

**Funding and Service Agreement<sup>1</sup>  
(Lump Sum Grant)  
Community Rehabilitation Network**

**I Service Definition**

**Introduction**

Community Rehabilitation Network (CRN) is a community-based rehabilitation service to assist persons with visceral disability or chronic illness and their families to continue to have quality life in their own homes and the community.

**Purpose and objectives**

2. The objective of the CRN is to enhance the quality of life of viscerally disabled or chronically ill persons and their families in their own homes and the community through the promotion of self-help and social networking, and the organisation of psycho-social support and educational services in the community.

**Nature of service**

3. The CRN programmes include:

- (a) psycho-social, educational, developmental and recreational group activities
- (b) promotional and community activities
- (c) mobilisation of volunteers
- (d) promotion and enhancement of self-help groups or organisations
- (e) social networking activities

**Target group**

4. The target clientele of the service are viscerally disabled or chronically ill persons of the disease groups as stipulated in the Notes and Definitions as well as their families. It will be changed subject to community needs.

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<sup>1</sup> This Funding and Service Agreement is a sample document for reference only.

5. Regarding the referral channel, medical social workers, family caseworkers and staff of rehabilitation service units can refer suitable clients direct to the CRN. Self application for membership on individual or group basis is also accepted.

## **II Performance Standards**

6. The Service Operator shall meet the following performance standards:

### **Outputs**

<u>Output Standard</u>	<u>Output Indicator</u>	<u>Agreed Level</u>	<u>Minimum Output for Each Regional Centre</u>	<u>Minimum Output for Each Station</u>
1	Total number of group sessions of all regional centres and stations in a year	(total) 1,800	288	192
2	Total number of community rehabilitation programmes of all regional centres and stations in a year	280	45	30
3	Total number of networking hours with self-help organisations/mutual aid groups of all regional centres and stations in a year	1540	246	164
4	Total number of networking programmes with other health care providers/NGOs/self-help organisations/mutual aid groups of all regional centres and stations in a year	120	19	13
5	Total number of man-hours of volunteers mobilised of all regional centres and stations in a year	14,400	2,300	1,540

**Outcomes**

<u>Outcome Standard</u>	<u>Outcome Indicator</u>	<u>Agreed Level</u>
For Service Users		
1	Percentage of service users <sup>2</sup> indicating satisfaction after receiving CRN service in a year	75%
2	Percentage of service users <sup>1</sup> indicating enhancement of community support after receiving CRN service in a year	75%
For Self-help Organisations/Mutual Aid Groups		
3	Percentage of self-help organisations/mutual <sup>4</sup> aid groups indicating enhancement of knowledge on daily operation after receiving CRN service in a year	75%

**Essential service requirements**

- (a) The service is being undertaken by a multi-disciplinary team composed of registered social worker with recognised degree in social work and para-medical staff.
- (b) The regional centre is normally operated for 44 hours in a minimum of 11 sessions per week.
- (c) The station is normally operated for 36 hours in a minimum of 9 sessions per week.<sup>3</sup>

**Quality**

7. The Service Operator shall meet the requirements of the 16 Service Quality Standards (SQSs).

<sup>2</sup> Service users include persons with visceral disability or chronic illness of the disease groups as stipulated in the Notes and Definitions and their families having completed the service evaluation questionnaires (服務使用者意見調查問卷) as provided by SWD upon completion of the groups/programmes/activities.

<sup>3</sup> Self-help organisations refer to independent patient organisations registered under relevant ordinance whereas mutual aid groups refer to stable patient groups affiliated to CRN having completed the service evaluation questionnaires (自助組織／互助小組意見調查問卷) as provided by SWD upon receiving CRN services.

<sup>4</sup> The opening hours and sessions for stations are subject to review annually.

**III Obligations of SWD to Service Operators**

8. The Social Welfare Department (SWD) will undertake the duties set out in the General Obligations of SWD to Service Operators.

**IV Basis of Subvention**

9. The basis of subvention is set out in the offer and notification letters issued by the SWD to the agency.

10. The service unit is required to comply with the rules on the use of the social welfare subventions in accordance with the latest Lump Sum Grant Manual and circular letters in force issued by the SWD on subvention policies and procedures.

**Funding**

11. An annual subvention will be allocated on a Lump Sum Grant (LSG) mode to the Service Operator. This lump sum has taken into account the personal emoluments, including provident fund for employing qualified staff and other charges (covering all other relevant operating expenses including but not limited to employees' compensation insurance and public liability insurance) applicable to the operation and administration of the project, and the recognised fee income, if any.

