including the promotion of sign language, audio description, and easy read format</td>
</tr>
</tbody>
</table>

5.3.2 The Consulting Team will consolidate the Task Forces’ findings on the researches on specialised issues, and to examine certain macro issues in collaboration with the relevant Task Forces (e.g. to examine the service planning for community support services and residential care services and interface between the two with the Task Force on Special Needs; and to study the optimisation of vocational rehabilitation pathway with the Task Force on Employment Support). The Consulting Team will also liaise with relevant government bureaux/departments through LWB to follow up and conduct research on the above themes.

5.4 Format

In the Formulation of Recommendations Stage, public fora will continue to be held to collect public views on the key issues under the above themes. Other channels to collecting views from stakeholders would be subject to the discussion and decision of the Review Working Group. The Consulting Team also plans to conduct a survey on certain issues for collecting more extensive and in-depth information and statistics.
Annex I: Review Structure of Hong Kong Rehabilitation Programme Plan

Review Structure of Hong Kong Rehabilitation Programme Plan

Rehabilitation Advisory Committee

Review Working Group

PolyU Consulting Team

Five Task Forces

- Accessibility
- Employment Support
- Mental Wellness
- Special Needs
- Disability Inclusive Culture
Annex II: List of Scoping Stage Public Engagement Exercise

1. Public fora and stakeholders meetings

<table>
<thead>
<tr>
<th>Activities</th>
<th>Date</th>
<th>No. of participating organisations</th>
<th>No. of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Public forum</td>
<td>21 March 2018</td>
<td>48</td>
<td>169</td>
</tr>
<tr>
<td>2nd Public forum</td>
<td>27 March 2018</td>
<td>42</td>
<td>219</td>
</tr>
<tr>
<td>3rd Public forum</td>
<td>28 March 2018</td>
<td>44</td>
<td>108</td>
</tr>
<tr>
<td>4th Public forum</td>
<td>14 April 2018</td>
<td>24</td>
<td>145</td>
</tr>
<tr>
<td>1st Stakeholders meeting</td>
<td>15 March 2018</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td>2nd Stakeholders meeting</td>
<td>27 March 2018</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>3rd Stakeholders meeting</td>
<td>11 April 2018</td>
<td>23</td>
<td>34</td>
</tr>
<tr>
<td>4th Stakeholders meeting</td>
<td>12 April 2018</td>
<td>6</td>
<td>9</td>
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<tr>
<td>Total</td>
<td></td>
<td>135(^{17})</td>
<td>722</td>
</tr>
</tbody>
</table>

2. Focus group sessions

<table>
<thead>
<tr>
<th>Sessions</th>
<th>Date</th>
<th>Moderator(^{18})</th>
<th>No. of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential care services</td>
<td>28 May 2018</td>
<td>Prof. Hector Tsang</td>
<td>12</td>
</tr>
<tr>
<td>Persons with multiple disabilities</td>
<td>29 May 2018</td>
<td>Dr. Shirley Ching</td>
<td>10</td>
</tr>
<tr>
<td>Persons with intellectual disability</td>
<td>30 May 2018</td>
<td>Prof. Marco Pang</td>
<td>14</td>
</tr>
<tr>
<td>Persons with physical disability</td>
<td>31 May 2018</td>
<td>Dr. Shirley Ching</td>
<td>13</td>
</tr>
<tr>
<td>Community support services</td>
<td>1 June 2018</td>
<td>Dr. Qiaobing Wu</td>
<td>14</td>
</tr>
<tr>
<td>Ex-mentally ill persons</td>
<td>4 June 2018</td>
<td>Prof. Hector Tsang</td>
<td>12</td>
</tr>
<tr>
<td>Ageing of persons with disabilities</td>
<td>5 June 2018</td>
<td>Prof. Marco Pang</td>
<td>13</td>
</tr>
<tr>
<td>Persons with hearing impairment</td>
<td>6 June 2018</td>
<td>Prof. Marco Pang</td>
<td>11</td>
</tr>
<tr>
<td>Persons with special needs(^{19})</td>
<td>7 June 2018</td>
<td>Dr. Qiaobing Wu</td>
<td>12</td>
</tr>
</tbody>
</table>

\(^{17}\) Organisations that participated in more than one public engagement activities are only counted once.

\(^{18}\) Ms. Cally Lam, the Project Manager of the Research Supporting Team, is the second moderator.

\(^{19}\) Persons with special needs include those with AD/HD, Specific Learning Difficulties, speech impairment and autism.
### Sessions

<table>
<thead>
<tr>
<th>Sessions</th>
<th>Date</th>
<th>Moderator</th>
<th>No. of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-school rehabilitation services</td>
<td>25 June 2018</td>
<td>Dr. Qiaobing Wu</td>
<td>13</td>
</tr>
<tr>
<td>Persons with rare diseases</td>
<td>11 June 2018</td>
<td>Dr. Shirley Ching</td>
<td>10</td>
</tr>
<tr>
<td>Application of technology in rehabilitation and care services</td>
<td>12 June 2018</td>
<td>Dr. Tony To</td>
<td>11</td>
</tr>
<tr>
<td>Persons with visceral disabilities/chronic diseases</td>
<td>14 June 2018</td>
<td>Dr. Tony To</td>
<td>9</td>
</tr>
<tr>
<td>Persons with visual impairment</td>
<td>15 June 2018</td>
<td>Dr. Allen Cheong</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
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### Other meetings attended by the Consulting Team

<table>
<thead>
<tr>
<th>Events</th>
<th>Date</th>
<th>No. of participating organisations</th>
<th>No. of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting with a concern group</td>
<td>30 April 2018</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Meeting with groups of persons with visceral disabilities</td>
<td>27 March 2018</td>
<td>26</td>
<td>40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td>27</td>
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### Stakeholders meetings held by Task Forces

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Date</th>
<th>No. of Organisations</th>
<th>No. of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Wellness</td>
<td>30 May 2018</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Employment Support</td>
<td>31 May 2018</td>
<td>20</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>19 June 2018</td>
<td>16</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>19 July 2018</td>
<td>15</td>
<td>21</td>
</tr>
<tr>
<td>Special Needs</td>
<td>28 August 2018</td>
<td>22</td>
<td>56</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>63</strong></td>
<td><strong>155</strong></td>
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---

20 Organisations that participated in more than one public engagement activities are only counted once.
### Annex III: List of Written Submissions

<table>
<thead>
<tr>
<th>Name (Title of the submission)</th>
<th>Date of Receipt</th>
</tr>
</thead>
<tbody>
<tr>
<td>香港弱智人士家長聯會 (就《香港康復計劃方案》「訂定範疇」階段之意見書)</td>
<td>20/3/2018</td>
</tr>
<tr>
<td>譚偉業 (香港康復計劃方案檢討諮詢 (第一階段) 個人意見書)</td>
<td>7/4/2018</td>
</tr>
<tr>
<td>殘疾人士監察首施政大聯盟 (身心障礙議題政綱完整版)</td>
<td>26/3/2018</td>
</tr>
<tr>
<td>徐啟明 (就聯合國《殘疾人權利公約》第二份報告的項目大綱及《香港康復計劃方案》檢討第一階段－「訂定範疇」階段所提交的五個共通意見)</td>
<td>9/4/2018</td>
</tr>
<tr>
<td>爭取殘疾人士就業配額制聯席</td>
<td>15/4/2018</td>
</tr>
<tr>
<td>趙浩霖 (「香港康復計劃方案」(RPP)《殘疾人權利公約》、ICF)</td>
<td>18/4/2018</td>
</tr>
<tr>
<td>星球有話兒團隊</td>
<td>19/4/2018</td>
</tr>
<tr>
<td>黃明鳳 - 由香港弱智人士家長聯會轉交</td>
<td>25/4/2018</td>
</tr>
<tr>
<td>黃蔚澄博士 (世界自閉症關注日與香港)</td>
<td>26/4/2018</td>
</tr>
<tr>
<td>明愛賽馬會樂仁學校 (香港康復計劃方案意見書)</td>
<td>27/4/2018</td>
</tr>
<tr>
<td>香港小腦萎縮症協會 (對「殘疾人士公約」意見書)</td>
<td>28/4/2018</td>
</tr>
<tr>
<td>香港罕見疾病聯盟 (就《香港康復計劃方案》訂定範疇階段意見書)</td>
<td>29/4/2018</td>
</tr>
<tr>
<td>徐群燕 (香港康復計劃方案涵蓋範圍建議書)</td>
<td>29/4/2018</td>
</tr>
<tr>
<td>香港斜視重影病患者協會 (香港康復計劃方案建議)</td>
<td>29/4/2018</td>
</tr>
<tr>
<td>同路人同盟 (就 (香港康復計劃方案) RPP 意見書)</td>
<td>29/4/2018</td>
</tr>
<tr>
<td>團結香港基金</td>
<td>2/5/2018</td>
</tr>
<tr>
<td>民建聯 (李珮芬) (《香港康復計劃方案》對第一階段 – 訂定範疇階段的看法)</td>
<td>2/5/2018</td>
</tr>
<tr>
<td>香港基督教女青年會 (對《香港康復計劃方案》 (訂定範疇) 公眾諮詢之意見)</td>
<td>2/5/2018</td>
</tr>
<tr>
<td>明愛特殊教育服務 (香港康復計劃方案意見書)</td>
<td>2/5/2018</td>
</tr>
<tr>
<td>香港普遍定期審議聯盟 - 由殘疾資歷生活館提交 (香港普遍定期審議聯盟聯合意見書)</td>
<td>2/5/2018</td>
</tr>
<tr>
<td>一名特殊教育工作者</td>
<td>2/5/2018</td>
</tr>
<tr>
<td>香港精神康復者聯盟</td>
<td>3/5/2018</td>
</tr>
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21 Written views submitted to the Consulting Team after 4 May 2018 will be analysed and shown in the Formulation of Recommendations Stage together with other views.
### Annex III: List of Written Submissions

