

# **Persons with Disabilities and Rehabilitation Programme Plan (RPP)**

**Rehabilitation Advisory Committee  
(June 2020)**

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## **Chapter 1 Background**

The Persons with Disabilities and Rehabilitation Programme Plan<sup>1</sup> (RPP) sets out the strategic directions and measures to address the service needs of persons with disabilities. The RPP was last reviewed and updated in 2007. To keep rehabilitation service abreast with the times, the Chief Executive announced in the 2017 Policy Address that the Government had tasked the Rehabilitation Advisory Committee (RAC) to commence formulating a new RPP.

### **1.1 Review structure**

1.1.1 RAC set up a Review Working Group and five Task Forces (Special Needs, Employment Support, Mental Wellness, Inclusive Culture, and Accessibility) to take forward the task of formulating the new RPP. RAC also commissioned the Hong Kong Polytechnic University Consulting Team (PolyU Consulting Team) as the main consultant to assist the Review Working Group in examining the long-term planning of rehabilitation and care services for persons with disabilities and related macro issues, consolidating the findings of the Task Forces on respective issues, and launching public engagement activities. (The membership lists of RAC, Review Working Group, five Task Forces and other related groups are at [Annex I](#).)

### **1.2 Guiding principles**

1.2.1 RAC adopted the following three guiding principles in formulating the new RPP:

- (1) Abiding by the purpose of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD): to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, attach importance to the core values of “autonomy and independence”, “accessibility”, “diversity” etc.;
- (2) Adopting a life span approach in examining the needs of persons with disabilities in different aspects and stages of their lives; and

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<sup>1</sup> Formerly known as “Hong Kong Rehabilitation Programme Plan”

- (3) Facilitating cross-sectoral and inter-departmental collaboration to establish a disability inclusive society for persons with disabilities.

### **1.3 Three Stages for formulation of new RPP**

1.3.1 The formulation of the new RPP comprised three stages, namely Scoping, Formulation of Recommendations and Consensus Building:

- (1) 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;
- (2) Formulation of Recommendations Stage: to analyse the key issues identified and examine the overall directions and possible options for consideration to address these issues; and
- (3) Consensus Building Stage: to discuss with various sectors of the community the final recommendations of the new RPP and build up a consensus on these recommendations.

1.3.2 The three stages of public engagement activities (including public fora, stakeholder meetings and focus groups) were completed with a total of over 3 000 participants and 378 written submissions. Specifically, the public engagement activities of the Scoping Stage were carried out from March to June 2018 with around 1 100 participants and 70 written submissions. The public engagement activities of the Formulation of Recommendations Stage were carried out from December 2018 to May 2019 with around 1 100 participants and 195 written submissions. The public engagement activities of the Consensus Building Stage were carried out from November 2019 to January 2020 with over 850 people participants and 113 written submissions. The reports under the three stages have been uploaded to the website of the PolyU Consulting Team<sup>2</sup> for public viewing.

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<sup>2</sup> [www.rs.polyu.edu.hk/rpp](http://www.rs.polyu.edu.hk/rpp)

## **Chapter 2 Challenges and Opportunities, Vision and Strategic Directions**

### **2.1 Challenges and opportunities of rehabilitation services**

2.1.1 RAC has noted that the past decade has seen new developments of issues related to persons with disabilities in the international context and the local community, particularly those concerning the evolving profile and characteristics of the population of persons with disabilities in Hong Kong. Therefore, there is a need to review the RPP for enhancing the medium and long-term planning of rehabilitation services, with a view to keeping these services abreast with the times and addressing the emerging changes in the needs of persons with disabilities. These challenges and opportunities include:

- (1) UNCRPD applicable to Hong Kong: The UNCRPD has entered into force for the People's Republic of China since 31 August 2008 and is applicable to Hong Kong. The new RPP is the first plan to be formulated after the application of the UNCRPD to Hong Kong.
- (2) Changes of profile of population of persons with disabilities in Hong Kong: According to the latest round of survey on persons with disabilities completed by the Census and Statistics Department (C&SD) in 2013, the estimated population of each of the disability types was higher than that in the last survey of 2007. Persons with disabilities are having ageing issues, especially those with intellectual disability. The number of children with special needs, in particular children with Autism and Attention Deficit/Hyperactivity Disorder, has registered a notable increase. The number of persons with disabilities at post-secondary education level and students with special education needs pursuing full-time locally-accredited sub-degree and undergraduate programmes is also on the rise.
- (3) Technological developments: Technological developments in the fields of healthcare, rehabilitation, information and communication, etc. have given rise to many new opportunities for persons with disabilities. Application of technologies can

effectively assist in interpersonal communication, access to information, learning and working, which helps persons with disabilities deal with difficulties and barriers in daily life, and facilitates quicker identification of issues arising from early onset of ageing.

- (4) Application of “International Classification of Functioning, Disability and Health” (ICF) of the World Health Organisation: This classification framework divides disability-related components into two basic elements: body functions and structure under the medical model; and individual activity limitations and participation constraints under the environmental model. ICF can be applied in clinical assessment, compilation of statistics, formulation of personalised care and rehabilitation plans, prioritisation of social services, etc.

## 2.2 Vision and strategic directions of new RPP

2.2.1 In light of the guiding principles for the formulation of the new RPP, views and comments received in the public engagement activities, as well as the challenges and opportunities mentioned above, RAC has adopted the following vision and four strategic directions for the new RPP, underpinned by 20 themes and 62 strategic recommendations:

### **Vision:**

Recognise the diversified developmental needs of persons with disabilities; respect the autonomy and independence of persons with disabilities; establish a disability inclusive society that enables persons with disabilities to develop their capabilities, unleash their potential and contribute to society.

**Strategic Direction I: Provide timely and appropriate support to equip persons with disabilities with the ability to cope with changes at different stages during their lifespan.**

Theme 1: Pre-school rehabilitation services

Theme 2: Transitional support from kindergartens to Primary One

- Theme 3: Support for students with Special Educational Needs
- Theme 4: Vocational rehabilitation training and vocational training
- Theme 5: Employment support
- Theme 6: Ageing of persons with disabilities
- Theme 7: Medical rehabilitation

(with a total of 24 Strategic Recommendations)

**Strategic Direction II: Enhance community care services to enable persons with disabilities and their families living in the community to obtain necessary support, and be admitted to residential care homes as soon as possible when in need.**

- Theme 8: Community support services for persons with disabilities
- Theme 9: Community support services for family members or carers of persons with disabilities
- Theme 10: Residential care services
- Theme 11: Technology products and assistive devices
- Theme 12: Diversified community care and day services

(with a total of 13 Strategic Recommendations)

**Strategic Direction III: Promote disability inclusive culture, facilitate accessible environment, transportation and access to information so that persons with disabilities can fully participate in social life.**

- Theme 13: Disability-inclusive culture
- Theme 14: Mental health-friendly community
- Theme 15: Accessibility of community environment and services
- Theme 16: Accessible information
- Theme 17: Accessible transportation systems
- Theme 18: Participation in cultural and arts, recreational and sports activities

(with a total of 19 Strategic Recommendations)



**Strategic Direction IV: Ensure sustainable development of diversified services for persons with disabilities in response to the changing needs.**

Theme 19: Planning of premises and services

Theme 20: Manpower and training

(with a total of 6 Strategic Recommendations)

2.2.2 RAC has considered that the Government can examine the implementation progress of the Strategic Recommendations of the new RPP as appropriate in accordance with the four strategic directions and make suitable adjustments as necessary, hence rendering the new RPP a “living document”. RAC and the Government have reached a consensus that for suggestions received in the public engagement activities considered as non-controversial, administratively feasible and financially sustainable, the approach of “implementation of enhancement measures as and when they are ready” will be adopted without waiting for the completion of the new RPP. Therefore, the various Strategic Recommendations of the new RPP are at different implementation stages: some have been implemented; some have had preliminary implementation plans; while other long-term recommendations would need further consultation with departments concerned or stakeholders for finalising the implementation plans.

### **Chapter 3 Strategic Direction I: Provide timely and appropriate support to equip persons with disabilities with the ability to cope with changes at different stages during their lifespan**

Strategic Direction I covers the support for persons with disabilities to cope with changes at different stages during their lifespan, as underpinned by the following seven themes and 24 strategic recommendations:

- Theme 1 Pre-school rehabilitation services
- Theme 2 Transitional support from kindergartens to Primary One
- Theme 3 Support for students with Special Educational Needs
- Theme 4 Vocational rehabilitation training and vocational training
- Theme 5 Employment support
- Theme 6 Ageing of persons with disabilities
- Theme 7 Medical rehabilitation

#### **3.1 Theme 1: Pre-school rehabilitation services**

3.1.1 Early intervention and training services for pre-school children with special needs can enhance their physical, psychological and social developments, thereby improving their opportunities for admission to ordinary schools and participation in daily activities, and helping their families take care of their special needs. Noting that the Government has been increasing the number of places of various pre-school rehabilitation services, RAC has recommended that the Government should continue to closely monitor service supply and demand as well as professional manpower supply, and further increase service places with a view to achieving the objective of “zero waiting time”. RAC has put forward the following Strategic Recommendations in respect of pre-school rehabilitation services:

***Strategic Recommendation 1. Continuously monitor the demand and examine the need for further increasing the places of pre-school rehabilitation services with a view to achieving “zero waiting time” for children assessed to have special needs***

3.1.2 RAC has noticed that the Government has increased the number of On-site Pre-school Rehabilitation Services (OPRS) places from about 3 000 in

2015 to 7 000 in October 2019, and will continue to increase the number of places of various subvented pre-school rehabilitation services to shorten the waiting time. Meanwhile, the Chief Executive announced in the 2019 Policy Address that the Government would provide a total of 3 000 additional OPRS places from the 2020/21 to 2022/23 school years, bringing the total number of service places to 10 000. The number of service places for Special Child Care Centres (SCCCs) and Early Education and Training Centres (EETCs) will also be gradually increased by about 1 200 in total from 2019-20 to 2021-22, bringing the total number of service places to about 6 700. RAC has recommended that the Government should continue to closely monitor service supply and demand as well as professional manpower supply, and further increase service places with a view to achieving “zero waiting time”.

***Strategic Recommendation 2. Enhance early intervention for children who show signs of special needs (Tier-1 children); explore the feasibility of integrating the support for Tier-1 and Tier-2 children and adopting a school-based integrated service model to provide comprehensive, flexible and ongoing support to cater for children with various levels of special needs at different stages; and evaluate effectiveness for formulating long-term measures, manpower and ancillary requirements for supporting children with special needs***

3.1.3 RAC has noted that the Social Welfare Department (SWD) has obtained the support of the Lotteries Fund for launching a pilot scheme in 2020 to provide early intervention services for children with signs of special needs (Tier 1 children) in kindergartens (KGs) or KGs-cum-Child Care Centres participating in OPRS. The feasibility of integrating the services for Tier 1 children with the school-based OPRS for Tier 2 children will be explored, so as to enable Tier 1 children to receive support as early as possible, while Tier 2 children with notable progress under OPRS may continue to receive Tier 1 training services commensurate with their actual needs.

***Strategic Recommendation 3. Upon substantial shortening of the waiting time, reposition various pre-school rehabilitation services for further enhancing services, so as to achieve the target of early intervention***

3.1.4 In the long run, when the waiting time for pre-school rehabilitation services is substantially shortened, the Government should review the positioning

of various pre-school rehabilitation services, including their service features and demand, whether to refocus EETC services on children below the age of three, possible complementary support services, and coordination between OPRS and EETC services. The Government should also continue to increase SCCC service places, with a view to shortening the waiting time for children with moderate to severe disabilities (Tier 3 children).

### **3.2 Theme 2: Transitional support from kindergartens to Primary One**

3.2.1 Pre-school children with special needs progressing to Primary One will still need support, adjustment and guidance in respect of the learning, social, emotional and behavioural aspects for adapting to primary school life. RAC has put forward the following Strategic Recommendations in respect of transitional support from KGs to Primary One:

***Strategic Recommendation 4. Establish a mechanism for information transfer from pre-school rehabilitation service units to primary schools such that children identified as having special needs at kindergartens can receive early attention and appropriate support services when they proceed to Primary One***

3.2.2. RAC has noted that the Education Bureau (EDB), SWD, the Hospital Authority (HA) and the Child Assessment Centres (CACs) of the Department of Health (DH) have strengthened their collaboration. Starting from the 2018/19 school year, when children with special needs are admitted from pre-primary institutions/KGs to primary schools, the assessment information and progress reports on these children will be provided to the primary schools that they will be attending to facilitate the schools to have early knowledge of their special needs and provide support for their smooth transition to primary school life. Through the Special Education Management Information System and school visits, EDB will also keep track of the schools' arrangements for supporting the students concerned and offer advice to the schools.

***Strategic Recommendation 5. Enhance transitional support and early identification of the needs of children with special needs for helping them integrate in primary schools smoothly; and explore providing appropriate transitional bridging and support services for these children***

3.2.3 Upon parental consent, the assessment information and/or progress reports on children with special needs will be provided to the primary schools that they will be attending before the start of a new school year. RAC has noted that the school Student Support Teams will discuss early with parents the students' daily performance, record the students' information in the student support register, formulate support arrangements for the students and record these arrangements in the "Summary of Transition Support for Primary One Student", of which a copy will be provided to parents for their understanding of schools' support arrangements and taking collaborative initiatives. EDB will keep track of the schools' support measures and offer professional advice. Starting from the 2019/20 school year, schools will include Primary One students with assessment information and/or progress reports as targets of the "Early Identification and Intervention Programme for Primary One Students with Learning Difficulties (EII Programme)" for following up on their performance. Schools will also observe and identify the learning needs of other Primary One students to ensure that those with learning difficulties can receive early support. Schools will formulate and implement intervention plans for Primary One students with significant learning difficulties as identified in the EII Programme, and provide "Summary of Support for Student" to their parents to facilitate their understanding of schools' supporting measures and taking collaborative initiatives. At the end of a school year, schools will review the progress of students with special needs after receiving support and complete the "Year-end Evaluation Form for Individual Student", with a view to facilitating the provision of suitable services for students concerned in the new academic year.

3.2.4 RAC has noted that SWD has commissioned a consulting team to, with EDB's assistance, conduct a longitudinal study by sampling children having participated in OPRS for analysing the progress of their developments in respect of cognitive, social and emotional behaviour, language and communication, fine motor and gross motor skills, with a view to understanding their transition from KGs to Primary One and assessing whether their improvements can be sustained after proceeding to primary schools upon leaving OPRS. The study will also identify important factors that help sustain the improvements made, identify

effective bridging services and other support services that facilitate a smooth transition, and suggest appropriate service models and support measures for children with special needs progressing from KGs to primary schools.

### **3.3 Theme 3: Support for students with Special Educational Needs**

3.3.1 The Government adopts a dual-track mode in providing special education. EDB will, with the assessment and recommendation of specialists concerned and the consent of parents, refer students with more severe or multiple disabilities to special schools for receiving more intensive support. Other students with special educational needs (SEN) will attend ordinary schools. RAC has suggested that EDB should, as necessary and practicable, continue to implement measures to enhance special education and integrated education, provide additional resources and professional support to schools, and listen to stakeholders' views for reviewing relevant measures. RAC has put forward the following Strategic Recommendations in respect of support for SEN students:

***Strategic Recommendation 6. Implement measures to optimise integrated education; provide additional resources and professional support for schools to facilitate them to have stable teacher teams, flexible use of resources and more adequate professional support, so as to promote a whole-school intervention model to support and take care of various types of SEN students, and further enhance the effectiveness of integrated education***

3.3.2 RAC has noted that EDB implemented a series of enhancement measures for integrated education in the 2019/20 school year, including the consolidation of various subsidy schemes for integrated education through extending the Learning Support Grant (LSG) to all public sector ordinary schools, and increasing the tier-3 grant rate to four times of the tier-2 rate. Schools can have additional Special Educational Needs Support Teacher teaching post(s), as converted/provided upon LSG reaching the specific thresholds. EDB will also upgrade the Special Educational Needs Coordinator (SENCO) post to promotion rank in public sector ordinary schools with a comparatively large number of SEN students to enable SENCOs to perform their leadership duties more effectively.

3.3.3 EDB has been progressively providing the “Enhanced School-based Educational Psychology Service” (Enhanced SBEPS), with an educational

psychologist to school ratio of 1:4, to public sector ordinary secondary and primary schools with a comparatively large number of SEN students. The aim is to extend Enhanced SBEPS to 60% of public sector ordinary secondary and primary schools by the 2023/24 school year. From the 2019/20 school year, EDB has implemented an Enhanced School-based Speech Therapy Service, which provides school-based speech therapist posts in public sector ordinary secondary and primary schools by phases to help students with speech and language impairment or other SEN students to develop their communication and language abilities.

3.3.4 From the 2020/21 school year, EDB will provide additional resources, on top of the current support services, to assist schools in implementing a multi-disciplinary, evidence-based and whole-school-involved tiered intervention model in phases to support students with Autism Spectrum Disorder (ASD) studying in public sector ordinary schools, with a view to facilitating their development of social adaptation skills and learning abilities while relieving the stress of their teachers and parents. EDB expects that approximately 400 schools, covering 70% of ASD students in ordinary schools, will be capable of implementing this support model by the 2023/24 school year. EDB has also been encouraging cross-sectoral collaboration in promoting mental health and participating in the Student Mental Health Support Scheme led by the Food and Health Bureau (FHB) to support students with mental health needs on a school-based platform.

3.3.5 For supporting pre-school children, the teacher to pupil ratio has been improved from 1:15 (including the principal) to 1:11 (not including the principal) under the Kindergarten Education Scheme. From the 2015/16 school year, EDB has conducted teacher professional development courses on taking care of pupils with developmental needs for KG teachers, and formulated a professional development framework. From the 2018/19 school year, EDB has further provided structured in-service training courses at the basic and advance levels. It is expected that each KG under the Kindergarten Education Scheme will have at least one teacher having completed the basic course by the end of the 2020/21 school year.

***Strategic Recommendation 7. Implement measures to optimise special education; provide additional manpower, resources and professional support for special schools, explore the establishment of a communication platform covering healthcare, welfare and education, and facilitate flexible use of resources, so as to take care of various SEN students and help them unleash their potential, and better prepare them for future study or school leaving arrangements***

3.3.6 RAC has noted that EDB has introduced a number of improvement measures in special schools to enhance the effectiveness in supporting students with severe or multiple disabilities. From the 2020/21 school year, EDB has plans to increase the staff establishment and resources of the boarding sections of aided special schools, including upgrading the rank of warden and assistant warden of the boarding sections with an approved capacity of 40 boarding places or above, and increasing the number of assistant warden and houseparent-in-charge; improving the Saturday and Sunday manning ratios of the boarding sections for special schools operating 7-day boarding services to have more staff to take care of boarders; and providing an additional cash grant to the boarding sections of certain special schools for hiring personal care workers or procuring related services.

3.3.7 For improving the supply of specialist staff, EDB has requested universities to increase training places and liaised with relevant Government departments for their consideration of this issue when conducting manpower planning. EDB has also been closely monitoring the supply of and demand for special school boarding places. Apart from discussing with special schools how to effectively utilise the current boarding places, EDB has reserved school sites for building/re-provisioning special schools to meet the needs.

