CHAPTER 1 - INTRODUCTION

REHABILITATION PROGRAMME PLAN (RPP)

1.1 This Rehabilitation Programme Plan (the Plan) is the last RPP of this century with the first one introduced in 1976. The Plan covers -

(a) the development of rehabilitation services since the 1994 RPP Review showing the position in 1998;
(b) the projected demand for and supply of rehabilitation services between 1998-99 and 2002-03; and
(c) matters that need to be further examined in the future.

1.2 Rehabilitation services and activities covered by the Plan are planned and delivered by about 15 government bureaux/departments, the two Provisional Municipal Councils, seven statutory bodies and over 90 non-governmental organisations (NGOs). These services and activities, funded by government subvention and private donations, include -

(a) prevention, identification and assessment services;
(b) services for individual disability groups in respect of medical rehabilitation, education, social rehabilitation, etc.;
(c) vocational rehabilitation services;
(d) access, transport and rehabilitation engineering services;
(e) manpower planning and training for rehabilitation personnel;
(f) legislative measures and public education activities;
(g) social, recreational, sports and cultural activities; and
(h) support services.

1.3 The Plan is based on the outcome of a review conducted in 1998 by a committee comprising the Commissioner for Rehabilitation as chairman and representatives of five government departments, the Hospital Authority, the Vocational Training Council, and the Hong Kong Council of Social Service (HKCSS) as members. Representatives of NGOs in the rehabilitation sector including parental and self-help groups were also invited through the HKCSS to discuss matters of their concern. Details of the membership and terms of reference of the 1998 RPP Review Committee (the Review Committee) are in Appendix 1.1. A total of 15 meetings including a preparatory meeting were held between September 1997 and June 1999 for the review.

1.4 The Plan was considered and endorsed by the Rehabilitation Advisory Committee (RAC) with comments of the RAC incorporated as necessary. The RAC is the principal advisory body to the Government on the development and implementation of rehabilitation policies and services in Hong Kong. Details of the membership and terms of reference of the RAC are in Appendix 1.2.
1.5 The Plan will be reviewed and updated before the end of the planning period, i.e. March 2003. An RPP review provides a very useful forum for all parties concerned to exchange their views on the way forward for development of rehabilitation services. The frequency of an RPP review was reduced from once a year to once every three years as it took more than a year for the governmental and non-governmental sectors to have a full deliberation of all issues involved and finalise the RPP. The planning period has also been shortened from 10 to five years since the 1994 RPP Review in order to give a more realistic projection of the future demand and supply. Apart from being a record of past achievements and agreed future commitments of the Government, statutory bodies and NGOs, RPPs have also been used by the non-governmental sector as a means to reiterate their requests and proposals which the Government and statutory bodies have not been able to implement or commit due to policy or resource considerations.

1995 WHITE PAPER ON REHABILITATION

1.6 The first White Paper on Rehabilitation entitled “Integrating the Disabled into the Community: A United Effort” was introduced in 1977. In May 1995, the Government published the second White Paper on Rehabilitation entitled “Equal Opportunities and Full Participation: A Better Tomorrow for All” (the 1995 White Paper). The 1995 White Paper sets out the goals and directions of our rehabilitation policies and programmes into the 21st century. The Plan was drawn up in light of the agreed policies and directions set out in the 1995 White Paper with particular reference to the policy objective, categories of disability and definitions of specific terms.

1.7 The Government pledged in the 1992 Policy Address to meet in full the targets published in the 1992 Green Paper on Rehabilitation over a period of five years. The targets were subsequently revised in the 1995 White Paper to take account of changing needs and circumstances of various rehabilitation services. The revised targets of providing an addition of 3 930 residential places and 3 368 day service places for various disability groups were fully met in 1997. Funds have also been secured to meet other shortfalls identified in the 1995 White Paper.

POLICY OBJECTIVE

1.8 The Plan adopts the following policy objective for rehabilitation as proclaimed in the 1995 White Paper -

To promote and provide such comprehensive and effective measures as are necessary for the prevention of disability, the development of the physical, mental and social capabilities of people with a disability, and the realisation of a physical and social environment conducive to meeting the goals of their full participation in social life and development, and of equalisation of opportunities.

