

**Minutes of the Meeting of the  
Rehabilitation Advisory Committee (RAC)  
held at 3:00 p.m. on 7 September 2004 in Room 2005,  
20/F., Murray Building, Garden Road, Hong Kong**

**Present**

Dr Joseph KWOK	(Chairman)
Dr E K YEOH	Secretary for Health, Welfare and Food (Vice-chairman)
Ms Iris CHAN	
Dr Margaret CHUNG	
Mrs Doris HO	
Mr Herman HUI	
Mr IP Kwok-chung	
Dr IP Yan-ming	
Mr Lawrence LEE	
Mrs Julie LEE	
Dr Simon LEUNG	
Prof LEUNG Ping-chung	
Mrs Olivia LEUNG	
Mrs Jackie MA	
Prof Arthur MAK	
Ms WONG Kwai-wan	
Mr YEUNG Ka-sing	
Mr Anthony YEUNG	
Mr CHONG Chan-yau	
Mrs Agnes ALLCOCK	Acting Director of Social Welfare
Miss Ophelia CHAN	Social Welfare Department

Mrs Michelle WONG	Education and Manpower Bureau
Dr Catherine LAM	Department of Health
Ms Margaret TAY	Hospital Authority
Mrs Mary MA	Commissioner for Rehabilitation
Mr Derek LEUNG	Health, Welfare and Food Bureau (Acting Secretary)

### **Absent with Apologies**

Dr TSE Tsun-him  
Ms Christine FANG

### **Welcoming Remarks**

**The Chairman** welcomed Members to the meeting, in particular Dr E K YEOH, the Secretary for Health, Welfare and Food (SHWF). He also welcomed Mrs Agnes ALLCOCK, the Acting Director of Social Welfare.

### **Agenda Item I – Confirmation of Minutes**

2. The minutes of the meeting held on 11 May 2004 were confirmed.

### **Agenda Item II – Matters Arising**

#### **Indicative Wage Level for Workers under the Employment of Government Contractors (paragraph 14 of the minutes of the last meeting)**

3. **The Administration** reported that the new requirement on indicative wage level was not applicable to people with disabilities (PWDs) receiving training in vocational rehabilitation service units operated by non-governmental organizations (NGOs), given that they did not have an employee-employer

relationship with the NGOs.

**Agenda Item III – Strategic Directions for Rehabilitation Services [ RAC 7/2004 ]**

4. **The Administration** took Members through the paper on the proposed strategic directions (SDs) for rehabilitation and the vision and values underlying the SDs.

5. **A member** supplemented that the SDs were modelled on a new Strategic Framework on Social Welfare as discussed and agreed by the Social Welfare Advisory Committee at a meeting held earlier on 7 September 2004. The focus was on tripartite partnership between Government, NGOs and the private sector, and social investment in assisting individuals and families to cope with difficulties.

6. **The Chairman** invited Members to comment on the paper in particularly the proposed SDs.

7. **A member** opined that day care service should be regarded as a core services for PWDs, especially for the mentally handicapped, instead of part of the safety net. **A member** shared the view and added that as community support services had not been well developed, day care service was essential for most PWDs to develop their living skills.

8. **A member** remarked that the SDs should focus more on areas requiring special attention, such as promoting disability rights, employment of PWDs and use of IT by PWDs. He suggested that the RAC should also discuss on the mechanism for policy making and services planning, including the roles of RAC and the coordination of work amongst concerned government bureaux and departments.

9. **A member** said that our work directions and priorities on rehabilitation should tie in with the needs arising from structural changes in the economy and society. In view of the contemporary socio-economical environment, he considered that stress management should be accorded priority. He also pointed out that in the development of rehabilitation services, we should take account of the fact that the disable sector was an assorted group with diverse needs and concerns.

10. **A member** supported the SDs in principle. He would like the Administration to set up detailed work plans with the concerned Government bureaux and departments for achieving the expected outcomes.

11. **A member** supported the SDs, especially the concept on shared responsibility with the community and the businesses in the work of rehabilitation. He noted that the Government spending on rehabilitation had increased by HK\$2.3 billion (17%) in 5 years, and expressed concern on this significant increase.

12. **A member** was delighted to note that, in addition to meeting the basic needs, improving each of the general public's quality of life was on the agenda of the Administration's work on rehabilitation. He also expressed the view that PWDs should be encouraged to become more self-directed.