<table>
<thead>
<tr>
<th>Name (Title of the submission)</th>
<th>Date of Receipt</th>
</tr>
</thead>
<tbody>
<tr>
<td>一名言語治療師 (Hong Kong Rehabilitation Programme Plan Proposal on its scope and directions)</td>
<td>3/5/2018</td>
</tr>
<tr>
<td>智障人士老齡化關注組 (就著《香港康復計劃方案》檢討第一階段諮詢提交意見)</td>
<td>3/5/2018</td>
</tr>
<tr>
<td>新民黨 (就《香港康復計劃方案》第一階段公眾諮詢提出意見)</td>
<td>3/5/2018</td>
</tr>
<tr>
<td>李美賢 (香港康復計劃方案檢討：訂定範疇階段的意見)</td>
<td>3/5/2018</td>
</tr>
<tr>
<td>香港傷殘青年協會 (「香港康復計劃方案」意見書)</td>
<td>3/5/2018</td>
</tr>
<tr>
<td>周德雄 (香港康復計劃方案 - 「訂定範疇階段」：意見書)</td>
<td>3/5/2018</td>
</tr>
<tr>
<td>匿名 (Submission for Stage 1 – Public Consultation Rehabilitation Programme Plan 2018)</td>
<td>4/5/2018</td>
</tr>
<tr>
<td>黃榮坤 - 言語治療師(香港康復計劃方案有關第一階段「訂定範疇」建議)</td>
<td>4/5/2018</td>
</tr>
<tr>
<td>香港基督教服務處 - 家長及嬰兒訓練服務 (「香港康復計劃方案」意見書)</td>
<td>4/5/2018</td>
</tr>
<tr>
<td>基督教懷智服務處 (「香港康復計劃方案」意見書)</td>
<td>4/5/2018</td>
</tr>
<tr>
<td>殘疾平權智庫 (香港康復計劃方案：訂定範疇階段『殘疾平權智庫』提交予顧問團隊意見書)</td>
<td>4/5/2018</td>
</tr>
<tr>
<td>香港復康聯盟 (香港復康聯盟就《香港康復計劃方案》檢討於「訂定範疇階段」的意思)</td>
<td>4/5/2018</td>
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<tr>
<td>香港失明人協進會 (就《香港康復計劃方案》「訂定範疇階段」意見書)</td>
<td>4/5/2018</td>
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<tr>
<td>卓新力量 (香港康復計劃方案：訂定範疇階段卓新力量意見書（簡易圖文字版）)</td>
<td>4/5/2018</td>
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<tr>
<td>香港婦女中心協會/照顧者互助小組聯會 /華明照顧者姊妹互助網絡 (就香港康復計劃方案之意見書)</td>
<td>4/5/2018</td>
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<tr>
<td>香港傷健協會 (香港康復計劃方案 - 「訂定範疇階段」公眾諮詢)</td>
<td>4/5/2018</td>
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<tr>
<td>香港展能藝術會 (就「香港康復計劃方案」檢討呈交意見書)</td>
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<td>香港弱智人士家長聯會 (就《香港康復計劃方案》「訂定範疇」階段之意見書二)</td>
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<tr>
<td>宣美語言及聽覺訓練中心 (香港康復計劃方案- [訂定範疇階段]就新的（RPP方案）提出意見)</td>
<td>4/5/2018</td>
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<tr>
<td>安華日間展能中心的家長 - 香港基督教服務處 (就「香港康復計劃方案」範疇提交意見)</td>
<td>4/5/2018</td>
</tr>
<tr>
<td>Name (Title of the submission)</td>
<td>Date of Receipt</td>
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<tr>
<td>-------------------------------</td>
<td>-----------------</td>
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<tr>
<td>推動精神健康政策聯席 (康復計劃方案第一階段諮詢意見書)</td>
<td>4/5/2018</td>
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<tr>
<td>長期病患者關注醫療改革聯席 (對康復計劃方案諮詢 (第一階段) 意見書)</td>
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<tr>
<td>扶康會 (就「香港康復計劃方案-訂定範疇諮詢」意見書)</td>
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<td>香港康復會 (就《香港康復計劃方案》檢討第一階段「訂定範疇」提交意見)</td>
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<tr>
<td>陸先生</td>
<td>4/5/2018</td>
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<td>黎慧思</td>
<td>4/5/2018</td>
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<tr>
<td>香港小童群益會 (康復計劃方案意見書)</td>
<td>4/5/2018</td>
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<td>明愛樂義學校 (香港康復計劃方案意見書)</td>
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<tr>
<td>香港女障協進會 (香港康復計劃方案「訂定範疇階段」香港女障協進會意見書)</td>
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<tr>
<td>陳俊傑</td>
<td>4/5/2018</td>
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<tr>
<td>專注不足/過度活躍症 (香港) 協會 (《香港康復計劃方案》訂定範疇階段意見書)</td>
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<td>香港倡導網絡 (就康復計劃方案-「訂定範疇」階段呈交的意見書)</td>
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<tr>
<td>陳少霞</td>
<td>4/5/2018</td>
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<tr>
<td>譚嘉敏</td>
<td>4/5/2018</td>
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<tr>
<td>一名學前弱能兒童家長會會員</td>
<td>4/5/2018</td>
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<tr>
<td>香港特殊學習障礙協會 (有關特殊學習困難政策意見)</td>
<td>4/5/2018</td>
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<tr>
<td>卓行之</td>
<td>4/5/2018</td>
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<tr>
<td>袁見明</td>
<td>4/5/2018</td>
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<tr>
<td>許偉民</td>
<td>4/5/2018</td>
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<tr>
<td>「同行會」Ken 媽</td>
<td>4/5/2018</td>
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<tr>
<td>黎耀泰</td>
<td>4/5/2018</td>
</tr>
<tr>
<td>古天宇</td>
<td>4/5/2018</td>
</tr>
<tr>
<td>鍾永健</td>
<td>4/5/2018</td>
</tr>
<tr>
<td>楊瑞玲 (特殊教育領域對《香港康復計劃方案》訂定範疇階段的意見)</td>
<td>4/5/2018</td>
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Annex III: List of Written Submissions

<table>
<thead>
<tr>
<th>Name (Title of the submission)</th>
<th>Date of Receipt</th>
</tr>
</thead>
<tbody>
<tr>
<td>協康會同心家長會 (就學前及學齡兒童之教育、康復政策及服務方面提供意見)</td>
<td>4/5/2018</td>
</tr>
<tr>
<td>基督教家庭服務中心 (《香港康復計劃方案》檢討第一階段：「訂定範疇」階段 意見書)</td>
<td>4/5/2018</td>
</tr>
<tr>
<td>關注家居照顧服務大聯盟 (關注家居照顧服務大聯盟就康復服務計劃方案的意見書)</td>
<td>4/5/2018</td>
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## Annex IV: Visits to other relevant organisations/service units

<table>
<thead>
<tr>
<th>Organisations/service units visited</th>
<th>No. of participants</th>
<th>Topics of Discussion</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hostel for Persons with Intellectual Disability</td>
<td>6</td>
<td>Planning of residential care services and ageing of persons with disabilities</td>
<td>14/2/2018</td>
</tr>
<tr>
<td>Private residential care home for persons with disabilities</td>
<td>2</td>
<td>Planning of residential care services</td>
<td>22/3/2018</td>
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<tr>
<td>Integrated Support Service for Persons with Severe Physical Disabilities</td>
<td>2</td>
<td>Home-based support services</td>
<td>04/5/2018</td>
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<tr>
<td>Home Care Service for Persons with Severe Disabilities</td>
<td>1</td>
<td>Home-based support services</td>
<td>16/5/2018</td>
</tr>
<tr>
<td>Day Activity Centre</td>
<td>2</td>
<td>Planning of community support services</td>
<td>11/6/2018</td>
</tr>
<tr>
<td>District Support Centre for Persons with Disabilities</td>
<td>2</td>
<td>Planning of community support services</td>
<td>11/6/2018</td>
</tr>
<tr>
<td>District Support Centre for Persons with Disabilities</td>
<td>5</td>
<td>Planning of community support services</td>
<td>1/8/2018</td>
</tr>
<tr>
<td>Day Activity Centre</td>
<td>5</td>
<td>Planning of community support services</td>
<td>1/8/2018</td>
</tr>
<tr>
<td>Parents/Relatives Resources Centre</td>
<td>3</td>
<td>Planning of community support services</td>
<td>7/9/2018</td>
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</tbody>
</table>
Annex V: Specialised Topics to be Examined by Task Forces

**Accessibility**

**Accessibility of physical environment**
- From “barrier-free design” to “universal design”;
- Review on barrier-free planning guidelines;
- Review on the accessibility of facilities and services in government and public organisations;
- Accreditation schemes and incentive schemes;
- Targeted training programmes and public education.

**Accessibility of transportation systems**
- Barrier-free facilities in public transport system:
  - Land transport;
  - Sea transport;
  - Air transport;
- Positioning and development of Rehubus.

**Access to information and services**
- Application of new information technology and communication;
- Accessible websites;
- Accessible information:
  - Audio description;
  - Subtitles;
  - Easy-to-read versions;
- Access to banking services.
Annex V (B)

Employment Support

- Employee with disabilities-oriented measures
  - To integrate/strengthen employment training and rehabilitation services (including continuous post-employment support);
  - To explore new occupations/to eliminate “occupational stereotyping” in the job market;
  - To increase internship opportunity;
  - To support self-employed persons with disabilities.
  - Future development of social enterprises;
  - Service positioning and development of Sheltered Workshop.

- Employer-oriented measures
  - To review employment subsidy/Financial Incentive Scheme for Mentors of Employees with Disabilities Receiving Subvented Vocational Rehabilitation Services;
  - To develop inclusive skills in the workplace;
  - “Reasonable accommodation” measures:
    - Barrier-free facilities in the workplace;
    - Assistive devices/software;
    - Flexi-hours/work flow.

- Inter-employer connection
  - To enhance communication platforms;
  - To establish “Enterprise Mentor” scheme.

- One-stop communication platform
  - To develop “one-stop information” website;
  - To conduct a survey on employment of persons with disabilities in the public sector.

- New business modes
  - To replace “corporate social responsibility” with “disability-friendly employment” and “diversity and inclusion”

- Other issues
  - To adjust the level of disregarded earnings for persons with disabilities under the Comprehensive Social Security Assistance Scheme;
  - Employment subsidy for persons with disabilities to meet Statutory Minimum Wage rate;
  - Employment quota system.

To integrate/strengthen employment training and rehabilitation services (including continuous post-employment support);
To explore new occupations/to eliminate “occupational stereotyping” in the job market;
To increase internship opportunity;
To support self-employed persons with disabilities.
Future development of social enterprises;
Service positioning and development of Sheltered Workshop.

To review employment subsidy/Financial Incentive Scheme for Mentors of Employees with Disabilities Receiving Subvented Vocational Rehabilitation Services;
To develop inclusive skills in the workplace;
“Reasonable accommodation” measures:
- Barrier-free facilities in the workplace;
- Assistive devices/software;
- Flexi-hours/work flow.

To enhance communication platforms;
To establish “Enterprise Mentor” scheme.

To develop “one-stop information” website;
To conduct a survey on employment of persons with disabilities in the public sector.

To replace “corporate social responsibility” with “disability-friendly employment” and “diversity and inclusion”

To adjust the level of disregarded earnings for persons with disabilities under the Comprehensive Social Security Assistance Scheme;
Employment subsidy for persons with disabilities to meet Statutory Minimum Wage rate;
Employment quota system.
To strengthen primary mental health services and shorten the waiting time of patients with common mental disorder (including depression) for public health services:
- Innovative identification and diagnosis (e.g., Emotion GPS and guided self-learning programmes);
- To provide identification, counselling, and referral services by general practitioners;
- To establish a role of “Officer for Community Mental Health;
- To collaborate with private doctors.