***Strategic Recommendation 8. Strengthen the training for special education teachers so as to enhance the professional competency of secondary and primary school teachers in supporting SEN students, and identifying SEN students in an effective and timely manner***

3.3.8 RAC has noted that from the 2015/16 school year onwards and in a five-year training cycle, EDB has encouraged schools to arrange for teachers to attend basic, advance and thematic courses (BAT courses) on taking care of SEN students. The training cycle was originally scheduled to end in the 2019/20



school year. As of the 2018/19 school year, the numbers of teachers in public sector secondary and primary schools having completed the BAT courses are 8 008, 3 272 and 6 789 respectively. Apart from the BAT courses, EDB has also organised other thematic training courses on taking care of SEN students in recent years, as for example, the Professional Development Programme for Mental Health and professional training courses for SENCOs. Overall, as of the 2018/19 school year, about 43% of teachers in public sector ordinary primary schools and 33% of teachers in public sector ordinary secondary schools have received 30 hours or above of systematic special education training. EDB will examine the number of teachers attending the BAT courses and other related courses in the 2020/21 school year, and adjust the arrangements for the new training cycle as necessary. EDB will continue to enhance the training targets, increase the number of training places of advance and thematic courses, and launch online training courses, so as to enable more teachers to receive relevant training for enhancing their professional ability in supporting SEN students.

***Strategic Recommendation 9. Provide SEN students with the opportunities of further studies, including the provision of adequate resources and ensuring equal opportunities for SEN students to receive higher education or pursue further studies***

3.3.9 RAC has noted that the Hong Kong Examinations and Assessment Authority will make special arrangements in the Hong Kong Diploma of Secondary Education Examination, such as extended examination time and exemption from part of an examination, to cater for individual SEN students' disabilities. New arrangements in recent years include providing text labels/descriptions for cartoons or complicated pictures to prevent ASD candidates from focussing attention only on minor details, and allowing candidates diagnosed with dyslexia and severe difficulties in handwriting to use speech-to-text software in the examinations on Liberal Studies and seven elective subjects. In addition, to facilitate SEN students to pursue programmes funded by the University Grants Committee (UGC), UGC has implemented the second phase of a two-year funding scheme in July 2018, providing an additional total grant of \$20 million to the eight UGC-funded universities to support SEN students.

3.3.10 From 2019-20, EDB has increased the annual recurrent funding for the Vocational Training Council (VTC) to \$21.6 million to enhance the support for SEN students participating in vocational education and training programmes.

### **3.4 Theme 4: Vocational rehabilitation training and vocational training**

3.4.1 For persons with disabilities not yet able to take up open employment, Sheltered Workshops (SW), Supported Employment, and Integrated Vocational Rehabilitation Services Centres (IVRSC) will provide them with suitable vocational rehabilitation services catering for their individual disabilities and needs, enabling them to learn to adapt to general work requirements including social and interpersonal skills. RAC considers that life planning should be provided for persons with disabilities to enable them to acquire the necessary information and skills for vocational rehabilitation planning suited to their interests and abilities. RAC also considers that continuing education can help increase the competitiveness of persons with disabilities, and has noted that VTC's enhanced integrated vocational and skills training programme at the three Shine Skills Centres (SSCs) can better provide vocational training and extended support to students with disabilities, thus helping them sustain continuous employment in the open market. RAC has put forward the following Strategic Recommendations in respect of vocational rehabilitation training and vocational training:

***Strategic Recommendation 10. Implement a pilot scheme to enhance the existing training model of Integrated Vocational Rehabilitation Services Centres. Through the provision of progressive and diversified vocational training modules, allow students to choose training modules commensurate with their ability and aptitude for preparing for future career development; at the same time, review the suitability of various vocational rehabilitation services in place and explore the feasibility of gradually replacing Sheltered Workshops based on the effectiveness of the pilot scheme***

3.4.2 RAC has expressed support for SWD to implement a pilot scheme to enhance the IVRSC training model, under which "Vocational Rehabilitation Advanced Training Courses" will be rolled out in SWs to provide progressive and diversified training on life skills, development of potential and talents commensurate with the abilities and aptitudes of SW/IVRSC trainees. The pilot

scheme will also strengthen counselling, case management and post-employment follow-up to enhance trainees' motivation to sustain their work, enhance the support for parents as well as the development and provision of different types of advanced work and market promotion. SWs and IVRSCs participating in the pilot scheme will be provided with resources to improve existing environment and equipment. Depending on the effectiveness of the pilot scheme, SWD will explore the feasibility of gradually replacing SWs with the enhanced IVRSCs.

***Strategic Recommendation 11. Enhance the vocational training programmes, provide extended support for students at workplace, and introduce retraining programmes to strengthen vocational and skill training services catered to persons with disabilities in employment, so that students are better equipped for new jobs or change of employment in the open market***

3.4.3 RAC has expressed support for VTC's enhanced integrated vocational and skills training programme at the three SSCs, which features enhancement of training courses and services, strengthened post-graduation extended support and provision of "up-skilling" or "re-skilling" courses, seeking to equip students with disabilities with skills suited to their abilities, assist them in adapting to the work environment, keep up their motivation and sustain their continuous employment in the open market. Subject to the effectiveness of the programme, RAC supports the Government's examination of the feasibility of extending this service model to the existing subvented Integrated Vocational Training Centres.

### **3.5 Theme 5: Employment support**

3.5.1 Promoting employment of persons with disabilities is to encourage them to contribute to the society at different work positions on the basis of their abilities (rather than their disabilities). RAC has put forward the following Strategic Recommendations in respect of employment support for persons with disabilities:

***Strategic Recommendation 12. Explore integrating and optimising the pilot schemes that encourage employment of persons with disabilities to allow more flexible utilisation of funding; continuously optimise employment schemes so as to increase the incentives and stability of the employment of persons with disabilities***

3.5.2 The three schemes under the Community Care Fund (CCF), including the “Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities”, the “Pilot Scheme on Providing Subsidy for Higher Disability Allowance Recipients in Paid Employment to Hire Carers” and the “Special Care Subsidy for the Severely Disabled” all provide subsidies for persons with disabilities. However, families of persons with disabilities may not be able to use the relevant funds flexibly because of the different objectives and eligibility criteria of the schemes (for example, persons with disabilities who are self-employed or working at home do not meet the application requirements of the “Pilot Scheme on Providing Subsidy for Higher Disability Allowance Recipients in Paid Employment to Hire Carers”). Therefore, RAC agrees that the Government should explore the feasibility of integrating and enhancing the pilot schemes, and consider whether to regularise the “Pilot Scheme on Raising the Maximum Level of Disregarded Earnings for Recipients with Disabilities under the Comprehensive Social Security Assistance Scheme” upon examining stakeholders’ justification for suggested improvement before the end of the scheme.

3.5.3 RAC has noted that SWD has since March 2020 increased the maximum funding support for each employee with disabilities under the “Support Programme for Employees with Disabilities” (SPED) from \$20,000 to \$40,000. RAC has also expressed support for the Labour Department (LD) to provide, on a pilot basis in the second half of 2020, a retention allowance of up to \$9,000 to persons with disabilities participating in the Work Orientation and Placement Scheme (WOPS), with a view to encouraging them to receive and complete on-the-job training for staying in employment.

***Strategic Recommendation 13. Enhance on-the-job support and workplace adaptation, promote innovative technology and creative arts, etc as a multi-pronged approach to expand the employer network and new job types for persons with disabilities with different qualifications and abilities, and to provide internship programmes for prospective graduates***

3.5.4 The RAC Sub-committee on Employment will examine, through innovative means, expanding the employment opportunities for persons with disabilities, including promoting job adaptation in the workplace (e.g. adjusting job design and workflow, providing for flexi-working hours, and arranging flexible assignment of duties) to increase the job types for persons with

disabilities, and promoting application of innovation and technology in the workplace to facilitate persons with disabilities to demonstrate their strengths.

3.5.5 For creative arts, RAC has expressed support for SWD to, through the “Arts Development Fund for Persons with Disabilities”, continue to provide funding for non-profit making and experienced NGOs or bodies to promote arts projects, which facilitate persons with disabilities to develop their talents and those with high artistic potential to pursue excellence and career development in the arts sector. (Details are at Strategic Recommendation 54 under Theme 18.) RAC also agrees that SWD should, taking reference from the experience of implementing peer support services in community mental health service units, explore the feasibility of extending peer support services to other rehabilitation services.

3.5.6 RAC has also expressed support for the Selective Placement Division of LD to introduce enhanced measures for assisting high-educated job seekers with disabilities in seeking employment, including providing personal job matching services under the “Aim-Higher” scheme, publishing relevant information on the “Interactive Selective Placement Service” (ISPS) website, collaborating with the student affairs offices of tertiary institutions to provide employment information and counselling, and reaching out to employers in various sectors to collate information on job vacancies and extend the employer network.

3.5.7 RAC has noted that the Civil Service Bureau has launched an internship scheme for students with disabilities of local universities and post-secondary institutions as well as SSC trainees, which provides opportunities for young persons with disabilities to undertake placements in the Government for strengthening their competitiveness before joining the work force. The scheme also facilitates civil servants to better understand the talents and potential of persons with disabilities. RAC considers that NGOs and employers in the business sector can be encouraged to provide similar internship opportunities.

***Strategic Recommendation 14. Continuously increase subsidies to employers to employ persons with disabilities and to purchase assistive devices, and undertake modification works of workplace; shorten application time and simplify application process; and enhance relevant measures as appropriate***

3.5.8 RAC has expressed support for LD’s enhancement measures for WOPS,

including increasing the maximum amount of allowance payable to employers for hiring each employee with disabilities from \$35,000 to \$60,000. LD will maintain close contact with employers to encourage employment of persons with disabilities. RAC also agrees that WOPS should require employers to appoint experienced staff as mentors to assist newly recruited employees with disabilities to adapt to work and resolve problems at work. Meanwhile, the incentive payment to a mentor having assisted an employee with disabilities in completing the first three-month work adaptation period has been increased from \$1,000 to \$1,500. RAC has noted that LD will keep close contact with employers to encourage employment of persons with disabilities.

3.5.9 RAC has also expressed support for SWD's continuous enhancement of SPED, including increasing the maximum support level for each employee with disabilities from \$20,000 to \$40,000; continually updating the list of "approved item categories" based on the item categories previously approved by the SPED Committee for expediting application processing; making arrangements for the SPED Administrator to conduct evaluation when employees with disabilities take up new jobs, for advising their former employers to transfer the assistive devices concerned to the employees if the job nature is similar to the previous one.

***Strategic Recommendation 15. Adopt joint job matching and promotion strategy, coupled with a one-stop information platform and employment support flow, in enhancing job-matching and follow-up services, and reducing employers' cost in information search for obtaining effective support***

3.5.10 RAC has noted that LD will improve the ISPS website: to discuss with SWD as to consolidating and simplifying the employment support services provided by subvented rehabilitation organisations, suggesting to rehabilitation organisations the use of a standardised format for information handling to facilitate employers to obtain relevant information through hyperlinks on the ISPS website; to explore through SWD with rehabilitation organisations concerned the feasibility of incorporating information on their job vacancies onto the ISPS website; and to display SWD's SPED at a prominent position on the ISPS website.

3.5.11 RAC has expressed support for the Government to examine arrangements for LD and SWD, in collaboration with organisations of persons with disabilities, to organise regular "one-stop" promotions for providing

information on employment of persons with disabilities to trade associations and employer organisations.

***Strategic Recommendation 16. Continuously optimise the “Enhancing Employment of Persons with Disabilities through Small Enterprise” Project and promote the development of social enterprises by facilitating the lease of suitable properties under the “Socially Caring Leasing Arrangements”***

3.5.12 RAC has noted that SWD has implemented two new measures under the “Enhancing Employment of People with Disabilities through Small Enterprise” Project in end 2019 to facilitate starting businesses and employment of persons with disabilities. These measures include allowing a business funded under the Project to reimburse the salary costs of a staff during the preparatory stage of the business and to, in addition to the originally approved funding, apply for extra funding to defray half of the salary costs of full-time and part-time employees incurred within the two years after the end of the funding period, with the maximum funding support not exceeding \$3 million.

3.5.13 RAC has expressed support for the “Socially Caring Leasing Arrangements” implemented by the Government Property Agency (GPA), which gives priorities to NGOs and social enterprises on the lists provided by SWD and the Home Affairs Bureau (HAB) (including funded organisations of the “Enhancing Employment of People with Disabilities through Small Enterprise” Project) in leasing GPA-managed premises by way of tender. GPA will strengthen collaboration with SWD and relevant government departments to expand the promotion of these leasing arrangements to NGOs, explore more suitable government premises and give advance leasing notices to enable interested organisations to start preparations early.

***Strategic Recommendation 17. Establish disability-friendly workplace and promote inclusive work culture through innovative promotional strategies***

3.5.14 From 2020-2021, the Government will increase the annual funding allocation for public education on rehabilitation from the original \$13.5 million to \$20 million for promoting thematic public education activities. The RAC Subcommittee on Public Education on Rehabilitation (SCPER) may consider providing funding for self-help organisations of persons with disabilities to organise talks and experiential activities for companies interested in employing

persons with disabilities, to facilitate staff concerned to understand how to accommodate the needs of persons with disabilities at the workplace. SCPER may also consider collaborating with media partners to explore innovative strategies for promoting employment of persons with disabilities, including extensively using social media to publicise information on employment of persons with disabilities (e.g. changing the perception of the occupational stereotypes of persons with disabilities, and encouraging employment of persons with disabilities in different ways); and encouraging the establishment of support network among enterprises to facilitate enterprises/companies with experience in hiring persons with disabilities to be “enterprise job coaches” for sharing information on training and managing employees with disabilities with other enterprises/employers.

3.5.15 The Labour and Welfare Bureau (LWB) will discuss with the Hong Kong Council of Social Service (HKCSS) and rehabilitation organisations the room for consolidating existing resources, including award schemes such as “Caring Company”, “18 Districts Caring Employers” and “Talent-wise Employment Charter and Inclusive Organisations Recognition Scheme”, and will examine the award criteria with respective organisers. LWB will also explore with the Equal Opportunity Commission as to strengthening the promotion of the guidelines on “reasonable accommodation/adjustment” to deepen employers’ understanding of the guidelines and enhance promoting “reasonable accommodation”<sup>3</sup> measures at the workplace.

## **3.6 Theme 6: Ageing of persons with disabilities**

3.6.1 With the advancement of medical technologies and improvement of the socio-economic conditions, the average life expectancy of persons with disabilities has become longer. Ageing of persons with disabilities is increasingly evidenced by various services, including community support services, residential care services and vocational training services. RAC agrees that it should be necessary to promote the health awareness of persons with disabilities and provide them with suitable special services to cope with ageing and deterioration

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<sup>3</sup> “Reasonable accommodation” refers to changes or adjustments to a job, employment practices, or working environment so that persons with disabilities can enjoy equal employment opportunities. Examples include: modifications to the work place to ensure employees with disabilities’ easy access and use of facilities concerned; changes to work designs, work schedules or other work practices (such as flexible working hours) to facilitate persons with disabilities to perform duties; provision and modification of equipment to enable employees with disabilities’ ease of use; and provision of training and other assistance.



of health conditions. RAC also considers it necessary to keep in view the development of end-of-life (EoL) services for elderly for exploring feasible EoL service options for persons with disabilities. RAC has put forward the following Strategic Recommendations in respect of ageing of persons with disabilities:

***Strategic Recommendation 18. Examine measures to further promote health awareness of persons with disabilities to alleviate early onset of ageing; prevent abrupt deterioration of health condition arising from incidents such as falling and stroke, and enhance the quality of care through wider application of technology products***

To develop effective method for assessing ageing of persons with disabilities

3.6.2 RAC has noted that assessment tools such as “Ageing Checklist for Persons with Intellectual Disability” have been adopted by some service units to assess the ageing of persons with disabilities to facilitate follow-up by care workers. RAC has suggested further exploring suitable tools for assessing the ageing of persons with disabilities, such as by making reference to the frailty index and integrating elements relevant to the needs of persons with disabilities in the local context in developing a new set of assessment tools. The reliability and validity of the new tools should be tested to facilitate extensive assessment of persons with disabilities using different services, thereby assisting them in selecting suitable services in the course of ageing.

To promote health awareness of persons with disabilities

3.6.3 Upon RAC’s invitation, DH has, in collaboration with non-governmental organisations (NGOs), parents’ associations and persons with intellectual disability, produced an information kit of basic health maintenance and disease prevention, in a bid to strengthen healthcare education for parents and carers of persons with intellectual disability. SWD also encourages rehabilitation organisations to provide on-the-job staff training on taking care of persons with intellectual disability. The Queen Elizabeth Foundation for the Mentally Handicapped provides funding support for NGOs/healthcare organisations to implement projects of offering check-up services for service users with intellectual disability, and accords priority to projects on prevention of early onset of ageing of persons with intellectual disability.

3.6.4 RAC has noted that FHB has set up the first District Health Centre (DHC) in the Kwai Tsing District in 2019 to raise public awareness of personal health management. RAC considers that DHC may consider increasing public awareness of disabilities in the context of health promotion. RAC has also suggested that the Government explore strengthening DHC's connection with the local community and establishing referrals and coordination with rehabilitation organisations to facilitate service targets to obtain a continuum of community rehabilitation and support services.

To promote application of technologies

3.6.5 RAC has suggested that the Government encourage service units to increase the use of technology products in residential care homes (RCHs) and the community, especially for preventing sudden health deterioration due to such factors as falls and strokes, and for enhancing the quality of care. (Details are under Theme 11.)

***Strategic Recommendation 19. Provide special and targeted services for persons with disabilities to cope with their ageing and health deterioration, including swallowing problem arising from ageing***

3.6.6 RAC has noted that SWD has continued to launch measures for persons with disabilities to cope with their ageing and health deterioration. These include the Visiting Medical Practitioner Scheme which provides primary medical care and support for residents of residential care homes for persons with disabilities (RCHDs); adding speech therapy services to some community support and residential care services to improve service users' speech and swallowing conditions caused by ageing or severe disabilities; and launching a pilot scheme in 2019 to set up multi-disciplinary professional outreach teams to provide specialised services for private RCHD residents.

3.6.7 RAC has suggested that district support centres/RCHs can draw up a systematic healthcare plan, as complemented by the use of technology products, to increase service users' mobility and slower deterioration of their body functions.

3.6.8 RAC has noted that FHB is conducting a review of how to improve EoL care from the legislative perspective, with considerations given to formulating a

clear and consistent legislative framework for advance directives and removing legislative impediments to facilitate dying in place. RAC has also noted that some NGOs are providing EoL services for their RCH elderly residents. For the long term, RAC considers that there is a need to keep in view the development of EoL services for the elderly for exploring feasible EoL plans for persons with disabilities.

***Strategic Recommendation 20. Provide one-stop and continuous rehabilitation training, care and residential services for ageing persons with disabilities, who can no longer benefit from services at vocational rehabilitation services/training programmes (e.g. Sheltered Workshops), at their residential homes through a pilot scheme, allowing them to remain in a familiar environment without moving to other hostels due to their age and changes in body functions; and review the relevant notional staffing and schedules of accommodation***

3.6.9 RAC has expressed support for SWD's plan to implement a pilot scheme, under the funding support of the Lotteries Fund, to provide one-stop and continuous rehabilitation training, care and residential services for the ageing service users of Day Activity Centres (DACs) cum Hostels for Severely Mentally Handicapped Persons (HSMHs) and SWs/IVRSCs cum Hostels for Moderately Mentally Handicapped Persons (HMMHs), allowing them to stay in their hostels for receiving services in a familiar environment without having to move to other hostels due to their age and changes in body functions. Meanwhile, the service places released in these DACs and SW/IVRSCs can be allocated to the applicants on the waiting list. The hostel section or part of the hostel places of the service units participating in the pilot scheme will be converted for providing dedicated care for elderly persons with intellectual disability and will enhance services concerned (e.g. physiotherapy/occupational therapy).