12. In receiving the LSG, the Service Operator is accorded flexibility in the use of the grant but required to observe the guidelines set out in the latest LSG Manual, LSG Circulars, management letters and correspondence in force as issued by SWD on subvention policies and procedures. The LSG will be subject to adjustments including salary adjustments in line with civil service pay adjustments and other charges in line with price adjustment factor, currently the Composite Consumer Price Index. The Government will not accept any liabilities or financial implication arising from the service beyond the approved funding.

**Payment Arrangement, Internal Control and Financial Reporting Requirements**

13. Upon the Service Operator's acceptance of the FSA, payment of the LSG subventions will be made on a monthly basis.

14. The Service Operator is responsible for maintaining an effective and sound financial management system, including budget planning, projection, accounting, internal control and auditing. It should maintain proper books and records and supporting documents on income and expenditure relating to the service and make them available for inspection by the Government representative.

15. The Service Operator shall submit the Annual Financial Report (AFR) as reviewed and the annual financial statements of the NGO as a whole as audited by a certified public accountant holding a practising certificate as defined in the Professional Accountants Ordinance (Chapter 50) and signed by two authorised representatives of the NGO, i.e. Chairperson/NGO Head/ Head of Social Welfare Services in accordance with the requirements as stipulated in the latest LSG Manual. The AFR should be prepared on a cash basis and non-cash items such as depreciation, staff leave accrual etc. should not be included in the AFR.

## **VI. Other References**

16. Apart from this FSA, the Service Operator should also comply with the requirements/commitments set out in the respective Service Specifications, the Service Operator's service proposals and supplementary information, if any. Where these documents are in conflict, this FSA shall prevail. The Service Operator's compliance with all these documents will be closely monitored by SWD.

**Notes and Definitions**

**Target group** would be selected with regard to the size of health problems in the community i.e. the disease prevalence, disease groups that would be managed by primary care providers, severity of the problem in terms of relative financial and social costs, and potential for tertiary prevention as suggested by the Consultancy Study on Evaluation of Community Rehabilitation Network". The following 24 disease groups are served:

- Alzheimer Disease
- Ankylosing Spondylitis
- Asthma
- Brain Injury
- Chronic Obstructive Airway Disease
- Cardiac Disease
- Cleft Lip and Palate
- Cooley Anaemia
- Diabetes Mellitus
- Epilepsy
- Crohn's & Colitis\*
- Myasthenia Gravis\*
- Glaucoma
- Haemophilia
- Parkinson Disease
- Progressive Neuro-muscular Disease
- Renal Failure (end-stage)
- Rheumatoid Arthritis
- Spina Bifida
- Spina Cord Injury
- Stroke
- Systemic Lupus Erythematosus
- Multiple Sclerosis\*
- Mucopolysaccharidoses\*

*\*The four disease groups are added as value-added services at no cost contributing to the savings of Enhanced Productivity Programme in 2002-03.*

**Regional centres and stations** are similar in function except regional centre will operate on a larger scale and also oversee the services in the region.

**Group sessions** refer to the structured rehabilitative activities conducted in a series of sessions to meet the psycho-social, educational and developmental needs of people with visceral disability or chronic illness and/or their families. The objectives, programme schedule, activities content, attendance, evaluation and other records as appropriate of the group as a whole and each session should be documented. The normal duration of each group session is two hours.

**Community rehabilitation programmes** refer to mass community rehabilitative programmes organised on one-off basis to cater for the psycho-social, educational and developmental needs of people with visceral disability or chronic illness and/or their families. The community programme objectives, programme schedule, activities content, attendance, evaluation and other records as appropriate should be documented.

**Networking hours with self-help organisations/mutual aid groups** refer to the hours of professional support rendered to enhance their substantial development towards the ultimate aim of independence. The support includes meetings with the executive committee of the self-help groups, leadership training for core members, relationship building with related professionals and active advice on development issues such as fund-raising and conflict resolution. The networking objectives, activities content, attendance, evaluation and other records as appropriate should be documented. The number of networking hours can be cumulative.

**Networking programmes with other health care providers/NGOs/self-help organisations/mutual aid groups** refer to collaboration in community programmes to extend the resources and relationship network and to cater for the psycho-social, educational and developmental needs of people with visceral disability or chronic illness and/or their families. The community programme objectives, programme schedule, activities content, attendance, evaluation and other records as appropriate should be documented.

**Volunteer man-hours** refer to the man-hours of the volunteers mobilised to participate in the planning and implementation of the services. Training hours for volunteers should be excluded. The man-hours of volunteers should include those of professional, patient and lay volunteers. The nature of services, activities content and other records as appropriate should be documented. The number of man-hours of volunteer can be cumulative.