To enhance support for the community/carers:
- To regularise community mental health programmes;
- To enhance family/peer support:
  - Parents/Relatives Resource Centre;
  - Employment of ex-mentally ill persons.

To synchronise service profiles between government and non-governmental organisations;
To promote mental health:
- To facilitate the promotion of territory-wide mental health events;
- To promote education on mental health at a community level.

Positioning of target group, service mode and programme highlights;
Manpower establishment and facilities

Exchange of information/resources and training;
Cross-platform collaboration;
Diverse medical and community partnership.
Service positioning
- Community support centre services;
- Home-based services;
- Support services for parents and family members/carers:
  - PRC;
  - Carer allowance.

Service modes.

Special medical services related to PIDs:
- Dental services;
- Family members/carers’ accompaniment when PIDS are admitted to hospital.

Current situation and future development direction of pre-school services

Service capacity of Child Assessment Service of the Department of Health.

Bridging services from kindergarten to primary school;
Support to students with special needs in mainstream and special schools (including respite service places in special schools);
Career planning for graduates with special needs.

Education services

Community support services

Residential care services

Special needs

Pre-school support services

Education services

Community support services

Residential care services

Special medical services

Note 1: The planning parameters and basis of the community support and residential care services will be examined and undertaken by the Working Group on Rehabilitation Programme Plan Review.

Note 2: The service quality and monitoring of RCHDs are currently being examined and undertaken by the Working Group on the Review of Ordinances and Codes of Practice for Residential Care Homes of the SWD.
Annex V
Annex V (E)

Disability Inclusive Culture

- **Public education**
  - To enhance the public education of UNCRPD;
  - To promote educational activities.

- **Sports participation**
  - To promote wider participation in sports among persons with disabilities;
  - To further enhance the accessibility of recreational venues.

- **Arts participation**
  - To enhance persons with disabilities’ arts knowledge, foster their interests in arts, and develop persons with disabilities with artistic potential;
  - To ensure the accessibility of cultural venues and programmes.

- **Guide dog service**
  - To increase public’s acceptance towards guide dogs as well as guide dogs under training, and the proper care of guide dogs.

- **Access to information**
  - Access to entertainment:
    - Audio description;
    - Subtitles;
  - Access to announcements in the public interest:
    - Easy-read versions (e.g.: Easy-read Format);
    - Sign language.
Annex VI: Summary of Public Views

This section is on the issues drawn from the views collected by the Consulting Team from the public engagement exercise (including public fora, stakeholder meetings and focus group sessions), written submissions and meetings of the Panel on Welfare Services. As Consulting Team’s future work will prioritise the examination of these issues and the related topics as they are most relevant to disability matters and also the concerns of the stakeholders.

The views are classified and illustrated by the 12 topics below (seven macro topics and five specialised topics).

A. Definition of persons with disabilities

B. Planning of community support services (including support to carers and self-help organisations)

C. Planning of manpower for rehabilitation and care services

D. Planning of residential care services

E. Ageing of persons with disabilities

F. Application of gerontechnology

G. Prevention, identification and medical rehabilitation

H. Accessibility

I. Employment support

J. Mental wellness

K. Special needs

L. Disability inclusive culture
Summary of the Views on Macro Topics

A. Definition of Persons with Disabilities

(1) Definition of disability

1. Update the definitions of disability: The current definition of disability was developed more than 40 years ago (in the first RPP published in 1976). The definition of disabilities remains generally unchanged except for the introduction of AD/HD and Specific Learning Difficulties in the last publication of RPP in 2005.

2. Standardise the definitions of disability: Apart from RPP, there is discrepancies on the definition of disability adopted by the Central Registry of Rehabilitation under LWB, CSSA and the Social Security Allowance (SSA) Scheme of the SWD, Census and Statistics Department, Mental Health Ordinance, Buildings Ordinance, Disability Discrimination Ordinance and Joint University Programmes Admissions System (JUPAS). Some commentators suggested a standard definitions of disability could help enhance service interface, including rehabilitation services, employment compensation and medical assessments, and reduce disputes as services for persons with disabilities involve multiple social sectors and government departments.

3. Make reference to the ICF for standardised definitions of disability: Hong Kong should explore the feasibility of applying ICF for updating the definition of persons with disabilities.

(2) Classification of disabilities

4. Clarify the criteria of disability classification: The classification of disabilities in the current RPP in 2005 inherited the categories from the previous publications, with two types (AD/HD and Specific Learning Difficulties) added. However, the RPP has not yet set out clear criteria on the adoption of new categories of disability.

5. Introduce new categories: To consider introducing new disability categories to allow more people to benefit from the allowances.
6. Set up independent category: Some participants considered that persons with Down Syndrome should not be simply categorised as “PIDs” as intellectual impairment is only one of the symptoms for Down Syndrome. Persons with Down Syndrome are in needs of complicated medical supports and require frequent medical follow-up. They have certain level of differences in terms of medical and caring needs as compared to PIDs.

7. Update the description of existing disability categories: “speech impairment” should be renamed as “communication disorders”; Based on the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), “autism” should be renamed as “autism spectrum disorder”, and “social communication disorder” should be introduced.

8. Introduce ICF to revise the existing disability categories: Many views suggested that the ICF should be applied to revise the existing disability categories in Hong Kong.

B. Planning of Community Support Services (including support to carers and self-help organisations)

(1) Community support targeted to persons with disabilities

1. Consider introducing "Community Care Service Voucher for Persons with Disabilities", with a new funding mode of ‘money-following-the-user’ so that the eligible persons with disabilities may choose community care services that suit their individual needs with the use of Community Care Service Voucher.

2. Some people suggested setting up Family Care Home for PID, providing a medium level of care for persons with mild to moderate intellectual disabilities to develop their independent life skills.

(2) Support for the carers and family of persons with disabilities

a. Special support for carers of persons with different types of disabilities

3. Support should be strengthened for families of persons with acquired physical disabilities. The families/carers are confronted with sudden life challenges and caring difficulties
especially after the events of stroke or cardiovascular diseases which lead to restriction of body movement.

4. Parents of children with special needs often need to cope with great pressure and are misunderstood by the public as poor parenting. Emotional support for these parents is of great importance in view of some tragic events in recent years.

5. Suggest increasing the awareness to the mental health of carers.

6. The resources and services provided for persons with autism have increased over the years, but there is still very little support and care for their families and carers.

7. Some people suffer from unstable mental illnesses and require persistent care from their parents, causing great emotional stress among them. It is recommended to establish more PRCs as to fully support the carers to know and share with each other about how to succeed in mental recovery.

*b. Support for carers in various aspects*

i) Enhance the caring capability of the carers

8. The Government should provide assistance to the organisations of social workers, educational psychologists, clinical psychologists, speech therapists, physiotherapists and occupational therapists so that they can offer free trainings on special education to parents.

9. Explore providing more effective family-friendly policies to carers (such as working at home and flexi-hours).

ii) Emotional support for carers

10. Establish a dedicated "Outreach Support Team" to provide appropriate life and emotional support services for carers of persons with special needs.

11. Provide subsidies to community and parents’ self-help organisations to provide emotional support and educational training for carers.

12. Hope parents could get social work support easily for improving their parent-child/family relationships.
iii) Employment support for carers

13. Protect the carers with employment such that carers could liaise with employers on flexible working arrangements for striking the balance between work and caregiving.

14. Enhance community child care services to increase the employment opportunities of parents taking care of children with disabilities.

iv) Financial support for carers

15. Extend the Public Transport Fare Concession Scheme ($2 Concessionary Fare) to the carers of the existing eligible beneficiaries.

16. Many carers need to spend long time on persistent care for their dependent persons with disabilities and become financially challenged without employment. It is recommended to setting up regularised carer allowances without income assessment. There can be Normal Carer Allowance and Higher Carer Allowance with reference to the Disability Allowance.

17. Consider providing more tax allowance for carers of persons with disabilities.

18. The "Pilot Project on Strengthening Support for Persons with Autism and their Parents/Carers" and the "Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities Phase II" should be subject to further review by considering an increase on the resources and expansion on target group.

v) Support for the aged carers

19. Improve the existing out-patient services and medical appointment arrangements, e.g., increasing the funding for non-profit organisations to provide free/discounted out-patient escort services to families with financial difficulties, application of technology for medical appointments of stable patients (e.g.: video appointment, delivery of medications) for relieving the burden of aged carers.

20. In view of ageing of carers, some of them expressed concern about the care and asset management of their children after they pass away.

21. In addition to support for carers, family support should also cover the needs of young family members in the family.
(3) Support the development of self-help organisations

a. To recognise the role and status of the self-help organisations

22. The Government should increase the recognition for the value and contribution of self-help organisations.

23. There should be legal regulation and licensing scheme to ensure the social role and status of self-help organisations in order to enhance their legitimacy and representativeness.


b. Financial, premise (space) and manpower support for self-help organisations

i) Financial support

25. Self-help organisations for persons with disabilities/chronic illnesses demonstrate important social values through peer support, experience sharing, information exchange, and handling similar problems; they also facilitate members of the organisations to get access to appropriate social resources. It is recommended that the SWD should enhance the regular funding of self-help organisations for their sustainable development and role in medical/social services.

26. The funding for self-help organisations has been tightened in recent years. The two-year time-defined “Financial Support Scheme for Self-help Organisations of Persons with Disabilities/Chronic Illnesses” has 83 beneficiary organisations in 2016-2018, and the median amount of funding received is HK$320,000. Each organisation is granted on an average of HK$160,000 annually. Some organisations expressed that the amount is hardly sufficient for manpower, let alone other expenses. It is recommended to raise the funding to HK$500,000 on average annually.

ii) Support in premises (space)

27. Self-help organisations face challenges in identifying premises. There should be relevant policies to assist the organisations in settling on long-term premises through, for example, revitalising vacant school buildings or providing rental subsidies.
iii) Support in manpower

28. Self-help organisations often face difficulties in manpower. There should be subsidies for self-help organisations to arrange training programmes and employ “Peer Support Workers” in order to assist in their administration, and increase the employment of persons with disabilities as a result.

c. *Enhance participation of self-help organisations in rehabilitation policy*

29. Self-help organisations should be recognised as statutory and advisory representatives in monitoring service quality and policy transparency. It is recommended to establish a cross-sectoral network to include self-help organisations, government departments, and other non-government organisations.

(4) Other opinions regarding community service

30. DSCs: it is recommended to classify the DSCs by the types of disability of the users so that resources and services can be dedicated to the needs of persons with disabilities. In addition, the "Day Care Service for Persons with Severe Disabilities" should be independent from DSC since the two types of service have different focus. Some users also expressed their needs in respite care services in DSC, which has very limited places. The number of DSCs should be increased from the current 16 to at least 18, with one in each district of Hong Kong.

