

## **LEGCO PANEL ON WELFARE SERVICES**

### **Standardized Needs Assessment Tool for Admission to Residential Homes for People with Disabilities**

#### **PURPOSE**

This paper informs Members of the development of a standardized needs assessment tool by Social Welfare Department (SWD) for admission to residential homes for mentally handicapped and/or physically handicapped persons.

#### **DEMAND FOR RESIDENTIAL SERVICES**

2. In view of the growing demand for residential places albeit a significant increase in provision in the past ten years, the Social Welfare Department (SWD) set up a multi-disciplinary Steering Group on Admission Procedures for Residential Care Homes for People with Disabilities (the Steering Group) in 2001 to steer a review on admission criteria and admission process of residential homes for people with disabilities (PWDs). As a first step, a survey was conducted. The survey showed that 24% of the parents of the waitlistees for residential service indicated that they did not require residential placement within the next five years. On the other hand, the median age of the waitlistees was only 28, with 30% of total waitlistees aged 15 to 20. The median age of their parents was only 52. This indicates that the general waitlistees are rather young in age. In view of the survey findings, the Steering Group decided to form a Task Group to devise a standardized assessment tool to ascertain the needs assessment for residential service for persons with mental/physical handicap (the Assessment Tool).

3. The Task Group comprises of representatives of parents' groups and

professionals including physician, psychiatrist, nurse, clinical psychologist, physiotherapist, occupational therapist, and social workers. A membership list of the Task Group is at **Annex 1**.

## **THE ASSESSMENT TOOL**

4. The purpose of the Assessment Tool is to identify the needs of persons with mental/physical handicap applying for residential service with a view to matching their needs with appropriate levels and categories of service. A set of the draft Assessment Tool is at **Annex 2** (in Chinese). The guiding principles adopted for developing the Assessment Tool are set out below:

- (a) it should focus on individuals' "needs" and risk factors instead of "wants";
- (b) it should be used for streaming purpose and is not meant to replace the in-depth assessments conducted by professionals for training and caring of PWDs;
- (c) the proposed tool should cover salient aspects in a concise manner, so that case social workers at Social Work Assistant (SWA) rank or above would have little difficulty to complete the assessment within one hour; and
- (d) it should be as practical as possible taking into account to existing resources and manpower available.

5. The Assessment Tool covers the following four domains:

(a) **Nursing Care**

This domain aims to identify the nursing care needs of individual applicant for residential service. A range of nursing activities commonly performed in existing hostels/homes for people with disabilities, including skin care, feeding, drug administration, bowel control, epilepsy, oxygen treatment, suction and bedridden care are included. The nursing level required by individual applicant is defined as low, moderate, high and extremely high which will be used for matching of appropriate service being provided in different institutions.

(b) **Functional Impairment**

The domain on functional impairment measures an individual's ability to manage his/her activities in daily living and how much assistance he/she requires from others. The assessment items are grouped into two categories according to the level of assistance required, the first group being those requiring more intensive assistance like bathing, dressing and body transfer whilst the second group being those requiring less intensive assistance like toileting, eating and drinking.

(c) **Challenging Behaviour**

The objective of this domain is to identify individuals with more severe challenging behavior with a view to match their needs with suitable types of residential service. Assessment is based on major typical challenging behaviors including aggression towards others, self-harm, destruction of property and other inappropriate behaviors.

(d) **Family Coping**

The family coping domain assesses the main carers' coping capacity with regard to the individuals receiving assessment. It also assesses the individuals' relationship with their families and their risk of abuse and neglect by family members. Factors for consideration include carer's age and health condition, emotional or psychiatric status of carer, and whether the carer has to look after other disabled family members, etc.

6. The four domains will determine the needs of individuals under assessment. The needs so identified under each of the first three domains will then be considered in relation to the family's ability of coping with such needs and whether appropriate community services are available in assisting the carers. The guideline is that community service and day training service should first be considered and mobilized to provide support to PWDs and their families before residential services are considered.

7. In addition to determining the needs of individuals receiving assessment, the Assessment Tool also provides indication as to how an individual's needs could be matched with appropriate types of residential services if necessary, including -

- (a) Hostel for Moderately Mentally Handicapped Persons (HMMH);

- (b) Hostel for Severely Mentally Handicapped Persons (HSMH, with or without Physical Handicap);
- (c) Hostel for Severely Physically Handicapped Persons (HSPH); and
- (d) Care and Attention Home for Severely Disabled Persons (C&A/SD).

Service matching begins from the Nursing Care domain and is performed down the path as specified in the service matching flow-chart at **Annex 3** (in Chinese). The Nursing Care domain first identifies those individuals with high and extremely high nursing care needs and match them to C&A/SD (or equivalent day care and community service) and infirmary care respectively. For those individuals with medium or lower nursing care need, further assessment on Functional Impairment is necessary to determine whether HMMH, HSMH or C&A/SD is suitable. The domain on Challenging Behaviour may be used to adjust the service level required to provide better care and support for those individuals with behavioural problem.

## **PROPOSED APPLICATION OF THE ASSESSMENT TOOL**

8. The Assessment Tool will be administered to all new applications as well as those on the waiting list for residential services. Upon completion of an assessment, case social worker will formulate a care plan for the PWD in consultation with his/her family according to the assessment result. Appropriate day training or community support services may be arranged if the PWD concerned has no need for residential service or residential placement is not immediately available. For those already residing in subvented residential homes, our plan is not to conduct similar assessment for them. The Tool will only be applied to an existing resident of a residential home when there is a significant change in his/her functioning level which warrants a change in type of residential service required.

