

**Minutes of the meeting of
Rehabilitation Advisory Committee
held on 21 September 2006 at 2:30 pm
at Room 2005, 20/F, Murray Building,
Garden Road, Central, Hong Kong**

Present

Dr Joseph KWOK (Chairman)

Mr Raymond LEE (Vice-Chairman)

Prof Chetwyn CHAN

Mr CHEUNG Tak-hai

Dr Margaret CHUNG

Mr IP Kwok-chung

Dr James Joseph LAM

Mr Lawrence LEE

Dr Ernest LEE

Mr Hansen LEE

Mrs Jackie MA

Mrs Connie LO

Ms SO Lai-chun

Mr David TSE

Ms Jane TSUEI

Mr Paul TANG

Director of Social Welfare

Mrs Fanny LAM

Principal Assistant Secretary
(School Administration & Support)
Education and Manpower Bureau

Dr Catherine LAM

Consultant Pediatrician
(Child Assessment Service)
Department of Health

Mr SIT Tung	Assistant Director Social Welfare Department
Mrs Mary MA	Commissioner for Rehabilitation
Ms Elia WONG (Secretary)	Assistant Secretary for Health, Welfare and Food

In attendance

Ms Eugenie WOO	Education and Manpower Bureau
Miss Karen CHAN	Census and Statistics Department (C&SD)
Ms Rebecca SIU	C&SD
Mr Freely CHENG	Health, Welfare and Food Bureau (HWFB)
Mrs Grace NG	HWFB
Ms Rebecca KO	HWFB
Mr Derek LEUNG	HWFB

Absent with Apologies

Mr Herman HUI
Mrs Olivia LEUNG
Mr Kim MOK
Prof TANG Siu-wa
Mr Anthony YEUNG
Dr Daisy DAI
Miss Eliza LEE

**I. Confirmation of minutes of the last meeting held on 3 March
2006**

1. Having received no comment from Members, the draft minutes of the last meeting of the Rehabilitation Advisory Committee (RAC) were

taken as confirmed.

II. Matters arising

2. Following up on paragraph 2 of the minutes of the last meeting, **Secretary** reported that the preparation work for the International Festival of Inclusive Arts had been progressing well. A series of publicity measures via electronic and printed media, internet and other networks would be ready to be kicked off by the press conference to be hosted by Secretary for Health, Welfare and Food on 5 October 2006. The most updated Festival Diary had been distributed to RAC Members for reference.

3. **Chairman** appealed to all Members to mark their diaries for participating in the Festival and to help to promote the Festival to a wider audience.

4. Regarding paragraph 3, **the Administration** reported that the review of the Rehabilitation Programme Plan (RPP) had reached the finalising stage. The progress was a bit behind schedule because Members of the Working Group had been proposing revisions and adding new parts to the draft. It therefore might take longer time to finalise the text.

5. On paragraphs 4 to 18, **the Administration** said that subsequent to the last RAC meeting, a Subcommittee to Study the Transport Needs and Provision of Concessionary Public Transport Fares for Persons with Disabilities under the Legislative Council decided that concessionary public transport fare should first be offered to people with disabilities receiving Disability Allowance and those receiving Comprehensive Social

Security Assistance with 100% loss of earning capacity. There were a total of 95,000 persons who were in such situations. To enable the Environment, Transport and Works Bureau to follow up with the public transport operators, a survey was conducted to have an understanding on the pattern of using public transportation by people with disabilities, and to ascertain possible financial burden of the public transport operators. The University of Hong Kong had been commissioned to conduct the survey and initial findings would be available in early November.

6. Referring to paragraphs 19 to 30, **the representative of SWD** said that subsequent to the last RAC meeting, the issue of private homes for people with disabilities was discussed at the LegCo Panel on Welfare Services on 21 March 2006, and the Administration had undertaken to set up a licensing mechanism for all subvented and private homes for people with disabilities. There were a total of over 200 of them. In parallel, the Social Welfare Department (SWD) would run a voluntary registration scheme to help improve the quality of those private homes for people with disabilities.