31. Increase the rehabilitation equipment of DSCs, such as assistive treadmills, bed-mounted patient hoists, mobility aids, etc.

32. Community respite care services: Enhance existing respite care services in the community to help carers in case of emergency. Some opinions stated that some teenagers or children with special needs under the age of 16 were admitted to adult respite care services, but the manpower, facilities and resources were not suitable. It is recommended that the SWD and the Education Bureau should clarify the relevant service orientation. In addition, children with severe intellectual disabilities who are under the age of 16 and non-oral feeding are not able to benefit from such respite care services. These children can only seek self-
financing services from private residential homes or hospitals. Introducing residential care service vouchers for persons with disabilities could provide flexible respite care services for carers in need.

33. There should be a concept of “Service Safety Net” in community services such as establishing a 24-hour service hotline. Some respondents reflected that persons with disabilities and their carers usually need assistance in the evening/night while many day care centres are closed at that time. It is recommended to extend community support services to weekends and late night.

34. Home Care Service for Persons with Severe Disabilities (HCS): The SWD has regularised this service since March 2014. However, there are no food delivery and household cleaning services compared to the Integrated Home Care Services (IHCS).

35. Case Management Service: Case management service should be enhanced to provide systematic information in areas of healthcare, medical appointment, rehabilitation, education, employment, recreation, mental health, etc. The SWD published the Handbook on Case Management Service in 2016, which can be used as a blueprint.

36. Some opinions stated that the current positioning of various community support services should be examined for identifying service overlapping or gaps.

37. Establish a “Funding Scheme on Life-supporting and Assistive Devices”, providing financial support for persons with disabilities/rare diseases in purchase of the equipment and encourage them for employment.

38. Consider establishing a public rehabilitation equipment centre for the public and promote the health of persons with disabilities living at the community.

C. Planning of Manpower for Rehabilitation and Care Services

(1) Planning on professional manpower

1. Some views suggested that there will be a shortage of medical professionals. The Government needs to construct a long-term manpower planning for medical professionals
and care staff. In addition, frontline healthcare staff should enhance their understanding in different disabilities as for providing professional support.

2. It is necessary to review current staffing of the Day Activity Centres and RCHDs. There should be an increase in the numbers of physiotherapist, occupational therapist, speech therapists, and pharmacists to coordinate the changes in the characteristics and abilities of service users.

3. It is necessary to clarify the duties of different workers. For instance, social workers should utilise social resources to help the service users, while counsellors are responsible for psychological counselling. At present, social workers need to follow up too many cases and it is difficult for them to render adequate support and assistance to individual case.

4. The service demands and problems of persons with disabilities are becoming more complicated. However, amount of resources allocated to the rehabilitation services for persons with disabilities in the past few years for the case management service in DSCs are still based on the salary of Social Work Assistants. As a result, in-depth intervention for the cases is very limited. It is recommended to promote the role to Assistant Social Work Officer for better and sustainable services.

5. There is a shortage of health and care workers. Considerations could be given to importing overseas trained professionals to increase the supply of manpower. Equal opportunities should also be given to foreign professionals to motivate their employment in Hong Kong.

6. The Government should assist in providing foreign workers with training courses, including Cantonese courses, nursing courses, and introduction on medicines. However, attention should be drawn to issues like labour insurance, sexual crime records, and language abilities.

7. The Government uses the salary scale of Ward Attendant as the base for calculating the funding for frontline staff in residential care homes for PID. However, the rising demand for the residential care homes for PID leads to an increase in workload and work content. The salary point of Ward Attendant becomes less attractive in the job market, leading to difficult recruitment and manpower shortage. Therefore, it is recommended that the Government apply a higher salary scale of Personal Care Worker when calculating the
funding for the relevant professional workers. In fact, some respondents reflected that salary of Personal Care Worker is higher than that of Ward Attendant, rendering the latter less attractive over the years.

8. Some organisations (e.g.: residential care homes for PIDs) have implemented a pilot position of Integrated Rehabilitation Worker, which integrates the work of Care Workers, Health Workers, and Programme Worker, allowing more flexibility on manpower arrangement. This position can be reached via staff training thus enhance work motivation and passion among general workers. In addition, emotional support for care workers should be enhance to channel their stress during daily encounters of challenging situations.

(2) Projection, statistics and resource allocation on manpower for rehabilitation

9. It is necessary to conduct accurate projections on the manpower of rehabilitation professionals, who require years of training in view of tertiary education places on nursing, physiotherapy, occupational therapy course, etc.

10. A comprehensive review of distribution for rehabilitation services and human resources in all districts of Hong Kong is required. For example, overall waiting time for rehabilitation services of adults with intellectual disability in the North District is relatively lengthy. The redevelopment projects on ex-Kai Nang Sheltered Workshop (Kwun Tong) and former Siu Lam Hospital (Tuen Mun) will be completed in recent years in provision of rehabilitation services; however, these projects might not be able to alleviate the waiting situation in the North District.

D. Planning of Residential Care Services

(1) Views on the various aspects of residential care services:

a. Space of Residential Care Homes:

1. To review whether the existing per capita area of RCHDs (statutory requirement is 6.5 square meters) is sufficient to meet the needs of users.
b. Locations of Residential Care Homes:

2. Due to the difficulties in securing sites for residential care homes, consideration could be given to locating some residential care homes to Mainland China, or extending the Bought Place Scheme to cover homes outside Hong Kong. In particular, the development of the Guangdong-HK-Macau Greater Bay Area creates opportunities for resource sharing by setting up residential care homes with land resources in the Mainland and professional manpower and equipment from Hong Kong.

c. About increasing places of Residential Care Homes:

3. Some views suggested should increase the service places of Halfway House and Supported Hostel. Reallocation of users of these services should be properly arranged when they are discharged, with a view to avoiding the deterioration of their illness due to the lack of accommodation after they are discharged.

d. Application and waiting list of Residential Care Homes

4. There is a dilemma for persons with disabilities when being allocated places at RCHDs. While their families are still capable of taking care of them, persons with disabilities usually do not want to give up the places considering the long waiting time. Therefore, there is a need to reviewing the waitlist mechanism for residential care homes, including the introduction of a “frozen mechanism” (similar to the frozen mechanism for elderly), to allow persons with disabilities who have no imminent intention of admitting to residential homes to continue living in the community without giving up their waiting list position.

5. It is difficult for aged persons with disabilities to apply for residential care homes for the elderly (RCHEs). However, the manpower and resources of RCHDs in taking care ageing service users are not as comprehensive as those in RCHEs.

6. Implement residential service voucher for persons with disabilities to allow them to choose private RCHDs and relieving the pressure on waiting list for subvented RCHDs.

7. Some residential care homes (such as Hostel for Moderately Mentally Handicapped Persons) require applicants to be “actively occupied in or being arranged for admission to day placement”. In order to be eligible, some aged persons with disabilities need to apply for Sheltered workshop even though they could not benefit from vocational rehabilitation
services due to their physical and mental conditions. Such eligibility criterion should be removed.

8. The "Bought Place Scheme for private residential care homes for Persons with Disabilities" have been regularised but with slow progress. Latest statistics show that there are 10,839 persons waiting for RCHDs. It is recommended that the existing channels of the supply for various RCHDs should be examined.

e. Facilities of the Residential Care Homes

9. Consider promoting application or improvement of the information management systems in RCHDs for better integration of information on caring, assessment, and services for aged residents. In addition, digital medicine dispensation and medicine intake reminders can be considered in residential care homes.

10. Increase the provision of rehabilitation equipment in RCHDs, for instance, assistive treadmills, bed-mounted patient hoists, mobility aids, etc.

(2) Views on various types of subvented Residential Care Homes:

a. Private Residential Care Homes:

11. Consider allowing private RCHD operators to use vacant school sites in the New Territories to increase the supply of private residential care homes.

12. Enhance interface between private RCHDs and RCHEs. Some commentators suggested it is more suitable to transferring aged private RCHD users to RCHEs is than the Bought Place Scheme. There should be flexible measures to shorten the time required for referrals of users of residential care homes under the Bought Place Scheme to elderly services.

13. Enhance tighten the monitoring of the service quality of the private RCHDs, such as the engagement of recovered persons as mystery inspectors and supporting RCHDs to improve service quality by enhancing the quality of management and facilities.

14. Should provide professional personnel to private RCHDs to provide professional knowledge and training on management and nursing etc.; or to provide accreditation to private RCHDs to make them more systematic and standardise environment.
b. Subvented Residential Care Homes:

15. Increase the supply of RCHDs.

16. Long waiting time for persons with disabilities due to the shortage of subvented RCHDs. The situation is so worrying that the average waiting time reaches 10 to 12 years.

17. Suggest allocating more resources to subvented RCHDs due to the concern about the poor quality of private residential homes.

18. Enhance the quality of subvented residential homes.

(3) Small-scale Residential Care Homes

19. Reduce the number of large rehabilitation complex in view of different needs of various persons with disabilities. Some respondents suggested establishing small-scale residential homes to enhance service quality and diversity.

20. The existing rehabilitation complex buildings adopt a castle-like architectural design (providing capacity in hundreds). It is recommended to shift to small-scale residential homes to promote social integration.

(4) Residential care services for different types of persons with disabilities

21. Persons with visual impairment and hearing impairment also need residential services.

22. To adjust the licensing requirements of Care and Attention Home for Moderately Disabled Persons to allow the operation of such service without the installation of elevators.

23. Residential care services for PID: to provide family-style residential care service for PID. To establish Care and Attention Home for PID to take care of aged PID with deteriorated body conditions. To establish residential homes for families with elderly doubletons to allow persons with disabilities and their carers to live together and maintain family relationships.
(5) Addressing ageing of persons with disabilities in residential care home

24. Some problems have emerged as ageing of users intensifies. The original design of facilities in Hostels for Moderately Mentally Handicapped Persons was intended for PIDs with functional capacities and there is very little room reserved for wheelchairs as compared with Hostels for Severely Mentally Handicapped Persons. The difference of the design was mainly determined by the degree of intellectual disability. Regardless of the severity of intellectual disabilities, that problems that ageing residents need to face are similar.

25. Aged PIDs require a series of specialist healthcare services due to the deterioration of bodily functions. It is recommended to establish outreach specialist medical teams for users of residential homes. This can facilitate both medical professionals and PIDs.

26. Ageing of PIDs is prevalent in residential homes in which there is also age disparity among the users. It is recommended to convert some residential homes dedicated for aged persons with disabilities/PIDs as to concentrate the manpower and resources for better medical and caring services.