3.6.10 Taking account of the service contents of the pilot scheme, RAC has suggested that the corresponding staffing establishment and Schedules of Accommodation (SoA) be reviewed. On the basis of SWD's existing Notional Staffing Establishment (NSE), the establishment of allied health professionals and personal care workers should be added, as complementing the review of the statutory minimum area of floor space per resident in RCHDs, to upgrade the SoA concerned for the converted hostels for elderly persons with intellectual disability.

3.6.11 RAC has suggested that SWD consider, in implementing the pilot scheme, designing a new mechanism for assessing ageing, taking into account the various elements concerning persons with disabilities (e.g. physical/mental status, daily mobility and social interaction) and attaining personalised assessment results based on scores in place of age-based scales. This assessment mechanism can be used as a reference for exploring the development of new tools for assessing the ageing of persons with disabilities. (Details are at Strategic Recommendation 18.)

***Strategic Recommendation 21. Set up a “Special Needs Trust” to provide reliable and affordable trust services for parents with sufficient assets for meeting the long-term daily needs of their children with special needs after they pass away***

3.6.12 RAC has noted that SWD has set up the Special Needs Trust (SNT) in March 2019, with the Director of Social Welfare Incorporated as the trustee to provide trust services for managing the assets of deceased parents concerned. In accordance with the parents’ wills, regular fund disbursements will be made to the carers (individuals or institutions) of their children with special needs, ensuring that their assets will be used for continually meeting their children’s long-term daily needs. The beneficiaries under SNT includes persons with intellectual disability (including Down's syndrome), mental disorder or autism. RAC considers that the Government may review the operating experience and detailed arrangements at an appropriate time upon full operation of the SNT services.

### **3.7 Theme 7: Medical rehabilitation**

3.7.1 It is the Government’s health care policy that no one should be prevented from obtaining suitable medical services due to the lack of means or on the ground of disabilities. RAC considers that primary health care should be further strengthened to promote self-health management among members of the public and provide community support for patients with chronic illnesses. RAC has noted that the first DHC has been set up in the Kwai Tsing District, and the Government has plans to set up DHCs in six other districts in the next two years. RAC has put forward the following Strategic Recommendations in respect of medical rehabilitation:

***Strategic Recommendation 22. Continuously optimise the Child Assessment Service to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment through a triage system***

3.7.2 RAC has noted that DH has recently implemented three-pronged improvements to the Child Assessment Service (CAS), including setting up more CACs, increasing manpower, and improving service flow. Measures include making preparations for setting up a new CAC in 2024 and a temporary CAC in Ngau Tau Kok to expedite case processing; increasing CACs' manpower of allied health, administration and support personnel; triaging some follow-up assessment cases to allied health professionals, and arranging for nurses to assist doctors in some post-assessment follow-up work hence enabling doctors to process more cases; adopting a triage system to ensure urgent and more severe cases be accorded priority for assessment; providing transitional support to parents with children waiting for assessment and rehabilitation services; and in collaboration with the Family Health Service, streamlining the referral procedures for cases involving mild speech impairment.

***Strategic Recommendation 23. Enhance the overall accessibility of the healthcare environment and facilities through the analysis on entrances, walkways, healthcare facilities, signage, escape facilities and application of navigation techniques***

3.7.3 LWB is assisting the Task Force on Accessibility of the Review Working Group by conducting a consultancy study to, taking reference from the standards/best practices of Universal Design in the international context, examine the community/living environment in Hong Kong and explore strategies and practicable measures to remove barriers, for further enhancing the accessibility of the community/living environment in Hong Kong, including the accessibility of the healthcare environment and individual facilities. (Details are under Theme 15.)

***Strategic Recommendation 24. Continuously enhance special dental services and evaluate their effectiveness, including the Special Oral Care Service at the Hong Kong Children’s Hospital for children with intellectual disability, Healthy Teeth Collaboration launched by the Department of Health to provide free oral check-ups, dental treatments and oral health education for adults with intellectual disability***

3.7.4 RAC has noted that the Government has reserved about \$54 million to launch a three-year pilot scheme “Healthy Teeth Collaboration” from July 2018, which provides free oral examinations, dental treatments and oral education services for adults with intellectual disability aged 18 or above. Arrangements are made for patients in need to receive dental treatments at private hospitals participating in the pilot scheme. The Government will keep in view the implementation of the scheme and the dental service needs of persons with intellectual disability for considering how to improve the services.

3.7.5 RAC has noted that under collaboration between DH and HA, the Special Oral Care Service (SOCS) has been set up at the Hong Kong Children’s Hospital for pre-school children with intellectual disability aged under six. From the third quarter of 2019, DH has also been providing on-site oral examinations and oral health education for children with intellectual disability aged under six at SCCCs. Children in need are referred to SOCS at the Hong Kong Children’s Hospital for follow up treatment. For primary school students participating in DH’s School Dental Care Service but hospitalised in the Hong Kong Children’s Hospital and hence unable to attend consultation at the designated dental clinics, they can receive dental care services at the Hospital.

3.7.6 RAC has also noted that some NGOs are operating dental vehicles to provide mobile dental services. RAC has suggested exploring the extension of this service model for other types of disabilities to facilitate persons with disabilities and restricted mobility to receive basic oral care services in the community.

## **Chapter 4 Strategic Direction II: Enhance community care services to enable persons with disabilities and their families living in the community to obtain necessary support, and be admitted to residential care homes as soon as possible when in need**

Strategic Direction II covers the community support and residential care services for persons with disabilities, as underpinned by the following five themes and 13 strategic recommendations:

- Theme 8 Community support services for persons with disabilities
- Theme 9 Community support services for family members or carers of persons with disabilities
- Theme 10 Residential care services
- Theme 11 Technology products and assistive devices
- Theme 12 Diversified community care and day services

### **4.1 Theme 8: Community support services for persons with disabilities**

4.1.1 Subsidised NGOs are providing various community care and support services to assist persons with disabilities in maximising the development of their physical, intellectual and social capabilities, thereby facilitating their integration into the community; and to strengthen carers' caring capability and relieve their burden, with a view to enhancing the quality of life for persons with disabilities and their carers. RAC understands that it is the hope of many persons with disabilities to, with appropriate community support services as well as assistance of family members or carers in handling daily living when needed, live in the community as far as possible. They would only consider admission to RCHs when they could no longer manage living in the community due to changes to their physical or family conditions. RAC has put forward the following Strategic Recommendations in respect of community support services for persons with disabilities:

***Strategic Recommendation 25. Continuously enhance the capacity of existing community support services (including increasing the number of District Support Centres for Persons with Disabilities, Support Centres for Persons with Autism and Parents/Relatives Resources Centres) and home-based support services***

4.1.2 As many persons with disabilities have indicated that they hope to continue live at home and defer their admission to RCHs as far as possible, RAC has expressed support for the Government to implement the following measures on community support services for persons with disabilities and their families:

- (1) From 2020-21 to 2021-22, the number of District Support Centres for Persons with Disabilities (DSCs) will be increased from 16 to 21 with strengthened rehabilitation training and services;
- (2) In 2019-20, the number of Support Centres for Persons with Autism (SPA) was increased from three to five with enhanced manpower for existing SPAs;
- (3) In 2018-19, the number of Parents/Relatives Resource Centres (PRCs) was increased from six to 12, and to 19 in 2019-20, with specialised units for ethnic minorities set up in five PRCs; and
- (4) An additional 1 800 persons with disabilities living in the community will be provided with on-site home care services with enhanced transport support for these services.

***Strategic Recommendation 26. Launch new services and integrate existing ones with a view to providing a coherent continuum of community support services for persons with different levels of care needs, including setting up new rehabilitation service centres for persons with severe disabilities having intensive care needs and living at home, by integrating the services of day care centres and home care services in a flexible manner, and providing appropriate support for persons with severe disabilities based on the changes in service needs at different stages during their lifespan; and explore applying the ICF framework in devising a structure comprising rehabilitation objectives, intervention, assessment and evaluation to facilitate data and experience sharing among rehabilitation organisations***

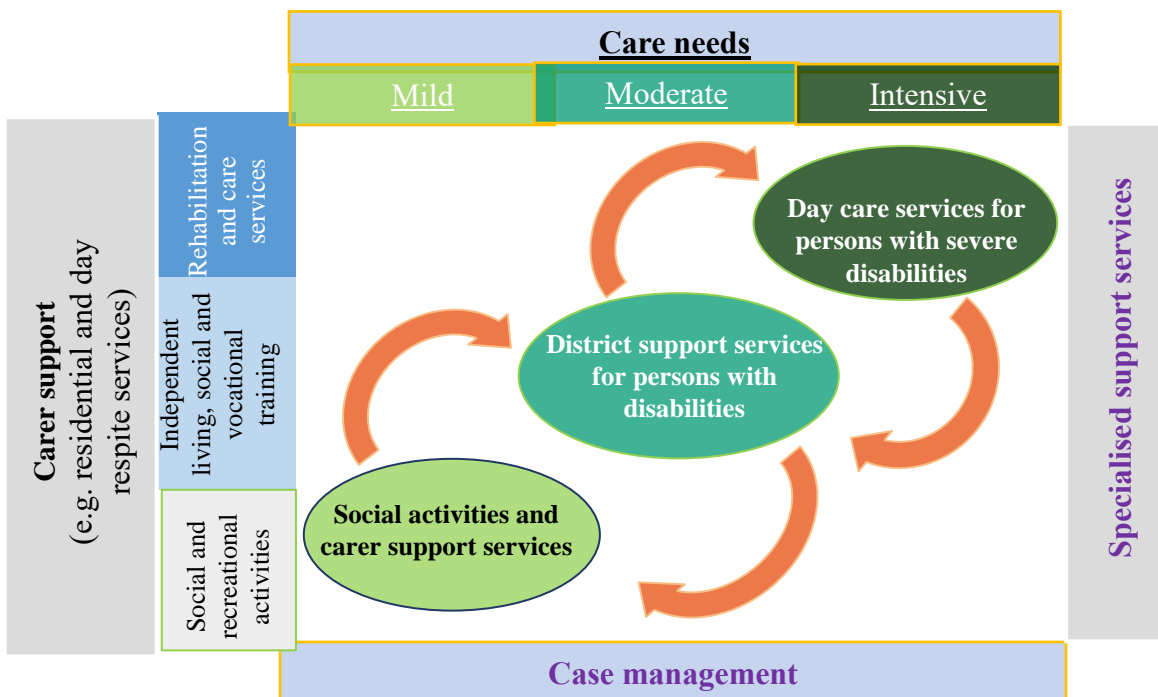
4.1.3 RAC agrees that a three-tier community support service model should be adopted in the future to provide a coherent continuum of services for persons



with disabilities having intensive, moderate and mild care needs respectively (see Figure 1).

Figure 1: Future three-tier community support service model

### Community Support Service



#### Persons with disabilities having intensive care needs

4.1.4 Various centre-based and home-based services will be strengthened. New service centres for persons with severe disabilities will be set up.

4.1.5 For persons with severe disabilities having intensive care needs and living at home, SWD will, with funding support of the Lotteries Fund, set up two new community rehabilitation day service centres for implementing a two-year pilot project of community care services. The new centres will integrate the services of day care centres and home care services; provide new services catering to the actual impairment level and needs of persons with disabilities (including the application of advanced rehabilitation equipment and technology products); provide supports to carers; and apply the ICF framework in devising a structure comprising rehabilitation objectives, intervention, assessment and evaluation to facilitate data and experience sharing among rehabilitation organisations, and to provide interventions from the perspectives of social environment and personal elements for encouraging persons with disabilities' participation in the

community.

4.1.6 SWD will also review the existing service scopes of Home Care Service for Persons with Severe Disabilities (HCS) and Integrated Support Service for Persons with Severe Physical Disabilities (ISS), and extend these home-based support services to persons with moderate disabilities or care needs. The service modes of the existing four Community Rehabilitation Day Centres (CRDCs), Day Care Service for Persons with Severe Disabilities, HCS, ISS, etc. will be reviewed after completion of the pilot project, with a view to achieving the policy objective of providing a continuum of coherent and interconnected services for persons with disabilities and their carers.

#### Persons with disabilities having moderate care needs

4.1.7 DSCs will be repositioned for providing specialised support for persons with mild to moderate disabilities. The feasibility of DSCs taking up a coordinating role among other district service units would be explored.

#### Persons with disabilities having mild care needs

4.1.8 The services of Social and Recreational Centres for the Disabled (S&RCs) will be enhanced. SWD will provide additional resources for strengthening S&RCs' community support functions (especially carer support), and explore the feasibility of integrating S&RCs with PRCs as a district network to provide fundamental support services.

4.1.9 RAC considers that SWD can, taking reference from the "Standardised Care Need Assessment Mechanism for Elderly Services", explore the feasibility of developing a standardised care need assessment mechanism for the community support services for persons with disabilities; and explore the feasibility of further enhancing and expanding the service coverage of the existing case management services.

***Strategic Recommendation 27. Implement a pilot scheme to provide timely support for persons in recovery on the waiting list of Halfway Houses through multi-disciplinary outreaching support teams and peer supporters; at the same time review different options of the service model for Halfway Houses, so that appropriate mechanism can be set up to monitor the unique service supply and demand to ascertain the need to increase the capacity of Halfway Houses and the outreaching service; and explore a service framework of transitional support for persons in recovery in their recovery pathway after discharge from hospitals***

4.1.10 RAC has recommended that SWD in collaboration with HA explore introducing a pilot scheme to provide support for persons in recovery discharged from hospitals and living in the community who are on the Halfway House waiting list, with a view to assisting them in receiving Halfway House services and smoothly adapting to the Halfway House environment, and providing non-residential systematic support for persons in recovery discharged from hospitals who resist the hostel living environment.

4.1.11 RAC has noted that SWD will provide 85 additional Halfway House places by 2019-20, bringing the total number to 1 594 to meet short-term needs. Depending on the outcome of the above initiative, SWD will explore the service framework of transitional support for persons in recovery discharged from hospitals in their recovery pathway and draw up a suitable mechanism for monitoring the unique situation of supply and demand of Halfway House places, with a view to ascertaining whether long-term service needs should be met by increasing the number of Halfway House places and/or outreaching service places.

***Strategic Recommendation 28. Continuously update the service targets and model of Integrated Community Centres for Mental Wellness (ICCMWs) to ensure that core services of ICCMWs in all districts can meet the performance standards; formulate thematic performance indicators for additional resources to be allocated in the future, to facilitate ICCMWs in timely updating their service targets and model in view of demographic and regional characteristics and enhancing collaboration with local partners, with a view to providing appropriate services suitable for residents in the district concerned; and strengthen publicity and promotion of the services of ICCMWs***

4.1.12 RAC has recommended that the services targets and model of ICCMWs

be continuously reviewed to ensure that their core services in all districts can meet the performance standards, and that thematic performance indicators be formulated for additional resources to be allocated in the future, with a view to providing services suited for the residents in the districts. Publicity and promotion of services should also be strengthened.

4.1.13 Under this development direction, SWD had allocated additional resources to ICCMWs in the fourth quarter of 2019 for expanding the service targets to cover secondary school students with mental health needs, with the number of secondary schools in the serving districts taken as one of the factors for considering resource allocation.

## **4.2 Theme 9: Community support services for family members or carers of persons with disabilities**

4.2.1 The Government encourages mutual support among family members and recognises family carers' contributions to their families. With the required information, counselling, financial assistance and respite services, carers can improve their caring ability and relieve their pressure. RAC has noted that with many areas of policy work concerning carers, LWB will commence a policy study on strengthening carer support. RAC expects that LWB's study could explore carers' needs in a more comprehensive manner for developing an overall carer policy. RAC has put forward the following Strategic Recommendations in respect of community support measures for families or carers of persons with disabilities:

***Strategic Recommendation 29. Increase the number of residential respite places and achieve better utilisation of designated residential respite places to strengthen support for carers and provision of emergency placement service for persons with disabilities***

4.2.2 RAC has noted that SWD has plans to purchase over 40 places for designated residential respite services from private RCHDs having met the manpower and per capita area requirements under the Bought Place Scheme for RCHDs. SWD has also launched the "Vacancy Enquiry System for Residential Respite Service for Persons with Disabilities, Residential Respite Service for the Elderly and Emergency Placement for the Elderly" in December 2019 to facilitate

the public or social workers making referrals to check the vacancy of residential respite places for persons with disabilities, and to improve the timing and accuracy of updating information on the vacancy. SWD will regularly remind the responsible persons of RCHDs to upload up-to-date information onto the webpage concerned, and will continuously examine its usage and explore areas for improvement. SWD will also explore the feasibility of setting up a pre-registration system for residential respite services. When the use of residential respite services at a reasonable level can be assured, SWD will examine increasing the proportion of respite places in future additional subsidised residential service places.

***Strategic Recommendation 30. Enhance support for carers, including increasing the service capacity of Parents/Relatives Resource Centres and Social and Recreational Centres for the Disabled; and explore the feasibility of integrating these centres as a district network to provide fundamental supports***

4.2.3 RAC agrees that a three-tier community support service model should be adopted in the future to provide a coherent continuum of services for persons with disabilities having intensive, moderate and mild care needs respectively. Under this three-tier service model, services of PRCs and S&RCs will be enhanced for taking care of persons with disabilities having mild care needs and supporting carers. (Details are at Strategy Recommendation 26 under Theme 8.)

4.2.4 For enhancing carer support, it is necessary to relieve carers' emotions, provide breathing space for carers, provide suitable carer allowance, enhance carers' caring ability, etc. to enable their taking up the care responsibilities. RAC knows the various existing community care services (including PRCs and S&RCs) for supporting persons with disabilities and their families or carers, and agrees that the services and functions of these centres should be strengthened to provide better support for carers and relieve their pressure. RAC has noted that the number of PRCs has been increased to 19. The Chief Executive also announced in the 2019 Policy Address to provide additional resource for strengthening S&RCs' community support function (especially carer support).

***Strategic Recommendation 31. Consolidate the pilot scheme on carer allowance and with other related pilot schemes***

4.2.5 RAC agrees that the Government should explore integrating and improving the three existing CCF schemes, including “Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities”, “Pilot Scheme on Providing Subsidy for Higher Disability Allowance Recipients in Paid Employment to Hire Carers”, and “Special Care Subsidy for the Severely Disabled”, to better cater for the needs of persons with disabilities.

***Strategic Recommendation 32. Continuously review support for self-help organisations to promote self and mutual support among persons with disabilities and their carers***

4.2.6 RAC has noted that SWD has from 2018-19 increased the allocation for the financial support scheme for self-help organisations by \$6 million, bringing the total allocation for the scheme to \$21 million. RAC has recommended that SWD continuously examine the support for self-help organisations.

**4.3 Theme 10: Residential care services**

4.3.1 At present, there are more than ten types of residential care services for persons with disabilities with keen service demand. Applicants with intellectual/physical disabilities must first be assessed under the “Standardised Assessment Mechanism for Residential Services for People with Disabilities” for confirming their needs for residential care services before being placed onto the waiting list/admitted to service units concerned. Many stakeholders have raised that some persons with disabilities living in the community and waiting for residential care services have submitted applications too early and may be admitted to RCHs prematurely. RAC has put forward the following Strategic Recommendations in respect of residential care services:

***Strategic Recommendation 33. Strengthen the service quality of residential care homes through upgrading the statutory staffing requirements; adjusting upward the statutory minimum area of floor space per resident; raising the accountability of licensees; mandating registration of home managers and continuous training of health workers; and continue to increase the number of rehabilitation service places***

4.3.2 The “Working Group on the Review of Ordinances and Codes of Practice for Residential Care Homes” submitted its report in May 2019<sup>4</sup>, putting forward 19 recommendations for eight aspects, including classification of RCHs, statutory minimum staffing requirements of RCHs, statutory minimum area of floor space per resident in RCHs, requirements on licensees of RCHs, registration systems for home managers of RCHs, registration systems for health workers of RCHs, age of residents, offences and penalties, etc. RAC has noted that LWB is examining the relevant legislative amendments and has commenced stakeholder engagement sessions on the proposed legislative amendments.

