

The objective of Hong Kong's rehabilitation services is to help persons with disabilities develop their physical, mental and social capabilities to the fullest extent which their disability permits. The 1995 White Paper on Rehabilitation sets out comprehensively the policy decisions on the further development of rehabilitation services over the next decade and beyond. The Disability Discrimination Ordinance (Cap. 487), which has been in full operation since December 1996, gives persons with disabilities legal reasons to fight for equal opportunities and against discrimination and harassment.

According to a household survey conducted by the Census and Statistics Department in 2013, there were 578 600 people with restriction in body movement, seeing difficulty, hearing difficulty, speech difficulty, mental illness/mood disorder, autism, specific learning difficulties and/or attention deficit/hyperactivity disorder. At the same time, a separate statistical assessment made by the department indicated that there were about 71 000 to 101 000 people with intellectual disability.

**Policy Formulation and Co-ordination of Services:** The Commissioner for Rehabilitation is responsible to the Secretary for Labour and Welfare (SLW) for the formulation of policy on rehabilitation matters, and for co-ordinating the planning and executive action of all government departments and non-governmental organisations (NGOs).

SLW is advised by the Rehabilitation Advisory Committee (RAC), which is consulted on all important aspects of rehabilitation. RAC also assists the Government in monitoring the implementation of the United Nations Convention on the Rights of Persons with Disabilities in Hong Kong. RAC and its three Sub-committees viz Access, Employment and Public Education on Rehabilitation are chaired by non-officials.

In late 2007, the Labour and Welfare Bureau published the Hong Kong Rehabilitation Programme Plan (RPP) which formed the basis of the rehabilitation services for the past five years, focusing on strategic directions and priorities for rehabilitation policies and services.

NGOs provide a wide range of rehabilitation services which are mainly funded by government subvention. The recurrent expenditure on rehabilitation in 2015-16, including financial assistance to individual persons, is estimated to be \$28.6 billion, representing an increase of about 7.8 per cent from that of 2014-15.

**Prevention and Early Identification:** Prevention is carried out through various means, for example, arousing public awareness through health education, providing screening service for early detection of disabilities, and conducting immunisation programmes.

Child health and developmental surveillance is offered to all children, from birth to five years of age, through the Integrated Child Health and Development Programme in all Maternal and Child Health Centres (MCHCs) of the Department of Health. Anticipatory guidance is provided for parents and caregivers. Hearing screening is provided for babies who have not received newborn hearing screening at hospitals and pre-school vision screening by optometrist/orthoptist is offered to 4-year-old children. The health care professionals carry out systematic observations to monitor the physical health,

growth and development of children. A referral and reply system has been established between MCHCs and all pre-primary institutions in Hong Kong since December 2008 to facilitate pre-primary teachers to identify and refer children with physical, developmental or behavioural problems to MCHC for preliminary assessment. The Department also provides hearing screening for primary one and secondary two students and vision screening for all primary and secondary school students through the Student Health Service (SHS). SHS also provides an annual health assessment for all primary and secondary day school students meeting the health needs at various stages of their development. These services include physical examination; screening for health problems related to growth, nutrition, blood pressure, spine, psychological health and behaviour; individual counselling and health education. The Education Bureau operates an Early Identification and Intervention of Learning Difficulties Programme for Primary One pupils and an Early Identification and Intervention Programme for Speech and Language Problems to help primary schools to identify primary one pupils with learning difficulties and/or speech and language impairments and provide early intervention.

Children identified to have developmental or health problems are referred to the child assessment centres of the Department of Health or the Hospital Authority, special education services centres of the Education Bureau or appropriate specialists for detailed assessment, treatment and follow-up management.

**Special Education and Training:** Regarding education, care and training for children with disabilities, it is the Government's policy to provide education for them as far as possible in ordinary schools and kindergartens. There are 3 102 places in early education and training centres which mainly cater for the needs of children with disabilities aged below two and those between two and six meeting the eligibility criteria for early education and training centre services only. For children aged two to six, there are 1 980 integrated programme places for mildly disabled children in kindergarten-cum-child care centres and 1 799 places for moderately and severely disabled children in special child care centres. These pre-school services for disabled children are subvented by the Social Welfare Department (SWD) and operated by NGOs.