27. Set up residential homes for families with elderly doubletons to address their caring needs.

(6) Views on target groups of residential care homes

28. It is estimated that the number of aged persons with disabilities at RCHDs will continue to rise in the coming ten years. The new admissions of users with intellectual disabilities and autism have widened the age disparity with the elderly users, posing great challenges for operators of residential care homes.

29. In Hostels for Severely Physically Handicapped Persons with Mental Handicap, the users have varying levels of disability and require different caring needs. There is also limited social interactions between the users and difficulty in adaptation may arise.

30. Provide more Residential Care Homes dedicated to different disability types in view of the keen demand.
Annex VI

E. Ageing of Persons with Disabilities

(1) Ageing of persons with disabilities

a. Premature ageing of persons with disabilities

1. It is necessary to examine the problems of premature ageing of persons with disabilities through a review on the interface between elderly services and rehabilitation services. Some participants stated that many persons with disabilities in need cannot benefit from the elderly services due to age limits.

2. It is necessary to further explore the phenomenon of premature aging in different disability types. For example, PIDs generally have signs of deteriorating function capacities at the age of 40-50. Also, it is recommended to review the existing eligibility criteria of elderly services and consider exempting the age limit for persons with disabilities with premature ageing.

b. Ageing of PIDs

3. It is recommended to establish a clear definition on "aged" PIDs due to the onset of frailty exhibited among them compared to the general population. Elderly services with age-specific eligibility may not be applicable for PIDs.

4. Premature ageing of PIDs is revealed in many studies. The age-specific eligibility criteria have excluded the PIDs from receiving appropriate services like Day Care Centres for the Elderly, Health Care Voucher, assistance programmes for low-income families on medical needs. It is necessary to review the restrictions and develop new eligibility criteria to allow PIDs under the age of 60 to receive timely and appropriate elderly services.

5. It is recommended to allow ageing persons with moderate intellectual disability to settle in their original service centres without relocation, such that they can continue to receive caring services from care workers who are already attuned to the users.

c. Addressing the ageing of persons with disabilities

i) Transforming Sheltered Workshop to address ageing of users
6. Conduct comprehensive review on service mode and positioning of Sheltered Workshop, Integrated Vocational Rehabilitation Service Centre and Day Activity Centre in order to consider transforming these services to address the needs of ageing PIDs.

7. Some respondents had an impression of exploitation in Sheltered Workshop. Some Sheltered Workshop can be converted to elderly centres and vacate the capacity of others for young and able applicants on the waiting list. This can also streamline the services in Day Activity Centre by reducing the complexity.

8. There should be a retirement age for users of Sheltered Workshop to address the needs of PIDs at different stages of their life.

**ii) Transform service modes to address ageing of persons with disabilities**

9. Some problems have emerged as ageing of users intensifies. The original design of facilities in Hostels for Moderately Mentally Handicapped Persons was intended for PIDs with functional capacities and there is very little room reserved for wheelchairs as compared with Hostels for Severely Mentally Handicapped Persons. The difference of the design was mainly determined by the degree of intellectual disability. Regardless of the severity of intellectual disabilities, that problems that ageing residents need to face are similar.

10. Some commentators suggested it is more suitable to transferring aged private RCHD users to RCHEs is than the Bought Place Scheme. There should be flexible measures to shorten the time required for referrals of users of residential care homes under the Bought Place Scheme to elderly services.

11. Increase resources of community support services for persons with disabilities in terminal stage and their families, including training on palliative care, emotional support for patients and carers, and hospice counselling.

**iii) Adjust service design to address ageing of persons with disabilities**

12. Some respondents revealed that aged persons with visual impairment need to give up their elderly services if they plan to apply for rehabilitation services. In essence, elderly and...
rehabilitation services are not mutually exclusive. There is a need to study how to enhance the interface between these two types of services.

13. At present, aged PIDs (particularly mild degree) living at the community are not eligible for RCHDs. However, their special needs render them inappropriate for Day Care Centres/Units for the Elderly. It is recommended to establish a type of “Community Centre for the Aged PIDs”.

(2) Ageing of carers

14. With the ageing of persons with disabilities and their carers, families with elderly doubletons are becoming more prevalent.

15. In view of ageing of carers, it is suggested that appropriate carer allowance should be given for hiring domestic helpers.

16. It is necessary to make concerted efforts across government departments to develop and enhance supports for families for elderly tripletons or doubletons.

17. Establish residential care services for families with elderly doubletons (e.g. families in which the elderly persons with disabilities live with their parents) and promote aging in place.

18. Make reference to a “time-banking” scheme (originated from Switzerland) to allow volunteers to log the hours of care that they provide to others and exchange them for care for themselves later in life.

F. Application of Gerontechnology

(1) Application of technology to optimise and enhance services for persons with disabilities

1. It is recommended to establish a comprehensive information exchange platform to facilitate rehabilitation services and case management with reference to the existing “eHealth”, an electronic health record sharing system.

2. It is recommended to install toilets with automatic cleaning functions to facilitate caring services in RCHDs.

3. Explore/introduce more compact electronic wheelchairs to enhance accessibility in the community with limited space.
4. Improve FM Systems by upgrading the available channels, or provide financial assistance for persons with hearing impairment to replace to digital hearing aids. Enhance support for timely installation of Bone-Anchored Hearing Aids (BAHA) for children with hearing impairment.

5. Consider online video healthcare appointment as a relief to outreach medical services for persons with disabilities. In addition, effective medical alert devices introduced in some residential homes such as bracelets and sensor pads should be further promoted.

(2) Improve the applicability of technology products for persons with disabilities

6. There should be guidelines on disability-friendly product design to enhance the accessibility for persons with disabilities. The design and testing process of products should also involve persons with disabilities to ensure the products can fully meet the needs of persons with disabilities.

(3) Establish Innovation and Technology Fund and Resource Centre for Rehabilitation Technology

7. Some respondents showed support in the establishment of the Innovation and Technology Fund for Application in Elderly and Rehabilitation Care, which will encourage research and invention on technology that improve the quality of life of elderly persons with disabilities. During the implementation of the Fund, it is recommended to assist small and medium-sized enterprises in popularising the technologies to an affordable level. In addition, collaboration between the Government and technology firms should be strengthened to increase community facilities for the elderly as to encourage and promote exercise among the elderly, promoting physical and mental health as a way to prevent diseases.

G. Prevention, Identification and Medical Rehabilitation

(1) Prevention: active prevention to reduce the incidence and deterioration of disability

1. Increase public awareness in disease prevention, particularly mental health issues among adolescents.
2. Enhance public education on the prevention of mental illness by promoting the understanding of the causes in a hope to reduce the number of patients with mental illness.

3. Planning on recreational and sports facilities should be well developed. It is common that exercise contributes directly to health, disease prevention, and rehabilitation. Remedial measures on rehabilitation services can be reduced if preventive strategies are well planned.

4. Enhance cross-sectoral and interdisciplinary collaboration, for instance, a fitness instructor can assist persons with disabilities in their physical exercise and provide timely alternatives during the waiting for physiotherapy/occupational therapy.

5. Primary healthcare should be the cornerstone for policy directions and blueprint in public health development. As an essential element in promoting public health, primary healthcare lays emphasis on empowering the public with health-management skills and prevention strategies.

6. Primary healthcare and Chinese medicines should be taken into consideration during the review. In view of deteriorating functional capacities of persons with disabilities, primary healthcare can slow down the deterioration process.

(2) Identification: diagnosis, assessment, identification, and early intervention

a. Early assessment and intervention

7. Many parents mentioned that assessment for pre-school children is lengthy while the age of 0-6 is always the critical period of child development. It is recommended to adopt a strategy of “support prior to assessment” to ensure timely support for children with or suspected to have mild learning difficulties.

8. Staff of the Maternal and Child Health Centres, Child Care Centres, and kindergartens should be well trained to enhance their knowledge in and identify children with special needs, such that early referral to Child Assessment Centre can be ensured. In addition, the Education Bureau should arrange educational or clinical psychologists to Child Care Centres and kindergartens to provide assessment services to suspected cases for early identification and intervention.

9. Early identification and intervention of the ageing persons with disabilities, particularly the assessment for the ageing of PIDs, are very important. Generally, a person is considered...
elderly over the age of 60. However, measures of early intervention should be ensured in view of the premature ageing of persons with disabilities, particularly PIDs.

10. Resources should be increased to improve the “early identification and support” mechanisms for children with special needs, such as by increasing the number of Child Assessment Centres.

11. Explore how to introduce fall detection technology in Hong Kong, for example, sensory carpet/shoes.

b. Optimisation and application of assessment tools

12. Adoption of validated assessment tools can assist in early diagnosis of diseases to avoid further deterioration into disability.

13. A variety of assessment tools for all-aged children with specific learning difficulties have been developed in many other countries. In contrast, assessment tools in Hong Kong are limited to two versions for primary and secondary schools (for those aged between 6 and 15). It is recommended to introduce assessment tools from other countries to cover the broad spectrum of specific learning difficulties. The existing tools also need to be improved for higher accuracy.

14. Optimise the assessment of eligibility on Disability Allowance. An interdisciplinary team should be set up, consisting of doctors, social workers, occupational therapists, and counsellors, as to grasp a thorough evaluation on the persons with disabilities.

(3) Medical rehabilitation: coordination between health care and rehabilitation services

a. General views

15. Persons with disabilities have the right to the enjoyment of the highest attainable standard of health. Free or affordable quality healthcare services should be provided for persons with disabilities.

16. In the 2017 Policy Address, the Chief Executive announced implementation of District Health Centre in the 18 Districts. At present, pilot scheme has been implemented in the...
Kwai Tsing District. Some opinions stated that the District Health Centre can provide persons with disabilities with primary healthcare services. It is also recommended to explore the collaboration between the Centres and welfare service organisations.

17. Special healthcare services should be provided to persons with disabilities, including early intervention, identification, and prevention from deteriorating disabilities.

b. Medical rehabilitation needs of different persons with disabilities

18. Increase the target group and service frequency under the “General Outpatient Clinic Public Private Partnership Programme”, enabling persons with disabilities to benefit from such community healthcare support.

19. The intellectual and communication limitations of PID/s/persons with autism render them difficulty in reporting on their health conditions and as a result delay in treatments. It is recommended to provide regular health examinations for PID/s/persons with autism as for early diagnosis and treatment.

c. Other medical support for persons with disabilities

20. It is recommended that the Hospital Authority should explore and introduce new medications with less side effects. At present, new medicines of better quality are only available in private clinics. However, low-income family who cannot afford private medical services will have to opt for traditional medications with more side effects.

d. Subsidises the Medical rehabilitation of persons with disabilities

21. Make reference to the Elderly Health Care Voucher Scheme, a Health Care Voucher Scheme should be introduced for persons with disabilities to facilitate medical treatment.