4.3.3 RAC has recommended that SWD consider further discussing with relevant stakeholders specific implementation plans for modernising RCHs, to be complemented by the “Innovation and Technology Fund for Application in Elderly and Rehabilitation Care” (I&T Fund), for improving the environment and facilities, applying innovative technologies and using assistive devices, with a view to enhancing residents’ quality of life and environment accessibility.

4.3.4 RAC has noted that SWD will increase a total of about 2 200 residential rehabilitation service places from 2019-20 to 2021-22. With persons with disabilities’ keen demand for residential care services, RAC has recommended that SWD continue to increase the number of service places in a multi-pronged approach.

***Strategic Recommendation 34. Explore measures to optimise the queuing mechanism for residential care homes for persons with disabilities, so as to reduce incidents of pre-mature admission***

4.3.5 RAC has expressed support for SWD to introduce arrangements similar to the “inactive” cases waiting for service places in RCHs for the elderly, to

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<sup>4</sup> [https://www.swd.gov.hk/storage/asset/section/2970/en/Report\\_of\\_the\\_Ordinances\\_and\\_COP\\_for\\_Residential\\_Care\\_Homes.pdf](https://www.swd.gov.hk/storage/asset/section/2970/en/Report_of_the_Ordinances_and_COP_for_Residential_Care_Homes.pdf)

optimise the existing RCHD queuing mechanism. RAC has also recommended that SWD maintain communications with stakeholders (including operating organisations and applicants of residential care services) when implementing the optimised mechanism, to facilitate parties involved to understand its operation.

4.3.6 RAC has recommended setting up a mechanism to remind persons with disabilities and their carers to assess applicants' health conditions regularly or in response to changes to applicants' health conditions, for considering whether to continue to queue for the original residential care services or switch to other residential care services with a higher care level. In this connection, SWD's Central Referral System for Rehabilitation Services will send notifications to "inactive" applicants to update their status regularly, facilitating them to contact their referring social workers as necessary for reviewing their needs for residential care services, arranging for their assessment again and re-listing as "active" cases. SWD will arrange for applicants' queuing for the suitable residential care services according to their original application dates on the waiting list. There will be no need for reapplying.

4.3.7 RAC has recommended that SWD upon setting up the optimised mechanism provide information separately on the waiting status of "active" applicants and the number of "inactive" applicants, to facilitate applicants or family members/carers to make early preparations for future care services.

#### **4.4 Theme 11: Technology products and assistive devices**

4.4.1 With the longer average life expectancy of persons with disabilities and hence their changing physical conditions due to ageing, their service needs also change correspondingly. RAC considers that leveraging on the application of technology products and assistive devices to improve rehabilitation services and support persons with disabilities' needs at different stages can facilitate them to live in an accessible environment. RAC has put forward the following Strategic Recommendations in respect of technology products and assistive devices:



***Strategic Recommendation 35. Make use of the “Innovation and Technology Fund for Application in Elderly and Rehabilitation Care” to subsidise organisations providing rehabilitation services to procure, rent and trial use technology products, so as to improve the service quality and alleviate the work pressure of care staff; and set up an online product information platform***

4.4.2 RAC has suggested that SWD consider expanding the eligibility of organisations for applying for the I&T Fund, reviewing the application details continuously, setting up an online product information platform and strengthening promotion to enable applicant organisations to choose suitable products more effectively. RAC has also suggested that the I&T Fund Reference list be updated regularly to facilitate stakeholders to obtain up-to-date information on products suitable for persons with disabilities’ use in the local context. RAC has noted that SWD would make arrangements for the Expert Group coordinated by HKCSS to conduct technical assessments of products not on the Reference List, as reference for SWD and the I&T Fund Assessment Panel in considering applications concerned. RAC has suggested that the Expert Group membership include a wide range of professions (e.g. occupational therapists (OTs), physiotherapists (PTs), speech therapists (STs), audiologists and engineers).

***Strategic Recommendation 36. Explore the feasibility of promoting the application of assistive technology in the community through collaboration between the new Community Rehabilitation Day Centres and organisation(s) equipped with the knowledge of application of innovative technology products so as to support the daily living of persons with disabilities in the community***

4.4.3 For the two new community rehabilitation day service centres to be set up by SWD, one of the characteristics is the application of advanced rehabilitation equipment and gerontechnology facilities. RAC has suggested that SWD explore the feasibility of promoting application of assistive technology in the community through possible collaboration between these two new centres and organisations equipped with the knowledge of application of innovative technology products (which may include the business sector, academic institutions and NGOs). The new centres could bring the products into the community, provide training and coaching to persons with disabilities and their family members/carers on using the products, taking account of the need to balance product costs and the level of personalisation.

4.4.4 Noting that HKCSS is planning for the “Pilot Scheme on Renting Innovative Technological Products” for elderly in need, RAC has suggested that, depending on the effectiveness of this Pilot Scheme, a similar pilot scheme for persons with disabilities in need be contemplated. RAC considers that the principle of selecting categories of assistive technology products for renting is to add value to users’ daily living and activities. Users’ personal needs, product maintenance costs, safety, convenience of use, social acceptance, etc. should be taken into account. RAC has suggested that an initial study be conducted on the overall availability of rehabilitation technology products for persons with disabilities, the difficulties faced by persons with disabilities, and the technology products and services in Hong Kong. For making preparations for the pilot scheme, overseas field visits should be carried out and brainstorming sessions should be conducted to listen to the views of the rehabilitation sector. RAC has also suggested that, taking reference from the “Pilot Scheme on Renting Innovative Technological Products”, the pilot scheme for persons with disabilities be operated by an NGO on a trial basis with the support of charity funding.

## **4.5 Theme 12: Diversified community care and day services**

4.5.1 With the increasing overall disability population and population of individual types of disabilities, ageing of persons with disabilities, enhanced community support services (including carer support), and more application of assistive technology products, RAC expects that the demand for community support and day services will grow continuously and service needs will become increasingly diverse. RAC has put forward the following Strategic Recommendation in respect of diversified community care and day services:

***Strategic Recommendation 37. Explore the model of providing diversified community care and day services for persons with disabilities, including examining the prioritisation of various community support services (including carer support) and different options of the funding model***

4.5.2 RAC’s Consulting Team had conducted a questionnaire survey to preliminarily collate stakeholders’ views on three issues, including community support (including carer support) services and measures most useful in facilitating persons with disabilities to choose to continue to live with their families in the community; the feasibility of introducing Community Care Service Voucher

(CCSV) for persons with disabilities; and setting up a new queuing mechanism for residential care services for persons with disabilities.

4.5.3 RAC considers that the original intention of exploring CCSV was to, without affecting persons with disabilities' existing welfare and services, facilitate eligible persons to select community care services suited to their personal needs by using service vouchers. With many stakeholders opposed to the concept of "co-payment" and a consensus on whether to introduce CCSV for rehabilitation services yet to be attained, RAC considers it necessary to have due regard to stakeholders' views as well as services available in the market, with reference taken from the implementation experience and way forward of the CCSV for the Elderly, to avoid a hasty decision. RAC has suggested that the Government focus on strengthening other community support measures.

## **Chapter 5 Strategic Direction III: Promote disability inclusive culture, facilitate accessible environment, transportation and access to information so that persons with disabilities can fully participate in social life**

Strategic Direction III covers establishing a disability inclusive environment and culture for persons with disabilities to facilitate them to fully participate in society, as underpinned by the following six themes and 19 strategic recommendations:

- Theme 13 Disability-inclusive culture
- Theme 14 Mental health-friendly community
- Theme 15 Accessibility of community environment and services
- Theme 16 Accessible information
- Theme 17 Accessible transportation systems
- Theme 18 Participation in cultural and arts, recreational and sports activities

### **5.1 Theme 13: Disability-inclusive culture**

5.1.1 For formulating the new RPP, abiding by UNCRPD is a guiding principle adopted by RAC while establishing a disability inclusive society is RAC's vision. RAC has put forward the following Strategic Recommendations in respect of disability inclusive culture:

***Strategic Recommendation 38. Increase resource allocation to reinforce the spirit and core values of the UNCRPD and promote disability inclusive culture***

5.1.2 RAC has expressed support for reinforcing the promotion of the spirit and core values of UNCRPD. RAC has noted that the Government will from 2020-21 increase the annual funding allocation for public education on rehabilitation from the original \$13.5 million to \$20 million for promoting thematic public education activities, including promoting "inclusive workplace"; importance of healthy living of persons with disabilities; importance of mental health; barrier-free access to information and entertainment; public awareness of accessible transport services; more knowledge of the spirit and core values of UNCRPD among youngsters in primary and secondary schools; and more public knowledge and acceptance of guide dogs.

## **5.2 Theme 14: Mental health-friendly community**

5.2.1 Public education and publicity can raise the awareness and understanding of mental health, thereby promoting public acceptance of persons in recovery, removing stigmatisation and discrimination of mental illness, and facilitating persons in recovery to integrate into the community. RAC considers it necessary to strengthen the promotion of mental health to enable persons with mental health needs to obtain relevant information and services early; and formulate specific public education directions, strategies and measures for promoting public acceptance of persons with disabilities. RAC has put forward the following Strategic Recommendations in respect of mental health-friendly community:

***Strategic Recommendation 39. Continuously launch promotional activities to advocate mental health, provide service information, and eliminate stigmatisation and discrimination against mental illness through mass and social media***

5.2.2 The Chief Executive announced in the 2018 Policy Address that an annual funding of \$50 million has been earmarked for embarking on an ongoing mental health promotion and public education initiative. RAC has noted that the initiative will be implemented by DH. As recommended by FHB and the Advisory Committee on Mental Health (ACMH), the first phase of the initiative seeks to enhance public knowledge of mental health to reduce stigmatisation of persons in recovery, with a view to achieving the objective of establishing a mental health-friendly society in the long term. LWB and SWD have participated in the related work through the ACMH platform.

5.2.3 RAC has also noted that SWD has since July 2019 set up five Mobile Vans for Publicity Service On Mental Wellness across the territory through four NGOs. The purpose is to enhance public knowledge of mental health and acceptance of persons in recovery through roving exhibitions, mini talks, interactive activities, small group activities and instant simple consultations, etc. to promote community mental health education at different places or venues.

***Strategic Recommendation 40. Launch a scheme to promote mental health-friendly workplace to provide information pack and support of mental health for employers and employees; and enhance the acceptance towards persons in recovery in workplace***

5.2.4 RAC has suggested that employers, management and employees from different sectors as well as working people from professional bodies can be targets for the promotion of mental health-friendly workplace with 3As as objectives: namely Awareness, Accessibility and Acceptance. Implementation can be four-pronged, covering proactive participation by individuals, liaison with partners, formulation of common vision, and collaboration in fostering a mental health-friendly culture.

5.2.5 RAC has expressed support for the “Mental Health Workplace Charter” (the Charter) launched by FHB/DH, which, through inviting private and public organisations, educational institutions and NGOs to join the Charter, promotes mental health at the workplace; encourages employees to identify mental health issues early and seek help; and fosters an accommodating and friendly workplace environment for colleagues with mental health needs. RAC/LWB will continue to collaborate with ACMH/FHB in promoting a mental health-friendly workplace.

***Strategic Recommendation 41. Explore early intervention and referral mechanism for people with mild emotional issues***

5.2.6 For the long term, RAC expects community services to offer early preliminary psychological support to persons with mild emotional issues, and refer persons with moderate mental health needs and persons with severe or complex mental illness to public hospitals or private psychiatrists to receive psychiatric specialist services. RAC has noted that some NGOs are, taking reference from relevant overseas experience, exploring and developing an early intervention option for persons with mild emotional issues, and a pilot programme has been launched with the support of charity funding. The Government can explore promoting medical-social collaboration to provide a continuum of mental health services for the public, having regard to the need to establish an effective risk management framework with accredited health professionals as case supervisors and supported by an effective accountability system.

5.2.7 RAC has noted that the Hong Kong College of Psychiatrists has launched a time limited voluntary psychiatry medical consultation service programme under the support of private funding and voluntary participation of private psychiatrists, which offers initial mental health assessment and consultation for persons with mild emotional issues or suspected illness. RAC has suggested that the Hong Kong College of Psychiatrists can, leveraging on this programme, consider exploring the detailed arrangements for possible medical-social collaboration with welfare NGOs in providing mental health services.

### **5.3 Theme 15: Accessibility of community environment and services**

5.3.1 Providing an accessible community environment for persons with disabilities is important to enabling them to access premises and use the facilities and services therein on an equal basis with others. Government bureaux and departments will within their purviews provide barrier-free access and facilities by formulating and enforcing legislation, and implementing administrative measures and improvement works programmes. RAC agrees that the Government should continue to improve the accessibility of the community environment. RAC also considers that the “Design Manual: Barrier Free Access” should be updated continuously to ensure the provision of suitable barrier-free access and facilities in buildings. RAC has put forward the following Strategic Recommendations in respect of accessibility of community environment and services:

***Strategic Recommendation 42. Conduct research on the international standards/best practices/guidelines on universal design, and taking full account of the constraints and opportunities in Hong Kong, formulate feasible, achievable and practical strategies and recommendations; adopt the methodology of “Travel Chain Analysis” to identify various barriers and propose measures to eliminate the barriers, with a view to creating an accessible community and living environment***

***Strategic Recommendation 43. Promote wider application of information and communication technology to facilitate access of persons with disabilities to services, with priority study in the areas of shopping, catering, banking, leisure/entertainment services***

5.3.2 RAC has noted that LWB has commenced a consultancy study on accessibility. The consultant has studied the relevant standards/best practices/guidelines in six cities and will, taking account of Hong Kong's practical situation, draw up practicable strategies and recommendations with a view to establishing a community/living environment facilitating persons with disabilities to live an independent and fruitful life. The consultant has carried out site visits to local premises and facilities of different categories (including shopping, dining, banks, leisure/entertainment, etc.). Making reference to the concept of "universal design" and "Universal Accessibility: Best Practices and Guidelines" and applying the travel chain analysis<sup>5</sup>, the consultant is conducting an in-depth study of the accessibility principles and standards, way-finding information and communication technology (ICT), accessible services, incentives for service providers, training and public education, for drawing up practicable strategies and recommendations for further enhancing the accessibility of the community/living environment in Hong Kong. Upon completion of the consultancy study, the RAC Sub-committee on Access will follow up on the implementation of the strategies and recommendations concerned.

5.3.3 Concerning ICT application for information accessibility, RAC has noted that the Transport Department has provided a mobile application (HKeMobility) for public use, and that different organisations are also developing and promoting various way-finding mobile applications (e.g. the "Smart City Walk" application launched by the Hong Kong Blind Union).

## **5.4 Theme 16: Accessible information**

5.4.1 To facilitate persons with disabilities to have barrier-free access to information, apart from encouraging public and private organisations to adopt barrier-free webpages and mobile applications, the Government also collaborates with the rehabilitation sector to promote the use of sign language and easy-to-read version. RAC understands the expectations of persons with different types of disabilities on barrier-free access to information, and supports the Government

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<sup>5</sup> The travel chain analysis examines whether there are barriers for persons with disabilities on the way from the starting point to the target premises. The scope of examination covers access to information on barrier-free facilities/ancillary transport facilities of the target premises, barrier-free transport services/barrier-free access/barrier-free facilities needed along the way from the starting point to the target premises, barrier-free access/facilities for entering the target premises, and barrier-free access/facilities and emergency evacuation facilities in the target premises.



in continuing to strengthen support measures and promotion work concerned. RAC has put forward the following Strategic Recommendations in respect of accessible information:

***Strategic Recommendation 44. Prepare and publish the minimum standards and design guidelines for accessible websites and mobile applications for providing information to the public, and monitor the implementation in public and private organisations and non-governmental organisations (NGOs); provide incentives for non-profit-making social organisations to develop more mobile applications suitable for meeting the special needs of various disability groups, and encourage organisations concerned to promote these applications to a wider population***

5.4.2 RAC has expressed support for the Office of the Government Chief Information Officer (OGCIO) to continue to collaborate with the Hong Kong Internet Registration Corporation Ltd in encouraging more enterprises and organisations to adopt barrier-free programme designs for webpages/mobile applications. RAC has also expressed support for OGCIO to publish the minimum standards and design guidelines for accessible public websites/mobile applications. RAC has noted that the Hong Kong Internet Registration Corporation Ltd conducts regular surveys to evaluate whether the functions of Hong Kong websites and mobile applications commonly used by persons with disabilities are barrier-free. The Government will continue to support non-profit making organisations, through the Innovation and Technology Fund for Better Living, to develop mobile applications catering for the needs of persons with disabilities.

***Strategic Recommendation 45. Explore the development of “Hong Kong Sign Language” for use in public broadcasting (including news reporting programmes and Government’s Announcements in the Public Interest) and official occasions; publish a glossary for “Hong Kong Sign Language”; at the same time preserve the usual sets of sign language used by different groups/sectors for communication in individual social occasions; and upgrade the Working Group on the Promotion and Application of Sign Language under the RAC to a Task Force to advise on the implementation schedule and related strategic development directions and supporting measures in developing “Hong Kong Sign Language”***

5.4.3 The RAC Working Group on Promoting Sign Language considers that there is a need to develop the “Hong Kong Sign Language” for commonly used and specialised terms in Hong Kong to facilitate timely and accurate conveying of news reports and important public information to different deaf groups; and to formulate objective standards for assessing and accrediting the ability of sign language interpreters as a prerequisite for developing the sign language interpretation profession.

5.4.4 The Working Group on Promoting Sign Language (to be upgraded as a Task Force) has suggested that the “Hong Kong Sign Language” develop along a dual track in future, i.e. on the one hand, developing the “Hong Kong Sign Language” in three directions, namely exploring the publication of different “Hong Kong Sign Language” terms and variations through establishing an online platform, setting up a sign language terms development group to gradually build up the “Hong Kong Sign Language” and a glossary of commonly used terms for public use, and establishing an online resource centre for complicated or new concepts; and on the other hand, preserving the sets of sign language used by different deaf groups for diversified development. The Task Force will advise on the timetable and related development strategic directions and complementary measures for developing the “Hong Kong Sign Language”.

***Strategic Recommendation 46. Prepare a guide on production of easy-to-read version to facilitate the access of persons with intellectual disability and persons with other special cognitive needs to information published by government bureaux/departments, NGOs and public organisations, etc***

5.4.5 RAC considers the easy-to-read version useful to facilitating persons in need to obtain information, and that efforts should be devoted to relevant development and promotion. RAC has suggested that a guide on production of easy-to-read version be prepared to facilitate government bureaux/departments, NGOs and public organisations to produce easy-to-read versions. RAC has also set up a working group under SCPER to coordinate the promotion of easy-to-read version.