7. Following up on paragraphs 48 to 50, **Secretary** reported that considering that Members had had very tight schedules towards the end of 2006, and that gubernatorial elections would take place in fall in the states that RAC had planned to visit, it was therefore decided to postpone the visit originally scheduled in this fall to a time that was most convenient for most RAC Members, say before or after the Easter holiday. **Chairman** considered next summer the ideal time to conduct the study visit.

8. As agreed at the last meeting, the theme of the study visit would focus on policies and initiatives related to community support for facilitating full integration of people with disabilities into society. When

identifying visit targets, we would look for agencies that could facilitate us to learn more about overseas policies, success stories of both conventional establishments and innovative programmes, as well as historical development as far as possible. Based on Chairman and Members' suggestions and her own research, **Secretary** proposed and Members agreed that the visit be focused on the west coast region of North America. Destinations considered included California, which was the origin of the concept of independent living of people with disabilities, and had been the pioneer of the independent living movement over decades; and Oregon, which took lead in innovative rehabilitation programmes, the achievements of which had been highly acclaimed in recent years. **Chairman** asked Secretary to continue to follow up in the above direction.

III. Survey on Persons with Disabilities and Chronic Diseases

9. **An attendee** of the Census and Statistics Department (C&SD) presented the design and progress of the 2006/07 Survey on Persons with Disabilities and Chronic Diseases to be conducted via the General Household Survey. The last survey was conducted in 2000. To ensure that the new survey could generate useful data to meet the changing needs and situations of society, C&SD had conducted a comprehensive consultation. All views collected from LegCo, rehabilitation sector, relevant organisations and government departments and other interested parties during the consultation had been considered carefully in the course of designing the new survey. For example, two new categories – Specific Learning Difficulties (SLD) and Attention Deficit/Hyperactivity Disorder (AD/HD) – had been included in the survey as requested by the rehabilitation sector.

10. **This attendee** introduced the purpose of the survey, which

included its objectives, coverage, definition of persons with disabilities and chronic diseases, data items, major changes from the survey in 2000, measures to reduce the extent of under-reporting of persons with disabilities, enumeration arrangement and schedule of preparation. (Details of the attendee's presentation are set out in the powerpoint presentation at *Annex A*.)

11. For screening target respondents with disabilities, **this attendee** added that on restrictions in body movement, seeing difficulty, hearing difficulty and speech difficulty, respondents would be asked to report whether certain conditions described had consistently happened to them over a period of six months. As regards autism, intellectual disability and mental illness, respondents would be asked to report whether they had been diagnosed by medical or other specified professionals for such conditions.

12. On training interviewers to address the underreporting of mental illness cases, **this attendee** invited the rehabilitation sector to contribute their expert advice. **A member** offered that his department could help to train interviewers.

13. In response to Chairman's enquiry on how intentional underreporting of cases of mental handicap could be tackled, **this attendee** said that the screening questions used on mental illness cases might not be applicable to mental handicap cases. Therefore, apart from the measures presented earlier, professional advice and support by the medical and rehabilitation sectors were desirable.

14. **A member** noted that inclusive criteria had been adopted but not exclusive criteria. In addition, he was worried that the use of too many leading questions for non-physical disabilities might lead to biased survey

results.

15. **A member** opined that the use of inclusive or exclusive criteria was subject to the purpose of the survey. If the survey results were to facilitate the planning of services development, inclusive criteria would be necessary. To avoid the use of leading questions, **this member** suggested attaching a general health questionnaire with neutral questions commonly used internationally to help assess the gradation of disability. **This member** also noted that the questionnaire included only questions on carers that might positively reinforce the misconception that people with disabilities always needed help. He suggested including questions on what services would be useful for facilitating people with disabilities to live more independently.

16. **An attendee** concurred that some of the questions were not suitable for asking children. For example, regarding questions on carers, some children might respond that they needed carers, but this was due to their young age and not their disability. She agreed with **this member** that the questions should gear towards the quality of lives of people with disabilities and self-independence.

