

# **Hong Kong Rehabilitation Programme Plan – Formulation of Recommendations Stage**

## **Seminar Information Pack for Participants**

### **Definition of Persons with Disabilities and Projection Model on Demand for Rehabilitation Services**

#### **Foreword**

To keep the rehabilitation services abreast with the times, the Government has asked the Rehabilitation Advisory Committee (RAC) to commence work in formulating the new Hong Kong Rehabilitation Programme Plan (RPP). RAC set up a dedicated working group to take forward the task and commissioned the Hong Kong Polytechnic University Consulting Team (Consulting Team) to provide consultancy service and launch public engagement exercise.

2. With the assistance of the Consulting Team, RAC collected comments on the scope of the new RPP from the stakeholders and completed the first stage of public engagement exercise (Scoping Stage) in June 2018.

3. In response to views collected in the public engagement exercise for the Scoping Stage, the focus of this seminar is on the definition of persons with disabilities and projection model on demand for rehabilitation services.

## **Background**

RPP currently covers 10 categories of disabilities :

- (a) Attention Deficit/Hyperactivity Disorder (AD/HD)
- (b) Autism
- (c) hearing impairment
- (d) intellectual disability
- (e) physical disability
- (f) mental illness
- (g) Specific Learning Difficulties
- (h) speech impairment
- (i) visceral disability
- (j) visual impairment

2. The Social Welfare Department (SWD) has been adopting a demand formula endorsed by the former Rehabilitation Development Co-ordinating Committee (now RAC) in January 1994 for the planning of subvented social rehabilitation service. The formula adopts an accounting flow approach involving the addition or subtraction of factors constituting the two variables, demand (e.g. number of enrollment and waiting list) and provision (e.g. number of discharge), in calculating the shortfall or surplus, as the case may be. The relevant demand formula is illustrated in Annex 1.

## **Proposed Methodology on Demand Projection for Rehabilitation Services**

3. When formulating the projection model on demand for rehabilitation services, the Consulting Team will consider factors including the growth trend of the population of persons with disabilities, life-span approach (i.e. pre-school rehabilitation services, education services, employment services, community support services and residential care services) with breakdown of the population of persons with disabilities into broad age-cohorts (aged 0-6, 7-18, 19-49, 50-59, and  $\geq 60$ ) and the balance between community support services and residential care services. However, the demand projection proposed by the Consulting Team will be restricted by short history of thematic surveys on persons with disabilities, lack of household survey data on persons with intellectual disability, incomplete

breakdown of the population of persons with disabilities into different age cohorts and small population of persons with disabilities for each category rehabilitation services due to a great variety of existing services.

4. For demand projection of rehabilitation services with Central Waiting List (e.g. pre-school rehabilitation services, vocational rehabilitation/training services, and residential care services), the Consulting Team recommends adopting the “expressed demand” underpinned by number of applicants as a basis for projection, taking into account adjustment factors. The Consulting Team will adopt the demand formula endorsed by RAC mentioned in the second paragraph above as the basis for projection. In order to make the projection of demand more accurate, the Consulting Team recommended adding two adjustment factors, including waiting list mechanism for residential care services and the reasons of rejecting the offer of residential rehabilitation services. The Consulting Team suggested that a wide variety of rehabilitation services with Central Waiting List could be clustered based on level of caring needs, with a view to exploring the formulation of appropriate planning parameters with reference to the results of demand projections.

5. For demand projection of rehabilitation services without Central Waiting List (e.g. District Support Centre, Parents/Relatives Resources Centre and home support services, etc.), the Consulting Team recommends adopting other relevant assumptions (e.g. total population of persons with disabilities, total number of service members, etc.) as the basis for projection. The Consulting Team suggested that a wide variety of community support services could be clustered based on level of caring needs, with a view to exploring the formulation of appropriate planning parameters with reference to the results of demand projections.

### **Definition of Persons with Disabilities**

6. Given that people with different categories and different levels of disabilities would vary their needs of rehabilitation services, SWD generally would make reference to the definition of disabilities in the RPP and adopt validated assessment tools to define corresponding service targets appropriately in the formulation of services related to 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. In the first stage of public engagement exercise (Scoping Stage), many

comments suggested that the existing disability categories in Hong Kong should be reviewed (such as Intellectual Disability and Autism). Besides, some stakeholders suggested that the application of the International Classification of Functioning, Disability and Health (ICF) in disability classification and assessment shall be considered. In this regard, the Consulting Team notices that different countries and economies may have different classifications of disability (Please see attached [Annex 2](#) for details).