## **REVIEW AND APPEAL**

9. To ensure that the needs of PWDs having undergone assessment could be addressed, we see the need to introduce a review mechanism. The intention is to initiate a review when there are noticeable changes in respect of the conditions and needs of a PWD having regard to the four domains of the Assessment Tool or other significant circumstantial changes. To assist the front-line social workers, a

check-list for a review will be formulated to guide their work. Furthermore, appeal procedures as well as measures on pre-appeal mediation will be considered to ensure sufficient channels are in place to address differences. Details of these arrangements will be worked out by the Task Group and submitted to the Steering Group for consideration.

## **PILOT STUDY**

10. The Steering Group has discussed and endorsed the draft Assessment Tool at Annex 2 and agreed on a pilot study to be conducted in two phases from October 2003 to May 2004. Phase One of the pilot study aims at refining the draft Assessment Tool, the Assessor Manual and testing out the administration process. In this connection, training sessions have been conducted for 13 assessors and 39 test cases assessed in accordance with the draft Assessment Tool in settings including family service centres, psychiatric hospitals, special schools and rehabilitation units. Feedback from the assessors and third-party observers on these test cases are being collected and analyzed. On the basis of the results of Phase One, the Task Group would further refine the draft Assessment Tool and the Assessor Manual. Phase Two of the pilot study will be conducted to test out the validity and reliability of the Assessment Tool. A sample of 100 test cases will be selected.

## **TRAINING**

11. We consider that training is essential in helping social workers to understand the Assessment Tool and to acquire the skills in administering the Assessment Tool. In this regard, our plan is to invite experts from SWD, NGOs and HA to become trainers for the various domains under the Assessment Tool. SWD will keep a register of trainees and assign a registration number to them. The registration number will be used when they perform assessment in the future. Given the objectives of the Assessment Tool, we do not propose to introduce a formal process of examination and accreditation for assessors. Detail arrangement for registration of trainees will be worked out having regard to the results of the pilot run and outcome of further consultation with stakeholders.

## **IMPLEMENTATION PLAN**

12. At this stage, there is no definite time-table for the implementation of the Assessment Tool. Our target is to develop a refined Assessment Tool within 2004/05.

## **CONSULTATION**

13. To introduce the Assessment Tool, consultation sessions have been held with different stakeholders including parents' groups, staff of special schools and NGO operators. Having regard to the feedback received, modifications have been made to the Assessment Tool to address concerns of stakeholders. A summary of the feedback received and SWD's responses is at **Annex 4**. We have also consulted the Rehabilitation Advisory Committee (RAC). At its meeting on 10 December 2003, RAC Members supported, in principle, of the proposed Assessment Tool. We will conduct further consultations when the draft Assessment Tool has been refined upon completion of the pilot study.

## **ADVICE SOUGHT**

16. Members are requested to note the progress of the development of the proposed Assessment Tool and comment subject matter.

Social Welfare Department  
December 2003

**Membership of the Task Group on  
Universal Care Need Assessment Tool**

Mrs Elaine YUE	Social Welfare Department (Chairperson)
Mrs Julie LEE	Parents' representative
Mrs Goretti CHEUK	Parents' representative (joined the Group since 18 November 2003)
Dr Derrick AU	Consultant, Kowloon Hospital
Dr T W FAN	Senior Medical Officer, Castle Peak Hospital
Ms Joanna LAM	Registered Nurse, Fu Hong Society (resigned since 7 February 2003 and replaced by Ms Tracy WONG since 24 February 2003)
Ms Tracy WONG	Service Manager, Haven of Hope Christian Service (replaced Ms Joanna LAM since 24 February 2003)
Mr William CHEUNG	Clinical Psychologist, Social Welfare Department
Mr Ivan SU	Senior Physiotherapist, The Spastics Association of Hong Kong
Miss Grace SO	Senior Occupational Therapist, Social Welfare Department
Mr Vincent WU	Senior Occupational Therapist, Social Welfare Department (joined the Group since 24 February 2003)
Mrs Margaret LEE	Assistant Superintendent, Jockey Club Rehabilitation Complex, Tung Wah Group of Hospitals
Ms KWONG Ming Sin	Outreach Nurse, Siu Nam Hospital (joined the Group since 18 November 2003)
Ms WONG Yee Ping	School Social Worker, Haven of Hope Sunnyside School (joined the Group since 18 November 2003)
Ms Bonnie TO	Service Supervisor, Caritas Rehabilitation Service (joined the Group since 18 November 2003)
Mr David NG	Social Welfare Department (Secretary since 24 February 2003)

社會福利署  
弱智人士及肢體傷殘人士住宿服務評估〔擬稿〕

## I. 個人資料

1. 姓名： \_\_\_\_\_  
(英文) \_\_\_\_\_ (中文)
2. 出生日期： \_\_\_\_\_ (年) \_\_\_\_\_ (月) \_\_\_\_\_ (日)      3. 性別：  男  女
4. 香港身分證號 \_\_\_\_\_ ( ) 或 L/M( \_\_\_\_\_ ) in RP 3/3/220/( \_\_\_\_\_ )  
碼： \_\_\_\_\_
5. 居住地區：  
香港島及離島  中西區  灣仔  東區  南區  離島  
九龍  觀塘  黃大仙  九龍城  旺角  油麻地  
 尖沙咀  深水  將軍澳  西貢  
新界  上水及粉嶺  馬鞍山  沙田  大埔  荃灣  
 葵涌及青衣  屯門  元朗  天水圍
6. 現正接受的服務  無  特殊學校  特殊學校寄宿服務  社區支援服務  
 日間訓練服務：  輔助就業  庇護工場  展能中心  
 殘疾人士住宿服務：  中度弱智人士宿舍  嚴重弱智人士宿舍  
 嚴重肢體傷殘人士宿舍  殘疾人士護理院  
 自負盈虧殘疾人士院舍  私營院舍