22. Establish regular funding or services for special medical needs of persons with disabilities, such as optometry service, dental service, and bone examination.
23. Social/non-governmental organisations should serve as the first line of defence in preventing disease and disability by allocating more resources in primary healthcare.

e. Medical rehabilitation facilities, equipment, and manpower for persons with disabilities

24. Increase outreach medical services. Persons with disabilities generally have complicated health issues and struggle to attend many medical appointments in different hospitals.

25. Examine the existing accessibility in hospitals and clinics, for example, equipment for persons with physical disabilities, wheelchair space in wards, sign language interpretation for persons with hearing impairment, etc.
Summary of the Views on Specialised Topics

H. Accessibility

(1) Barrier-free building designs

1. There is a need to ensure that public housing estates have sufficient proportion and area to support needs of persons with disabilities in daily living and training, allowing them to place rehabilitation training and medical equipment, etc. The design needs to consider feasibility of modifying the layout of public housing unit, for instance, widening the doors of the unit, rooms, and bathroom, combining the two bathrooms of large units, changing the location of toilet, and so on.

2. Review and improve “Design Manual Barrier Free Access 2008” published by Buildings Department, and review access and facilities in the outdoor environment which are not yet covered by the manual. In addition, there are suggestions that “Best Practice Section” in the manual should be converted to “Mandatory Section”. A task force should be set up to ensure effective implementation of relevant guidelines and regulations and play the roles of monitoring and prosecution.

3. Based on principles of UNCRPD to amend “Design Manual Barrier Free Access 2008”.

4. It is recommended that Buildings Department should strengthen monitoring and inspection, making reference to the complaint system of Highways Department by setting up a simple complaint channel to facilitate members of the public to report on buildings with irregularities instead of relying solely on either civil organisations or non-government organisations. The government should also set up a database and website that gather information on barrier-free facilities of public premises in Hong Kong, allowing easy public inspection.

(2) Accessible to transport

5. Examine design of low-floor platform in buses and light buses. Reference can be made to the latest design of low-floor buses in other countries.
6. Bus drivers should be flexible in handling passengers carrying baby strollers as some strollers have equipment for children with special needs and cannot be folded up as ordinary strollers.

7. The International Symbol of Accessibility (wheelchair figure in white on a blue background) does not exist anymore in some MTR stations after the MTR Stations were refurbished. There is a need to ensure the standards of refurbished and new barrier-free facilities of MTR Stations are maintained. MTR should schedule regular inspection and maintenance of lifts during midnight off-peak hours, otherwise it would be very inconvenient for wheelchair users if the lift service was suspended.

8. It is difficult for persons with hearing impairment to notice the signal prompting before MTR train and platform screen doors are closing. Some persons with hearing impairment shared the experience of being caught by closing doors. Nowadays, flashing light-signal indicators have been installed on platform screen doors of trains in many other countries (e.g.: Singapore, Taiwan and Mainland China). It is recommended to urge MTR to install the relevant equipment as soon as possible. The Consulting Team notices that some of the MTR lines, such as the platforms of East Rail Line, already installed blue signal lights to indicate the platform gap. Consideration should be given to changing blue signal to red signal to indicate closing doors.

9. Clauses of installing barrier free assistive facilities and definite schedules of improvement projects of facilities in public transportation system should be clearly defined and included in the public transport franchise. The Government should encourage transport operators to speed up the improvement so that persons with disabilities can access transportation services without barrier. This also enables the public enterprises to fulfil their corporate social responsibilities.

10. Ensure barrier-free facilities in public light buses, especially those travelling past hospitals, clinics, and rehabilitation service centres. It is recommended that Transport Department mandate a certain proportion of barrier-free vehicles when granting licences.

11. Allocate more resources and provide incentives to barrier-free transportation operated by non-government organisations and social enterprises including Rehubus, Easy-Access Bus, Accessible Hire Car, and Diamond Cab. The Government should promote accessible taxis
to facilitate wheelchair users getting fast point-to-point transit. Also, restrictions on vehicle height should be relaxed to allow wheelchair passengers with large life-sustaining instruments to get on the vehicle.

12. Ambulance should be equipped with a lifting platform and reserve enough space to place wheelchair.

13. There should be an “Advisory Committee on Accessible Transport” to coordinate with relevant government departments, managing and promoting barrier-free transportation.

14. Examine the challenges since the implementation of “Universal Accessibility Programme” in 2012, for example, areas not covered due to land title issues.

15. All types of persons with disabilities should be exempted from vehicle licence fees and first registration tax on motor vehicles.

(3) Access to community environment

16. Accessibility funds should be established to encourage communities to improve barrier-free facilities, for example, banks, restaurants, shopping malls, cinemas, etc.

17. Increase accessible play facilities by making reference to the designs of parks and playgrounds in other countries, allowing the use by persons with disabilities of all ages.

18. The West Kowloon Cultural District Authority has set a good example when constructing, extending, or renovating its facilities by reserving budget to employ consultancies with professional knowledge in accessibility design, and by consulting relevant stakeholders in early design stage to enhance the accessibility of the premises and consistency of facilities.

19. There should be incentive such as subsidies for home renovation, modification, or installation of smart system. Persons with disabilities can be therefore encouraged to utilise home-based technology to enhance safety and care so that “Aging in Place” can be promoted to delay the needs for residential care homes.

20. Reference should be made to other countries in implementing “Smart City”. Application of technology should be popularised in many aspects of life, for example, disability-
friendly design products, accessibility to information and facilities, and database for persons with disabilities.

(4) Access to information and services

21. Accessibility to websites and applications should be enhanced to allow persons with visual impairment using screen reading software to obtain information.

22. Access to information of hospital and clinics should be enhanced. For example, vibrating pagers can be useful in notifying persons with hearing impairment during medical appointment and medicine collection.

23. There should be a community-friendly map to familiarise persons with disabilities and carers with places where they can get daily necessities.

24. Wireless network coverage should be increased in subvented residential care homes to facilitate the access to information.

25. There should be more emergency channels for persons with disabilities, for example, using text messages to seek police assistance by persons with hearing and speech impairment. However, there is also a concern about whether the mechanism might be abused.

26. A platform is required to promote some well-designed applications instead of internal use within individual organisations. There is a need to establish a resource centre that everyone can enjoy.

(5) Access to other facilities

27. Accessibility to historical sites and tourist attractions should be enhanced without damages to the premises so that tourists with disabilities from other countries can be attracted to Hong Kong. Also, accessible travel should be included in the tourism planning blueprint.
I. Employment Support

(1) Support for persons with disabilities in open employment

   a. Encourage employer to hire persons with disabilities

      1. More training should be provided to employers to help them gain better understanding about persons with disabilities, particularly those suffering from mental illness, and to eliminate misconceptions.

      2. The Government should consider employing more persons with disabilities in contract terms. Those with good performance should be re-appointed on contract terms or permanent terms.

      3. The Government should disclose employment ratio of persons with disabilities in all departments and maintain the ratio at a certain level, for example, by establishing some specific persons with disabilities.

      4. Supports to social enterprises should be strengthened. Nowadays, social enterprises provide a semi-public and semi-sheltered workplace to support the employment of persons with disabilities. However, many social enterprises have been facing financial strain due to high rental costs and seed money model. Examples from other countries show that social enterprises should be offered support in land resources. In the meantime, public organisations are encouraged to offer a steady financial support to social enterprises by purchasing their products/services, and thus stabilise the employment of persons with disabilities.

      5. The “Peer Support Worker” programme should be subsidised so that service organisations can employ ex-mentally ill people as workers who can assist in mental recovery services by sharing personal experiences.

   b. Creating disability-friendly jobs and workplace

      6. Enhance public education in workplace, and support persons with disabilities (including PIDs) through staff education and resources in addition to interventions by rehabilitation professionals.
7. There should be a role of “Work Coordinator” and application of empirical and objective assessment tools to improve the Central Registration System or Case Management System to enhance stability employment of persons with disabilities through accurate and effective job matching.

8. Optimise the existing common recruitment examination system for civil servant posts to provide special arrangements for candidates with disabilities, for instance, accessibility to examination venues and adjustment of examination time and rest time.

c. Improve government employment policy

9. Implement an employment quota system that requires enterprises and organisations with more than 50 employees to employ no less than 2% of persons with disabilities. The quota system can be piloted in the Government and subvented public organisations before further implementation in private organisations.

10. The Government should specify that companies employing persons with disabilities can be given higher priority during tendering procedures.

11. The Government procurement policy should consider including “employing persons with disabilities” and “procuring services from social enterprises that employ people with disabilities” as the assessment criteria.

12. Review the job matching system of Selective Placement Division in the Labour Department to diversify the types of jobs, allowing persons with disabilities of different qualifications to have appropriate options.

13. Enhance data monitoring regarding the open employment of persons with disabilities. In view that employment stability of persons with disabilities is relatively low, the Government should take the initiative to look into the underlying reasons (e.g. high turnover due to compliance with employment quota requirements and difficulty of persons with disabilities to adapt to the workplace).
(2) Vocational rehabilitation services

14. Conducting a thorough review on the interface between Sheltered Workshops, Integrated Vocational Rehabilitation Service Centres, and the Work Extension Programme. Some views state that service users of Sheltered Workshops and Integrated Vocational Rehabilitation Services Centres are now ageing, and the Work Extension Programme cannot meet the demand. It is recommended that the production line of Sheltered Workshops should be relocated to revitalised industrial buildings. The original premises of Sheltered Workshops can then be used to accommodate the Work Extension Programme, achieving “ageing in place” for elderly/retired service users with appropriate daily activities and rehabilitation services.

15. Sheltered Workshops and Integrated Vocational Rehabilitation Service Centres do not have an upper age limit for service withdrawal thus become less suitable as users are getting older. Those who are in real need for the services have to suffer long waiting time due to limited service capacity. It is recommended that the SWD and relevant organisations develop a new mechanism of service withdrawal, arrangements, and case management system to cope with the situation. For instance, there can be specialised day services to relocate senior persons with disabilities so that capacities of other services can be vacated for younger applicants.

16. It is recommended the eligibility of Sheltered Workshops be relaxed, granting services for persons with mild intellectual disability or limited intelligence who are unable to adapt to open employment. In addition, the capacity of Sheltered Workshops should be increased gradually, especially that of the Sheltered Workshops cum Hostels.

17. Subsidies for Sheltered Workshops should be raised and be subjected to a regular review.

18. Services should be flexible to change in response to user demographics. For instance, the number of users with intellectual disability receiving Supported Employment service decreased as the number of users with mental illness increased. There is a need to examine whether the relevant services can serve as a buffer period for people in recovery of mental illness and motivate them to work.
19. The existing subvention for Supported Employment service does not take into account the workplace of staff. The Lump Sum Grant Subvention System or Lotteries Fund do not cover the rental expenses. It is therefore recommended to provide places or subsidy for rental expenses for Supported Employment service.