17. **The representative of HA** raised concern about the category of “speech difficulty” as there could be multiple etiologies, and doubted the usefulness of the survey results in this regard.

18. **The representative of EMB** said that the various types of disabilities and diseases included in the survey were those with considerable impact on people’s daily lives. However, Specific Learning Difficulty (SpLD) was an educational issue. She wondered if including it in the questionnaire might cause any confusion, and also doubted the

relevance of including it in the survey. **An attendee** said that SpLD should not be considered as a disability or a chronic disease. She clarified that people affected by SpLD had normal to above average intelligence, but encountered learning difficulties in school education. She added that the assessment of SpLD was provided by psychologists, not medical doctors.

19. **An attendee** said that the inclusion of SpLD and Attention Deficit/Hyperactivity Disorder (AD/HD) was in response to the requests of some legislators, members of rehabilitation and medical sectors and relevant government departments. She added that only cases assessed by relevant professionals would be taken into account. **The representative of EMB** and **a member** agreed with the approach.

20. **The Administration** said that whether SpLD and AD/HD should be considered as disabilities or diseases was still being discussed in the context of the RPP, some members of the rehabilitation and medical sectors proposed collecting data relating to these two conditions in the survey as the next survey would not be conducted until several years later. She invited Members to express their views on how SpLD and AD/HD should be positioned in the survey.

21. **A member** considered it worthwhile to include SpLD and AD/HD in the survey, while she had no strong view as to the categorization of the conditions. She was concerned whether there would be follow-up study on respondents reported to have SpLD and AD/HD to understand their needs. **An attendee** replied that follow-up questions on targeted areas were included under the existing scope of survey. Moreover, interested parties might conduct further studies based on the statistical findings of the survey.

22. **Chairman** said that Members in general appeared to agree with including SpLD and AD/HD in the survey, and asked C&SD to follow up with EMB on how to rephrase relevant wordings.

23. **A member** suggested including questions on accessibility of public transportation in the survey.

24. **An attendee** said that she had registered all the views expressed by Members and would follow up with relevant experts for further professional advice in order to revise the questionnaire, which will be tested in the trial run.

25. **Chairman** said that the Survey on Persons with Disabilities and Chronic Diseases conducted in 2000 was well known internationally. He understood that the mainland China was planning to conduct a survey on people with disabilities. With accumulation of experience, the survey could be further improved.

IV Social Capital Development and Social Inclusion Involving People with Disabilities – Progress Report by Community Investment and Inclusion Fund (CIIF)

26. **An attendee** reported on the work and achievements of the Community Investment and Inclusion Fund (CIIF). The CIIF had invited five tertiary education institutions and seven teams to review its work. He took the opportunity to thank Chairperson who also chaired the Evaluation Sub-committee of CIIF for leading the evaluation work.

27. **An attendee** presented the evaluation report, including the concept of social capital, the interdependence of people with and without

disabilities, community support through cross-sector collaboration to meet people's special needs and to achieve social and economic inclusion for all. **This attendee** said that since its commencement in 2002, CIIF had partnered with over 2700 organisations, and has focused its efforts on programmes that are developmental, preventive and supportive in nature. **This attendee** presented a video and shared with Members the success stories of a number of funded projects, in which underprivileged groups, including people with disabilities, had taken an active role to help and inspire other people and to provide services, which ultimately empowered themselves and facilitated their own full integration into society.

28. **This attendee** further presented the evaluation result, which reinforced the CIIF's cross-sector, cross-generation and cross-strata approach to achieve a paradigm shift through mutual-complementary strategies. The evaluation also found out that the effectiveness of a project depended very much on the project coordinator's commitment and capability of comprehending the concepts of CIIF. The preparedness of participants to give and contribute was also crucial. For the way forward, **This attendee** said that the CIIF approach had been recognized by the Asia Development Bank to be in line with the latter's community-driven development strategy. The evaluation also found out that it was more effective to engage the collaboration of the private sector with the public and non-profit making sectors through non-financial activities. The evaluation process also helped to nurture a learning culture facilitating the transfer of knowledge.