## II. 有關殘疾及健康問題的資料

主要殘疾

1. 肢體傷殘  並非肢體傷殘（請轉答第 2 項）  
 缺失上或下肢  缺失手／腳掌或手／腳趾  上肢或下肢癱瘓  左／右半身不遂  
 大腦癱瘓  四肢癱瘓  其他，請註明： \_\_\_\_\_
2. 弱智  並非弱智（倘若當事人並非肢體傷殘及弱智人士，請終止評估程序）  
 極度嚴重  嚴重  中度  輕度  其他，請註明：  
 明： \_\_\_\_\_  
 心理評估日期： \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日

次要殘疾

3. 其他殘疾  言語障礙  聽覺受損／弱聽  視覺受損（ 失明／ 弱視）  
 自閉症  精神病  其他，請註明： \_\_\_\_\_
4. 疾病／健康問題 若有，請註明： \_\_\_\_\_  
 \_\_\_\_\_

### III. 護理需要

項目	低度護理需要	中度護理需要	高度護理需要	極高護理需要
1. 皮膚問題 皮膚是否：	<input type="checkbox"/> 在過往一年內因反覆出現皮膚問題須搽醫生處方藥膏，如季節性皮膚病。	<input type="checkbox"/> 在過往一個月內皮膚重覆損傷須觀察傷口發炎情況，並接受無菌換症清洗傷口。	<input type="checkbox"/> 在過往一個月內皮膚出現潰瘍、褥瘡須接受無菌換症。	<input type="checkbox"/> 在過往一個月內褥瘡有見骨情況。
2. 進食問題 在過往一個月內是否須：		<input type="checkbox"/> 加凝固粉進行餵食。 <input type="checkbox"/> 有吞嚥問題。	<input type="checkbox"/> 加凝固粉進行餵食，或經常出現哽塞。 <input type="checkbox"/> 須用導管餵食，當事人並非嚴重／極度嚴重弱智人士。	<input type="checkbox"/> 須用導管餵食，當事人為嚴重／極度嚴重弱智人士。
3. 使用藥物情況 在過往一個月內當事人是否：	<input type="checkbox"/> 須每天接受藥物注射，當事人並非嚴重／極度嚴重弱智人士。	<input type="checkbox"/> 長期使用藥物，並須跟進藥物反應 <sup>1</sup> 。 <input type="checkbox"/> 須每天接受藥物注射，當事人為嚴重／極度嚴重弱智人士。		
4. 排泄控制 在過去一個月內的排泄能力：	<input type="checkbox"/> 間中失禁。		<input type="checkbox"/> 大小便完全失禁 <sup>2</sup> 。 <input type="checkbox"/> 使用導尿管。	
5. 癲癇情況 在過去三個月是否有癲癇發作：	<input type="checkbox"/> 曾有癲癇發作。			<input type="checkbox"/> 癲癇情況經住院治療及調較用藥後仍不能控制（須經醫生證明）。
6. 氧氣治療 在過往一個月內是否須接受氧氣治療：			<input type="checkbox"/> 當事人並非弱智人士，在使用氧氣後仍能處理日常作息。	<input type="checkbox"/> 當事人為弱智人士，在使用氧氣後仍能處理日常作息。 <input type="checkbox"/> 當事人在使用氧氣後仍無法處理日常作息 <sup>3</sup> 。
7. 抽吸處理 在過往一個月內是否：				<input type="checkbox"/> 須接受恆常抽吸處理。
8. 長期臥床 在過往一個月內是否：				<input type="checkbox"/> 須長期臥床並完全倚賴他人照顧。

<sup>1</sup> 長期使用藥物只限於糖尿及心臟藥物，並須跟進藥物反應；如使用糖尿藥物，須監察血糖水平，使用心臟藥物，須監察心律。

<sup>2</sup> 完全失禁指大小便在不自覺或不受控制的情況下排出。

<sup>3</sup> 無法處理日常作息指小量活動便引致氣促。

#### IV. 功能缺損<sup>4</sup>

A 類：要求人手協助較多的自我照顧項目

##### 評分準則

0：當事人完全獨立完成該活動項目，並在可接受的時間內安全地達至基本衛生要求（包括使用輔助器具）。

1：當事人需要別人在旁提示或監督才能完成（包括需要接觸身體的提示）。

2：當事人需要較多的觸體協助，但他/她仍有參與部份活動（協助程度不涉及大量搬移身體位置或提舉當事人身軀或肢體重量）。

3：當事人極度倚賴，只有很少或完全沒有參與（照顧者需給予大量體位搬移的協助、提舉當事人身軀或肢體重量或要花費相當力勁才能協助完成某項自理程序）。

活動項目	完成部份自我照顧活動的協助程度	完成整項自我照顧活動的協助程度
A1. 洗澡 進行淋浴或坐浴（不包括洗頭）		
A2. 穿脫衣物（需在坐或站立的姿勢完成）（請選取需較多協助的分項作為整項程度的分數）		
A2.1 穿脫上身衣物，包括外衣及內衣（不計算扣鈕） 進行活動時的姿勢：*坐/站		
A2.2 穿脫下身衣物，包括面褲及內褲		
A2.3 穿脫鞋襪（包括使用手托或義肢）		
A3. 位置轉移 指身體如何由一處移動至另一處的情況（例：床過櫈/輪椅，輪椅過坐廁等） 請列出需要的輔助工具/助行器材：		