20. The “Integrated Vocational Rehabilitation Services Centres cum Hostels” proposed in 2017-2018 may have operational difficulties. Some views are supportive towards the existing Sheltered Workshops cum Hostels. However, sufficient capacity of Sheltered Workshops should be ensured as well. In light of the operational difficulties that may arise, it is recommended that each service unit specialise on one type of disability.

(3) Subsidy, resources and training for persons with disabilities

21. The Community Care Fund is in the midst of a three-year “Pilot Scheme on Raising the Maximum Level of Disregarded Earnings for Recipients with Disabilities under the Comprehensive Social Security Assistance Scheme”; however, this is limited to recipients of CSSA and cannot respond to the needs of employed persons with disabilities outside the CSSA scheme. Apart from providing employment incentives within the CSSA network, the Government should actively develop transitional plans for employed people with rare/chronic diseases as to relieve their financial burden of medical expenses.

22. Provide wage subsidy to persons with disabilities whose salary does not meet the Statutory Minimum Wage upon completion of the Productivity Assessment for Employees with Disabilities.

23. Establish a business base, with professional assistance to provide advisory, legal, administrative, and other supports, for persons with disabilities who intend/are capable to start their own businesses.

24. Extend the tax allowance for persons with disabilities and their carers (based on the existing Personal Disability Allowance and Disabled Dependent Allowance).

25. Provide information technology (IT) training for persons with disabilities at middle-age or above to enhance their use of IT at work.
26. Provide career planning and employment counselling for adolescents with specific learning difficulties during school holidays, and arrange interview simulations and follow-up services up to one year after employment.

J. Mental Health

(1) Establish correct view

1. Strengthen community education and set up a dedicated fund in that regard, through the cooperation between business sector and social enterprises, promoting public understanding in people with mental illness and eliminating negative labelling. In addition, there should be programmes in the prevention of mental illness, allowing the public to know more about the cause of illnesses and personal health management.

2. Encourage mass media professionals in maintaining their integrity and accuracy during news reporting by avoiding negative labelling or stigmatisation. The media and the community should be attuned and sensitive to issues related to people with mental illness at all times.

(2) Prevention, early recognition and treatment of mental illness

3. Increase the number of social workers and counsellors in schools and enhance their knowledge in mental health so that they can play an important role in prevention and early identification, offering timely assistance to teenagers in need.

4. Psychiatric medications usually have side effects such as fatigue. The Government should enhance service of pharmacist to provide clear instructions on medications for patients. It is also recommended that the Hospital Authority introduces new medicines with less side effects.

5. Strengthen training for and increase the number of Psychiatric Community Nurses to relieve pressure of public healthcare system. Psychiatric Community Nurses who possess knowledge in mental illness and medications are able to provide outreach mental evaluation and care services for patients and their family, and also help them gain deeper
understanding of prevention and treatment of mental illness. The training process of Psychiatric Community Nurses requires less time and resources than that of psychiatrists.

6. The service time in case management is too short for some patients. Also, as the appointment time is getting shorter, the effectiveness of services is in doubt. The Hospital Authority has implemented “Personalised Care Programme” since 2010; however, the ratio of case managers to patients was still as high as 1:56 in 2016/2017 in some districts (e.g., Eastern District).

(3) Employment support for ex-mentally ill people

7. Further promote “Peer Support Worker” by encouraging service organisations to employ more ex-mentally people.

8. Provide flexible appointment schedules for employed patients, for example, weekends or evenings.

9. The Selective Placement Officer of the Labour Department and the ICCMW should offer appropriate job matching or referral services based on the abilities of the persons with disabilities to maximise their personal skills.

(4) Community support for ex-mentally ill persons

10. Review the service positioning of ICCMW because it is observed that some people with general mental distress can also receive the services.

11. ICCMW has been abused as a place for venting emotion, and each case manager is responsible for 60 to 80 cases. The Direct Investigation Report\(^2\) published by the Office of the Ombudsman of Hong Kong in January 2018 pointed out the inconsistent interpretation of service target among different centres and the inadequate monitoring of their service quality.

12. The service of ICCMW in different districts should be enhanced by recruiting staff, in order to respond to the rising needs of mental health in the community, increase the capacity of

\(^2\) The Office of the Ombudsman conducted direct investigation into the support services provided by the SWD for persons with/suspected to have mental health problems and their families/carers and neighbours.
activities, encourage the participation of ex-mentally ill persons in social activities, and strengthen the community care.

13. The collaboration between ICCMW and community service units should be enhanced (e.g., Integrated Children and Youth Services Centre, Integrated Family Service Centre, Elderly Centre, etc.) to meet the various needs for mental health services.

14. It is difficult for ICCMW to secure permanent premises. There should be policy to support and promote equal opportunities for community participation.

15. It is recommended to set up an “Emergency Support Centre” with medical and social professionals to buffer the need of mentally-ill people for hospital services, facilitating social integration.

(5) Cross-sectoral collaboration in mental recovery services

16. The policy objective should focus on the concept of recovery to support people with mental illness through the medical-social collaborations of various rehabilitation services. There should be a “Mental Health Work Plan” every five years to thoroughly review the service strategy, actions, budget, schedules, efficacy, etc. It is suggested that the position of “Commissioner for Mental Health” be established to handle issues related to social integration of ex-mentally ill persons.

17. Promote public-private partnership of psychiatric services to facilitate transferral of those waiting for public psychiatric services to medical treatment in the private sector, and facilitate treatment and recovery. In addition, licence requirements on foreign psychiatrists should be relaxed to increase supply of psychiatric manpower in public hospitals.

18. Enhance communication and cooperation between general practitioners and psychiatric or social service personnel for immediate identification/referral by general practitioners in high risk cases (e.g. elderly patients). In addition, general practitioners and family doctors should be well trained to identify elderly with depressive symptoms or suicidal tendency.

19. The RPP should set out clear explanation on its relationship with the ACMH. The policy direction of both RPP and ACMH should be properly aligned. The formulation of mental recovery policies should also be undertaken by a specialised task force for a comprehensive scope on all issues related to mental health.
(6) Support for carers of ex-mentally ill persons

20. The Government should enhance support for the family of ex-mentally ill persons and understand their needs and hardship.

21. Increase public awareness in mental health of carers to enhance their caring capability. For instance, the number of Parents/Relatives Resource Centres should be increased to provide suitable emotional support to carers/family of persons with mental illness.

22. Promote information on how to take care of and accept family members with mental illness.

(7) Accurate statistics on persons with mental illness

23. Ensure accurate statistics to help formulate manpower plan. There is noticeable discrepancy between the results of “Special Topics Report No.62” and “The Hong Kong Mental Morbidity Survey” which were published at a similar time.

24. According to the Hong Kong Mental Morbidity Survey (2010-2013), the prevalence of common mental disorder is 13.3%, with a population of about 900,000. Some views suggested that only about 26% of them have received services.

K. Special Needs

(1) Preschool support services

1. Ensure comprehensive provision of pre-school services for right-aged children with special needs.

2. Provide subsidy for children with hearing impairment to install bone-anchored hearing aid (BAHA device) as early as possible, allowing the children to have listening and verbal training during their critical developmental period.

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3. Increase the capacities of pre-school rehabilitation services as to shorten the waiting time of school children.

4. Consider extending pre-school rehabilitation services to children from 6 years old to 7 years old.

5. Set up Parents/Relative Resources Centre dedicated for pre-school children with special needs aged 6 years old and below, providing services such as emotional support for parents, training of caring skills, and parental guidance, in order to enhance the confidence parents in taking care of their children with disabilities.

6. Many parents mentioned that assessment for pre-school children is lengthy, while the age of 0-6 is always the critical period of child development. It is recommended to adopt a strategy of “support prior to assessment” to ensure timely support for children with or suspected to have mild learning difficulties.

7. As of 31 December 2017, statistics from Hospital Authority show that the median of waiting time for non-emergency child psychiatric services was 69 weeks. Due to the long waiting time, many children only begin to receive services in K3 (around age 5); however, On-site Pre-school Rehabilitation Services are only implemented in kindergartens for children up to age of 6 but there is no similar service in primary school. Pre-school rehabilitation services for special children become discontinued after entering primary school. It is recommended that transitional support and assessment should be provided to primary school kids with special needs and their parents.

8. The waiting time for students with dyslexia to receive assessment is very long in primary school. They only begin to receive services after Primary 2 or 3. It is therefore recommended to provide transitional support to these students with reference to the existing “Training Subsidy Programme for Children on the Waiting List of Subvented Pre-school Rehabilitation Services”, enabling eligible children to acquire self-financing services run by Recognised Service Providers to facilitate their learning and development and receive support from family, school, and community.
(2) Coordination between special and mainstream education

9. Enhance cooperation between teachers and educational psychologists in mainstream education, for example, by adjusting time of homework and examination for students with special needs.

10. Provide Individualised Educational Plan (IEP) to each student with special needs. The IEP should cover the short, medium, and long-term developmental goals, regular assessment, and review on the study progress and pedagogy. The formulation process of IEP should ensure that students and their parents have the right to participate, know, confirm, and monitor.

11. Consider setting up a department to coordinate special education. Each student with special need should be assigned a case manager, who can follow up the case at least from primary to secondary school on matters related to school admission, progression, intervention, support, adaptation, IEP, appeals, etc. Furthermore, case managers need to coordinate with various stakeholders to ensure the special students have equal right and access to continuous education and appropriate intervention without any discrimination. The Government should play an active role in monitoring and coordination.

12. Consider regularising “Special Education Needs Coordinator (SENCO)” in universities, secondary, and primary schools in Hong Kong, establish a career ladder for the relevant roles, and set up professional criteria to encourage self-training of teachers in that regard. In addition, the training curriculum for teachers of special education should be further enhanced in its breadth and depth to equip the teachers with high standards of on-site supports.

13. It is observed that some schools only require teacher to either “transform to” or become an adjunct SENCO, but they still need to deal with teaching and administration duties. Thus, the effectiveness of supporting students with special needs is in doubt. It is recommended to evaluate the effectiveness of SENCO, and to specialise/professionalise the position as to take good care of children with special needs.

14. Some workers from special schools stated that it is difficult to hire teaching assistants due to low salary standard, which needs to be reviewed and upgraded.
15. The resource is not necessarily insufficient for children with autism after they enter primary schools; rather, it may be due to different funding types. The current training for students with special needs is skill-based rehabilitation training to help them integrate in the school environment. Allocation of the funding is usually based on the majority type of special needs while the needs of the minority types may not be fully met, and as a result, resorting to self-financing services.

16. Ensure that children with hearing impairment receive appropriate learning support, for instance, hearing aids and sign language interpretation. In addition, the quality of hearing aids provided by the Education Bureau needs to be improved. Some users experienced incompatibility issues when hearing aids are different on both ears after replacement. It is recommended to provide service vouchers to allow the users to choose appropriate hearing aids on their own.

