



社會福利署

Social Welfare Department

Report of the Task Group on Ageing of Users of Rehabilitation Services

September 2013

Table of Contents

| <u>Content</u> | <u>Paragraph</u> |
|---|------------------|
| PURPOSE | 1 |
| BACKGROUND | 2 - 3 |
| THE TASK GROUP ON AGEING OF USERS OF REHABILITATION SERVICES | |
| Setting up of the Task Group | 4 |
| Scope of the Task Group | 5 - 6 |
| Meetings of the Task Group | 7 |
| Guiding Principles adopted by the Task Group | 8 |
| REVIEW OF INITIATIVES AND RECOMMENDATIONS ON IMPROVEMENT MEASURES | |
| Extended Care Programme (ECP) and Work Extension Programme (WEP) | |
| <i>Review of ECP and WEP</i> | 9 - 14 |
| <i>Checklists for Prospective Ageing Users</i> | 15 - 17 |
| <i>Enhancement of Programme Contents for Ageing Users in Day Activity Centres (DACs) / Sheltered Workshops (SWs) / Integrated Vocational Rehabilitation Services Centres (IVRSCs)</i> | 18 - 19 |
| <i>Recommendation on Delivery of Service Programmes in DACs / SWs / IVRSCs for Existing Ageing Users of ECP / WEP and Newly Identified Ageing Users</i> | 20 - 21 |
| Visiting Medical Practitioner Scheme (VMPS) | |
| <i>Review of VMPS</i> | 22 - 24 |
| <i>Recommendation on the Enhancement of VMPS</i> | 25 |

Content

Paragraph

| | |
|--|---------|
| Enhanced Physiotherapy Service and Health Care (ESPHC) | |
| <i>Review of ESPHC</i> | 26 - 27 |
| Summary of Recommendations | 28 |
| RECOMMENDATIONS ON STRATEGIES FOR HANDLING ISSUES RELATED TO THE AGEING OF USERS | 29 - 30 |
| THE WAY FORWARD | 31 |

List of Annexes

| <u>Annex</u> | <u>Name</u> |
|--------------|---|
| 1 | Membership of the Task Group on Ageing of Users of Rehabilitation Services |
| 2 | Terms of Reference of the Task Group on Ageing of Users of Rehabilitation Services |
| 3 | Overview of the Initiatives |
| 4 | Age Profile of Service Users of Day Activity Centres / Sheltered Workshops |
| 5 | Checklist for Users of Extended Care Programme (ECP) <i>(Chinese version only)</i> |
| 6 | Checklist for Users of Work Extension Programme (WEP) <i>(Chinese version only)</i> |
| 7 | Programme Contents of Enhanced ECP <i>(Chinese version only)</i> |
| 8 | Programme Contents of Enhanced WEP <i>(Chinese version only)</i> |
| 9 | Recommendations on Unit Cost for Ageing Day Service Users proposed by the Hong Kong Council of Social Service and the Hong Kong Joint Council for People with Disabilities <i>(Chinese version only)</i> |
| 10 | Recommendations on Unit Cost for Ageing Residential Service Users proposed by the Hong Kong Council of Social Service and the Hong Kong Joint Council for People with Disabilities <i>(Chinese version only)</i> |
| 11 | Service Statistics on VMPS and General Practitioners |
| 12 | Recommendations on Long Term Strategies proposed by the Hong Kong Council of Social Service and the Hong Kong Joint Council for People with Disabilities <i>(Chinese version only)</i> |

Report of the Task Group on Ageing of Users of Rehabilitation Services

PURPOSE

This report sets out the work of the Task Group on Ageing of Users of Rehabilitation Services which includes reviewing the programme initiatives of the Social Welfare Department (SWD) provided for ageing users, making suggestion on improvement measures and recommending the way forward regarding the strategies for handling issues related to the ageing of users.