\* 刪去不適用者

B 類：要求人手協助較少的自我照顧項目

##### 評分準則

0：當事人完全獨立完成該活動項目，並在可接受的時間內安全地達至基本衛生要求（包括使用輔助器具）。

1：當事人需要別人在旁提示或監督才能完成（包括需要接觸身體的提示）。

2：當事人需觸體協助至完全倚賴。

活動項目	完成部份自我照顧活動的協助程度	完成整項自我照顧活動的協助程度
B1. 如廁（使用坐廁或蹲廁） 指有便意時上廁所，大小便後的清潔情況(包括更換成人尿片)。		
B2. 進食及進飲（請選取需較多協助的分項作為整項程度的分數）		
B2.1 進食情況（不包括管灌餵食） 食物種類：*一般/切碎/醬狀		
B2.2 進飲情況 進飲輔助工具：		
B3. 室內行動能力（只需回答 B3.1 或 B3.2）（請選取適用的分項作為整項程度的分數）		
B3.1 室內行走約兩分鐘 所使用的助行器具：		
B3.2 室內使用輪椅 輪椅類別：*手動/電動		

\* 刪去不適用者

<sup>4</sup> 評估是透過面談了解學員的自我照顧能力；若有需要，可臨床觀察以下活動進行：(a)喝水；(b)穿衣褲；(c)身體位置轉移，如來回床至座櫈、來回輪椅至座櫈等；(d)室內行走。

V. 行爲問題

<b>A. 攻擊行爲</b>		
1. 在過去一年內，當事人有否向他人表現攻擊行爲（如用拳猛擊他人，掌摑他人，推撞他人，踢人，夾人，抓人，扯人頭髮，咬人，用武器攻擊人，扼人喉嚨）？	<input type="checkbox"/> 否 (請轉問項目 B1)	<input type="checkbox"/> 有
2. 在過去一年內，有否發生當事人攻擊人事故，引致他人身體嚴重受傷，需要即時醫治？	<input type="checkbox"/> 否 (0分)	<input type="checkbox"/> 有 (1分)
<b>B. 自我傷害行爲</b>		
1. 在過去一年內，當事人有否表現自我傷害行爲（如搥自己，咬自己，拳擊或掌摑自己頭部，撞頭，把身體撞向其他東西，扯脫自己頭髮，拳擊或掌摑自己身體，插自己眼，夾自己，用工具割自己，插自己，用工具撞自己，咬唇，扯脫自己指甲，把牙齒撞向其他東西）？	<input type="checkbox"/> 否 (請轉問項目 C1)	<input type="checkbox"/> 有
2. 在過去一年內，當事人有否表現自我傷害行爲，引致自己身體嚴重受傷，每月至少一次需要醫生即時治理？	<input type="checkbox"/> 否 (0分)	<input type="checkbox"/> 有 (1分，請轉問項目 C1)
3. 在過去一年內，當事人有否每星期至少一次表現自我傷害行爲？	<input type="checkbox"/> 否 (0分)	<input type="checkbox"/> 有 (1分)
<b>C. 破壞行爲</b>		
1. 在過去一年內，當事人有否表現破壞行爲（如用擊打，撕扯，切割，投擲，燒毀，塗污或抓刮方法導致傢俱、家居裝置、建築物、車輛等損毀）？	<input type="checkbox"/> 否 (請轉問項目 D)	<input type="checkbox"/> 有
2. 在過去一年內，當事人有否導致嚴重物資破壞，和/或導致六次或以上輕微物資破壞？	<input type="checkbox"/> 否 (0分)	<input type="checkbox"/> 有 (1分)
<b>D. 其他行爲問題</b>		
在過去一年內，當事人有否表現其他行爲問題，如不恰當性行爲（包括公眾地方暴露自己，公眾地方自慰，滋擾他人），厭惡行爲（包括尖叫，反芻吞下的食物，發出喧鬧聲，用口水或糞便塗污，或其他同類厭惡行爲），重覆行爲（包括搖晃身體，重覆翻動手掌，彈手指，踱來踱去，持續奔跑，或同類重覆行爲）？	<input type="checkbox"/> 否	<input type="checkbox"/> 有 請註明(可選多項): <input type="checkbox"/> 不恰當性行爲 <input type="checkbox"/> 厭惡行爲 <input type="checkbox"/> 重覆行爲
(當項目 A1, B1, C1 或 D 至少一項的答覆是「有」，方可繼續回答 E 項。)		
<b>E. 應付問題</b>		
請問照顧者在處理以上行爲時，覺得非常困難嗎？	<input type="checkbox"/> 否 (0分)	<input type="checkbox"/> 是 (1分)

項目 A2, B2, B3 和 C2 的總得分*	
項目 E 的得分*	

\* 任何沒有發問的項目，請給予 0 分。

## VI. 家人／照顧者的應付能力

### A 項：照顧系統

1. 當事人（殘疾人士）是否有照顧者？  否（請轉答 B 項）  
 是，現正接受政府資助院舍照顧（請轉答第 VII 部分）  
 是，現正接受家人、私營院舍或自負盈虧院舍照顧