CATEGORIES OF DISABILITY UNDER THE PLAN

1.9 As a follow-up action to the 1995 White Paper, the Review Committee reviewed the categories of disability to be included in the Plan. The Review Committee decided, and the RAC subsequently endorsed in October 1998, to delete maladjustment from
the classification of disability in the 1995 White Paper and retain the following eight categories of disability (in alphabetical order) for the Plan -

1. autism;
2. hearing impairment;
3. mental handicap;
4. mental illness;
5. physical handicap;
6. speech impairment;
7. visceral disability; and
8. visual impairment.

1.10 As mentioned in the 1995 White Paper, question of whether maladjustment should be retained or deleted was then being considered jointly by the Education Department and Social Welfare Department. In view of the fact that children with maladjustment do not typically have an impairment or disability but merely unsatisfactory relationships in school or at home, the Education Department and the Social Welfare Department recommended deleting maladjustment from the classification of disability. While the Social Welfare Department will continue to be responsible for providing the necessary social services to maladjusted children and their families, the educational services for such children will be reviewed under the existing mechanism of the Board of Education in future instead of the RPP.

1.11 The definitions for individual categories of disability can be found in the respective chapters on services for disability groups, except speech impairment which is usually affiliated with other disabilities. The Plan adopts the following definition for speech impairment -

People with speech impairment are people who cannot communicate effectively with others, or whose speech difficulty draws undue attention to their speech acts to such an extent that affects their academic, emotional and social developments.

DEFINITIONS OF IMPAIRMENT, DISABILITY AND HANDICAP

1.12 It is apparent from the descriptions of categories of disability in paragraph 1.9 above that the Government and NGOs in the rehabilitation sector still failed to reach agreement in adopting the World Health Organization’s “International Classification of Impairments, Disabilities and Handicaps” for common use in Hong Kong. The argument was the same as quoted in the 1995 White Paper, i.e. the international classification is too detailed and does not suit local circumstances. Hence, the current broad classification system, which is sufficiently flexible (though confusing to outsiders), is adopted for the Plan. Views were also divided on the Chinese term for some terminologies, for example, “残損”, “障礙”, “弱能” and “傷殘” all mean disability. The distinction between impairment, disability and handicap under the definitions adopted by the World Health Organization is re-produced below for easy reference of readers -
(a) **Impairment** - any loss or abnormality of psychological, physiological, or anatomical structure or function.

(b) **Disability** - any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

(c) **Handicap** - a disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfilment of a role that is normal, depending on age, sex, social and cultural factors, for that individual.

**ESTIMATED NUMBER OF PEOPLE WITH DISABILITIES**

1.13 Apart from a sample survey conducted between 1984 and 1986 on the psychiatric morbidity in Shatin (Shatin Community Mental Health Survey), no major local survey has been carried out to ascertain the local prevalence of various disabilities in Hong Kong. The conduct of a territory-wide survey on the population of people with disabilities is constrained by a number of factors including the provisions of the Personal Data (Privacy) Ordinance (Cap. 486) which serve to protect the privacy of individuals in relation to personal data, as well as the reluctance of individual disabled persons and their families to disclose their disabilities. In this regard, overseas prevalence, information based on the Shatin Community Mental Health Survey for mental illness and reported cases based on the records of the Central Registry on Rehabilitation (CRR) of the Health and Welfare Bureau have been used for estimating the number of people with disabilities in Hong Kong. Information on the background and operation of the CRR is provided in the chapter on support services.

1.14 The prevalence adopted in the Plan, if applicable, is explained in the respective chapters on services for disability groups. The estimated total number of people with disabilities (excluding speech impairment and visceral disability) in Hong Kong between 1998 and 2002 is shown in Table 1.1 below. The estimated figures on total number of people with speech impairment or visceral disability are not available because there is not a commonly agreed full list of diseases for visceral disability, whereas speech impairment is often affiliated with other disabilities like mental handicap, physical handicap and visceral disability.