## **5.5 Theme 17: Accessible transportation systems**

5.5.1 RAC has suggested that the Government promote accessible public transport generally apart from enhancing Rehabus services. RAC has put forward the following Strategic Recommendations in respect of accessible transportation systems:

***Strategic Recommendation 47. Continuously enhance the efficiency of Rehabus services, including setting up a new integrated computerised system; enhancing the shared-use of Dial-a-Ride service; enhance the Scheduled Route services and feeder services for hospitals and recreational activities***

***Strategic Recommendation 48. Continuously enhance the service capacity of the Rehabus fleet to meet the increase in service demand arising from the projected increase in population of persons with disabilities***

***Strategic Recommendation 49. Explore the feasibility of adopting the ICF framework in determining the priority for using the Rehabus service***

5.5.2 RAC has noted that the Hong Kong Society for Rehabilitation (HKSR)'s consultancy study has recommended implementing improvement measures for five aspects for enhancing service management and efficiency, covering deployment strategy for Scheduled Route services, shared-use of Dial-a-Ride services, an integrated computerised system, hospital feeder services as well as recreational routes. The consultancy report has also made a preliminary projection of Rehabus service demand and additional vehicles needed in the next decade, recommending procuring more Rehabuses as resources permit, and examining according service priority to five groups of persons with disabilities (including persons with disabilities who cannot use public transport due to the types and severity of their disabilities; persons with disabilities who have great difficulties in taking franchised buses or MTR during peak hours for going to work or school on a regular basis; persons with disabilities who need to take a number of inter-nodal changes to reach the destinations, with priority for receiving medical treatment; persons with disabilities who take hospital feeder services to attend medical appointments at clinics or hospitals; and persons with disabilities who take scheduled recreational routes on a group basis to attend social/recreational activities). RAC has expressed support for HKSR to engage

a consultant to explore the application of the ICF framework for determining the user priority of Rehabus services.

***Strategic Recommendation 50. Continuously enhance the accessibility of the public transport service system (including franchised buses, MTR, public light buses and taxis) so as to facilitate the travelling of persons with disabilities***

5.5.3 The public transportation system provides important accessible services for persons with disabilities. RAC has suggested that the accessibility of the public transport system be enhanced continuously along three directions, including enhancing facilities and technology application, improving services/facilities to facilitate persons with disabilities to travel together, and increasing the supply and use of accessible taxis and public light buses. RAC has also suggested that statistics on the transport needs and service use of persons with disabilities be collected through a reliable mechanism for better planning of special transport services for persons with disabilities.

## **5.6 Theme 18: Participation in cultural and arts, recreational and sports activities**

5.6.1 RAC understands that stakeholders generally expect the Government to continuously strengthen the support for persons with disabilities to participate in cultural and arts, recreational and sports activities. RAC has put forward the following Strategic Recommendations in respect of participation in cultural and arts, recreational and sports activities:

***Strategic Recommendation 51. Ensure that newly built cultural and arts and sport venues, or alterations and additions works of existing venues comply with the prevailing requirements in “Design Manual - Barrier Free Access”, and achieve higher standards than statutory requirements where feasible; explore application of navigation technology to provide indoor positioning and navigation services for persons with disabilities and those in need***

5.6.2 RAC has expressed support for the Leisure and Cultural Services Department (LCSD) to continuously enhance accessible facilities at existing arts venues, and closely consult with organisations of persons with disabilities when

building new venues, with a view to providing barrier-free facilities at standards higher than the basic requirements where feasible at venues concerned.

5.6.3 RAC has noted that LCSD has implemented a number of retrofitting measures for the facilities at six sports centres, including enhancing barrier-free access and facilities, improving signage, providing lockers with a larger storage capacity, procuring disability-inclusive fitness equipment and table tennis tables for wheelchair users, and providing induction loop systems at booking offices and sign-in offices. LCSD will continue to enhance the barrier-free and disability-inclusive facilities at other sports centres. Meanwhile, many LCSD beaches are providing barrier-free facilities where practicable, such as barrier-free access, accessible toilets, accessible car parking spaces, tactile guide paths, braille and tactile floor plans, barrier-free access connecting to the beach sand areas, wheelchair mats (supplied on a pilot basis), etc.

5.6.4 LCSD has selected the Yuen Chau Kok Sports Centre as the pilot site for using the way-finding application developed by a self-help organisation of persons with disabilities, which provides indoor positioning and navigation service for visually impaired persons and others in need. Depending on the outcome of evaluating service effectiveness, LCSD will consider whether to extend the technology to more LCSD premises.

***Strategic Recommendation 52. Continuously enhance accessibility of the supporting measures and programmes, allowing persons with disabilities to book venues and enrol in events through accessible facilities or services, and to enjoy programmes provided in barrier-free modes***

5.6.5 RAC has expressed support for LCSD's enhanced application of arts accessible services in the arts performance programmes organised or sponsored by LCSD. These services include accessible subtitles, theatrical interpretation, audio description, sign language interpretation, etc. Concerning the promotion of audio description services, some newly built cinemas are equipped with supplementary audio description facilities. The Create Hong Kong will, through the Film Development Fund, provide funding support for film companies to produce films with pre-recorded audio description. The Radio Television Hong Kong will explore the production of television programmes with audio description.

5.6.6 RAC has noted that LCSD has introduced cross-district enrolment arrangements in end 2018 by extending the enrolment channels from 18 District Leisure Services Offices to 162 leisure venues with the Leisure Link services. From May 2019, persons with disabilities can enrol in recreational and sports programmes through the Leisure Link Internet services and self-service kiosks. Meanwhile, LCSD is developing a new Intelligent Sports and Recreation Services Booking and Information System to facilitate members of the public (including persons with disabilities) to book LCSD sports and recreational facilities and enrol in activities. The website and mobile application of the new System will adopt barrier-free designs as far as possible. The Urban Ticketing System also provides online ticketing services for cultural programmes and has adopted the barrier-free webpage design.

***Strategic Recommendation 53. Increase the number of dedicated cultural and arts and sports events for persons with disabilities and provide additional training, including specialised training for instructors to gain better knowledge, techniques and skills when providing training to persons with disabilities***

5.6.7 RAC has noted that LCSD provides venues for organisations of persons with intellectual disability to host exhibitions; collaborates with relevant bodies/organisations to conduct thematic talks for promoting community understanding of persons with disabilities; and provides for block loan of library materials to bodies of persons with disabilities. LCSD has also introduced the Audience Building Scheme to provide sign language interpretation and guided tour services for students with disabilities or special needs. LCSD museums are equipped with facilities and services catering for the needs of persons with disabilities, such as bilingual braille exhibition booklets and tactile exhibits at suitable exhibitions for visually impaired persons, guided tours suited to the different needs of persons with disabilities, etc. Non-profit making bodies may apply for the Arts Development Fund for Persons with Disabilities (Arts Fund) for organising basic and continual arts programmes for persons with disabilities (details at Strategic Recommendation 54).

5.6.8 LCSD has also implemented many measures regarding sports activities and training for persons with disabilities, including launching the pilot Sports Training Programme for Persons with Disabilities (covering hydro fitness and wheelchair tennis) to provide a series of sports training courses designed for

persons with different types of disabilities, with arrangements and ancillary facilities concerned to be reviewed as appropriate; collaborating with national sports associations from 2018 to provide dedicated recreational and sports activities for students with special needs under the School Sports Programme; liaising with self-help organisations of persons with disabilities at the district level in organising suitable recreational and sports activities based on the needs of persons with disabilities in the districts; co-organising the Healthy Exercise for All Campaign with DH to encourage more persons with disabilities to actively participate in recreational and sports activities and develop the habit of exercising; adding “Wheelchair Basketball Challenge” and “Swimming Invitation Competition for People with Intellectual Disabilities” since the 6th Hong Kong Games. Meanwhile, in collaboration with national sports associations of persons with disabilities concerned, HAB also provides training courses for coaches to strengthen their basic knowledge and practical skills of guiding persons with disabilities to participate in sports activities in a safe and appropriate manner.

***Strategic Recommendation 54. Make use of various funds and subsidy schemes to provide subsidy for dedicated cultural and arts and sports events for persons with disabilities, so as to enable them to unleash their potential and achieve excellence***

5.6.9 RAC has expressed support for the Government in establishing the \$250 million Arts Fund. Officially launching the Arts Fund in March 2019, SWD provides funding support for non-profit and experienced NGOs or organisations to organise arts programmes for persons with disabilities. The funding scope covers providing basic and continual arts programmes for persons with disabilities; facilitating persons with disabilities having substantial artistic potential to develop a personal career; hiring and training professional arts instructors; providing public education; and providing support in respect of procuring materials, technical and administrative costs. LCSD will facilitate and assist in providing venues, performance opportunities and technical support for cross-year (maximum of three years) large-scale projects covering progressive training as supported by the Arts Fund.

5.6.10 The Government will continue to, through the Hong Kong Paralympians Fund, support athletes with disabilities to pursue excellence in sports. Under the Sports Subvention Scheme, LCSD provides annual subvention to eligible national sports associations including the three national sports associations for

persons with disabilities, for training athletes of relevant sports items to participate in international competitions held overseas and locally. LCSD also encourages other national sports associations to formulate sports development strategies for persons with disabilities, and make use of their own resources and those from the Government to promote sports development for all and the elites.

***Strategic Recommendation 55. Enhance public education and employee training for better understanding the arts and sports talents of persons with disabilities and their special needs in using relevant premises/facilities and services***

5.6.11 RAC has noted that LCSD has reinforced on-the-job staff training as well as the elucidation on relevant working guidelines and information on providing services for persons with disabilities in the facilities management and sports induction courses. Most LCSD sports venues have on-site staff to provide immediate assistance to persons with disabilities in need.

5.6.12 RAC has expressed support for LWB to, through public education, enhance public understanding of the potential of persons with disabilities in the cultural and arts, recreational and sports areas, as well as the ancillary facilities they need. In 2017, LWB has launched the “Outreach Programme on Promoting Accessible Environment to Public Organisations”, inviting self-help organisations of persons with disabilities to provide talks and experiential activities for officers responsible for managing facilities in the Government and public bodies, in a bid to enhance their understanding about the special needs of persons with disabilities when using services and facilities concerned, thereby facilitating continuous improvement of the accessibility of the services and facilities.

***Strategic Recommendation 56. Establish a cross-sectoral and multi-disciplinary platform dedicated to advise on cultural and arts and sports events and training for persons with disabilities***

5.6.13 RAC has suggested that activities and training programmes in the cultural and arts, recreational and sports areas catering to the needs of persons with different types/levels of disabilities be coordinated through an inter-departmental and cross sectoral platform (covering LCSD, SWD, the Agriculture, Fisheries and Conservation Department, special schools and self-help



organisations of persons with disabilities). RAC has also suggested that LCSD consult with the relevant RAC sub-committees concerning the future development of persons with disabilities' participation in arts and sports activities.

## **Chapter 6 Strategic Direction IV: Ensure sustainable development of diversified services for persons with disabilities in response to the changing needs**

Strategic Direction IV covers the sustainable development of rehabilitation services, underpinned by the following two themes and six strategic recommendations:

Theme 19 Planning of premises and services

Theme 20 Manpower and training

### **6.1 Theme 19: Planning of premises and services**

6.1.1 Planning of rehabilitation services for persons with disabilities needs a basis on the definition and classification of disabilities as well as devising a new demand projection model for computing the planning ratios for different types of services. For the sustainable development of rehabilitation services, RAC has recommended for the first time that planning ratios be formulated for future rehabilitation services and that these planning ratios be incorporated into the Hong Kong Planning Standards and Guidelines (HKPSG). RAC has put forward the following Strategic Recommendations in respect of planning of premises and services:

***Strategic Recommendation 57. Regularly update the definition and classification of disabilities to keep abreast with local and international developments with a view to better identifying the needs of persons with different types of disabilities for future service planning; and adopt the ICF framework in the surveys on persons with disabilities***

6.1.2 RAC has the following recommendations for the existing definition of disabilities:

- (1) Sub-categorising existing types of disabilities: RAC considers that given the existing numerous types of rehabilitation services for persons with disabilities, further sub-categorising existing types of disabilities would lead to an excessive stratification of services not conducive to attaining a higher accuracy of service

needs projection. RAC has suggested that the Government research into the uniqueness of the medical and rehabilitation needs of persons with Down Syndrome, and convey the research findings to relevant bureaux and departments (e.g. SWD and EDB) for considering the unique service needs of persons with Down Syndrome when providing services;

- (2) Establishing new types of disabilities: RAC has suggested that the Government conduct statistical survey and research of persons with developmental delay, limited intellectual ability, rare diseases and deafblind conditions for consolidating information on the number of these persons and understanding their needs. RAC has also suggested that the Government accord special attention to the needs of pre-school and school-age children with any one of the aforementioned four conditions, with a view to assisting them in receiving suitable services during their golden development period; and
- (3) Updating definition of individual disabilities: RAC has recommended that the Government update the existing classification standards for visual and hearing impairment, taking reference from the latest international standards (see Table 1 and Table 2), and that government departments (e.g. SWD and EDB) refer to the updated standards in providing services. As for the definition of intellectual disability, RAC has recommended that the Government examine formulating a standardised intellectual assessment tool by which assessment of impairment level will take into account the function of adaptiveness and not merely the IQ test score. RAC has also recommended that the Government keep abreast with the latest international standards for other types of disabilities and update the definition of disabilities continually having regard to the local conditions.

Table 1: Visual impairment classification under WHO International Classification of Diseases 10

<b>Classification of visual impairment</b>	<b>Definition ( visual acuity, vision )</b>
Severe	6/60 – 6/120
Moderate	6/18 – 6/60

Table 2: Hearing impairment classification of WHO

<b>Degree of hearing impairment</b>	<b>Definition</b>
Profound	Hearing loss greater than 81dB
Severe	Hearing loss from 61 to 80dB
Moderate	Hearing loss from 41 to 60dB
Mild/ Slight	Hearing loss from 26 to 40dB

6.1.3 RAC has expressed support for the Government to apply the ICF framework in the following three areas on a trial basis:

- (1) C&SD is conducting a 2019/20 Survey on Persons with Disabilities and Chronic Diseases, which has adopted the classification of disabilities under the ICF framework and re-designed the survey questionnaire using the Extended Question Set of Functioning and Short Set developed by the Washington Group on Disability Statistics according to the ICF framework. C&SD will first collect statistics on four selected types of disabilities (including restriction in body movement, seeing difficulty, hearing difficulty, and communication difficulty) and consider extending the survey to all other types of disabilities;
- (2) SWD is planning to set up two new rehabilitation service centres for persons with severe disabilities living at home, and will apply the ICF framework on a trial basis for formulating a structure comprising rehabilitation objectives, intervention, assessment and evaluation (details at Strategic Recommendation 26 under Theme 8); and

- (3) The Rehabus services will explore the feasibility of applying the ICF framework for determining user priority of services (details at Strategic Recommendation 49 under Theme 17).

6.1.4 RAC has recommended that depending on the outcome of the above trial application of the ICF framework, the Government explore whether other areas in Hong Kong would be ready for similar application.

***Strategic Recommendation 58. Devise a new demand projection model for future rehabilitation services, with projection of expressed demand based on a rehabilitation service demand formula, taking into account adjustment factors such as population growth rate, offer rejection rate, etc***

6.1.5 Assisted by the PolyU Consulting Team, RAC has devised a new demand projection model for future rehabilitation services, mainly using the historical data provided by SWD and C&SD. The projection process consists of three parts, including projection of expressed demand, projection of disability population and projection of future demand for rehabilitation services, taking into account such elements as growth trend of persons with disabilities, service needs of different age cohorts of persons with disabilities at different life stages, balance between community support services and residential care services, etc. as well as four major constraints (including the short history of data from C&SD's thematic surveys on persons with disabilities, lack of age-cohort data for persons with disabilities, double-counting of some persons with disabilities having multiple disabilities, and lack of household survey data on persons with intellectual disability).

6.1.6 When projecting the demand based on types of rehabilitation services, the projection formula endorsed by RAC in 1994 has been used as the basis for rehabilitation services with a central waiting list. Historical data has been used to project the expressed demand, incorporating three adjustment factors: growth rate of disability population in the past, offer rejection rate of applicants, and future development of community support services and possible establishment of a new RCHD queuing mechanism. A linear projection model has been adopted for projecting the service demand for the period of 2019 to 2030. For services without a central waiting list, other assumptions (e.g. disability population, and number of service members) have been used as the basis, and a linear projection model have been similarly adopted for projecting the service demand for the

period of 2019 to 2030.

6.1.7 RAC has noted that C&SD's 2019/20 Survey on Persons with Disabilities and Chronic Diseases being conducted is expected to be completed in 2021. RAC has recommended that the Government update the projection of future demand for rehabilitation services in light of C&SD's latest data for the timely review and adjustment of the planning ratios (Strategic Recommendation 59).

***Strategic Recommendation 59. Incorporate planning ratios for long term residential care and long term community care services into the Hong Kong Planning Standards and Guidelines***

6.1.8 Assisted by the PolyU Consulting Team, RAC has recommended that the following planning ratios for long term residential care services, day and pre-school rehabilitation services as well as community support services be incorporated into HKPSG:

<u>Service</u>	<u>Planning Ratio</u>
Residential Care Services <sup>6</sup>	36 service places for every 10 000 persons aged 15 or above <sup>Note</sup>
Day Rehabilitation Services <sup>7</sup>	23 service places for every 10 000 persons aged 15 or above <sup>Note</sup>
Pre-school Rehabilitation Services <sup>8</sup>	23 service places for every 1 000 children aged 0-6
Community Rehabilitation Day Centre	One centre for every 420 000 persons <sup>Note</sup>
District Support Centre for Persons with Disabilities	One centre for every 280 000 persons <sup>Note</sup>
Integrated Community Centre for Mental Wellness	One standard scale centre for every 310 000 persons <sup>Note</sup>

<sup>Note</sup> Excluding the number of foreign domestic helpers with a limit of stay in Hong Kong.

<sup>6</sup> Including Long Stay Care Home, Care and Attention Home for Severely Disabled Persons, Hostel for Severely Physically Handicapped Persons, HSMH, HMMH, Supported Hostel, and Care and Attention Home for the Aged Blind.

<sup>7</sup> Including IVRSC/SW.

<sup>8</sup> Including EETC and SCCC.

Detailed explanations of the service demand projection and planning ratios are at Annex 2.

### Planning for other services

6.1.9 RAC has recommended that there should be at least one PRC and one S&RC in each of the 18 districts. As for SPA, Rehabilitation and Training Centre for Visually Impaired Persons, and Multi-service Centre for the Hearing Impaired Persons, RAC has recommended that there should be at least one centre of each type in each of the three regions of Kowloon, Hong Kong Island and the New Territories.

### Services without planning ratios at current stage

6.1.10 RAC has recommended that SWD regularly review the service needs for Small Group Home for Mildly Mentally Handicapped Children and Residential Special Child Care Centre. If service demand increases in the future, SWD can increase service places through the existing social welfare planning mechanism. For Halfway House, RAC has suggested exploring whether there is a need to formulate relevant planning ratio upon evaluating the effectiveness of the pilot scheme to provide support for persons in recovery on the Halfway House waiting list through multi-disciplinary outreaching support teams and peer supporters (details at Strategic Recommendation 27 under Theme 8). RAC has also suggested that SWD consider setting up new Integrated Vocational Training Centre(s) at suitable sites under the existing planning mechanism in light of future service demand.

6.1.11 For the long term, RAC considers that the feasibility of developing a standardised service assessment mechanism for community support services for persons with disabilities can be explored. Upon implementation of the assessment mechanism, using the relevant data for service demand projection can be considered.