BACKGROUND

2. With improved medical services, the life expectancy of persons with mental and/or physical disabilities is becoming longer. The 2007 Hong Kong Rehabilitation Programme Plan has recommended that elderly service users in rehabilitation facilities should be provided with appropriate sustained care services in the light of the ageing trend of service users. There is a growing concern on the issues related to the ageing of service users in rehabilitation services who have demonstrated ageing symptoms such as weaker health conditions, deteriorating self-care abilities, etc. While the handling of these issues straddles different sectors (e.g. medical service, health care, dental care, education, recreation, welfare, housing, transport, etc.), SWD has since 2005 put in place a number of initiatives to enable this specific group of users to remain physically sound and maintain their basic self-care abilities. These programme initiatives are Extended Care Programme (ECP), Work Extension Programme (WEP), Visiting Medical Practitioner Scheme (VMPS) and Enhanced Physiotherapy Service and Health Care (EPSHC).

3. Considering that these tailor-made initiatives have been implemented since 2005 and relevant stakeholders, including parents groups, service operators, etc. have expressed concern about the adequacy of these initiatives, a Task Group was formed by SWD in December 2011 to review the scope of and the level of allocation for these initiatives, and to recommend strategies and measures to address other issues related to the ageing of service users.

THE TASK GROUP ON AGEING OF USERS OF REHABILITATION SERVICES

Setting up of the Task Group

4. Members of the Task Group are composed of representatives from relevant stakeholders including the medical sector, the welfare sector, the academia and parents groups. The membership of the Task Group and its terms of reference are at Annexes 1 and 2 respectively.

Scope of the Task Group

5. According to the terms of reference, the Task Group focused on reviewing the following four programme initiatives introduced over the past years to cater for the special needs arising from the ageing of service users -

- (a) ECP – the programme was launched in 2005 to meet the training needs of ageing service users in Day Activity Centres (DACs). It provides tailor-made activities for DAC service users who may not benefit from prolonged or intensive training due to ageing, deteriorating health condition, etc. Additional manpower and resources were allocated to provide ageing service users with suitable services including occupational therapy or physiotherapy service;
- (b) WEP – similar to ECP, the programme was launched in 2005 to meet the training needs, including nursing / health care needs, of ageing service users in Sheltered Workshops (SWs) / Integrated Vocational Rehabilitation Services Centres (IVRSCs) who could no longer benefit from ordinary vocational training due to old age or deteriorating work abilities. Additional manpower and resources were allocated to provide ageing service users with suitable services including nursing or health care service;
- (c) VMPS – the scheme was launched in 2006 to provide primary medical care and support for residents of subvented residential care homes for persons with disabilities (RCHDs) with a view to tackling the problems of residents' ageing and deteriorating health condition. Additional allocation was provided for implementation of the scheme; and
- (d) EPSHC – to strengthen support services for ageing residents living in Hostels for Severely Mentally Handicapped Persons (HSMHs) and Hostels for Moderately Mentally Handicapped Persons (HMMHs), additional allocation was provided for provision of enhanced physiotherapy service (i.e. for employing physiotherapist)

and health care service (i.e. for employing health workers) in HSMHs and HMMHs respectively in 2010.

6. An overview of these four initiatives is at Annex 3.

Meetings of the Task Group

7. Between February 2012 and May 2013, a comprehensive evidence-based review was conducted through eleven meetings to identify room for service enhancement so as to better address the needs of ageing users of rehabilitation services. Members firstly studied the existing service provisions and then proposed reasonable steps to review the initiatives from different perspectives before making recommendations on enhancement measures.

Guiding Principles Adopted by the Task Group

8. The Task Group unanimously agreed to adopt the following guiding principles in the review -

- (a) an evidence-based review;
- (b) the promotion of “ageing in place”;
- (c) the enhancement of service users’ autonomy; and
- (d) the spirit of “continuum of care”, “people-oriented” and “holistic care” services for ageing users.

REVIEW OF INITIATIVES AND RECOMMENDATIONS ON IMPROVEMENT MEASURES

Extended Care Programme (ECP) and Work Extension Programme (WEP)

Review of ECP and WEP

9. The review of ECP and WEP covered the following aspects -

- (a) the age profile of current users in DACs and SWs;

- (b) the identification of ageing service users in DACs and SWs;
- (c) the service needs of ageing service users in DACs and SWs;
- (d) the current programme contents for DACs, SWs, ECP and WEP; and
- (e) the difficulties encountered in operating ECP and WEP.