At school age, children with mild disabilities are integrated whenever possible into ordinary schools. They are provided with school-based support services and related follow-up services in Special Education Services Centres. Children with severe disabilities are accommodated in special schools. In the 2015/16 school year, there are 53 aided special schools for children with disabilities comprising two for children with visual impairment, two for children with hearing impairment, seven for children with physical disability, 41 for children with intellectual disabilities and one hospital school. 21 of these special schools provide boarding services.

**Vocational Rehabilitation:** The Vocational Training Council (VTC), funded by government subvention, operates three Shine Skills Centres for persons with disabilities. In addition, there are two other subvented centres run by two NGOs, which were converted into Integrated Vocational Training

Centres expanding the service scope to include a spectrum of rehabilitation training services of 453 places. These centres have a total of 1 113 (660 places from VTC) full-time training places including 290 (Note: 120 places from VTC) boarding places.

In addition, Shine Skills Centre operates part-time training courses to address different training needs of persons with disabilities. For those who are studying at the Hong Kong Institute of Vocational Education, Hong Kong Design Institute, Youth College and Pro-Act Training and Development Centres, the VTC Shine Technical Aids and Resource Centre would provide them with special aids, assessment and consultation services on the special educational needs.

The Shine Vocational Assessment Service evaluates the overall capabilities such as the aptitude, potential and motor skills of persons with disabilities for developing individual vocational placement plans.

**Vocational Training:** The Employees Retraining Board (ERB) is a statutory body serving the role of providing training courses and services to enhance the skills, quality, employability and competitiveness of the labour force (with an education attainment of sub-degree or below). It organises courses specifically designed for persons with disabilities and persons recovered from work injuries to help them become productive members of the labour force. Among its network of around 100 appointed training bodies, 17 specialized in the provision of training courses for the group. The ERB offers three major types of courses: placement-tied courses which aim at helping the unemployed getting jobs through appropriate skills training and job placement support services Skills Upgrading Scheme Plus (SUS Plus) courses which enable both the unemployed and employed to upgrade their skills; and generic skills training courses, encompassing foundation skills including workplace languages (English and Putonghua), business numeracy, IT applications and personal attributes, which aim at enhancing the overall quality of the labour force.

In order for the instructors to effectively follow up on individual trainee's progress, placement-tied courses for persons with disabilities and persons recovered from work injuries are generally of longer duration and smaller class size. Training bodies are required to conduct in-depth assessment of trainees' ability to work and learn, and provide them with counseling on adaptation to and psychological preparedness for future employment. For skills training, to ensure that trainees can master the required skills, more time is arranged for practice, particularly in the key skills of the relevant trades, with due consideration given to the physical conditions and learning abilities of individual trainees.

66 courses were offered for this target group in 2015-16 including training in Chinese Healthcare, Catering, Domestic Services, Social Services, Retail, Business, Environmental Services, Printing and Publishing, Information and Communication Technology, Property Management and Security, Beauty Therapy, Hotel, Healthcare Services, Design as well as generic skills training courses of workplace languages, IT applications and personal attributes. From October 2015 to March 2016, around 600 trainees have completed their training courses. Around 70 per cent of those who had completed placement-tied course successfully joined the labour force during the placement follow-up period. To provide more training options for disabled trainees, the ERB invites its appointed training bodies to apply for its Incentive Scheme for subsidies in making appropriate arrangements on the provision of teaching equipment and learning support services to facilitate barrier-free learning environment.

The Government also assists persons with disabilities in finding jobs. The Selective Placement Division (SPD) of the Labour Department offers placement service to persons with disabilities fit for open employment. In 2015, the SPD recorded 2 720 registrations and achieved 2 401 placements. At the same time, the SPD administers the "Work Orientation and Placement Scheme" which provides pre-employment

training to job seekers with disabilities to enhance their employability, and encourages employers to offer job vacancies to persons with disabilities through the provision of an allowance. In addition, through the \$150 million "Enhancing Employment of People with Disabilities through Small Enterprise Project", SWD provides subsidy for NGOs to set up small businesses on condition that at least 50 per cent of the employees of the funded business are persons with disabilities.

