

## CHAPTER 17 - SUPPORT SERVICES

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### INTRODUCTION

17.1 Both the governmental and non-governmental sectors provide a number of services to facilitate the rehabilitation and integration of people with disabilities, many of which are discussed in previous chapters. This chapter mainly covers those services that aim to provide support and assistance to people with disabilities and their families, and those services that help future planning of rehabilitation services. These services include -

- (a) adult education programmes under the Education Department;
- (b) central referral systems of the Social Welfare Department;
- (c) Central Registry on Rehabilitation administered by the Rehabilitation Division of the Health and Welfare Bureau;
- (d) family support services under the Social Welfare Department;
- (e) housing assistance provided by the Hong Kong Housing Authority;
- (f) social security provided by the Social Welfare Department;
- (g) tax allowances and concessions; and
- (h) services of self-help organisations.

### ADULT EDUCATION

17.2 The Education Department provides primary and secondary education courses as well as English courses for persons aged 15 or above who have missed the opportunity for formal education. People with disabilities who are able to integrate into ordinary settings may attend these courses.

17.3 The Education Department also subvents non-governmental organisations (NGOs) in developing adult education programmes within a prescribed purview to complement and supplement the Department's provision. Within the purview, there are adult education programmes specifically provided for people with disabilities. NGOs may decide the operation of the type of programmes to meet the special needs of their clients. In the school year 1997/98, 112 programmes were operated for adults with disabilities by 22 NGOs, representing an increase of 62.3% over that in the school year 1994/95. The details are shown in Table 17.1 below. The Education Department will continue to provide subventions for the NGOs and to work closely with them to further develop adult education programmes for people with disabilities.

**Table 17.1 - Comparison of Adults Education Programmes for People with Disabilities Subvented by the Education Department for the School Years 1994/95 and 1997/98**

| School Year  | 94/95             |                      | 97/98             |                      |
|--|-------------------|----------------------|-------------------|----------------------|
|  | No. of Programmes | No. of NGOs Involved | No. of Programmes | No. of NGOs Involved |
| Visually Impaired Persons                              | 9                 | 1                    | 8                 | 1                    |
| Hearing Impaired Persons                               | 19                | 2                    | 22                | 2                    |
| Physically Handicapped and Viscerally Disabled Persons | 12                | 2                    | 35                | 8                    |
| Mentally Handicapped and Ex-Mentally Ill Persons       | 29                | 7                    | 47                | 11                   |
| <b>Total</b>   | 69                | 12                   | 112               | 22                   |

## **CENTRAL REFERRAL SYSTEMS**

### **Co-ordinated Referral System for Disabled Pre-schoolers**

17.4 The Co-ordinated Referral System for Disabled Pre-schoolers (CRSPS) was set up in 1987 under the Social Welfare Department and came into full operation in April 1988. The objectives of the system are as follows -

- (a) maintaining and disseminating to departments and NGOs information on the level of occupancy and waiting lists for centres for disabled pre-schoolers, namely early education and training centres (EETCs), special child care centres (SCCCs) and integrated programmes in child care centres (ICCCs);
- (b) through statistical returns and liaison, ensuring service is available for cases of high priority especially for early intervention in EETCs;
- (c) finding placement for hard-to-place cases, for example, severely disabled children;
- (d) compiling statistics for planning purpose;
- (e) ensuring existing services are made available to all children who need them as soon as possible; and
- (f) ensuring a smooth transition and continuity from one type of service to another at the appropriate age or stage of development.

17.5 At present, all referrals to pre-school service units of EETCs, SCCCs and ICCCs are managed by the CRSPS. So far, the CRSPS has developed a sufficiently reliable data base for the projection of demand for the services. Apart from undertaking much publicity effort to promote the system to all sources of referrals, the general public and rehabilitation personnel, briefing sessions on referral procedures are organised by the Social Welfare Department for front-line staff. In addition, there are liaison meetings organised half-yearly between the Social Welfare Department and the Hong Kong Council of Social Service (HKCSS) to discuss operational issues related to pre-school services for disabled children. Representatives from other relevant government departments such as the Department of Health and the Education Department are also invited to attend as and when necessary.

17.6 As the CRSPS was developed some 10 years ago, the existing computer system becomes unable to cope with the requirements arising from the continuous expansion of pre-school services for disabled children. In view of this, the Social Welfare Department is undertaking a plan of redeveloping and enhancing the computer system so that it can cope with the increasingly sophisticated demands and be rectified to be Year-2000 compliant by mid-1999. The Department is also undergoing a review on the operational procedures of the CRSPS with a view to enhancing the efficiency of referral procedures and maximising the utilisation of placement resources available.