	姓名	年齡	關係	是否同住	職業(全職／兼職)	每天照顧時數
(a) 主要照顧者 <sup>5</sup>						
(b) 次要照顧者						
(c) 其他照顧者 (可多於一位)						

2. 由於以下各種因素，轉介者認為當事人現存的照顧系統已面臨相當程度的風險： 否  是  
(請轉答 B 項)

- (a) 主要照顧者年紀已達 60 歲或以上  (1 分)  
(b) 主要照顧者個人健康轉差或有長期病患以致無法照顧當事人  (1 分)  
(c) 主要照顧者為肢體傷殘人士、弱智人士或嚴重精神病患者  (1 分)  
(d) 主要照顧者出現情緒困擾（例如長期沮喪、憂鬱）以致無法照顧當事人  (1 分)  
(e) 主要照顧者須照顧同住的其他家庭成員（例如長期病患者、其他殘疾人士）以致無法照顧當事人  (1 分)  
(f) 主要照顧者須長時間工作而無經濟能力聘請傭人，以致無法照顧當事人  (1 分)

就以上各項答案，請詳述情況： \_\_\_\_\_  
\_\_\_\_\_

### B 項：人際關係

1. 當事人是否與家人或其他人士同住？  否（請轉答第 3 項）  是  
2. 過去三個月內，當事人至少兩次曾與家人／同居者發生嚴重衝突  (1 分)  
3. 過去三個月內，當事人至少兩次曾滋擾鄰舍而引致嚴重衝突  (1 分)

就以上各項答案，請詳述情況： \_\_\_\_\_  
\_\_\_\_\_

### C 項：其他風險因素

由於以下各種因素，轉介者認為當事人現時的安全情況已面臨相當程度的風險： 否（請轉答 D 項）  是

- (a) 家人對當事人身體虐待／精神虐待／性侵犯  (1 分)  
(b) 外人對當事人身體虐待／精神虐待／性侵犯  (1 分)  
(c) 當事人被疏忽照顧  (1 分)  
(d) 當事人有不受控制行爲（例如離家出走、參與非法活動）  (1 分)

就以上各項答案，請詳述情況： \_\_\_\_\_  
\_\_\_\_\_

<sup>5</sup> 「主要照顧者」是指每天用最多時間照顧／協助當事人的人士：主要是指父母、家人或親友，但不包括傭人或院舍職員。傭人及院舍職員應歸入「其他照顧者」。

D 項：其他協助（包括社區照顧服務）

1. （若果上述 A 至 C 項的總分為 0 分，請轉答第 2 題）除了主要照顧者外，有否其他人士（包括 A 項所述的次要或其他照顧者，或任何人士）可取代／協助提供照顧（若有，請註明）  有  否

取代者： \_\_\_\_\_

協助者： \_\_\_\_\_

2. 現時有否接受社區照顧服務（例如：日間訓練、緊急住宿、暫托、綜合家居照顧服務、家居訓練及支援服務、社工／心理輔導）或申請體恤安置  有  否

若有，請註明： \_\_\_\_\_

\_\_\_\_\_

3. 轉介者會否轉介當事人及／或其家人接受（其他）合適的社區照顧服務或申請體恤安置  會  否  
請轉答 VII 部 請轉答第 4 項

若會，請註明： \_\_\_\_\_

\_\_\_\_\_

4. 若第 3 項答「否」，請詳述原因： \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VII. 總結

項目	評估結果	轉介者認為現有照顧系統連同社區照顧服務 是否能夠提供所需照顧	
1. 護理需要	<input type="checkbox"/> 沒有護理需要 (請轉答第 2 項) <input type="checkbox"/> 低度護理需要 <input type="checkbox"/> 中度護理需要 <input type="checkbox"/> 高度護理需要 <input type="checkbox"/> 極高護理需要	<input type="checkbox"/> 是	<input type="checkbox"/> 否
2. 功能缺損	<input type="checkbox"/> 沒有缺損 (請轉答第 3 項) <input type="checkbox"/> 低度缺損 <input type="checkbox"/> 中度缺損 <input type="checkbox"/> 高度缺損	<input type="checkbox"/> 是	<input type="checkbox"/> 否
3. 行爲問題	<input type="checkbox"/> 沒有行爲問題 (請轉答第 4 項) <input type="checkbox"/> 有行爲問題 (評估如下): <input type="checkbox"/> 無需設有較多員工的康復服務 <input type="checkbox"/> 需要設有較多員工的康復服務	<input type="checkbox"/> 是	<input type="checkbox"/> 否
4. 家人/照顧者 的應付能力	現存照顧系統已面臨相當程度的風險： <input type="checkbox"/> 是 <input type="checkbox"/> 否 當事人有嚴重人際關係問題： <input type="checkbox"/> 是 <input type="checkbox"/> 否 當事人的安全情況已面臨相當程度的風險： <input type="checkbox"/> 是 <input type="checkbox"/> 否 有其他人士可取代/協助提供照顧： <input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> 不適用		
綜合上述所有答案，轉介者經考慮當事人及/或其家人的情況，認為 現有照顧系統連同社區照顧服務無法能夠提供所需照顧，以致當事人 現時需輪候院舍服務		<input type="checkbox"/> 是	<input type="checkbox"/> 否