## **Discussion**

1. What factors need to take into consideration when conducting projection of future demand for rehabilitation services? How would these factors affect the demand for different rehabilitation services?
2. What basis should be adopted to estimate the future demand for rehabilitation services?
3. What are the factors that may limit the accuracy of future demand projection for rehabilitation services?
4. Is there a need for new categories of disabilities or updating the description of certain disability categories? What is the impact on related services (after adding new categories/updating existing categories)?
5. What are the experiences of other countries/ economies in introducing the World Health Organization's ICF for disability classification and assessment? What are the concerns and challenges of introducing ICF in Hong Kong?

**Demand Formula for Rehabilitation Services**

Financial Year		Base-year for projection(e.g. 2018-19)	2019-2020
(A) <u>Demand factors</u> [(a) + (b) +(c)]	(a) Enrollment	Actual enrollment as at 1.4.2018	Total provision, i.e. B(a), at the end of the preceding year
	(b) Waiting list	Actual number of people on the waiting list as at 1.4.2018	Projected shortfall, if any, in the preceding year
	(c) New application	Average number of new applications in 2015-16, 2016-17, 2017-18	(Projected number of new applications, i.e. A(c), in the preceding year) x (Target population* in the year) / (Target population* in the preceding year)
(B) <u>Provision factors</u> [(a) + (b)]	(a) Existing/Planned Provision	Provision as at 31.3.2019	Total provision at the end of the year
	(b) Projected Annual Discharge	(Average annual discharge rate in 2016-17 and 2017-18) x (Actual enrollment as at 1.4.2018, i.e. A(a))	(Average annual discharge rate in 2016-17 and 2017-18) x (Projected enrollment at the beginning of the year, i.e. A(a))
(C) <u>Shortfall or (Surplus)</u>		(A) minus (B)	(A) minus (B)

Notes: \* Population of the relevant age group(s) of the respective service.

**List of classifications of disability in different countries/regions**

<b>Countries/ Regions</b>	<b><u>Classifications of disability</u></b>		
Japan	<ul style="list-style-type: none"> <li>• Physical disabilities<sup>1</sup></li> </ul>	<ol style="list-style-type: none"> <li>1. Visual impairment</li> <li>2. Hearing impairment</li> <li>3. Para-equilibrium</li> <li>4. Voice, speech and language disorders</li> <li>5. Upper Limp Impairment</li> <li>6. Lower Limp Impairment</li> </ol>	<ol style="list-style-type: none"> <li>7. Bodily Dysfunction</li> <li>8. Cardiac Disorder</li> <li>9. Renal Disorders</li> <li>10. Respiratory Disorders</li> <li>11. Bladder/renal disorders</li> <li>12. Small intestinal disorders</li> </ol>
	<ul style="list-style-type: none"> <li>• Intellectual disabilities</li> </ul>	No clear legal definition	
	<ul style="list-style-type: none"> <li>• Mental disorders</li> </ul>	<ol style="list-style-type: none"> <li>1. Schizophrenia</li> <li>2. Psychotic disorders due to psychoactive substance use</li> <li>3. Mental retardation</li> <li>4. Personality disorders, and/or other mental disorders</li> </ol>	
South Korea	<ul style="list-style-type: none"> <li>• 15 types of disabilities (Welfare of Disabled Persons Act (WDPA) of Ministry of Health and Welfare in the Republic of Korea<sup>2</sup>)</li> </ul>		
	<ol style="list-style-type: none"> <li>1. Physical disabilities</li> <li>2. Visual impairment</li> <li>3. Hearing impairment</li> <li>4. Language disabilities</li> <li>5. Intellectual disabilities</li> </ol>	<ol style="list-style-type: none"> <li>6. Brain lesion disorder</li> <li>7. Autistic disorder</li> <li>8. Mental disabilities</li> <li>9. Renal impairment</li> <li>10. Cardiac impairment</li> </ol>	<ol style="list-style-type: none"> <li>11. Respiratory impairment</li> <li>12. Hepatic impairment</li> <li>13. Intestinal / Urinary fistula</li> <li>14. Facial disfigurement</li> <li>15. Epilepsy disorder</li> </ol>
Taiwan	<ul style="list-style-type: none"> <li>• Ministry of Health and Welfare 《People with Disabilities Rights Protection Act<sup>3</sup>》</li> </ul>		
	<ol style="list-style-type: none"> <li>1. Mental Functions &amp; Structures of the Nervous System</li> <li>2. Sensory Functions &amp; Pain ; The Eye, Ear and Related Structures</li> <li>3. Functions &amp; Structures of /involved in Voice and Speech</li> <li>4. Functions &amp; Structures of /related to the Cardiovascular, Haematological, Immunological and Respiratory Systems</li> <li>5. Functions &amp; Structures of /related to the Digestive, Metabolic and Endocrine Systems</li> <li>6. Functions &amp; Structures of /related to the Genitourinary and Reproductive Systems</li> <li>7. Neuromusculoskeletal and Movement related Functions &amp; Structures</li> </ol>		