17. Assist students with severe hearing impairment to exempt from listening examination in mainstream schools. The Consulting Team notices that existing guidelines of the Education Bureau are "teachers may consider granting exemption to students with hearing impairment from parts of the examination in view of their functional limitations". It is recommended to make the relevant guidelines mandatory instead of instructional to avoid differences among schools.

18. Students with special needs may fall behind in study progress compared to other students in mainstream schools. It is recommended to allocate more resources for after-school tutoring of special students. Alternatively, subsidies should be granted to social welfare organisations to provide tutoring services for these students individually or in groups.

19. Examine whether there are enough speech therapists in schools and pre-school training centres and consider increasing resources to provide speech training for children with special needs.

20. In view of the professional development framework of the integrated education teachers ("Basic, Advanced and Thematic (BAT) Courses ") under the Education Bureau, outcome evaluations should be conducted in the schools that have achieved the training objectives during the review of the RPP.
21. It is recommended to remove funding ceiling of the Training Subsidy Programme, and thus, enable schools to flexibly enrol students with special needs.

(3) **Strengthen service bridging and referral**

22. Strengthen the bridging between pre-school rehabilitation and mainstream schools. Some parents stated that the primary and secondary school teachers did not fully understand the students’ special education needs and often misunderstood them as naughty. Enhance supports for mainstream schools (to strengthen training of teachers and on-site social workers, support for school-based professionals, the role of SENCO, and functions/roles of the student support team).

23. Strengthen the bridging between pre-school rehabilitation services and mainstream schools by establishing a platform for mutual communication. Some opinions stated that some mainstream schools need to spend time identifying children with special needs.

24. Students aged 15 can apply for adult services via the “Central Referral System for Rehabilitation Service" under SWD after assessment by qualified assessors despite the lengthy waiting of services. Some opinions stated that many graduates of special school need to wait at home for up to 4 years (e.g., Day Activity Centres on Hong Kong Island) and their parents experience great pressure on caregiving.

(4) **Community, Residential and medical support**

25. Enhance community support services for persons with special needs, for example, respite care services, 24-hour support services, and establishment of specialised Day Activity Centre.

26. Strengthen medical services for people with special needs, for example, regular health check-ups and dental services.

27. Establish service vouchers to subsidise parents of children with special needs to purchase self-financing services and ensure timely interventions in the critical developmental stages of children while waiting for subvented services.
28. Implement comprehensive planning for community support services for children with special needs. Establish a subsidised interdisciplinary team to collaborate with school-based social workers and Integrated Youths Service Centres to provide professional support for the development, parental training, and counselling of children with special needs.

29. Establish a central database for students with special needs to enhance the transition between learning programmes and cooperation between supporting departments.

30. Strengthen support for students with complicated medical conditions with timely assessment during pre-school rehabilitation services. In addition, collaboration between the Hospital Authority and the Education Bureau should be enhanced to provide healthcare resources to children in special schools.

31. Provide comprehensive community support services for students with special needs, including interpersonal relationship management in different stages of life, life skills, career planning, employment support, parent support services, etc, to relieve their parents’ pressure as carers.

32. Establish PRC to support children under the age of 6 with special needs, including emotional support for parents, improvement on caring and parenting skills, and boosting parents’ confidence in raising children with disabilities.

33. Examine how to provide special school cum hostels for students under the age of 13 and support the families in need.

L. Disability Inclusive Culture

(1) Enhance public education and promote disability mainstreaming

1. Enhance public’s awareness of mental health, for instance, to include related content in textbook so as to raise students’ awareness of mental health, as well as their understanding and respect for persons with mental illness.
2. Should understand that disability is not only an issue of a particular group but also a stage of life, which is caused by, for example, ageing, deteriorated functional capacity due to sickness, and health issues due to disasters or traumatic incidents.

3. Show the needs and situations of persons with disabilities (including PIDS and persons with autism, etc.), and to raise the sense of social inclusion through diversified mass media.

4. Review the scope of public education. In addition to information and knowledge transmission, there should be plans on ideological change, including enhancing the public’s sense of inclusion, attitudinal change, and practical strategies.

5. Encourage university, secondary, and primary school students to participate in volunteer services and activities of social inclusion.

6. The Government should take the lead to support of social enterprises and promote socially responsible consumption. Subsidies and tax allowance can be offered to those who purchase services or products of social enterprises.

7. Recommended enacting law to regulate wordings used by mass media in order to avoid unsubstantiated/misleading association with mental illness.

8. Promote disability inclusion and avoid misunderstandings of persons with disabilities through advertisement, posters and slogan.

(2) Recreation and sports development

9. Increase resources to improve recreational facilities, for example, sports venues, wheelchair space, fitness facilities for persons with disabilities, sports wheelchairs, and coach etc.

10. Raise the status of disabled athletes and provide adequate living subsidies for them to pursue their dreams.

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24 The Consulting Team received only a small amount of comments about sports development at this stage. The Team also noticed that the Home Affairs Bureau commissioned the Hong Kong Baptist University to conduct a Consultancy Study on Sport for People with Disabilities in Hong Kong in 2015. Recommendations made in that report can be taken into consideration during the review of the RPP.
11. Provide cash vouchers for persons with disabilities (for example, HK$3000 p.a.) for their social and sports activities.

12. Increase barrier-free access to recreation and sports facilities in the community, including fitness rooms and park facilities managed by the Leisure and Cultural Services Department.

(3) Cultural and arts development

13. Provide recurrent resources to groups and rehabilitation organisations with experience in promoting arts for persons with disabilities, so that they can develop long-term training plans, including staff training, development and implementation of a series of ongoing and advanced courses for more persons with disabilities to develop their arts talents.

14. Provide appropriate facilities and venues, for example, training resources, venue support, and accreditation system. Staff in the rehabilitation organisations should enhance the persons with disabilities’ arts development through different channels and help them embark a career path in creative industries.

15. Managers of government-funded venues and arts/cultural groups should take care of the needs of persons with disabilities on information accessibility, for example, enhancing colour contrast, increasing font size, providing braille, easy-read format, and hotline service etc.

16. Recommend according priority for holders of Registration Card for People with Disabilities to purchase concert tickets of lower levels and relatively safe seats.

17. The Government can provide venue support by allowing organisations of artists with disabilities to join the Venue Partnership Scheme of the Leisure and Cultural Services Department. Venue managers should understand the needs and features of different types of persons with disabilities, so that different organisations of arts with the disabled will have opportunities to use the venues. With regard to the promotion of arts programmes, the venue managers can discuss with the rehabilitation organisations/ associations of artists with disabilities to ensure the diversity of programmes. Flexible promotional strategies should be adopted for different types of arts programmes in order to attract different persons with disabilities audiences.
18. Ensure the accessibility of performing arts programmes by providing, for example, sign language interpretation, audio description, and accessible subtitles etc.

19. Strengthen the support for audio descriptions in order to provide diversified information for persons with visual impairment.

20. Establish a fund for the persons with disabilities to start businesses in creative industries. With the provision of professional trainings and overseas exchange programmes, persons with disabilities can strive for excellence in arts and develop their career in creative industries, arts and entertainment.

4) Access to information

21. Ensure persons with disabilities’ access to information and communication in public media, for example, accessible web contents, subtitles and audio description in movies and TV programmes, sign language interpretation in news and documentaries, reading materials as well as screen magnifying and screen reader software in libraries.

22. Sign language courses should be introduced in the education system to develop more professional sign language interpreters.

23. Government documents should be available in easy-read format and languages of ethnic minorities.

24. Enhance the training and accreditation of audio descriptors. Television broadcasters should create permanent position of audio descriptor so that their programmes can provide audio description for persons with visual impairment.

In addition to the preceding 12 themes, the Consulting Team also solicited views regarding the contents of RPP. For example, the title “Rehabilitation Programme Plan” should be renamed; a regular review mechanism should be introduced for the RPP. In addition, many views stressed that the review of the RPP should be in line with the principles enshrined in the UNCRPD.
Annex VII: Issues to be Referred to Relevant Government Departments for Follow-up

Apart from classifying the views collected in the Scoping Stage in accordance with the seven macro and five specialised topics, the Consulting Team noticed that some views cannot be fully classified in the above topics. The Consulting Team considered that these issues are pertinent to the disability affairs and welfare but would require concerted efforts of various government agencies and relevant sectors of society. These views may be related to multiple Government departments and the Consulting Team suggested to be referred by the LWB to relevant bureaux/departments or units under their purview for consideration, with a view to formulating practical recommendations during the RPP review.

1. Statistics on persons with disabilities

Public views

- The Census and Statistics Department’s Special Report No. 62 in 2013 is outdated and new census should be conducted as soon as possible to collect comprehensive statistics on various types of persons with disabilities, particularly PIDs and persons with Down Syndrome.

Consulting Team’s recommendations

The Consulting Team agrees with the importance of the data in planning future services. LWB will refer the relevant views to the Census and Statistics Department and relevant bureaux/departments for follow-up.

2. Legislation and international conventions

Public views

- The Cap.136 Mental Health Ordinance should be amended by introducing the right to informed consent to ensure that applicants and patients in the process of involuntary admission are provided with comprehensive information on legal protection.
• The existing guardianship system should be reviewed: to abandon the concepts of “Mentally Incapacitated Persons” and suchlike that restrict the exercise of the rights and decisions of persons with disabilities; to promote the “supported decision/co-decision” system and establish a “third-party advocate” system to enable persons with disabilities to make decisions with support and information.

• Adult persons with disabilities should be entitled to full legal rights so that those with intellectual disabilities, autism, mental disorder or cognitive impairment can participate in social/political affairs and make autonomous decisions.

• To review and enhance the functions of the Mental Health Review Tribunal, improve the appeal mechanism, and strengthen the supervision on medical staff to prevent misleading consent to voluntary admission.

• To enforce the “Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired, or Otherwise Print Disabled” (Marrakesh Treaty), allowing persons with disabilities’ access to accessible format copies of copyright works.

Consulting Team’s recommendations

• In March 2018, The HKSAR Government published an outline of the topics to be covered in the second report of the Hong Kong Special Administrative Region under the UNCRPD. Public engagement events have been conducted to solicit views. The Consulting Team will refer the views related to the UNCRPD in the Scoping Stage to the relevant working group for further action.

• Public views related to legislative amendments will be referred to relevant bureaux/departments for consideration by LWB.

3. Welfare and subsidies

Public views

• To extend the Public Transport Fare Concession Scheme ($2 Concessionary Fare) to the carers of the existing eligible beneficiaries and to all holders of “Registration Card for People with Disabilities”.
- To review the calculation basis for the CSSA amount.

Consulting Team’s recommendations

- Suggest to refer to relevant division of LWB for consideration.