若是，請詳述原因，及長遠安排<sup>6</sup>：

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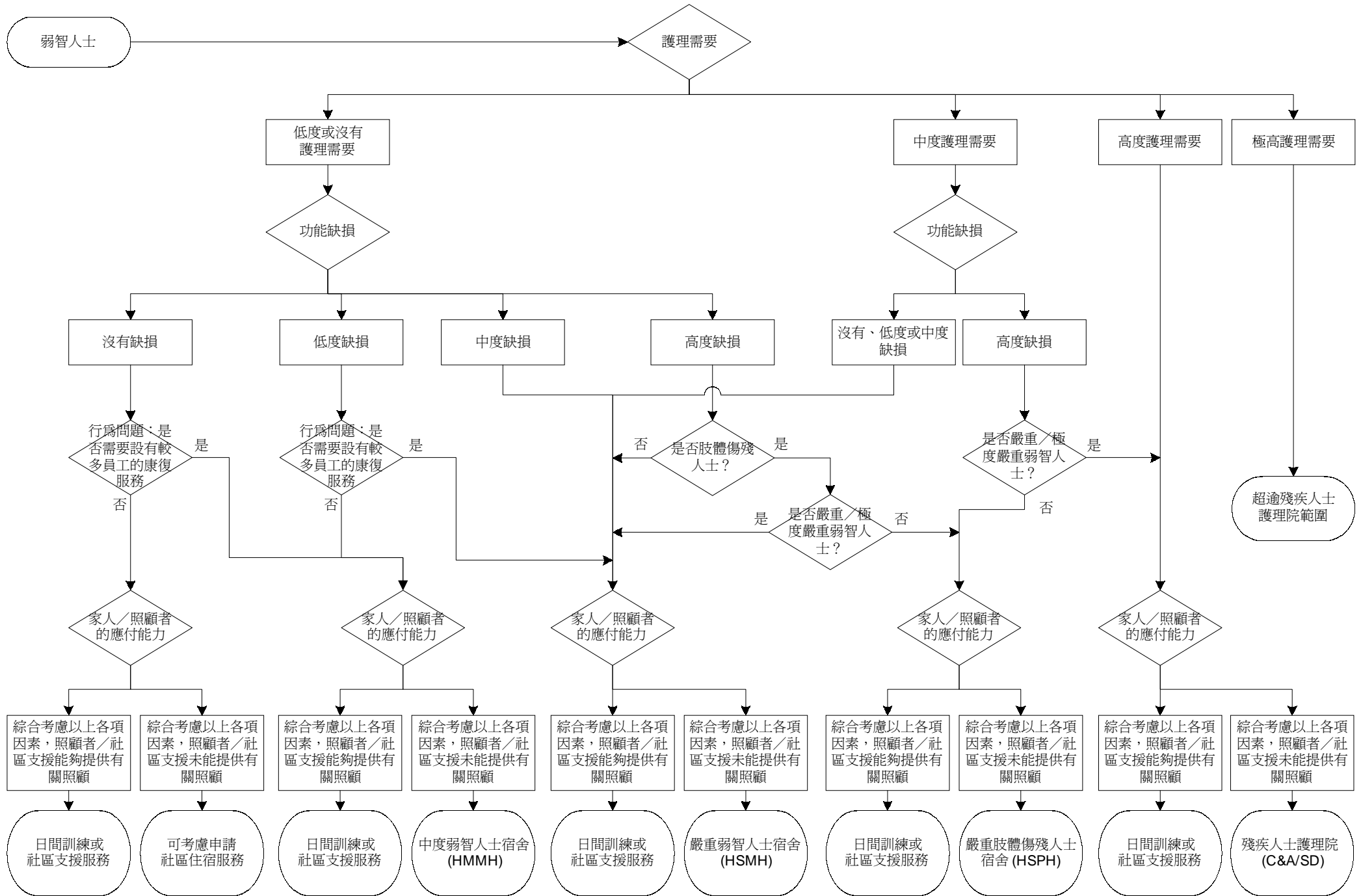
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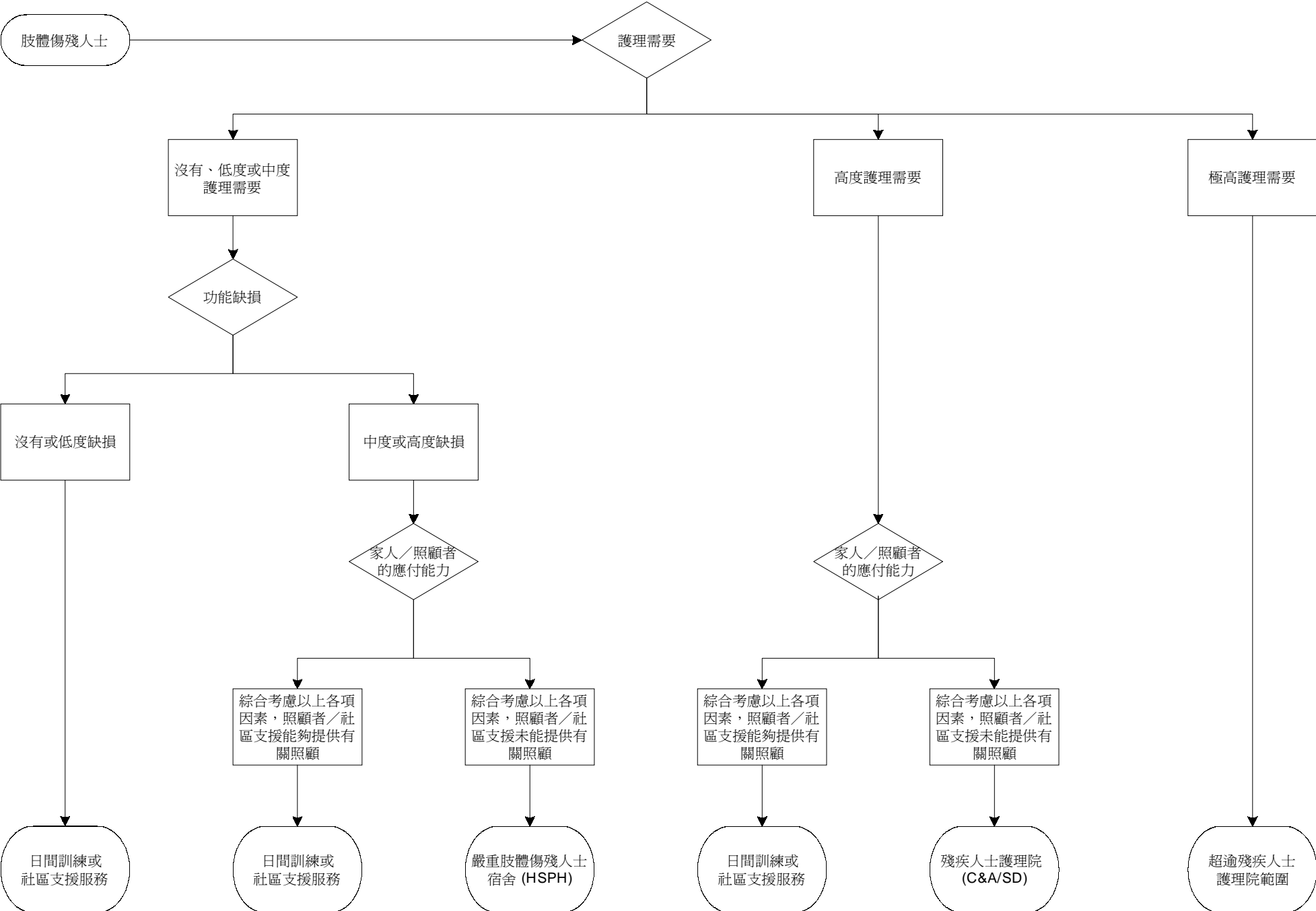
並請根據「評估流程」，建議所需院舍類別：