### **Central Referral System for Disabled Adults**

17.7 In April 1988, the Social Welfare Department set up the Central Referral System for Disabled Adults (CRSDA) in order to -

- (a) ensure uniformity in referral procedures and admission criteria of service units by centralising referrals and placements;
- (b) ensure efficient utilisation of provisions and to minimise waiting time by engineering cross district/region placement as need arises;
- (c) ensure referrals for and placements in the most appropriate type of services in the light of existing policy and admission criteria;
- (d) identify the need for changing “queues” in case of circumstantial changes and to consult referrers accordingly;
- (e) set priority for urgent placements on a need basis; and
- (f) provide realistic and first-hand information and statistical data for planning and demand assessment.

17.8 Rehabilitation facilities encompassed by the CRSDA comprise day activity centres, sheltered workshops, home-based training, activity centres for discharged mental patients and all residential services for people with disabilities under the purview of the Social Welfare Department. Case data are processed in three computer systems for discharged mental patients, aged visually impaired persons and other people with disabilities respectively.

17.9 To familiarise front-line workers, in particular new recruits, with the functions and operation of the CRSDA, briefing sessions are held by the Social Welfare Department at regular intervals. As the CRSDA was developed some 10 years ago, the existing computer

systems become unable to cope with the requirements arising from the continuous expansion of rehabilitation services. In view of this, the Social Welfare Department is undertaking a plan of redeveloping and enhancing the computer systems so that they can cope with the increasingly sophisticated demands and be rectified to be Year-2000 compliant by mid-1999. The Department is also undergoing a review on the operational procedures of the CRSDA with a view to enhancing the efficiency of referral procedures and maximising the utilisation of placement resources available.

## **CENTRAL REGISTRY FOR REHABILITATION**

17.10 The Central Registry for Rehabilitation (CRR) collects and compiles information on people with disabilities in Hong Kong with a view to providing statistics on disability to the Government and NGOs concerned for the planning and delivery of rehabilitation services and research purposes.

17.11 The CRR has been established since October 1983. It is monitored by an Advisory Committee chaired by the Commissioner for Rehabilitation and represented by members from government departments concerned, the Hospital Authority, Vocational Training Council, HKCSS and Hong Kong Special Schools Council. The Rehabilitation Division of the Health and Welfare Bureau is responsible for its day-to-day operation. At the end of December 1998, there were about 123 000 people with disabilities registered with the CRR.

17.12 The CRR collects information on people with disabilities on a voluntary basis through relevant government departments and NGOs upon their first contact with a disabled client. In order to alleviate the problem of under-reporting and encouraging the co-operation of various parties concerned, the reporting form (now known as registration form) was simplified in 1998, having regard in particular to the relevant provisions of the Personal Data (Privacy) Ordinance (Cap. 486).

17.13 There were cases that some people with disabilities requested the CRR to provide them with written certification to facilitate them in obtaining privileged services or concessionary rates offered by some companies or organisations. In order to simplify the certification process and provide CRR registrants with better service, the CRR launched a new initiative of issuing a registration card for people with disabilities to CRR registrants upon application in January 1999. The registration card has been gradually accepted by some schemes/organisations, including the concessionary schemes for people with disabilities offered by the two Provisional Municipal Councils, as an identity proof for price concessions and privileged services.

## **FAMILY SUPPORT SERVICES**

### **Counselling Service**

17.14 Families in need of support or counselling may approach family services centres of the Social Welfare Department and NGOs, or medical social service units in hospitals and clinics for assistance. Advice and counselling would be provided by caseworkers or medical social workers and referrals to appropriate government departments and organisations for follow-up services will be made whenever necessary. In addition,

there is a hotline service run by the Social Welfare Department which provides immediate counselling or advice. Similar services are also provided by some NGOs.

### **Home Help Service**

17.15 The home help service, being an essential community support service, aims to substantiate community care and support. The major target groups are elderly persons, people with disabilities and families in need. Home help teams, working throughout the territory, provide a variety of services such as general personal care, house keeping, escort, meal and child care services. In 1997-98, the home help service catered for 20 554 cases with an average unit cost of \$1,129 per month. About 2 500 of these cases (12.2%) were related to people with disabilities aged below 60. As at December 1998, there were 133 subvented home help teams. Resources have already been allocated to provide an additional 29 teams by 1999-2000.

### **Family Aide Service**

17.16 The family aide service, as a support to family casework service, aims to impart basic skills on home making to the needy with the ultimate goal of providing them with adequate self-management in household matters through systematic training programme. Families with young children whose parents/carers are inadequate, disabled or mentally ill and families in and after crisis may be provided with the service. Training in parental and home-making skills is given to young couples and inadequate parents, including parents with disabled children, through live demonstrations and practice sessions at a family care and demonstration and resource centre.