## 6.2 Theme 20: Manpower and training

6.2.1 The staffing establishment in the rehabilitation services sector normally includes professional/allied health staff (social workers, OTs, PTs, nurses, STs, clinical/educational psychologists, etc.), nursing staff (personal care workers, health workers, special child care workers, etc.) and other assistants (chefs, drivers, technicians, etc.). Manpower shortage is common to many rehabilitation services. RAC has suggested that SWD continually update the ratio of staffing establishment for rehabilitation services in light of the recommendations of the “Task Force for Review on Enhancement of Lump Sum Grant Subvention System” (including recommendations on staffing establishment) and the development trends of rehabilitation services. RAC has put forward the following Strategic Recommendations in respect of manpower and training:

***Strategic Recommendation 60. Devise a projection model for the basic manpower requirement of professional/allied health staff and nursing staff on the basis of the projection of the demand for rehabilitation services***

6.2.2 Assisted by the PolyU Consulting Team, RAC has suggested that a projection model for manpower requirement be devised on the basis of the projection of the demand for rehabilitation services, making reference to SWD’s NSE for different types of rehabilitation services. To avoid duplicating other bureaux’s manpower projection, the projection model will not include manpower outside rehabilitation services.

6.2.3 RAC has noted that the actual figures of manpower shortfall are not available. The reason is that for subsidised services under the Lump Sum Grant (LSG) Subvention System, SWD will provide general guidance in the Funding and Service Agreements on the staffing establishment of service units, and service units can in practice adjust the number of staff of different categories employed according to actual operational needs. For self-financing RCHDs and subsidised services under “BPS for Private RCHDs”, the actual number of employees required can exceed the formulated manpower standards. Service operators can also purchase services through third-party organisations in place of long-term employees. Therefore, RAC considers that the manpower requirement for the next decade as projected on the basis of SWD’s existing staffing establishment for service units should mainly be taken as a reference for macro-planning.



6.2.4 RAC has recommended that SWD continually update the ratio of staffing establishment for rehabilitation services, with specific consideration to be given to the impact of relevant development trends on future staffing establishment (including ageing of disability population, substantial increase of pre-school rehabilitation service places, “three-tier community support service model” to be established by SWD for persons with disabilities, new measures to be introduced by SWD and VTC respectively for vocational rehabilitation training and vocational training for persons with disabilities, and application of assistive technology and rehabilitation technology products in the community in the future). Manpower requirement for professional staff for rehabilitation services in the next decade should be projected on the basis of updated NSE. For the long term, RAC considers that apart from the data in the rehabilitation sector, manpower projection should also draw reference from the manpower data of other services in the social welfare and other sectors, and a consolidated manpower database for various sectors should be coordinated by a relevant organisation for more comprehensive manpower projection and planning.

***Strategy Recommendation 61. Increase manpower supply by exploring measures to improve the recruitment of rehabilitation service workers, their retention, working condition and career development***

6.2.5 For allied health professionals, RAC has recommended increasing the manpower supply in a four-pronged approach, including raising the salary and examining how to attract experienced OTs and PTs to join the rehabilitation sector under the LSG Subvention System; improving the career framework for OTs and PTs by establishing a promotion mechanism complemented with corresponding remuneration and duties for allied health professionals; increasing the number of training places for rehabilitation professionals; and adopting measures to reduce the turnover of healthcare staff in the rehabilitation sector.

6.2.6 For frontline staff, RAC has recommended increasing the manpower supply in a five-pronged approach, including raising the remuneration of frontline staff; establishing a promotion mechanism and enhancing the professional status; improving the image of the rehabilitation sector to attract young workers; improving existing manpower training programmes, reviewing the effectiveness of the Navigation Scheme for Young Persons in Care Services and continuing the training courses for young nursing care staff; and exploring alternative channels for increasing manpower by enlisting peer supporters, housewives, young old,

ethnic minorities, etc.

***Strategy Recommendation 62. Explore measures to increase the flexibility of rehabilitation service units to employ and mobilise professional/care staff; and examine measures to attract more talents to the rehabilitation sector***

6.2.7 RAC has recommended retaining talents and attracting new blood in a three-pronged approach, including adjusting employment terms, establishing a supervision mechanism and collaborating with tertiary institutions on staff training to enhance organisations' competitiveness in recruiting allied health professionals; integrating the current duties of frontline care staff, with consideration for consolidating existing care staff as "integrated rehabilitation workers"; and training "integrated carers" to take care of multiple types of persons with disabilities, hence facilitating rehabilitation service units to make flexible staffing arrangements.

## **Chapter 7 Implementation Plan**

7.1 The new RPP has put forward more than 60 strategic recommendations for rehabilitation services in the next decade. RAC considers that the Government could, taking account of the readiness of individual strategic recommendations, continue to adopt the approach of “implementation as and when ready” in implementing the recommendations in the short and medium-to-long terms (see Annex III).

7.2 RAC will continue to assist the Government in reviewing the implementation progress of the new RPP strategic recommendations and measures in accordance with the four strategic directions and making adjustments as appropriate.

7.3 RAC has noted that many stakeholders have made specific suggestions for increasing the provision, manpower, resources, supporting measures, depth and breadth of individual services or measures. RAC considers that the 62 recommendations of the new RPP have provided the required strategicness and flexibility for the Government to examine and consolidate rehabilitation services for persons with disabilities continuously, respond to suggestions concerned as appropriate, and introduce sustained improvement measures based on actual needs and practicability.

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## Annex I: Membership lists

### Rehabilitation Advisory Committee (1 January 2018 to 31 December 2019)

<b>主席</b>	<b>: 楊國琦先生, BBS, JP</b>	<b>Mr YEUNG Kwok-ki, Anthony, BBS, JP</b>
<b>Chairman</b>		
<b>副主席</b>	<b>: 馮伯欣先生, BBS</b>	<b>Mr FUNG Pak-yan, BBS</b>
<b>Vice-chairman</b>		
<b>非官方委員</b>	<b>: # 陳淑玲女士, BBS, JP</b>	<b>Ms CHAN Suk-ling, Shirley, BBS, JP</b>
<b>Non-official</b>	<b>陳穎欣女士</b>	<b>Ms CHAN Wing-yan</b>
<b>Members</b>	<b>鄭家豪先生, MH, JP</b>	<b>Mr CHENG Ka-ho, MH, JP</b>
	<b>方長發先生, JP</b>	<b>Mr FONG Cheung-fat, JP</b>
	<b>許嬋嬌女士</b>	<b>Ms HUI Sim-kiu, Heidi</b>
	<b># 郭俊泉先生</b>	<b>Mr KUO Chun-chuen</b>
	<b>關國樂先生, MH</b>	<b>Mr KWAN Kwok-lok, Joseph, MH</b>
	<b>林章偉先生</b>	<b>Mr LAM Cheung-wai, Leo</b>
	<b># 林文榮先生</b>	<b>Mr LAM Man-wing, Edwin</b>
	<b># 林伊利女士, MH</b>	<b>Ms LAM Yee-li, Elaine, MH</b>
	<b>劉麗芳女士</b>	<b>Ms LAU Lai-fong</b>
	<b># 劉佩芝女士</b>	<b>Miss LAU Pui-g, Julia</b>
	<b>羅偉祥先生, MH</b>	<b>Mr LAW Wai-cheung, Willy, MH</b>
	<b>李世傑先生</b>	<b>Mr LEE Sai-kit, Eric</b>
	<b>梁昌明博士, MH, JP</b>	<b>Dr LEUNG Cheong-ming, Raymond, MH, JP</b>
	<b>羅少傑先生, MH</b>	<b>Mr LO Siu-kit, MH</b>
	<b># 盧德臨醫生</b>	<b>Dr LO Tak-lam, William</b>
	<b>文樹成先生</b>	<b>Mr MAN Shu-shing, Billy</b>
	<b>涂淑怡女士</b>	<b>Ms TO Shuk-yi, Shirley</b>
	<b>曾詠恆醫生</b>	<b>Dr TSANG Wing-hang, Janice</b>
	<b>謝憶珠女士</b>	<b>Ms TSE Yik-chu, Wendy</b>
	<b>崔宇恆先生</b>	<b>Mr TSUI Yu-hang</b>
	<b>胡小玲女士</b>	<b>Ms WU Siu-ling, Elaine</b>
	<b>任燕珍醫生, BBS</b>	<b>Dr YAM Yin-chun, Loretta, BBS</b>
	<b># 余冬梅女士</b>	<b>Ms YU Tung-mui</b>
<b>官方委員</b>	<b>: 教育局局長或其代表</b>	<b>Secretary for Education or his representative</b>
<b>Ex-officio Members</b>	<b>衛生署署長或其代表</b>	<b>Director of Health or his representative</b>
	<b>社會福利署署長或其代表</b>	<b>Director of Social Welfare or his representative</b>
	<b>醫院管理局行政總裁或其代表</b>	<b>Chief Executive, Hospital Authority or his representative</b>
	<b>康復專員</b>	<b>Commissioner for Rehabilitation</b>
<b>秘書</b>	<b>: 勞工及福利局</b>	<b>Senior Executive Manager (Rehabilitation)</b>
<b>Secretary</b>	<b>高級行政經理 (康復) 特別職務 1</b>	<b>Special Duties 1, Labour and Welfare Bureau</b>

# denotes members with a term from 1 January 2019 to 31 December 2020  
表示委員的任期由 2019 年 1 月 1 日至 2020 年 12 月 31 日

**Rehabilitation Advisory Committee**  
**(1 January 2020 to 31 December 2021)**

<b>主席</b> <b>Chairman</b>	: 楊國琦先生, BBS, JP	<b>Mr YEUNG Kwok-ki, Anthony,</b> <b>BBS, JP</b>
<b>副主席</b> <b>Vice-chairman</b>	: 馮伯欣先生, BBS	Mr FUNG Pak-yan, BBS
<b>非官方委員</b> <b>Non-official</b> <b>Members</b>	: ^ 陳淑玲女士, BBS, JP 陳穎欣女士 鄭家豪先生, MH, JP 方長發先生, JP # 馮丹媚女士, MH 許嬋嬌女士 ^ 郭俊泉先生 關國樂先生, MH 林章偉先生 ^ 林文榮先生 ^ 林伊利女士, MH 劉麗芳女士 ^ 劉佩芝女士 羅偉祥先生, MH 李世傑先生 ^ 盧德臨醫生 文樹成先生 涂淑怡女士 曾詠恆醫生 謝憶珠女士 崔宇恆先生 胡小玲女士 任燕珍醫生, BBS # 于健安先生, JP ^ 余冬梅女士	Ms CHAN Suk-ling, Shirley, BBS, JP Ms CHAN Wing-yan Mr CHENG Ka-ho, MH, JP Mr FONG Cheung-fat, JP Ms FUNG Dun-mi, Amy, MH Ms HUI Sim-kiu, Heidi Mr KUO Chun-chuen Mr KWAN Kwok-lok, Joseph, MH Mr LAM Cheung-wai, Leo Mr LAM Man-wing, Edwin Ms LAM Yee-li, Elaine, MH Ms LAU Lai-fong Miss LAU Pui-g, Julia Mr LAW Wai-cheung, Willy, MH Mr LEE Sai-kit, Eric Dr LO Tak-lam, William Mr MAN Shu-shing, Billy Ms TO Shuk-yi, Shirley Dr TSANG Wing-hang, Janice Ms TSE Yik-chu, Wendy Mr TSUI Yu-hang Ms WU Siu-ling, Elaine Dr YAM Yin-chun, Loretta, BBS Mr YU Chen-on, Emil, JP Ms YU Tung-mui
<b>官方委員</b> <b>Ex-officio</b> <b>Members</b>	: 教育局局長或其代表 衛生署署長或其代表  社會福利署署長或其代表 醫院管理局行政總裁或其代表  康復專員	Secretary for Education or his representative Director of Health or his representative  Director of Social Welfare or his representative Chief Executive, Hospital Authority or his representative  Commissioner for Rehabilitation
<b>秘書</b> <b>Secretary</b>	: 勞工及福利局 高級行政經理 (康復) 特別職務 1	Senior Executive Manager (Rehabilitation) Special Duties 1, Labour and Welfare Bureau

# denotes new appointees with a term from 1 January 2020 to 31 December 2021

表示新委任的委員，任期由 2020 年 1 月 1 日至 2021 年 12 月 31 日

^ denotes members with a term from 1 January 2019 to 31 December 2020

表示委員的任期由 2019 年 1 月 1 日至 2020 年 12 月 31 日

## Working Group on Hong Kong Rehabilitation Programme Plan Review

### Terms of Reference:

**To assist the Rehabilitation Advisory Committee in the formulation of the new Hong Kong Rehabilitation Programme Plan.**

<b>主席</b> <b>Chairman</b>	: 馮伯欣先生, BBS	<b>Mr FUNG Pak-yan, BBS</b>
<b>非官方委員</b> <b>Non-official Members</b>	: 陳穎欣女士 張偉良先生, BBS, MBE, QGM 莊陳有先生, MBE 徐永德博士 方長發先生, JP 許宗盛先生, SBS, MH, JP 許嬋嬌女士 關國樂先生, MH 劉麗芳女士 李伯英先生 梁昌明博士, MH, JP 文樹成先生 吳鳳清女士 蘇永通先生 曾建平先生 曾蘭斯女士, JP 溫麗友女士, BBS, JP 任燕珍醫生, BBS 姚子樑博士, JP 香港社會服務聯會代表	Ms CHAN Wing-yan Mr CHEUNG Wai-leung, BBS, MBE, QGM Mr CHONG Chan-yau, MBE Dr CHUI Wing-tak, Ernest Mr FONG Cheung-fat, JP Mr HUI Chung-shing, Herman, SBS, MH, JP Ms HUI Sim-kiu, Heidi Mr KWAN Kwok-lok, Joseph, MH Ms LAU Lai-fong Mr LEE Pak-ying, Richard Dr LEUNG Cheong-ming, Raymond, MH, JP Mr MAN Shu-shing, Billy Ms NG Fung-ching Mr Steve SO Mr TSANG Kin-ping Ms TSANG Lan-see, Nancy, JP Ms WAN Lai-yau, Deborah, BBS, JP Dr YAM Yin-chun, Loretta, BBS Dr YIU Tze-leung, JP Representative of the Hong Kong Council of Social Service
<b>官方委員</b> <b>Ex-officio Members</b>	: 康復專員 教育局代表 食物及衛生局代表 醫院管理局代表 社會福利署代表	Commissioner for Rehabilitation Representative of Education Bureau Representative of Food and Health Bureau Representative of Hospital Authority Representative of Social Welfare Department
<b>秘書</b> <b>Secretary</b>	: 勞工及福利局 高級行政經理 (康復) 特別職務 1	Senior Executive Manager (Rehabilitation) Special Duties 1, Labour and Welfare Bureau

## Public Consultation Strategy Group

### Terms of Reference:

To advise the Review Working Group on public consultation strategy in the formulation of the new Hong Kong Rehabilitation Programme Plan.

<b>委員</b>	:	陳肖齡女士, BBS	Miss CHAN Chiu-ling, Ophelia, BBS
<b>Members</b>		張偉良先生, BBS, MBE, QGM	Mr CHEUNG Wai-leung, BBS, MBE, QGM
		許宗盛先生, SBS, MH, JP	Mr HUI Chung-shing, Herman, SBS, MH, JP
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<b>Secretary</b>		高級行政經理 (康復) 特別職務 1	Special Duties 1, Labour and Welfare Bureau

## Task Force on Special Needs

### Terms of Reference:

- To examine services for persons with special needs and their parents/carers; and
- To make recommendations on the strategic directions and short, medium and long-term measures on related matters for consideration by the Review Working Group.

召集人	:	方長發先生, JP	Mr FONG Cheung-fat, JP
Convenors	:	許嬋嬌女士	Ms HUI Sim-kiu
非官方委員	:	陳發奎先生	Mr CHAN Fat-fui
Non-official Members	:	陳小麗女士	Ms CHAN Siu-lai
	:	趙張麗文女士	Mrs CHIU CHEUNG Lai-man
	:	馮慧湘女士	Ms FUNG Wai-seung, Nancy
	:	何德芳博士	Dr HO Tak-fong, Irene
	:	林偉邦先生	Mr LAM Wai-pong
	:	李淑霞女士	Ms LEE Shuk-ha, Carmen
	:	李芝融先生	Mr LEE Chi-yung
	:	李劉茱麗女士, JP	Mrs LEE LAU Chu-lai, Julie, JP
	:	梁文德博士	Dr LEUNG Man-tak
	:	梁惠玲女士	Ms LEUNG Wai Ling, Rachel
	:	潘袁遠有女士	Mrs POON YUEN Yuen-yau
	:	冼權鋒教授	Prof SIN Kuen-fung, Kenneth
	:	黃何潔玉女士	Mrs WONG HO Kit-yuk, Winnie
	:	胡小玲女士	Ms WU Siu-ling, Elaine
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	:	社會福利署代表	Representative of Social Welfare Department
秘書	:	勞工及福利局	Senior Executive Manager
Secretary	:	高級行政經理 (康復) 特別職務 2	(Rehabilitation) Special Duties 2, Labour and Welfare Bureau



## Task Force on Employment Support

### Terms of Reference:

- To examine matters related to employment support for persons with disabilities; and
- To make recommendations on the strategic directions and short, medium and long-term measures on related matters for consideration by the Review Working Group.

召集人	: 文樹成先生	Mr MAN Shu-shing, Billy
Convenors	林伊利女士, MH	Ms LAM Yee-li, Elaine, MH
非官方委員	: 陳淑玲女士, BBS, JP	Ms CHAN Suk-ling, Shirley, BBS, JP
Non-official Members	鄭綺文女士	Ms Elaine CHENG
	蔡偉廉先生	Mr William CHOY
	梁志文先生	Mr LEUNG Chi-man, Richard
	李鸞女士	Ms Lilian LI
	連展毅先生	Mr LIN Chin-ngai
	盛李廉先生	Mr SHING Li-lim, Tony
	蕭俊一先生	Mr Jacky SIU
	蘇永通先生	Mr Steve SO
	涂淑怡女士	Ms TO Shuk-yi, Shirley
	許嬋嬌女士	Ms HUI Sim-kiu, Heidi
	唐碧雲女士	Ms TONG Pik-wan, Janus
	崔宇恆先生	Mr TSUI Yu-hang, Walter
	溫畧熹先生	Mr Alfred WAN
	黃何潔玉女士	Mrs WONG HO Kit-yuk, Winnie
	袁漢林先生	Mr YUEN Hon-lam, Joseph
	香港中華廠商聯合會代表	Representative of the Chinese Manufacturers' Association of Hong Kong
	香港總商會代表	Representative of the Hong Kong General Chamber of Commerce
	香港中小型企業總商會代表	Representative of the Hong Kong General Chamber of Small and Medium Business
	香港社會服務聯會代表	Representative of the Hong Kong Council of Social Service
	僱員再培訓局代表	Representative of the Employees Retraining Board
	職業訓練局代表	Representative of the Vocational Training Council
官方委員	: 康復專員	Commissioner for Rehabilitation
Ex-officio Members	勞工處代表	Representative of Labour Department
	社會福利署代表	Representative of Social Welfare Department
秘書	: 勞工及福利局	Senior Executive Manager (Rehabilitation) Special
Secretary	高級行政經理 (康復) 特別職務 3	Duties 3, Labour and Welfare Bureau

## Task Force on Mental Wellness

### Terms of Reference:

- To examine matters related to rehabilitation services on mental wellness; and
- To make recommendations on the strategic directions and short, medium and long-term measures on related matters for consideration by the Review Working Group.