- 中度弱智人士宿舍 (HMMH)  
 嚴重弱智人士宿舍 (HSMH)  
 嚴重肢體傷殘人士宿舍 (HSPH)  
 殘疾人士護理院 (C&A/SD)

<sup>6</sup> 轉介者在考慮當事人對院舍服務需要的同時，亦須與當事人及/或其家人訂定有關的長遠安排。若所遇問題屬於短期問題，轉介者應考慮當事人可否先接受暫托服務〔或短期院舍服務〕。



肢體傷殘人士服務需要評估流程〔擬稿〕



弱智人士服務配對表〔擬稿〕

護理需要	功能缺損	是否因行為問題而需要較多員工的康復服務？	是否肢體傷殘人士？	是否嚴重／極度嚴重弱智人士？	照顧者／社區支援能否提供照顧？	建議服務
超逾康復服務範圍						可考慮療養院服務
高度護理需要					能	日間訓練或社區支援
高度護理需要					不能	殘疾人士護理院
中度護理需要	高度缺損			是	能	日間訓練或社區支援
中度護理需要	高度缺損			是	不能	殘疾人士護理院
中度護理需要	高度缺損			否	能	日間訓練或社區支援
中度護理需要	高度缺損			否	不能	嚴重肢體傷殘人士宿舍
中度護理需要	中度缺損				能	日間訓練或社區支援
中度護理需要	中度缺損				不能	嚴重弱智人士宿舍
中度護理需要	低度缺損				能	日間訓練或社區支援
中度護理需要	低度缺損				不能	嚴重弱智人士宿舍
中度護理需要	沒有缺損				能	日間訓練或社區支援
中度護理需要	沒有缺損				不能	嚴重弱智人士宿舍
低度／無護理需要	高度缺損		是	是	能	日間訓練或社區支援
低度／無護理需要	高度缺損		是	是	不能	嚴重弱智人士宿舍
低度／無護理需要	高度缺損		是	否	能	日間訓練或社區支援
低度／無護理需要	高度缺損		是	否	不能	嚴重肢體傷殘人士宿舍
低度／無護理需要	高度缺損		否		能	日間訓練或社區支援
低度／無護理需要	高度缺損		否		不能	嚴重弱智人士宿舍
低度／無護理需要	中度缺損				能	日間訓練或社區支援
低度／無護理需要	中度缺損				不能	嚴重弱智人士宿舍
低度／無護理需要	低度缺損	是			能	日間訓練或社區支援
低度／無護理需要	低度缺損	是			不能	嚴重弱智人士宿舍
低度／無護理需要	低度缺損	否			能	日間訓練或社區支援
低度／無護理需要	低度缺損	否			不能	中度弱智人士宿舍
低度／無護理需要	沒有缺損	是			能	日間訓練或社區支援
低度／無護理需要	沒有缺損	是			不能	中度弱智人士宿舍
低度／無護理需要	沒有缺損	否			能	日間訓練或社區支援
低度／無護理需要	沒有缺損	否			不能	可考慮申請社區住宿服務