<sup>1</sup> According to Japan' s 《身體障害者福祉法》

<sup>2</sup> <http://www.ohchr.org/Documents/Issues/Disability/SocialProtection/States/MSRepOfKorea.doc>

<sup>3</sup> <https://law.moj.gov.tw/LawClass/LawAll.aspx?PCode=D0050046>

	8. Functions & Related Structures of the Skin		
Australia	<ul style="list-style-type: none"> <li>18 types of disabilities (Department of Social Services, 2014<sup>4</sup>)</li> </ul>		
	<ol style="list-style-type: none"> <li>Moderate to severe multiple disability or moderate to severe physical disability (age of three onwards)</li> <li>Severe multiple or physical disability (less than six months of age)</li> <li>Epilepsy</li> <li>Chromosomal or syndromic conditions</li> <li>Neurometabolic degenerative conditions</li> <li>Neurodegenerative disorders</li> <li>Neuromuscular conditions</li> <li>Moderate, severe, or profound intellectual disability</li> </ol>		<ol style="list-style-type: none"> <li>Autism Spectrum Disorder</li> <li>Child Disintegrative Disorder, Major depression of childhood and Childhood schizophrenia (diagnosed by a psychiatrist)</li> <li>Sensory impairments</li> <li>Dermatological conditions</li> <li>Phenylketonuria (PKU)</li> <li>Other inborn errors of metabolism</li> <li>Cystic Fibrosis</li> <li>Moderate to severe Osteogenesis Imperfecta</li> <li>Downs syndrome</li> <li>Fragile X syndrome</li> </ol>
New Zealand	<ul style="list-style-type: none"> <li>5 types of disabilities (State Services Commission<sup>5</sup>, 2009)</li> </ul>		
	<ol style="list-style-type: none"> <li>Sensory</li> <li>Physical</li> </ol>	<ol style="list-style-type: none"> <li>Intellectual</li> <li>Psychiatric/Psychological</li> </ol>	<ol style="list-style-type: none"> <li>Other (long-term conditions or health problems that cause ongoing difficulty)</li> </ol>
United Kingdom	<ul style="list-style-type: none"> <li>10 types of disabilities (Department for Work and Pensions, 2017<sup>6</sup>)</li> </ul>		
	<ol style="list-style-type: none"> <li>Vision</li> <li>Hearing</li> <li>Mobility</li> </ol>	<ol style="list-style-type: none"> <li>Dexterity</li> <li>Learning or understanding or concentrating</li> <li>Memory</li> <li>Mental health</li> </ol>	<ol style="list-style-type: none"> <li>Stamina or breathing or fatigue</li> <li>Socially or behaviourally</li> <li>Other</li> </ol>
United States	<ul style="list-style-type: none"> <li>6 types of disabilities (Centers for Disease Control and Prevention<sup>7</sup>)</li> </ul>		
	<ol style="list-style-type: none"> <li>Cognitive disability</li> <li>Hearing disability</li> </ol>	<ol style="list-style-type: none"> <li>Mobility disability</li> <li>Vision disability</li> </ol>	<ol style="list-style-type: none"> <li>Self-care disability</li> <li>Independent living disability</li> </ol>

<sup>4</sup> <https://www.dss.gov.au/our-responsibilities/disability-and-carers/benefits-payments/carers-allowance/guide-to-the-list-of-recognised-disabilities>

<sup>5</sup> <http://www.ssc.govt.nz/node/1671>

<sup>6</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/600465/family-resources-survey-2015-16.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/600465/family-resources-survey-2015-16.pdf)

<sup>7</sup> <https://www.cdc.gov/ncbddd/disabilityandhealth/dhds/overview.html>