Age profile of service users in DACs and SWs

10. Statistics as at the end of 2011 indicated that 19.1% of DAC users were aged over 50 and 25% of trainees in SWs were in the same age group. A breakdown of the age profile is at Annex 4. Members considered that the figures had clearly demonstrated the upward trend on the number of ageing service users with deteriorating functioning level in day service units and that measures should be taken to address the phenomenon as appropriate.

Identification of ageing service users in DACs and SWs

11. With regard to the identification of ageing service users, the Task Group noted that there is not yet any universally accepted definition of ageing for persons with intellectual disabilities. Currently, ECP users are DAC trainees aged 50 or above (frail cases aged under 50 may also be considered) and are assessed by the Standardised Assessment for Residential Services for People with Disabilities to be eligible for HSMH service or Care and Attention Home for Severely Disabled Persons (C&A/SD) service. WEP users are trainees of SWs / IVRSCs aged 50 or above and in need of day care services other than vocational training due to old age or deteriorating work ability. For those aged 50 to 59, assessment by occupational therapist (OT) and/or physiotherapist (PT) is required while no assessment is needed for trainees aged 60 or above. To facilitate the arrangement of suitable services for ageing service users, the Task Group agreed that there was a need to develop a tool for identifying ageing users.

Service needs of ageing service users and programme contents for DACs and SWs

12. Based on the views collected from service operators, parents and service users, the Task group critically reviewed the service needs and programme contents for DACs, SWs, ECP and WEP. The Task Group concluded that some service elements for ageing service users under the current programmes are inadequate in terms of the variety and intensity, such as medical care, meaningful recreation and outing activities.

Difficulties encountered in ECP and WEP and service delivery mode

13. The Task Group recognised the difficulties encountered by NGOs in operating ECP and WEP. The major difficulties identified were site constraints for organising separate programmes and the manpower to cater for the needs of the ageing users, particularly for day service units without paired-up residential service.

14. Based on the above observations, the Task Group proceeded with the review in respect of service entry, intervention approach as well as future development of programmes for ageing service users, in the following sequence

-

- (a) to develop a checklist which measures the functioning levels of prospective users for identifying ageing service users;
- (b) to formulate the contents of activities and programmes to cater for the service needs of ageing service users; and
- (c) to gauge the resources, including the manpower, required for the implementation of the programmes, and hence the extra provision needed.

Checklists for Prospective Ageing Users

15. The Task Group recommended developing a concise, comprehensive and user-friendly checklist which could be generally used for identification of ageing users. In this regard, Members made joint efforts to draw up the checklists for ECP and WEP respectively. Apart from the age factor, standardised admission criteria based on the functioning and care levels of users are adopted to ascertain the eligibility for admission to enhanced programmes for ageing users, and to identify cases that may no longer benefit from DAC / SW / IVRSC training.

16. Trial run of using the checklists for measuring the functioning levels of prospective ageing users was conducted between August and October 2012. A total of 288 service users from 23 DACs cum HSMH, of which 17 units are operating ECP, participated in the trial run of using the ECP checklist. Another group of 589 service users from 13 SWs / IVRSCs operating WEP and 19 SWs / IVRSCs paired up with HMMHs participated in the trial run of using the WEP checklist.

17. Based on the data analysis, the Task Group agreed that all the items

in both checklists reflected significant differences between the users with or without service need for ECP / WEP as assessed by the concerned units. Members also endorsed the scoring criteria for admission to the enhanced programmes for ageing users. The finalised checklists are at Annexes 5 and 6.

Enhancement of Programme Contents for Ageing Users in DACs / SWs / IVRSCs

18. The Task Group reviewed the existing programme contents and activities of ECP and WEP, as well as their operational difficulties. Members recommended enhancing the contents of ECP and WEP in respect of the areas covering training and activities, medical care, rehabilitation therapies, individual counselling, daily care, vocational rehabilitation, etc. (Annexes 7 and 8). Members also agreed that the scope and intensity of services provided for service users in these programmes may vary with their individual service needs.

19. With regard to the existing manpower of ECP and WEP, the Task Group agreed that enhancement was required for effective delivery of programmes. For the proposed enhanced programmes in the future, the Hong Kong Council of Social Service and the Hong Kong Joint Council for People with Disabilities had submitted their proposals on the estimated manpower and resources requirement to the Task Group for reference. The proposals are at Annexes 9 and 10.