**DEMAND FORMULA**

1.15 For the purpose of planning government-subvented social rehabilitation services, the Social Welfare Department applies a demand formula which was endorsed by the former Rehabilitation Development Co-ordinating Committee (now RAC) in January 1994. This demand formula, as detailed in Appendix 1.3, adopts an accounting flow approach by taking into account data on enrollment, new applications, waiting list and discharge cases. Demand formulae or planning standards adopted by other service providers, where applicable, are also provided in the respective chapters on services for individual disability groups.
Table 1.1 - Estimated Number of People with Disabilities (excluding Speech Impairment and Visceral Disability) Requiring Rehabilitation Services

<table>
<thead>
<tr>
<th>Year</th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>6,659,400</td>
<td>6,768,900</td>
<td>6,860,000</td>
<td>6,951,000</td>
<td>7,040,200</td>
</tr>
<tr>
<td>(mid-year projection)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autism</td>
<td>6659</td>
<td>6769</td>
<td>6860</td>
<td>6951</td>
<td>7040</td>
</tr>
<tr>
<td>(about 70% of autistic persons are mentally handicapped)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>38,549</td>
<td>39,267</td>
<td>39,902</td>
<td>40,555</td>
<td>41,146</td>
</tr>
<tr>
<td>Mental handicap</td>
<td>133,188</td>
<td>135,378</td>
<td>137,200</td>
<td>139,022</td>
<td>140,804</td>
</tr>
<tr>
<td>Mental illness</td>
<td>88,667</td>
<td>90,684</td>
<td>92,455</td>
<td>94,274</td>
<td>96,005</td>
</tr>
<tr>
<td>Physical handicap</td>
<td>68,850</td>
<td>70,320</td>
<td>71,613</td>
<td>72,937</td>
<td>74,090</td>
</tr>
<tr>
<td>Visual impairment</td>
<td>73,171</td>
<td>74,417</td>
<td>75,462</td>
<td>76,509</td>
<td>77,518</td>
</tr>
<tr>
<td><strong>Total Number of People with Disabilities</strong></td>
<td>409,084</td>
<td>416,835</td>
<td>423,492</td>
<td>430,248</td>
<td>436,603</td>
</tr>
<tr>
<td><strong>As a percentage of the population</strong></td>
<td>6.14%</td>
<td>6.16%</td>
<td>6.17%</td>
<td>6.19%</td>
<td>6.20%</td>
</tr>
</tbody>
</table>

PUBLIC EXPENDITURE ON REHABILITATION SERVICES

1.16 Rehabilitation services are mainly funded through the Education, Health, Labour, Social Welfare and Transport Departments, the Health and Welfare Bureau and the Hospital Authority. The estimated public expenditure on rehabilitation services in 1999-2000 amounts to $14.7 billion, equivalent to 5.08% of the estimated total public expenditure, consisting of $14.6 billion for recurrent and $167 million for non-recurrent expenditures. These figures have taken into account the on-costs (including pension, gratuities, housing benefits as well as medical and dental benefits for staff) and payments under the Comprehensive Social Security Assistance and Disability Allowance Schemes to people with disabilities. The detailed breakdown of the public expenditure on rehabilitation services in terms of cost of services for 1999-2000 and over the past 10 years are provided in Appendices 1.4 and 1.5 respectively.

1.17 Subvention to NGOs accounts for a significant portion of the total public expenditure on rehabilitation services. Apart from being service providers, NGOs play a significant role in the development of policies and planning. The majority of NGOs in the rehabilitation sector are members of the Joint Council for the Physically and Mentally Disabled (Rehabilitation Division, HKCSS). The Joint Council is a co-ordinating body working closely with the Government in the planning and development of rehabilitation services, and facilitating consultation and communication between the governmental and non-governmental sectors.
MAJOR DEVELOPMENT SINCE 1994

1.18 Since the 1994 RPP Review, the provision and delivery of rehabilitation services for people with disabilities by relevant government departments, statutory bodies and NGOs have been satisfactory. The period saw the establishment of the Equal Opportunities Commission and the Guardianship Board as well as significant improvements in the provision of rehabilitation services, both quantitatively and qualitatively. With increase in service provision, the current demands for early education and training centre, special child care centre, special school for disabled pupils and halfway house services, and hostel services for the aged blind are fully met. A summary on the improvements in terms of number of government-subvented places for various services between 31 March 1995 and 31 December 1998 is at Appendix 1.6.