29. In response to Chairperson's enquiry, **this attendee** said that CIIF started with \$300 million funding, and only \$100 million had been used so far. **Another attendee** added that projects requiring less funding turned out to be more successful as they were able to mobilize community support

and generate income.

30. In response to a member's enquiry, **an attendee** said that the projects funded under CIIF, be it benefiting marginalized groups or not, require cross-strata and cross-sector collaboration. People from different backgrounds with different strengths and resources in the community complement each other. As regards the issue of sustainability, **two attendees** explained that it was the important that the projects could sustain by themselves after the initial funding support under CIIF. They noted that some of the more successful projects were able to become self-financed event before the seed money granted under the CIIF was exhausted.

31. **Chairman** and **Members** commended the good work of the CIIF.

V Work plans of the Sub-committees on Access and Public Education on Rehabilitation under the Rehabilitation Advisory Committee

32. **The Vice-chairman**, who was also the Chairman of the RAC Sub-committee on Public Education on Rehabilitation (SCPE), conducted a powerpoint presentation on the terms of reference, work at hand and the way forward of the SCPE. (Vice-chairman's powerpoint presentation is at ***Annex B.***) He highlighted that to enhance the effectiveness of the public education efforts, SCPE would take a proactive approach and make good use of the mass media, such as television, to achieve optimum results.

33. **A member**, Chairperson of the RAC Sub-committee on Access (SCA), introduced to Members the work of SCA, reported on the achievements thus far and outlined SCA's future work plan. (His

powerpoint presentation is at *Annex C.*)

34. **Chairman** commended the substantive efforts made by SCPE and SCA.

VI Chairman's report: United Nations Convention on the Rights of Persons with Disabilities

35. **Chairman** briefed Members on the historical development prior to the promulgation of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in August 2006. He also briefly introduced the content of the convention, highlighting that UNCRPD has in its Preamble a definition of “disability” in a broad sense. The existence of a definition made UNCRPD unique among other human rights conventions. He also mentioned that employment quota for people with disabilities was included in the Convention. However, it was not stated as a mandatory requirement.

36. **Chairman** also said that the People's Republic of China (PRC) had been enthusiastic in promoting the adoption of the treaty. Once the convention was adopted by the United Nations' General Assembly and would be ready for signature by state parties, PRC would be one of the first countries to sign on the treaty. He believed that the treaty would be extended to Hong Kong Special Administrative Region (HKSAR) soon, and PRC and HKSAR would be submitting the first report on the Convention within three years.

37. In reply to the Administration's question, **Chairman** said that existing rehabilitation programmes and protection for people with disabilities in Hong Kong should have met all the requirements set out in

the Convention. However, the requirements set out in the Convention were considered the minimum standards. Politically, there could be room for discussion on whether Hong Kong could make any further improvement.

VII Any other business

“Enhancing Employment of People with Disabilities through Small Enterprises” Project (3E Project)

38. **The representative of SWD** reported that the Advisory Committee on Enhancing Employment of People with Disabilities had considered and decided that the benchmark on employment for people with disabilities required under the 3E Project be relaxed from the existing 60% to 50%. The background was that operators of a number of business types, such as book stores, beauty salon and pet shops, under the 3E Project had found that a more relaxed benchmark in this regard would enable them to have a more sustainable business development. The Advisory Committee considered that although relaxing the benchmark might reduce the proportion of employees with disabilities in each enterprise funded under 3E Project, the new measure could enable and encourage the setting up of more such enterprises, which would in the end create more employment opportunities for people with disabilities. **Chairman** and **Members** noted the progress.

39. Having no further matters for discussion, **Chairman** concluded the meeting, and said that Secretary would inform Members of the date and other details of the next meeting once scheduled.

Secretariat
Rehabilitation Advisory Committee

April 2007