Recommendation on Delivery of Service Programmes in DACs / SWs / IVRSCs for Existing Ageing Users of ECP / WEP and Newly Identified Ageing Users

20. In order to enhance both the quality and the intensity of the existing programmes, the Task Group reviewed the staffing of existing ECP and WEP, and recommended that, as a stop-gap measure, additional resources be injected to enhance the existing manpower of these two programmes.

21. On intermediate and long-term measures, the Task Group made the following recommendations -

- (a) New enhanced service programmes for ageing users, with flexibility on the unit size (e.g. five instead of 10 or 15 places per unit), might be considered to facilitate NGOs' participation.
- (b) The availability and suitability of premises should be taken into consideration in implementing new enhanced programmes for

ageing service users in DACs / SWs / IVRSCs.

- (c) Mechanism should be put in place for existing ECPs and WEPs to switch to the new enhanced programmes.
- (d) For ageing users not receiving paired-up residential care services, alternative programmes in the community, such as day centre for aged persons with disabilities, should be explored.
- (e) With the increasing number of ageing users receiving services in DACs / SWs / IVRSCs, the turn-over rate of these day services is anticipated to drop. Therefore, corresponding measures to further strengthen community support services for users and carers should be explored.
- (f) For day services paired up with residential services, such as DAC cum HSMH, the service delivery mode and content need be reviewed following the increase in the number of ageing users who could no longer benefit from DAC programmes.

Visiting Medical Practitioner Scheme (VMPS)

Review of VMPS

22. To provide primary medical care and support for residents in subvented RCHDs, VMPS was implemented in 2006 and the unit costs were worked out with reference to the then visiting medical officer service for residential care homes for the elderly. The Task Group observed a high frequency of RCHD residents requiring medical consultations for episodic illnesses. Members considered the resources currently provided for VMPS unable to meet the rising costs of medical service, thereby resulting in the difficulty in engaging medical practitioners.

23. To review the service need for VMPS, a survey was conducted to collect data regarding the average general practitioner (GP) charges as well as the numbers of medical consultations by visiting medical practitioners (VMPs) and GPs respectively for episodic illnesses from 16 residential service units between April 2011 and March 2012. A total of 10 156 and 587 consultations by VMPs and GPs respectively were recorded in the review period. The figures indicated that a yearly average of 7.4 consultations was required for each service user and the average GP charge was about \$210 (Annex 11). The Task Group considered the sampling size reasonable and agreed to adopt the findings as reference for service enhancement.

24. Besides, the Task Group was of the view that apart from medical consultations on episodic illnesses of service users, the advice given by VMPs to staff and family members on individual service users' health care needs was also essential. Their contribution facilitating the provision of comprehensive health care plans for service users should be recognised.

Recommendation on the Enhancement of VMPS

25. Taking into account the healthcare needs of residents and the rising service charges of medical practitioners in the market, the Task Group recommended an increase of resource allocation for VMPS with a view to service enhancement. The Task Group also noted that apart from the VMPS, both medical and dental support for ageing users should be enhanced in the long run.

Enhanced Physiotherapy Service and Health Care (EPSHC)

Review of EPSHC

26. In 2010, EPSHC was launched to strengthen support for ageing residents living in HSMHs and HMMHs. The Task Group noted that it was a comparatively new initiative and they showed concern about the difficulties encountered by NGOs in recruiting qualified occupational therapists and physiotherapists to provide the service.

27. To alleviate the manpower shortage of paramedical professionals in the welfare sector, the Hong Kong Polytechnic University started a two-year Master in Occupational Therapy programme and a two-year Master in Physiotherapy programme in January 2012, which led to an extra supply of occupational therapists and physiotherapists. These post-graduates are expected to join the job market in early 2014. In this connection, SWD has implemented a training sponsorship scheme to provide funding support for NGOs to sponsor the tuition fees of about 60 students who are enrolled on these programmes on the undertaking that they will serve the NGOs concerned for no less than two years upon graduation. The Task Group was of the view that the sponsorship scheme for these two Master-entry level programmes was effective in retaining occupational therapists and physiotherapists in the welfare sector. In view of the development of rehabilitation and elderly services in coming years, the manpower demand for both occupational therapists and physiotherapists remains keen. The Task Group strongly recommended continuation of the two Master-entry level programmes to ease the shortage of paramedical manpower in

the welfare sector.