<b>召集人</b> <i>Convenors</i>	:	溫麗友女士, BBS, JP 任燕珍醫生, BBS	<b>Ms WAN Lai-yau, Deborah, BBS, JP</b> <b>Dr YAM Yin-chun, Loretta, BBS</b>
<b>非官方委員</b> <i>Non-official Members</i>	:	陳秀琴女士 趙佑慧女士 李寶珍女士 盧德臨醫生 麥永接醫生 梅杏春女士 尹美嬋女士 黃宗保先生 黃敏櫻女士 黃寶嫻女士	Ms CHAN Sau-kam Ms CHAO Yau-wai, June Ms Polly LEE Dr LO Tak-lam, William Dr MAK Wing-chit, Ivan Ms MUI Hang-chun, Jolene Ms WAN Mei-sim, Ling Mr WONG Chung-bao, Terry Ms WONG Man-ying, Daisy Ms WONG Po-han, Wendy
<b>官方委員</b>	:	康復專員	Commissioner for Rehabilitation
<b>Ex-officio Members</b>		食物及衛生局代表 社會福利署代表	Representative of Food and Health Bureau Representative of Social Welfare Department
<b>秘書</b> <i>Secretary</i>	:	勞工及福利局 高級行政經理 (康復) 特別 職務 3	Senior Executive Manager (Rehabilitation) Special Duties 3, Labour and Welfare Bureau

## Task Force on Inclusive Culture

### Terms of Reference:

- To examine the public education strategy for promoting the United Nations Convention on the Rights of Persons with Disabilities and inclusive culture, including facilitating persons with disabilities to participate in sports and arts and obtain information; and
- To make recommendations on the strategic directions and short, medium and long-term measures on related matters for consideration by the Review Working Group.

<p><b>召集人</b> <b>Convenors</b></p>	<p>: 梁昌明博士, MH, JP 謝憶珠女士</p>	<p><b>Dr LEUNG Cheong-ming, Raymond, MH, JP</b> <b>Ms TSE Yik-chu, Wendy</b></p>
<p><b>顧問 Advisor</b> <b>非官方委員</b> <b>Non-official Members</b></p>	<p>: 方啟良先生 陳秀琴女士 陳俊傑先生 陳穎欣女士 張偉德先生 周松東先生 周德雄先生 傅提芬女士 馮慧湘女士 林伊利女士, MH 李世傑先生 麥永接醫生 彭梓鳴女士 卜康迅先生 王佩兒女士 黃兆龍先生 楊子衡先生 嚴楚碧女士 香港社會服務聯會代表</p>	<p>Mr FONG Kai-leung Ms CHAN Sau-kam Mr CHAN Tsun-kit Ms CHAN Wing-yan Mr CHANG Wai-tak, Eddie Mr CHAU Chung-tung, Sam Mr CHOW Tak-hung, Simon Ms FU Tai-fan, Inti Ms FUNG Wai-seung, Nancy Ms LAM Yee-li, Elaine, MH Mr LEE Sai-kit, Eric Dr MAK Wing-chit, Ivan Ms PANG Tsz-ming, Alexis Mr Poloris PUK Ms WONG Pui-yee, Catherine Mr WONG Siu-lung, Edward Mr Elton YEUNG Ms YIM Chor-pik Representative of the Hong Kong Council of Social Service Commissioner for Rehabilitation Representative of Department of Health Representative of Hospital Authority Representative of Home Affairs Department Representative of Information Services Department Representative of Labour Department Representative of Radio Television Hong Kong Representative of Social Welfare Department Senior Executive Officer (Rehabilitation)2, Labour and Welfare Bureau</p>
<p><b>官方委員</b> <b>Ex-officio Members</b></p>	<p>: 康復專員 衛生署代表 醫院管理局代表 民政事務總署代表 政府新聞處代表</p>	<p>勞工處代表 香港電台代表 社會福利署代表</p>
<p><b>秘書 Secretary</b></p>	<p>: 勞工及福利局 高級行政主任 (康復) 2</p>	<p>2</p>

## Task Force on Accessibility

### Terms of Reference:

- To examine accessibility matters relating to persons with disabilities, including accessible environment, accessible transportation services and accessible information; and
- To make recommendations on the strategic directions and short, medium and long-term measures on related matters for consideration by the Review Working Group.

<p><b>召集人</b> <b>Convenors</b> <b>非官方委員</b> <b>Non-official Members</b></p>	<p>: 關國樂先生, MH 陳錦元先生, MH 陳澤斌先生 張靄駿女士  張文滔先生 周鍵圳先生, MH 許宗盛先生, SBS, MH, JP 高潔梅女士 高小亮先生 關雁卿博士, MH 吳家麗女士 吳家麟先生 邵日贊先生 司徒世偉先生 譚靜儀女士 崔宇恆先生 香港社會服務聯會代表</p>	<p><b>Mr KWAN Kwok-lok, Joseph, MH</b> <b>Mr CHAN Kam-yuen, Allen, MH</b> Mr CHAN Chak-bun Ms CHEUNG Kwok-chun  Mr CHEUNG Man-to, Arthur Mr CHOW Kin-chun, Kevin, MH Mr HUI Chung-shing, Herman, SBS, MH, JP Ms KO Kit-mui, Samantha Mr KO Siu-leong Dr KWAN Ngan-hing, Edith, MH Ms Ada NG Mr NG Ka-lun Mr Tsan SIU Mr SZETO Sai-wai, Gary Ms Maureen TAM Mr TSUI Yu-hang, Walter Representative of the Hong Kong Council of Social Service</p>
<p><b>官方委員</b> <b>Ex-officio Members</b></p>	<p>: 康復專員 建築署代表  屋宇署代表 運輸署代表 # 政府資訊科技總監辦公室代表</p>	<p>Commissioner for Rehabilitation Representative of Architectural Services Department Representative of Buildings Department Representative of Transport Department Representative of Office of the Government Chief Information Officer</p>
<p><b>秘書</b> <b>Secretary</b></p>	<p>: 勞工及福利局 高級行政主任（康復）1</p>	<p>Senior Executive Officer (Rehabilitation)1, Labour and Welfare Bureau</p>

# 按需要出席 to be invited on a need basis

## Working Group on Promoting Sign Language

<b>召集人</b> <i>Convenor</i>	: 林伊利女士, MH	Ms LAM Yee-li, Elaine, MH
<b>電視手語翻譯督導小組召集人</b> <i>Convenor, Steering Group on Sign Language for TV Programme</i>	: 陳尚齡女士, BBS	Miss CHAN Chiu-ling, Ophelia, BBS
<b>非官方成員</b> <i>Non-official Members</i>	: 陳錦元先生, MH 陳國勇先生 許加恩先生 高楠先生 劉麗芳女士 李香江先生, MH 李嘉輝先生 李逢樂先生 麥惠芸女士 邵日贊先生 蘇麗珍女士, MH, JP 鄧家怡女士 鄧慧蘭教授 黃何潔玉女士 王繼鋒先生 俞斌先生, MH	Mr CHAN Kam-yuen, Allen, MH Mr CHAN Kwok-yung Mr HUI Ka-yan Mr KO Nam Ms LAU Lai-fong Mr LEE Hong-kong, Hansen, MH Mr LEE Kar-fai, Philip Mr LI Fung-lok Ms Wendy MAK Mr SIU Yat-chan Ms SO Lai-chun, Ann, MH, JP Ms Agatha TANG Prof TANG Wai-lan, Gladys Mrs Winnie WONG Mr WANG Kai-fung Mr YU Bun, MH
<b>官方委員</b> <i>Ex-officio Members</i>	: 康復專員或其代表	Commissioner for Rehabilitation or his representative
	有關政府政策局／部門代表將按需要出席會議	Representatives of relevant Bureaux/Departments will attend the meeting as and when required
<b>秘書</b> <i>Secretary</i>	: 勞工及福利局 高級行政主任（康復）2	Senior Executive Officer (Rehabilitation)2, Labour and Welfare Bureau

## **Annex II: Computation of demand projection and planning ratios for subsidised rehabilitation services**

### **Objective**

For the sustainable development of rehabilitation services, the Rehabilitation Advisory Committee (RAC) has, as assisted by the Hong Kong Polytechnic University Consulting Team, formulated the planning ratios for future rehabilitation services for the first time. This annex sets out the methodology and limitations of the demand projection for rehabilitation services, as well as the computation of the planning ratios.

### **Existing Projection Formula for Rehabilitation Services in Hong Kong**

2. For planning government-subsented rehabilitation services, the Social Welfare Department (SWD) adopts the demand projection formula endorsed by the former Rehabilitation Development Co-ordinating Committee (now RAC) in January 1994. The formula takes an accounting flow approach, which adds demand related elements (e.g. the number of persons enrolled or waiting for services) and subtracts provision related elements (e.g. the number of discharged persons), for calculating service shortfall or surplus. The formula is shown in Table 1:

Table 1: Demand projection formula for rehabilitation services

<b>Financial year</b>		<b>Base-year for projection (e.g. 2018-19)</b>	<b>2019-2020</b>
<b>(A)</b> <b><u>Demand factors</u></b>  [(a) + (b) + (c)]	(a) Enrolment	Actual enrolment as at 1 April 2018	Total provision at the end of the preceding year, i.e. item B(a)
	(b) Waiting list	Actual number of persons on the waiting list as at 1 April 2018	Projected shortfall in the preceding year (if any)
	(c) New applications	Average number of new applications in 2015-16, 2016-17, and 2017-18	Projected number of new applications in the preceding year, i.e. A(c) x (Target population in the year)

Financial year		Base-year for projection (e.g. 2018-19)	2019-2020
			÷ (Target population in the preceding year)
(B) <u>Provision factors</u>	(a) Existing/ planned provision	Provision as at 31 March 2019	Total provision at the end of the year
[(a) + (b)]	(b) Projected annual discharge	(Average annual discharge rate in year 2016-17 and 2017-18) x (Actual enrolment as at 1 April 2018, i.e. item A(a))	(Average annual discharge rate in year 2016-17 and 2017-18) x (Projected enrolment at the beginning of the year, i.e. item A(a))
(C) <u>Shortfall (or surplus)</u>		(A) minus (B)	(A) minus (B)

### **New Demand Projection Model**

3. The new demand projection model is devised with the current demand project formula for rehabilitation services in Hong Kong as the basis of projection, using historical data provided by SWD and the Census and Statistics Department (C&SD). The projection process consists of three parts, including projection of future disability population, projection of expressed demand, and projection of future demand for rehabilitation services.

#### *(1) Projection of future disability population*

4. The annual growth of disability population and the further projection of the population of each type of persons with disabilities in the next decade can be calculated based on the historical data of C&SD's previous three rounds of questionnaire surveys on persons with disabilities. Based on historical data, the average annual growth of disability population is 13 000 persons and the total disability population in 2013 is 580 000 persons. The projected total disability population in 2030 will be 580 000 (total population in base year) + 13 000 (average annual growth) × 17 (years) = 801 000 persons.

(2) Projection of expressed demand

5. The demand projection formula endorsed by RAC in 1994 is used as the basis of projection for computing the expressed demand for rehabilitation services with a central waiting list:

$$\text{Expressed demand} = \text{enrolment of service users} + \text{number of applicants on central waiting list} + \text{number of new applicants} - \text{number of annual discharge}$$

6. The annual expressed demand rate of various types of rehabilitation services can be computed based on SWD's historical data from 2014 to 2018, i.e.:

$$\text{Expressed demand rate} = \text{annual expressed demand} / \text{relevant disability population in that year}$$

7. The weighted expressed demand rate can then be computed with the largest weight assigned to the latest data in 2018 and the lowest weight assigned to the oldest data in 2014, i.e.:

$$\text{Weighted expressed demand rate} = (5 \times \text{expressed demand rate in 2018} + 4 \times \text{expressed demand rate in 2017} + 3 \times \text{expressed demand rate in 2016} + 2 \times \text{expressed demand rate in 2015} + 1 \times \text{expressed demand rate in 2014}) / (1+2+3+4+5)$$

8. Finally, the annual expressed demand from 2019 to 2030 can be projected, i.e.:

$$\text{Projected expressed demand} = \text{Weighted expressed demand rate} \times \text{projected relevant disability population in that year}$$

9. As different age groups have different demands for the same type of rehabilitation service, projection using the above method will be conducted for individual age groups.

$$\text{Total expressed demand} = \text{Sum of expressed demands of all age groups}$$

10. For rehabilitation services without a central waiting list, demand projection is based on the number of service members in the past decade, similarly adopting a linear model for projecting the service demand for the next decade,



followed by planning projections and recommendations. For instance:

*Estimated number of members of District Support Centre for Person with Disabilities in 2030*

*= Actual number of members of District Support Centre for Person with Disabilities in 2018 + annual fixed growth number of members  $K \times$  (number of years between 2018 and 2030)*

(3) Projection of future demand for rehabilitation services

11. Demand projection has incorporated three adjustment factors, including: (1) growth rate of disability population in the past; (2) offer rejection rate of applicants for rehabilitation services; and (3) future development of community support services and possible establishment of a new queuing mechanism for residential care homes for persons with disabilities (RCHDs), for projecting the future demand for rehabilitation services for different types of disabilities in the next decade.

12. Regarding the growth rate of disability population in the past, data from C&SD's previous three rounds of questionnaire surveys on persons with disabilities (2000, 2007 and 2013) is used, with the linear model adopted to compute the average annual growth rate of disability population. The linear model formula is as follows:

$$P_T = P_0 + Kt$$

$P_T$  = disability population at time  $T$ ,

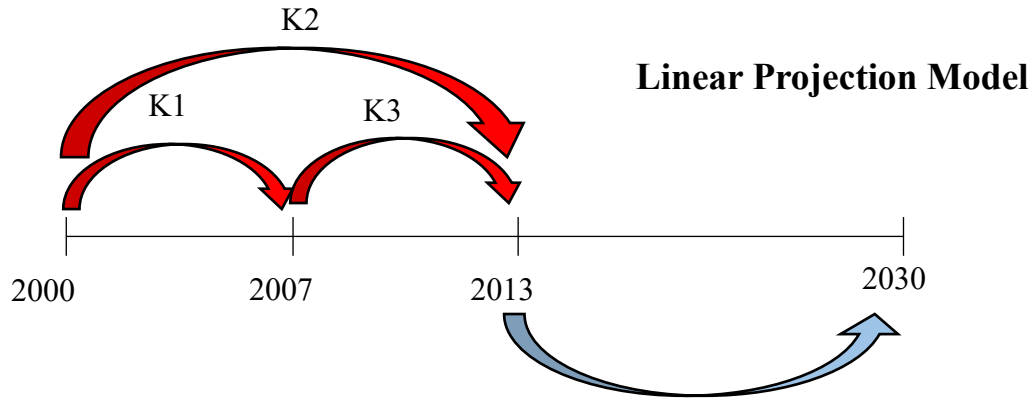
$P_0$  = disability population at base time 0,

$K$  = fixed annual growth number,

$t$  = accumulated years from time 0 to time  $T$

13. The weighted fixed growth number is then computed. Taking C&SD's above survey data, with the data of two years used each time, three fixed annual growth numbers  $k_1$ ,  $k_2$  and  $k_3$  can be computed. The weighted fixed growth number  $k$  will be computed by using the weighted average method with the largest weight assigned to the latest data in 2013 and the lowest weight assigned to the oldest data in 2000, i.e.:

$$\begin{aligned} & \text{Weighted fixed growth number } k \\ & = (3 \times \text{fixed growth number } k_3 + 2 \times \text{fixed growth number } k_2 + \\ & \quad 1 \times \text{fixed growth number } k_1)/(1+2+3) \end{aligned}$$



$$\text{Weighted fixed growth number } k = (3 \times k_3 + 2 \times k_2 + 1 \times k_1)/(1+2+3)$$

The value of  $K$  (fixed annual growth number) can be computed after  $t$ ,  $P_T$  and  $P_0$  are inserted, for projecting the service demand for the next decade. For instance:

$$\begin{aligned} & \text{Projected demand number for Long Stay Care Home in 2020} \\ & = \text{Actual demand number for Long Stay Care Home in 2018} + \text{fixed annual} \\ & \quad \text{growth number } K \times (\text{number of years between 2018 and 2020}) \end{aligned}$$

14. Given the short history of the current data on disability population (with only three rounds of survey on persons with disabilities conducted in the past), it is more advisable to adopt the linear model at this stage for projecting the growth rate of disability population. Other statistical models could be considered when the survey data on disability population has been accumulated to form a substantial database in the future.

15. Regarding the offer rejection rate of applicants, SWD's historical data from 2014 to 2018 is used to compute the annual offer rejection rates of various types of rehabilitation services, i.e.:

$$\begin{aligned} & \text{Annual service offer rejection rate} \\ & = \text{Annual number of applicants who rejected service offers} / \text{number of} \\ & \quad \text{applicants allocated with the relevant services in that year} \end{aligned}$$

16. The weighted offer rejection rate is computed with the largest weight assigned to the latest data in 2018 and the lowest weight assigned to the oldest data in 2014, i.e.:

$$\begin{aligned} & \textit{Weighted service offer rejection rate} \\ & = (5 \times \textit{offer rejection rate in 2018} + 4 \times \textit{offer rejection rate in 2017} + \\ & \quad 3 \times \textit{offer rejection rate in 2016} + 2 \times \textit{offer rejection rate in 2015} + \\ & \quad 1 \times \textit{offer rejection rate in 2014}) / (1+2+3+4+5) \end{aligned}$$

17. The weighted service offer rejection rate only applies to two items: the number of applicants on the central waiting list and the number of new applicants, but not to the overall expressed demand, i.e.:

$$\begin{aligned} & \textit{Expressed demand with weighted service offer rejection rate incorporated} \\ & = \textit{Number of service enrolment} + (\textit{number of applicants on central waiting} \\ & \quad \textit{list} + \textit{number of new applicants}) \times (1 - \textit{weighted service offer rejection rate}) - \\ & \quad \textit{annual service discharge number} \end{aligned}$$

18. As for the third adjustment factor of the future development of community support services and possible establishment of a new RCHD queuing mechanism, its impact cannot be quantified at this stage as the queuing mechanism is yet to be formulated. Therefore, it is recommended that whether this adjustment factor should be incorporated in the projection be explored after the queuing mechanism has been implemented.

### **Constraints of Demand Projection**

19. The constraints of the demand projection are as follows:

- (i) Short history of survey data on persons with disabilities: C&SD conducted three rounds of surveys on persons with disabilities and chronic diseases in 2000, 2007, and 2013 respectively. The data history is relatively short and the new round of 2019/20 survey is being conducted. More historical data is required for a more accurate service demand projection.
- (ii) Lack of age-cohort data on persons with disabilities: Rehabilitation services for persons with disabilities cover their whole lifespan. More age-cohort data is required for a more precise demand projection of rehabilitation services needed at each stage of life.

- (iii) Double-counting of some persons with disabilities: Many persons with disabilities have more than one type of disabilities. There is possible double-counting in the service demand projection.
- (iv) Lack of household survey data on persons with intellectual disability: The statistical survey results on persons with intellectual disability are presented and analysed separately from other disability types in C&SD's general household survey reports on persons with disabilities. In the statistical surveys, information on the general age distribution obtained from random sampling of persons with intellectual disability living in households and institutions is used for assessing the overall situation. Assessment based on observations of a small sample number may be subject to larger sampling error. There is also no age-cohort data on persons with intellectual disability in the survey report.

### **Planning ratios**

20. Considering the time required for site search to actual service provision for developing new rehabilitation service facilities, the planning ratios to be adopted by SWD and the Planning Department should aim at reserving relevant sites for meeting service demand after 10 years. In this respect, with year 2018 as the base year, the projected disability population in 2030 is taken as “planning population” and the demand projection for subsidised rehabilitation services in 2030 is adopted as the basis for devising the planning ratios. The planning ratio formulation is as follows:

$$\begin{aligned}
 & \textit{Planning ratio in 2030} \\
 & = \textit{Projected service demand in 2030 / projected relevant total population} \\
 & \quad \textit{in 2030}^1
 \end{aligned}$$

21. For rehabilitation services with a central waiting list, RAC's projected number of service places required in the future and the planning recommendations based on demand projection are as follows:

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<sup>1</sup> Excluding the number of foreign domestic helpers with a limit of stay in Hong Kong.