For those persons with disabilities who cannot or who are not yet ready to take up open employment, there are 5 276 sheltered workshop places, 4 412 integrated vocational rehabilitation services centre places, 1 633 supported employment places, 432 places of On the Job Training Programme for People with Disabilities and 311 places of Sunnyway – On the Job Training Programme for Young People with Disabilities. In addition, 5 198 day activity centre places are available for the moderately and severely mentally handicapped. Besides, the Government has implemented the Integrated Community Centre for Mental Wellness (ICCMW) service in all districts across the territory since October 2010 to provide day training for ex-mentally ill persons.

**Medical Rehabilitation:** The Hospital Authority (HA) provides medical rehabilitation to patients becoming dysfunctional after an injury or attack of illnesses such as stroke. Rehabilitation starts early in the acute phase once the medical condition has been stabilized to enable early mobilization and functional retraining which are delivered by multidisciplinary professionals in the hospital setting. Since 2002, HA has gradually set up 15 stroke units in acute hospitals to enhance stroke care management to patients so that they can benefit from early intervention. Presently, there are around 260 acute stroke beds among all clusters.

HA also provides specialty-led rehabilitation programs such as pulmonary rehabilitation, orthopaedic, geriatric, cardiac rehabilitation in its extended care hospitals, day or outpatient settings for patients who require a medium-term period of functioning and psychosocial training. There are also three centres for spinal cord injury established in HK, Kowloon and New Territories for specialized rehabilitation of paraplegic and tetraplegic patients as a result of spinal cord injury. As at March 2016, there were over 4 000 rehabilitation and convalescence beds and around 920 Geriatric Day Hospital places at Hospital Authority Institutions. HA will keep under constant review its services to better address patients' needs.

Pre-discharge planning for patients approaching the end of their course of rehabilitation and before hospital discharge is performed by domiciliary physiotherapists and occupational therapists to ensure that the home environment is suitable and conducive for continual habitation and activity of the disabled patients after discharge. Home modification and supply of assistive devices may be necessary as situation warrants. In this regard, community support services run by NGOs are especially important in providing longer term assistance for reintegration into community. HA collaborates closely with the Community Rehabilitation Day Centres and other rehabilitation services operated by the welfare sector in ensuring that there is smooth transition of care from hospitals to the community.

There is a total of 41 patient resource centres in public hospitals providing patient and carer empowerment as well as disease prevention information to support the chronically ill patients and their carers. With the strong network of over 200 patients groups of various chronic illnesses, the Health InfoWorld of the Hospital Authority facilitates community rehabilitation through patient empowerment in a community engagement approach. The Government has subvented six Community Rehabilitation Network centres across Hong Kong, to enhance the quality of life for people with visceral disability and their families.

HA organises its comprehensive psychiatric services in line with the general hospital cluster networks. As at 30 April, 2016, there are 3 607 psychiatric beds in 10 hospitals providing psychiatric in-patient service. Other psychiatric services and facilities include psychiatric day hospitals, specialist out-patient clinics, and community psychiatric services. In addition, there are seven teams providing early assessment and detection service for persons with psychosis, seven teams for elderly suicide prevention, and rehabilitation programmes have also been provided in individual psychiatric hospitals to facilitate integration of long-stay patients into the community upon discharge. The multidisciplinary teams of HA, including psychiatric doctors, psychiatric nurses, occupational therapists, social workers and clinical psychologists provide rehabilitation programmes to better prepare patients for discharge back into the community. Since April 2010, HA has launched a Case Management Programme in three districts (Kwai Tsing, Kwun Tong and Yuen Long) for patients with severe mental illness (SMI). Under this programme, a patient with SMI will be followed up by a designated case manager. The case manager will establish a close service relationship with the patient and develop an individual care plan having regard to the patient's needs and risk profile. The case manager will maintain contact with the patient throughout the recovery journey, coordinate and arrange for the delivery of appropriate services to the patient. The case manager will at the same time evaluate and monitor the progress of recovery and make prompt arrangements for the patient to receive appropriate treatment when there is sign of relapse of mental illness. In addition, the case manager will work closely with various service providers, particularly the Integrated Community Centre for Mental Wellness (ICCMW), in providing intensive, continuous and personalised support to patients with SMI residing in the community. In 2014-15, HA has extended the programme to cover all the 18 districts (Eastern, Wan Chai, Central and Western, Southern, Islands, Kwun Tong, Sai Kung, Kowloon City, Yau Tsim Mong, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan (plus North Lantau), Shatin, North, Tai Po, Tuen Mun and Yuen Long) to benefit more patients.