肢體傷殘人士服務配對表〔擬稿〕

護理需要	功能缺損	照顧者／社區支援能否提供照顧？	建議服務
超逾康復服務範圍			可考慮療養院服務
高度護理需要		能	日間訓練或社區支援
高度護理需要		不能	殘疾人士護理院
中度護理需要	高度缺損	能	日間訓練或社區支援
中度護理需要	高度缺損	不能	嚴重肢體傷殘人士宿舍
中度護理需要	中度缺損	能	日間訓練或社區支援
中度護理需要	中度缺損	不能	嚴重肢體傷殘人士宿舍
低度／無護理需要	高度缺損	能	日間訓練或社區支援
低度／無護理需要	高度缺損	不能	嚴重肢體傷殘人士宿舍
低度／無護理需要	中度缺損	能	日間訓練或社區支援
低度／無護理需要	中度缺損	不能	嚴重肢體傷殘人士宿舍
低度／無護理需要	低度缺損		日間訓練或社區支援
低度／無護理需要	沒有缺損		日間訓練或社區支援

## **Summary of Concerns from Stakeholders**

The following briefing/consultation sessions were held in 2003 with various stakeholders on the design and implementation of the Assessment Tool:

<u>Date</u>	<u>Participating Organization(s)</u>
27 March	Meeting of Steering Group on Admission Procedures for Residential Care Homes for People with Disabilities
5 June	Principals and social workers of special schools
29 June	Briefing/consultation session with parents, organized by the Hong Kong Joint Council of Parents of the Mentally Handicapped
4 August	Consultation session with NGOs operating rehabilitation service organized by the Social Welfare Department
2 September	Meeting of Steering Group on Admission Procedures for Residential Care Homes for People with Disabilities
25 September	Briefing/consultation session with parents, organized by the Parents' Association of Pre-school Handicapped Children
26 October	Briefing session with parents on residential services, organized by the Hong Kong Joint Council of Parents of the Mentally Handicapped
11 November	Briefing/consultation session with parents, organized by Hong Chi Association Home-based Training and Support Service
15 November	Briefing/consultation session with parents, organized by Neighbourhood Advice-Action Council Home-based Training and Support Service
4 December	Briefing/consultation session with parents, organized by the Association of Parents of the Severely Mentally Handicapped
10 December	Meeting of Rehabilitation Advisory Committee
11 December	Annual General Meeting of the Fu Hong Parents Association

Letters were also received from the following parents organizations expressing opinions and suggestions on the Assessment Tool in particular and on rehabilitation service in general:

- Chih Ai Parents' Association
- The Hong Kong Joint Council of Parents of the Mentally Handicapped
- Parents' Association of St. James' Settlement
- Intellectually Disabled Education and Advocacy League Ltd.
- Association of Parents of the Severely Mentally Handicapped

The major concerns of the stakeholders and the Department's response are summarized below.

- (a) The Assessment Tool is not comprehensive enough to cover all aspects of clients' living

There are practical difficulties to have a multi-disciplinary assessment on every application and it is beyond the social worker's capability to conduct an in-depth and comprehensive assessment on areas like nursing care and functional impairment. As such, the Department has entrusted the Task Group to confine the scope of the assessment to items sufficient enough for determining the service need of the clients and yet within the knowledge base of social workers with basic training in administering the Tool. More detailed and in-depth assessments are left to the professionals concerned when devising the care plan and programmes of the clients.

- (b) The Assessment Tool does not address the parents' anxiety that they might become unable to look after their children when they are old

It is well recognized in the Assessment Tool that old age parents might have risks in caring for a disabled adult and residential service could be arranged if the disabled adult is in need. The Department and the Task Group are making every effort to ensure that the needs of the disabled persons and their families are being attended to and recognized in the Assessment Tool. The anxiety and wants of parents, however, should better be addressed by other appropriate means instead of the provision of residential service.

- (c) Presently residential service has training elements but yet the Assessment Tool does not cover clients' training needs

Undoubtedly residential service might provide training to the service users besides residential care. However, residential service is not the only means to provide training to people with disabilities, and other services like sheltered workshop, day activity centres and other community support services also provide effective training to them. Since the training need is not a crucial factor in determining clients' residential need, it is not included in the Assessment Tool.

- (d) Service providers may have to serve cases with more intensive nursing need or serious challenging behaviour

The resources and manpower of existing services have been taken into consideration in the design of the Assessment Tool and the service matching mechanism. Pilot test would also be conducted to ensure that the Assessment Tool could adequately encompass clients' actual needs and the service providers' manpower provision.

- (e) The residential need of the mildly disabled persons are not well addressed

There is a population of mildly mentally handicapped persons whose need may not fall into our domains of nursing care, functional impairment and challenging behaviour. Since the hostels/home now under service streaming are designed for the moderate and severely disabled persons, these clients would not be suitable for the types of residential services covered here. Yet for this group of people with mild disability, apart from day training in community living skills through various day training programmes to enhance their ability, they may require different degree of supervision in order to live in the community, be it in the form of compassionate rehousing with support, supported hostel, or small group home. Besides, the development of community based residential living, or how the present community support services could be re-engineered to help this group remains to be deliberated. For the time being, the provision of HMMH with defined training purpose may be an interim answer.

- (f) Community service is still inadequate in supply

We have taken stock of the existing community support services (**Appendix**) and will continue to keep in view of the possibility of further expansion in the future.

Social Welfare Department  
December 2003