Summary of Recommendations

28. Throughout the whole process of review, the Task Group had strictly observed the guiding principles set out in paragraph 8 above. Their recommendations, in both short-term and intermediate to long-term, are recaptured as follows -

- (a) **Short-term enhancement measures**
 - (i) To inject additional resources to enhance the existing manpower of ECP and WEP; and
 - (ii) To increase resource allocation for VMPS.
- (b) **Intermediate to Long-term service provision strategies**
 - (i) To develop new enhanced service programme catering to the needs of newly identified ageing users in DACs / SWs / IVRSCs;
 - (ii) To develop exit programmes for ageing service users attending DACs / SWs / IVRSCs;
 - (iii) To enhance community support for ageing service users such as day centre for aged persons with disabilities who are not receiving residential care services;
 - (iv) To review the service mode of paired-up services to better address the needs of ageing service users; and
 - (v) To enhance medical and dental care for ageing users at both preventive and remedial levels.

RECOMMENDATIONS ON STRATEGIES FOR HANDLING ISSUES RELATED TO THE AGEING OF USERS

29. Apart from the review of the initiatives, the Task Group also discussed the recommendations on long term strategies proposed by the Hong Kong Council of Social Service and the Hong Kong Joint Council for People with Disabilities. Members shared the concerns in the areas in relation to carer support and residential care services, and considered that respective recommendations should be further looked into. They were of the view that a coordinated policy and service planning is required to address the overall welfare need of ageing persons with disabilities. The proposal is attached at Annex 12.

30. Lastly, Members considered that the completion of the Task Group should not be the end of the discussion. Ongoing discussions about the needs of ageing users of rehabilitation services at different levels should be maintained.

THE WAY FORWARD

31. The Task Group had extensive deliberations on the review of the programme initiatives and recommended improvement measures on the initiatives provided for ageing users. Members proposed strategies to deal with the issues related to the ageing of users. They look forward to the implementation of the enhancement measures with a view to strengthening the service provision for ageing users. The Task Group also recommended that the proposed longer term strategies be submitted to the newly formed Working Group on Ageing of Persons with Intellectual Disabilities under the Rehabilitation Advisory Committee for further consideration.

Rehabilitation and Medical Social Services Branch
Social Welfare Department
September 2013

Membership of Task Group on Ageing of Users of Rehabilitation Services

- Convener : Ms LAM Wai-yip, Michelle
Chief Social Work Officer (Rehabilitation and Medical Social Services)¹
Social Welfare Department
(since 16 July 2012)
- Mr YU Wai-yip, Ricky
Acting Chief Social Work Officer (Rehabilitation and Medical Social Services)¹
Social Welfare Department
(before 16 July 2012)
- Members : Dr DAI Siu-kwan, Daisy
Chief Manager (Primary & Community Services)
Hospital Authority
- Dr Marco PANG
Associate Professor
Department of Rehabilitation Sciences
The Hong Kong Polytechnic University
- Mr Aldan KWOK
General Secretary
Hong Chi Association
- Ms Kimmy HO
Director
The Mental Health Association of Hong Kong
- Mr TUNG Chi-fat
Executive Director
The Neighbourhood Advice-Action Council
- Dr YEUNG YUEN Chi-kwan, Laura
Executive Committee Member
The Intellectually Disabled Education and Advocacy League Limited
- Mrs Julie LEE, BEM, JP
Executive Committee Member
The Parents' Association of Pre-School Handicapped Children
- Mr KUO Chun-chuen
Chief Officer (Rehabilitation)
The Hong Kong Council of Social Service
(since 1 May 2013)
- Mr SUEN Kwok-tung, Eddie
Chief Officer (Rehabilitation)
The Hong Kong Council of Social Service
(before 1 May 2013)

Ms Christina KAN
Convener
The Intellectual Disabilities Network of
The Hong Kong Joint Council for People with Disabilities

Secretary : Mr YU Wai-yip, Ricky
Senior Social Work Officer (Rehabilitation and Medical Social Services)2
Social Welfare Department

Task Group on Ageing of Users of Rehabilitation Services

Terms of Reference

1. To review the scope and level of resources allocated for the implementation of initiatives in relation to the ageing of users and to recommend improvement measures; and
2. To recommend strategies for the handling of issues related to the ageing of users.