13. **A member** said that apart from the SDs, prioritization of work was of equal importance. He considered the improvement in the coordination of work amongst Governments departments in the delivery of medical rehabilitation services in hospitals to be a priority issue.

14. **A member** opined that the Administration should take measures to enhance PWDs' employability. He said that there were a wide variety of jobs

in the market suitable for PWDs, for instance in the IT sector. However, PWDs were unable to gain access to these jobs for lack of the required knowledge and skills.

15. **A member** said that there was tendency for back trending of rehabilitation services because of resources constraint. Whilst supporting the proposed SDs in principle, she suggested that special task groups should be set up to oversee improvement of the services.

16. **A member** supported the SDs, in particularly the direction to encourage the businesses to exercise social responsibility. He was of the view that if businesses' investment in community service could appropriately be reflected in their company accounts without undermining their profits, more businesses would be prepared to invest in community service.

17. **A member** said that in addition to the work of the Government and the support of the businesses, active participation of the community was also very important. He considered the present level of participation by the community inadequate. He would like the Administration to take measures to promote community participation in the work on rehabilitation.

18. **A member** said that whilst some achievements had been made in the past, there were still work to be done. She quoted the problems of physical access and the long waiting list for residential services as examples. She would like the Administration to introduce new initiatives in areas of work which had not yet achieved the expected outcomes. She said that the ultimate goal was for the society to respond to the needs of PWDs in the same way as to ordinary people.

19. Noting that the provision of pre-school services had increased continually over the last five years despite the decrease in demand resulting

from the drop in birth rate, **a member** would like the Administration to review the service provision.

20. **A member** said that current provision of community support services for PWDs and their families were inadequate, as such she was delighted to note that it was one of the SDs to enhance the services. She hoped that the Administration would take proper measures to realize the goal.

21. **A member** said that whilst equal opportunities for PWDs to participate in open employment were protected by the law, PWDs should also work hard to deserve the opportunities given. She added that more work on public education had to be done to promote acceptance and understanding amongst employers on the employability of PWDs. She quoted the Government's Trial-placement cum Mentor Scheme for PWDs as a successful example.

22. In summarizing the views expressed by Members, **the Chairman** was pleased to conclude that RAC supported the proposed SDs for rehabilitation in principle. With the agreed broad principle, Members would like the Administration to work out detailed work plans in consultation with the RAC.

23. **A member** thanked the Chairman and Members for their views and suggestions. He reiterated that the paper aimed to outline the SDs for rehabilitation based on the Strategic Framework on Social Welfare. The Strategic Framework focused on enhancing social investment and encouraging tripartite partnership, which would render the social welfare system and services more responsive to challenges brought about by structural changes in the economy and society. He said Members' suggestion of improving peoples' life skills had been addressed in the Strategic Framework. He also assured Members that enhancement of social investment did not necessarily lead to a cut in Government welfare spending. The purposes were to encourage people to take more responsibilities by themselves, and to empower

them to cope with their difficulties.

24. Regarding the provision of a “safety net” in the form of day care, residential service and financial assistance to those with genuine needs, **A member** considered that the term “social protection” could better explain the meaning. He said that many PWDs could enjoy independent living. The Administration would always be there to provide the basic level of provision to ensure that none would be deprived of their basic necessities and dignity.

25. **A member** fully concurred with Members’ view that the disable sector was an assorted group with diverse needs. He said that apart from focusing on the basic needs for PWDs as a group at the policy making level, we should at the same time cater for the diverse needs of each individual person at the service delivery level.

26. **A member** concluded that the Administration would plan, develop and implement rehabilitation services on the basis of the agreed SDs. He thanked Members again for their valuable advice and suggestions.

**Agenda Item IV – Value for Money Audit: Training, Employment and Residential Services for People with Disabilities (Report No. 42 of the Director of Audit on the Results of Value for Money Audits) [RAC 8/2004]**

27. **The meeting** noted the content of the paper.

**Agenda Item V – Any Other Business**

28. There being no other business, the meeting adjourned at 5:00 p.m.

**Date of Next Meeting**

30. The next meeting would be held in early 2005. **The Secretary** would inform Members of the details nearer the time.

Rehabilitation Division  
Health, Welfare and Food Bureau  
Government Secretariat

October 2004