1.19 In the next five years, all service providers will continue to ensure that a continuum of care and support is provided to people with disabilities to facilitate their integration and participation in the community. To meet the projected demand and shortfalls, the Administration has earmarked resources for providing over 4,000 additional day and residential places for people with disabilities by 2002-03, with an estimated annual subvention of over $300 million. A summary on the existing and funded future provisions, waiting list, utilisation rate and unit cost per month of government-funded services is at Appendix 1.7.

1.20 The Review Committee noted that there were disparities of service provision for people with disabilities under different policy programmes. For examples, nursing staff were provided in special schools for mentally handicapped children but not in hostels for moderately mentally handicapped persons; different grades of staff were being employed to perform similar duties in special schools and rehabilitation centres for disabled persons; and the Community Geriatric Assessment Team Service was provided in homes for the ordinary elderly but not in homes for the disabled. The NGO members of the Review Committee requested the Administration to look into the matter with a view to ensuring better co-ordination and consistency in the planning and delivery of services administered under different policy programmes.

1.21 Apart from improvements in the provision of day and residential places and other rehabilitation services for people with disabilities, the Review Committee was pleased to note the launching of the following projects, which further enhance the integration of disabled students in mainstream education -

(a) **Integration of Children with Special Needs in Ordinary School**

In September 1997, the Education Department launched a two-year pilot project on the Integration of Children with Special Needs in Ordinary Schools with seven primary schools and two secondary schools currently participating in the project. These schools adopt a whole-school approach which involves parents, regular and resource teachers, to facilitate the integration of pupils with mild grade mental handicap, hearing impairment, visual impairment, physical handicap, and autistic disorder with average intelligence into mainstream education. Participating schools are encouraged to modify the curriculum and assessment methods, diversify instructional strategies and organise peer support to help pupils with diverse levels of ability. As at December 1998, there were 49 pupils attending ordinary schools under this
pilot project. An evaluation report on the pilot project, with recommendations on long-term policy and strategy, will be published in 1999. Subject to the findings of the evaluation, the number of participating schools will be increased in future.

(b) Sub-system of the Joint University Programmes Admission System (JUPAS) for Students with Disabilities

In response to a recommendation of the RAC, a separate admission procedure, the Sub-system of the JUPAS, was introduced in 1997 for students with physical handicap, hearing impairment, visual impairment, speech impairment and visceral disability. The Sub-system aims to improve the accessibility of disabled students to tertiary education. Under the Sub-system, disabled applicants meeting the stipulated minimum entry requirement for the selected courses will not be required to compete with other able-bodied applicants. For the 1997 and 1998 admission exercises, a total of 46 disabled students applied through the Sub-system with 22 of them finally admitted to tertiary institutions funded through the University Grants Committee.

ENHANCED PRODUCTIVITY PROGRAMME

1.22 In the course of the 1998 RPP Review, the Chief Executive announced in the 1998 Policy Address the Enhanced Productivity Programme (EPP) to be implemented by government departments and the government-subvented sector. The aim of the EPP is to improve productivity and efficiency with a view to releasing resources from the baseline to fund new initiatives, without compromising the quality of existing services. Under the EPP, government departments and government-subvented agencies are required to deliver productivity gains amounting to 5% of their operating expenditure by 2002-03.

1.23 Before the Plan goes to print, the Administration has announced a number of new initiatives for new or improved rehabilitation services to be financed by the initial savings identified under the EPP from 1999-2000. These new/improved rehabilitation services include -

(a) additional Senior Occupational Therapist and Senior Physiotherapist posts for an NGO to improve the allied health services for disabled pre-schoolers;
(b) additional Physiotherapist and Physiotherapist Artisan posts for NGOs to provide physiotherapy services for the aged blind;
(c) dementia supplement for 36 disabled elderly;
(d) 48 integrated children care centre places; and
(e) additional sign language interpreters and caseworkers for hearing impaired persons.

Since details of the EPP initiatives have been separately announced by the Government, the Plan will not re-publish the EPP initiatives relating to rehabilitation services.