Task Group on Ageing of Users of Rehabilitation Services

Overview of the Initiatives

| Initiative (year of implementation) | Purpose | Target Service Users | Programme / Service Component | Additional Resources | Remarks |
|---|--|---|--|--|---|
| (1) Extended Care Programme (ECP) (2005) | <ul style="list-style-type: none"> ◆ To meet the training needs of ageing service users in Day Activity Centres (DAC) who could no longer benefit from prolonged or intensive training due to ageing or deterioration of health condition. ◆ ECP provides day care and tailor-made activities for service recipients to maintain their health condition, facilitate them to enjoy lives through developmental programmes and social activities, and prepare them for transition to other forms of service or care where appropriate. | <p>Existing service users of DAC who are:</p> <ul style="list-style-type: none"> ◆ 50 years old or above (frail cases aged under 50 may also be considered); and ◆ assessed by the Standardised Assessment for Residential Services for People with Disabilities (“Standardised Assessment”) to be eligible for HSMH or Care and Attention Home for the Severely Disabled Persons (C&A/SD) service. | <ul style="list-style-type: none"> ◆ Rehabilitation training and/or physical exercises for sustaining the health and meeting the physical needs of service users. ◆ Simple self-help skills training for sustaining the service users’ self-care ability. ◆ Social and recreational activities including outdoor visits and activities for enriching the social life of the service users. ◆ Developmental programmes for facilitating service users to develop wholesome habits, such as art and craft, pottery and painting, etc. ◆ According to the Service Specification for ECP, the programme is expected to be provided in the premises of HSMH. | <ul style="list-style-type: none"> ◆ A one-off special grant at \$10,000 was allocated to each ECP unit in 2009-10 for service enhancement. ◆ A lump sum grant of \$60,000 from LF was granted for each ECP unit in 2005 for purchase of F&E such as office furniture and training equipment. ◆ Annual subvention was granted for the additional staffing provision of 0.5 Physiotherapist II/ Occupational Therapist II and 1.5 Care Assistants. | A total of 13 ECP units providing a total of 130 ECP places are run by 11 NGOs. |

| Initiative (year of implementation) | Purpose | Target Service Users | Programme / Service Component | Additional Resources | Remarks |
|--|--|--|---|---|--|
| (2) Work Extension Programme (WEP) (2005) | To meet the service needs, including nursing/health care need, of ageing service users in Sheltered Workshops (SW) / Integrated Vocational Rehabilitation Services Centres (IVRSC) who could no longer benefit from ordinary vocational training due to old age or deterioration in work abilities | Existing service users of SW/IVRSC who are: <ul style="list-style-type: none"> ◆ aged 50 years old or above; and in need of day care services other than vocational training due to old age or deterioration in work ability. ◆ trainees at the age of 60 or above will be accepted with no requirement of assessment; and ◆ for those aged 50-59, assessment of OT/PT is required. | <ul style="list-style-type: none"> ◆ Daily work activities for sustaining the residual work abilities of participants. ◆ Social and recreational programmes including outdoor visits and activities for enriching the social life of participants. ◆ Developmental programmes for facilitating participants to develop wholesome habits such as pottery, painting, art and craft. ◆ Caring activities for meeting the health and physical needs of participants etc. ◆ According to the Service Specification for WEP, the programme is preferably provided in the premises of HMMH. | <ul style="list-style-type: none"> ◆ A one-off special grant at \$10,000 for each WEP was allocated in 2009-10 for service enhancement. ◆ A lump sum grant of \$70,000 at the price of April 2005 under LF was allocated to each unit for purchase of F&E such as office furniture, training equipment and nursing equipment. ◆ Annual subvention was granted for the additional staffing provision of 0.5 Enrolled Nurse, 1 Ward Attendant and 0.5 Programme Assistant. | A total of 13 WEP units providing a total of 195 places are run by 9 NGOs. |