There are 660 hospital beds designated for infirmary and rehabilitation services care for patients with severe and profound intellectual disability. In addition, time-limited respite service for eligible persons who are on the active waiting list for the infirmary and rehabilitation in-patient services in Siu Lam Hospital is provided to alleviate the stress on the carers. Outreach services are also provided to support and maintain close collaboration with various agencies providing services to the severe mentally handicapped.

**Medical Social Services:** 438 Medical Social Workers (MSWs) from SWD are stationed in public hospitals and specialist clinics to provide timely psychosocial intervention to patients and their families and help them cope with problems arising from illness, trauma and disabilities. MSWs, being members of the clinical teams, play an important role in linking up the medical and social services to facilitate patients' rehabilitation and reintegration into the community. In order to assist patients to rehabilitate in their home environment as far as possible, MSWs offer counselling to their family members to accept their disabilities, as well as to handle their caring, relationship, rehabilitation problems etc. arising from the disabilities.

**Social Rehabilitation Services:** The services include counselling, housing, training, day and residential care, transport, access facilities, sports and recreation, and welfare allowance. Normal Disability Allowance of \$1,580 per month for an individual is provided to about 112 200 people with severe disability while Higher Disability Allowance of \$3,160 per month is paid out to about 20 300 severely disabled persons requiring constant attendance at home. These allowances are non-means-tested. Persons with disabilities may also apply for the means-tested Comprehensive Social Security Assistance Scheme which includes different standard rates to meet the basic needs of different categories of recipients and a wide range of special grants to meet their special needs. Those who are eligible for Comprehensive Social Security Assistance will not be granted Disability Allowance.

Persons with disabilities are encouraged to live independently in the community. Those in accommodation unsuitable for their disabilities may apply for public housing under the Compassionate Rehousing Scheme of the Housing Authority.

For persons with disabilities who require residential care, there are 9 255 residential places for handicapped adults, 1 509 places in 36 halfway houses for ex-mentally ill persons and 1 587 places in seven long stay care homes for chronic mental patients who are in stable or controlled mental conditions but requiring some nursing care. Moreover, SWD has provided 450 additional subsidised residential places through the Bought Place Scheme for Private Residential Care Homes for Persons with Disabilities. SWD has also put into operation a computerised Central Referral System for Rehabilitation Services, respite service, emergency placement service, place of refuge, community rehabilitation day centre, transitional care and support centre for tetraplegic patients, district support centre for persons with disabilities, home care service for persons with severe disabilities, integrated support service for persons with severe physical disabilities, commercial-hired vehicle transport service, occasional child care service for disabled children, parents/relatives resource centres and a range of community support services. Apart from this, SWD has since October 2010 set up ICCMWs in all districts across the territory to provide one-stop district-based, accessible and integrated community support service, ranging from early prevention to risk management for discharged mental patients, persons with suspected mental health problems, their families/carers and residents living in the districts.

The Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613) has come into operation since 18 November 2011, providing for the control of residential care homes for persons with disabilities through a licensing scheme administered by the Director of Social Welfare.

Subsidised special transport is provided where the need is demonstrated. Under government subvention, a NGO runs a fleet of 147 Rehabus vehicles with scheduled routes, feeder and dial-a-ride services, aiming at providing point-to-point transport services for those persons with disabilities who have difficulties in using general public transport. In addition, financial concessions are available to disabled drivers.

The *Design Manual: Barrier Free Access 2008* sets out obligatory and recommended design requirements for providing proper access to and appropriate facilities in a building for persons with disabilities.