Service	Projected service places required in 2030	Planning recommendation based on demand projection (with general population as computation basis)
Residential Care Services <sup>2</sup>	23 814	36 service places for every 10 000 persons <sup>Note</sup> aged 15 or above
Day Rehabilitation Services <sup>3</sup>	15 560	23 service places for every 10 000 persons <sup>Note</sup> aged 15 or above
Pre-schooling Rehabilitation Services <sup>4</sup>	8 190	23 service places for every 1 000 children aged 0-6

<sup>Note</sup> Excluding the number of foreign domestic helpers with a limit of stay in Hong Kong.

22. For Community Rehabilitation Day Centre (CRDC), considering that service users are persons with severe disabilities living in the community, it is recommended that one CRDC be set up in each of the 18 districts and this be taken as the basis for formulating the planning ratio. Based on the projected total population in 2030, the recommended planning ratio is one CRDC for every 420 000 persons.

23. For District Support Centre for Persons with Disabilities (DSC), it is recommended that the projected number of DSC members in 2030 and the total population at that time be used as the basis for formulating the planning ratio. The recommended planning ratio is one DSC for every 280 000 persons. Based on the projected total population in 2030, 26 DSCs are required in 2030.

24. For Integrated Community Centre for Mental Wellness (ICCMW), one standard scale centre was provided for around every 330 000 persons when the Government launched the service in 2010. It is recommended that this provision be used as the basis of the planning ratio, after excluding the number of foreign domestic helpers with a limit of stay in Hong Kong. Based on the projected total population in 2030, the recommended planning ratio is one standard scale ICCMW for every 310 000 persons.

<sup>2</sup> Including Long Stay Care Home, Care and Attention Home for Severely Disabled Persons, Hostel for Severely Physically Handicapped Persons, Hostel for Severely Mentally Handicapped Persons, Hostel for Moderately Mentally Handicapped Persons, Supported Hostel, and Care and Attention Home for the Aged Blind.

<sup>3</sup> Including Integrated Vocational Rehabilitation Services Centre/Sheltered Workshop.

<sup>4</sup> Including Early Education and Training Centre, and Special Child Care Centre.

## **Planning for Other Services**

25. RAC has recommended that there should be at least one Parents/Relatives Resource Centre and one Social and Recreational Centre for the Disabled in each of the 18 districts. As for Support Centre for Persons with Autism, Rehabilitation and Training Centre for Visually Impaired Persons, and Multi-service Centre for the Hearing Impaired Persons, RAC has recommended that there should be at least one centre of each type in each of the three regions of Kowloon, Hong Kong Island, and the New Territories.

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### Annex III: List of strategic recommendations under different implementation stages

Strategic Recommendation		Implementation Stage	
		Short-term	Medium-to-long term
<b>Strategic Direction I</b>	<b>Provide timely and appropriate support to equip persons with disabilities with the ability to cope with changes at different stages during their lifespan.</b>		
Theme 1	Pre-school rehabilitation services		
	1. Continuously monitor the demand and examine the need for further increasing the places of pre-school rehabilitation services with a view to achieving “zero waiting time” for children assessed to have special needs		✓
	2. Enhance early intervention for children who show signs of special needs (Tier-1 children); explore the feasibility of integrating the support for Tier-1 and Tier-2 children and adopting a school-based integrated service model to provide comprehensive, flexible and ongoing support to cater for children with various levels of special needs at different stages; and evaluate effectiveness for formulating long-term measures, manpower and ancillary requirements for supporting children with special needs		✓
	3. Upon substantial shortening of the waiting time, reposition various pre-school rehabilitation services for further enhancing services, so as to achieve the target of early intervention		✓

Strategic Recommendation		Implementation Stage	
		Short-term	Medium-to-long term
Theme 2	Transitional support from kindergartens to Primary One		
	4. Establish a mechanism for information transfer from pre-school rehabilitation service units to primary schools such that children identified as having special needs at kindergartens can receive early attention and appropriate support services when they proceed to Primary One	✓	
	5. Enhance transitional support and early identification of the needs of children with special needs for helping them integrate in primary schools smoothly; and explore providing appropriate transitional bridging and support services for these children		✓
Theme 3	Support for students with Special Educational Needs (SEN)		
	6. Implement measures to optimise integrated education; provide additional resources and professional support for schools to facilitate them to have stable teacher teams, flexible use of resources and more adequate professional support, so as to promote a whole-school intervention model to support and take care of various types of SEN students, and further enhance the effectiveness of integrated education		✓
	7. Implement measures to optimise special education; provide additional manpower, resources and professional support for special schools, explore the establishment of a communication platform covering healthcare, welfare		✓



Strategic Recommendation		Implementation Stage	
		Short-term	Medium-to-long term
	and education, and facilitate flexible use of resources, so as to take care of various SEN students and help them unleash their potential, and better prepare them for future study or school leaving arrangements		
	8. Strengthen the training for special education teachers so as to enhance the professional competency of secondary and primary school teachers in supporting SEN students, and identifying SEN students in an effective and timely manner		✓
	9. Provide SEN students with the opportunities of further studies, including the provision of adequate resources and ensuring equal opportunities for SEN students to receive higher education or pursue further studies		✓
Theme 4	Vocational rehabilitation training and vocational training		
	10. Implement a pilot scheme to enhance the existing training model of Integrated Vocational Rehabilitation Services Centres. Through the provision of progressive and diversified vocational training modules, allow students to choose training modules commensurate with their ability and aptitude for preparing for future career development; at the same time, review the suitability of various vocational rehabilitation services in place and explore the feasibility of gradually replacing Sheltered Workshops based on the effectiveness of the pilot scheme		✓

Strategic Recommendation		Implementation Stage	
		Short-term	Medium-to-long term
	11. Enhance the vocational training programmes, provide extended support for students at workplace, and introduce retraining programmes to strengthen vocational and skill training services catered to persons with disabilities in employment, so that students are better equipped for new jobs or change of employment in the open market		✓
Theme 5	Employment support		
	12. Explore integrating and optimising the pilot schemes that encourage employment of persons with disabilities to allow more flexible utilisation of funding; continuously optimise employment schemes so as to increase the incentives and stability of the employment of persons with disabilities		✓
	13. Enhance on-the-job support and workplace adaptation, promote innovative technology and creative arts, etc as a multi-pronged approach to expand the employer network and new job types for persons with disabilities with different qualifications and abilities, and to provide internship programmes for prospective graduates		✓
	14. Continuously increase subsidies to employers to employ persons with disabilities and to purchase assistive devices, and undertake modification works of workplace; shorten application time and simplify application process; and enhance relevant measures as appropriate	✓	

Strategic Recommendation		Implementation Stage	
		Short-term	Medium-to-long term
	15. Adopt joint job matching and promotion strategy, coupled with a one-stop information platform and employment support flow, in enhancing job-matching and follow-up services, and reducing employers' cost in information search for obtaining effective support		✓
	16. Continuously optimise the “Enhancing Employment of Persons with Disabilities through Small Enterprise” Project and promote the development of social enterprises by facilitating the lease of suitable properties under the “Socially Caring Leasing Arrangements”	✓	
	17. Establish disability-friendly workplace and promote inclusive work culture through innovative promotional strategies		✓
Theme 6	Ageing of persons with disabilities		
	18. Examine measures to further promote health awareness of persons with disabilities to alleviate early onset of ageing; prevent abrupt deterioration of health condition arising from incidents such as falling and stroke, and enhance the quality of care through wider application of technology products		✓
	19. Provide special and targeted services for persons with disabilities to cope with their ageing and health deterioration, including swallowing problem arising from ageing	✓	

<b>Strategic Recommendation</b>		<b>Implementation Stage</b>	
		<b>Short-term</b>	<b>Medium-to-long term</b>
	20. Provide one-stop and continuous rehabilitation training, care and residential services for ageing persons with disabilities, who can no longer benefit from services at vocational rehabilitation services/training programmes (e.g. Sheltered Workshops), at their residential homes through a pilot scheme, allowing them to remain in a familiar environment without moving to other hostels due to their age and changes in body functions; and review the relevant notional staffing and schedules of accommodation		✓
	21. Set up a “Special Needs Trust” to provide reliable and affordable trust services for parents with sufficient assets for meeting the long-term daily needs of their children with special needs after they pass away	✓	
<b>Theme 7</b>	<b>Medical rehabilitation</b>		
	22. Continuously optimise the Child Assessment Service to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment through a triage system		✓
	23. Enhance the overall accessibility of the healthcare environment and facilities through the analysis on entrances, walkways, healthcare facilities, signage, escape facilities and application of navigation techniques		✓

Strategic Recommendation		Implementation Stage	
		Short-term	Medium-to-long term
	24. Continuously enhance special dental services and evaluate their effectiveness, including the Special Oral Care Service at the Hong Kong Children's Hospital for children with intellectual disability, Healthy Teeth Collaboration launched by the Department of Health to provide free oral check-ups, dental treatments and oral health education for adults with intellectual disability		✓
<b>Strategic Direction II</b>	<b>Enhance community care services to enable persons with disabilities and their families living in the community to obtain necessary support, and be admitted to residential care homes as soon as possible when in need.</b>		
Theme 8	Community support services for persons with disabilities		
	25. Continuously enhance the capacity of existing community support services (including increasing the number of District Support Centres for Persons with Disabilities, Support Centres for Persons with Autism and Parents/Relatives Resources Centres) and home-based support services		✓
	26. Launch new services and integrate existing ones with a view to providing a coherent continuum of community support services for persons with different levels of care needs, including setting up new rehabilitation service centres for persons with severe disabilities having intensive care needs and living at home, by integrating the services of day care centres and home care services in a flexible manner, and providing appropriate support for persons		✓

<b>Strategic Recommendation</b>		<b>Implementation Stage</b>	
		<b>Short-term</b>	<b>Medium-to-long term</b>
	with severe disabilities based on the changes in service needs at different stages during their lifespan; and explore applying the International Classification of Functioning, Disability and Health (ICF) framework in devising a structure comprising rehabilitation objectives, intervention, assessment and evaluation to facilitate data and experience sharing among rehabilitation organisations		
	27. Implement a pilot scheme to provide timely support for persons in recovery on the waiting list of Halfway Houses through multi-disciplinary outreaching support teams and peer supporters; at the same time review different options of the service model for Halfway Houses, so that appropriate mechanism can be set up to monitor the unique service supply and demand to ascertain the need to increase the capacity of Halfway Houses and the outreaching service; and explore a service framework of transitional support for persons in recovery in their recovery pathway after discharge from hospitals		✓
	28. Continuously update the service targets and model of Integrated Community Centres for Mental Wellness (ICCMWs) to ensure that core services of ICCMWs in all districts can meet the performance standards; formulate thematic performance indicators for additional resources to be allocated in the future, to facilitate ICCMWs in timely updating their service targets and model in view of demographic and regional characteristics and enhancing collaboration with local partners, with a view to providing		✓

<b>Strategic Recommendation</b>		<b>Implementation Stage</b>	
		<b>Short-term</b>	<b>Medium-to-long term</b>
	appropriate services suitable for residents in the district concerned; and strengthen publicity and promotion of the services of ICCMWs		
Theme 9	Community support services for family members or carers of persons with disabilities		
	29. Increase the number of residential respite places and achieve better utilisation of designated residential respite places to strengthen support for carers and provision of emergency placement service for persons with disabilities	✓	
	30. Enhance support for carers, including increasing the service capacity of Parents/Relatives Resource Centres and Social and Recreational Centres for the Disabled; and explore the feasibility of integrating these centres as a district network to provide fundamental supports		✓
	31. Consolidate the pilot scheme on carer allowance and with other related pilot schemes		✓
	32. Continuously review support for self-help organisations to promote self and mutual support among persons with disabilities and their carers	✓	

Strategic Recommendation		Implementation Stage	
		Short-term	Medium-to-long term
Theme 10	Residential care services		
	33. Strengthen the service quality of residential care homes through upgrading the statutory staffing requirements; adjusting upward the statutory minimum area of floor space per resident; raising the accountability of licensees; mandating registration of home managers and continuous training of health workers; and continue to increase the number of rehabilitation service places		✓
	34. Explore measures to optimise the queuing mechanism for residential care homes for persons with disabilities, so as to reduce incidents of pre-mature admission		✓
Theme 11	Technology products and assistive devices		
	35. Make use of the “Innovation and Technology Fund for Application in Elderly and Rehabilitation Care” to subsidise organisations providing rehabilitation services to procure, rent and trial use technology products, so as to improve the service quality and alleviate the work pressure of care staff; and set up an online product information platform	✓	
	36. Explore the feasibility of promoting the application of assistive technology in the community through collaboration between the new Community Rehabilitation Day Centres and organisation(s) equipped with the		✓



<b>Strategic Recommendation</b>		<b>Implementation Stage</b>	
		<b>Short-term</b>	<b>Medium-to-long term</b>
	knowledge of application of innovative technology products so as to support the daily living of persons with disabilities in the community		
Theme 12	Diversified community care and day services		
	37. Explore the model of providing diversified community care and day services for persons with disabilities, including examining the prioritisation of various community support services (including carer support) and different options of the funding model		✓
<b>Strategic Direction III</b>	<b>Promote disability inclusive culture, facilitate accessible environment, transportation and access to information so that persons with disabilities can fully participate in social life.</b>		
Theme 13	Disability-inclusive culture		
	38. Increase resource allocation to reinforce the spirit and core values of the UNCRPD and promote disability inclusive culture	✓	
Theme 14	Mental health-friendly community		
	39. Continuously launch promotional activities to advocate mental health, provide service information, and eliminate stigmatisation and discrimination against mental illness through mass and social media	✓	

<b>Strategic Recommendation</b>		<b>Implementation Stage</b>	
		<b>Short-term</b>	<b>Medium-to-long term</b>
	40. Launch a scheme to promote mental health-friendly workplace to provide information pack and support of mental health for employers and employees; and enhance the acceptance towards persons in recovery in workplace		✓
	41. Explore early intervention and referral mechanism for people with mild emotional issues		✓
<b>Theme 15</b>	<b>Accessibility of community environment and services</b>		
	42. Conduct research on the international standards/best practices/guidelines on universal design, and taking full account of the constraints and opportunities in Hong Kong, formulate feasible, achievable and practical strategies and recommendations; adopt the methodology of “Travel Chain Analysis” to identify various barriers and propose measures to eliminate the barriers, with a view to creating an accessible community and living environment		✓
	43. Promote wider application of information and communication technology to facilitate access of persons with disabilities to services, with priority study in the areas of shopping, catering, banking, leisure/entertainment services		✓

Strategic Recommendation		Implementation Stage	
		Short-term	Medium-to-long term
Theme 16	Accessible information		
	44. Prepare and publish the minimum standards and design guidelines for accessible websites and mobile applications for providing information to the public, and monitor the implementation in public and private organisations and non-governmental organisations (NGOs); provide incentives for non-profit-making social organisations to develop more mobile applications suitable for meeting the special needs of various disability groups, and encourage organisations concerned to promote these applications to a wider population.		✓
	45. Explore the development of “Hong Kong Sign Language” for use in public broadcasting (including news reporting programmes and Government’s Announcements in the Public Interest) and official occasions; publish a glossary for “Hong Kong Sign Language”; at the same time preserve the usual sets of sign language used by different groups/sectors for communication in individual social occasions; and upgrade the Working Group on the Promotion and Application of Sign Language under the RAC to a Task Force to advise on the implementation schedule and related strategic development directions and supporting measures in developing “Hong Kong Sign Language”		✓

<b>Strategic Recommendation</b>		<b>Implementation Stage</b>	
		<b>Short-term</b>	<b>Medium-to-long term</b>
	46. Prepare a guide on production of easy-to-read version to facilitate the access of persons with intellectual disability and persons with other special cognitive needs to information published by government bureaux/departments, NGOs and public organisations, etc	✓	
Theme 17	Accessible transportation systems		
	47. Continuously enhance the efficiency of Rehabus services, including setting up a new integrated computerised system; enhancing the shared-use of Dial-a-Ride service; enhance the Scheduled Route services and feeder services for hospitals and recreational activities		✓
	48. Continuously enhance the service capacity of the Rehabus fleet to meet the increase in service demand arising from the projected increase in population of persons with disabilities	✓	
	49. Explore the feasibility of adopting the ICF framework in determining the priority for using the Rehabus services		✓
	50. Continuously enhance the accessibility of the public transport service system (including franchised buses, MTR, public light buses and taxis) so as to facilitate the travelling of persons with disabilities		✓

Strategic Recommendation		Implementation Stage	
		Short-term	Medium-to-long term
Theme 18	Participation in cultural and arts, recreational and sports activities		
	51. Ensure that newly built cultural and arts and sport venues, or alterations and additions works of existing venues comply with the prevailing requirements in “Design Manual - Barrier Free Access”, and achieve higher standards than statutory requirements where feasible; explore application of navigation technology to provide indoor positioning and navigation services for persons with disabilities and those in need		✓
	52. Continuously enhance accessibility of the supporting measures and programmes, allowing persons with disabilities to book venues and enrol in events through accessible facilities or services, and to enjoy programmes provided in barrier-free modes		✓
	53. Increase the number of dedicated cultural and arts and sports events for persons with disabilities and provide additional training, including specialised training for instructors to gain better knowledge, techniques and skills when providing training to persons with disabilities		✓
	54. Make use of various funds and subsidy schemes to provide subsidy for dedicated cultural and arts and sports events for persons with disabilities, so as to enable them to unleash their potential and achieve excellence	✓	

<b>Strategic Recommendation</b>		<b>Implementation Stage</b>	
		<b>Short-term</b>	<b>Medium-to-long term</b>
	55. Enhance public education and employee training for better understanding the arts and sports talents of persons with disabilities and their special needs in using relevant premises/facilities and services		✓
	56. Establish a cross-sectoral and multi-disciplinary platform dedicated to advise on cultural and arts and sports events and training for persons with disabilities		✓
<b>Strategic Direction IV</b>	<b>Ensure sustainable development of diversified services for persons with disabilities in response to the changing needs.</b>		
<b>Theme 19</b>	<b>Planning of premises and services</b>		
	57. Regularly update the definition and classification of disabilities to keep abreast with local and international developments with a view to better identifying the needs of persons with different types of disabilities for future service planning; and adopt the ICF framework in the surveys on persons with disabilities	✓	
	58. Devise a new demand projection model for future rehabilitation services, with projection of expressed demand based on a rehabilitation service demand formula, taking into account adjustment factors such as population growth rate, offer rejection rate, etc	✓	

Strategic Recommendation		Implementation Stage	
		Short-term	Medium-to-long term
	59. Incorporate planning ratios for long term residential care and long term community care services into the Hong Kong Planning Standards and Guidelines		✓
Theme 20	Manpower and training		
	60. Devise a projection model for the basic manpower requirement of professional/allied health staff and nursing staff on the basis of the projection of the demand for rehabilitation services		✓
	61. Increase manpower supply by exploring measures to improve the recruitment of rehabilitation service workers, their retention, working condition and career development		✓
	62. Explore measures to increase the flexibility of rehabilitation service units to employ and mobilise professional/care staff; and examine measures to attract more talents to the rehabilitation sector		✓