| Initiative (year of implementation) | Purpose | Target Service Users | Programme / Service Component | Additional Resources | Remarks |
|--|--|--|---|--|---------|
| (3) Visiting Medical Practitioner Scheme (VMPS) (2006) | To provide primary medical care and support for residents of all residential care homes for disabled (RCHDs) with a view to tackling the problems of ageing and health condition of the residents. | All residents of RCHDs except C&A/AB ^{Note} | <ul style="list-style-type: none"> ◆ On-site medical treatment and management of episodic illness and sub-acute problems of residents, including residents discharged from hospitals or under specialist care, and liaison with hospital-based services as necessary; ◆ Regular health assessment and physical check-up of the residents; ◆ Advice/assistance in maintenance of proper patient records and medical history for the residents and drug storage and management; ◆ Advice on measures regarding prevention and control of infectious diseases as well as environmental hygiene of the RCHDs; ◆ Telephone consultation on the management of emergency conditions exhibited by the residents; ◆ Training on health care, infection control, etc. to the staff of the RCHDs; ◆ Talks on health promotion, management of chronic illness, etc. for the residents and their family members | Annual subvention on unit cost basis with annual adjustment was granted. | - |

^{Note} C&A/AB are already provided with funding for visiting medical service as well as regular health promotion and preventive care services by the Visiting Health Teams of the Department of Health.

| Initiative (year of implementation) | Purpose | Target Service Users | Programme / Service Component | Additional Resources | Remarks |
|---|--|---------------------------------|---|--|----------------|
| (4) Enhanced Physiotherapy Service and Health Care (EPSHC) (2010) | To strengthen support services for ageing residents living in HSMH and HMMH, additional resources for provision of physiotherapy service at HSMH and health care service (i.e. for employing Health Workers) at HMMH are provided. | HSMH and HMMH residents. | <ul style="list-style-type: none"> ◆ Physiotherapy service for residents of HSMH (including those services users of ECP). ◆ Provision of daily health care service to maintain or improve residents' general health conditions for residents of HMMH (including those services users of WEP). | <ul style="list-style-type: none"> ◆ A lump sum grant ranging from \$78,400 to \$198,000 from LF was granted for each HSMH in 2010 for purchase of F&E such as office furniture and training equipment. ◆ A lump sum grant ranging from \$15,500 to \$62,000 from LF was granted for each HMMH in 2010 for purchase of F&E such as office furniture and medical equipment & supplies. ◆ Annual subvention was granted for additional staffing provision of Physiotherapist and Health Worker in HSMH and HMMH respectively. | - |

Task Group on Ageing of Users of Rehabilitation Services

**Age Profile of Service Users of
Sheltered Workshops and Day Activity Centres
(as at 31.12.2011)**

| Age | Number and percentage of service users in Sheltered Workshops (including Work Extension Programme users) | | Number and percentage of service users in Day Activity Centres (including Extended Care Programme users) | |
|----------------|--|------------|--|------------|
| | Number | Percentage | Number | Percentage |
| 15-20 | 70 | 1.4% | 157 | 3.4% |
| 21-30 | 1 002 | 19.7% | 1 341 | 29.1% |
| 31-40 | 1 306 | 25.6% | 1 190 | 25.9% |
| 41-50 | 1 446 | 28.3% | 1 037 | 22.5% |
| Over 50 | 1 273 | 25.0% | 881 | 19.1% |
| Total | 5 097 | 100% | 4 606 | 100% |