## **HOUSING ASSISTANCE**

17.17 Through the Compassionate Rehousing Scheme, the Hong Kong Housing Authority offers a quota of about 2 000 public rental housing flats each year to applicants with special or compassionate justifications referred by the Social Welfare Department. Consumption of the quota is based on need and the Housing Authority is prepared to offer assistance to genuinely deserving cases, including people with disabilities. Successful applicants will normally be rehoused as soon as the formalities are cleared. A total of 1 352 public rental housing flats were allocated to people with disabilities under this scheme between 1994-95 and 1997-98.

17.18 In order to suit the special requirements of wheelchair users, the Hong Kong Housing Authority makes it a standard practice that families with wheelchair users are allocated with larger flats which are one grade up of the standard entitlement and close to lift landing. The Hong Kong Housing Authority also tries to meet their choice of estates as far as practicable in order to minimise the distance between their residence and places for work or medical treatment. As regards improvement work for disabled tenants in public housing estates, it is discussed in the chapter on access, transport and rehabilitation engineering services.

17.19 In addition, households with disabled member(s) and in financial hardship can apply for rent assistance. Under the Rent Assistance Scheme of the Hong Kong Housing Authority, they would enjoy 50% rent reduction if -

- (a) their household income is below 50% of the Waiting List Income Limit;
- (b) their rent-to-income ratio exceeds 25%; or
- (c) their household income is between 50% and 60% of the Waiting List Income Limit, and the rent-to-income ratio exceeds 15%.

Ordinary households who continue to require the rent assistance after two years may be required to transfer to flats with lower rent in the same district. Households with disabled members are however exempted from this removal rule.

## **SOCIAL SECURITY**

17.20 Social security is provided by the Social Welfare Department to meet the basic needs of the disadvantaged including the financially vulnerable, the elderly and the severely disabled. For people with disabilities who encountered financial difficulties in meeting their basic needs, they may apply for financial assistance under the Comprehensive Social Security Assistance (CSSA) Scheme which is provided on a means-tested basis. For severely disabled persons, they may apply for a non-means-tested disability allowance under the Social Security Allowance (SSA) Scheme. A higher disability allowance equivalent to twice the amount of normal disability allowance is payable to severely disabled persons requiring constant attention at home. By the end of 1997-98, there were some 70 000 people with disabilities receiving financial assistance under the CSSA Scheme and some 77 000 people with disabilities who were not CSSA recipients receiving payments under the SSA Scheme. In 1998-99, the total amounts of payment under the CSSA and SSA schemes for people with disabilities were about \$3.95 billion and \$1.33 billion respectively.

## **TAX ALLOWANCE AND CONCESSIONS**

17.21 In order to encourage the care of people with disabilities by their family members, a new salaries tax allowance of \$11,000 for a disabled dependant who was eligible to claim disability allowance was introduced in 1995-96. Tax-payers could benefit from this concession in addition to any allowance already being claimed by them for the disabled family members. With a view to offering more help to individuals and families giving support to disabled dependant, this allowance is increased to \$60,000, which doubles the basic allowance for an ordinary dependant, with effect from 1998-99.

17.22 In addition, drivers with disabilities are exempted from the payment of a number of fees and duties charged by the Government, details are provided in the chapter on access, transport and rehabilitation engineering services.

## **SELF-HELP ORGANISATIONS**

17.23 Self-help organisations can be defined as groups of individuals who organise themselves in a group structure to pursue common goals of furthering their own welfare and interests. The group solidarity arises from the fact that people encountering similar problems can join together to overcome them by sharing experiences and exchanging information. Where the nature of disabilities prevent people from expressing and advocating their rights, their parents/carers in self-help organisations may represent their interests on their behalf.

17.24 Self-help organisations are monitored and managed by boards comprising mainly people with disabilities and/or their parents/carers who are in the best position to understand the special needs of people with disabilities. Apart from providing meaningful social, educational and leisure activities, self-help organisations promote a spirit of mutual help among people with disabilities as well as their parents/carers. These organisations also represent people with disabilities to express their views on rehabilitation services to service providers and government departments concerned. Through seminars, campaigns and the mass media, self-help organisations foster a positive image of and promote the rights of people with disabilities.

17.25 The Government strongly supports the further development of self-help organisations. They are and will continue to be encouraged to participate actively in the formulation of rehabilitation policies so as to ensure that planned services are tailored to meet the special needs of people with disabilities. The Social Welfare Department will continue to render the necessary support and assistance to self-help organisations in their application for welfare premises as appropriate.

## **ISSUES OF CONCERN**

17.26 Self-help organisations have been requesting the Government to provide financial assistance to support their staffing expenses and operational costs. However, under existing subvention policy, the Government will only subvent the operational costs associated with the provision of certain direct welfare services. Expenditures for the internal administration of an organisation, which are not directly related to subvented services, are not covered in the subvention and have to be met by non-governmental resources.