康復服務使用者老齡化工作小組
個案收納評估表

服務單位：_____

服務使用者：_____ 年齡/性別：_____/_____/ ☐男 ☐女

殘疾情況(可選擇多於一項)： ☐輕度智障 ☐中度智障 ☐嚴重智障
☐自閉症 ☐唐氏綜合症 ☐其他：_____

I. 護理需要

| 護理範圍 | 護理項目 | 分數 |
|-------------------------|---|----|
| a. 皮膚情況： | 3 在過往一個月內皮膚出現潰瘍、褥瘡需接受無菌換症清洗傷口 | |
| | 2 在過往一個月內皮膚重覆損傷需觀察傷口發炎情況，並接受無菌換症清洗傷口 | |
| | 1 在過往一年內因反覆出現皮膚問題需搽醫生處方藥膏，如季節性皮膚病 | |
| | 0 沒有以上任何一種情況 | |
| b. 吞嚥情況 - 在過往一個月內是否： | 3 嚴重吞嚥困難 ^(註一) 或導管餵食 | |
| | 2 一般吞嚥困難 ^(註二) | |
| | 0 沒有以上任何一種情況 | |
| c. 使用藥物情況 - 在過往一個月內是否： | 3 長期使用某種藥物，並按醫生指示監察藥物反應，例如：需於服用糖尿/心臟藥物前監察血糖水平/心律，才可服藥 | |
| | 2 需每天接受藥物注射 | |
| | 1 長期使用藥物 | |
| | 0 沒有以上任何一種情況 | |
| d. 排泄控制 - 在過去一個月內的排泄能力： | 3 大便或小便完全失禁，或使用導尿管或造口排泄 | |
| | 2 間中失禁或有遺尿/遺便情況，平均每星期一次或以上 | |
| | 1 間中失禁或有遺尿/遺便情況，平均每星期少於一次 | |
| | 0 沒有以上任何一種情況 | |

註一：嚴重吞嚥困難包括吞嚥時或吞嚥前後，吃噎咳嗽；吞嚥後，聲音變濁、清喉嚨；進食後多痰，呼吸有聲音；進食期間呼吸急促；經常哽塞；體溫無故上升；體重減輕(不包括因為心理／身體的疾病)。

註二：一般吞嚥困難包括未能嚼爛食物；需咀嚼很長時間；進食時，有食物從口或鼻溢出；將食物含在口中不嚥下；難以嚥下食物；每口食物要吞數次；吞嚥後，有食物剩餘在口腔內。

II. 照顧需要

評分準則

- 3 服務使用者極度依賴，或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、提舉服務使用者身軀或肢體，或要花費相當力勁才能協助完成該項目）
- 2 服務使用者需觸體協助，但他/她仍有參與部份活動（不需要大量體位搬移的協助、或提舉服務使用者身軀或肢體）
- 1 服務使用者需要別人在旁監督或提示才能完成（包括需要口頭或接觸身體的提示）
- 0 服務使用者獨立完成該項活動，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）

| 活動項目 | | 分數 |
|-----------|--|----|
| a. 洗澡 | 進行淋浴或坐浴 | |
| b. 穿脫衣物 | i) 以坐或站的姿勢穿脫上身衣物，包括外衣及內衣 ii) 以坐或站的姿勢穿脫下身衣物，包括外褲及內褲 iii) 穿脫鞋襪 iv) 穿脫手托或義肢 (請選取 i 至 iv 項中最高的分數作為右方 b 項的整項分數) | |
| c. 位置轉移 | i) 指身體如何由一處移動至另一處的情況（例：床⇌座椅 / 輪椅，輪椅⇌座廁等） ii) 床上位置轉移，包括臥下、起床、翻身及床上的移動位置 (請選取 i 至 ii 項中最高的分數作為右方 c 項的整項分數) | |
| d. 如廁 | 如廁（使用坐廁或蹲廁），包括大小便後的清潔、更換成人尿片、整理衣服等 | |
| e. 進食及進飲 | i) 進食 ii) 進飲 (請選取 i 至 ii 項中最高的分數作為右方 e 項的整項分數) | |
| f. 個人衛生護理 | 個人衛生護理，例如梳頭、刷牙、剃鬚、洗臉、洗手 | |
| g. 行動能力 | i) 室內行動能力（於兩分鐘步行 12 米） ii) 室外行動能力 iii) 上落樓梯能力（上落樓梯 10 級，不限時） (請選取 i 至 iii 項中最高的分數作為右方 g 項的整項分數) | |

收納準則

- 年齡於 50 歲或以上及根據殘疾人士住宿服務評估，被評估為需要嚴重弱智人士宿舍或嚴重殘疾人士護理院服務，可直接收納
- 年齡於 50 歲以下，如屬以下其中一種情況，則可收納

| | 「護理需要」部份 | 「照顧需要」部份 |
|-----|----------------|-----------|
| 情況一 | a, b 或 d 達 3 分 | 不適用 |
| 情況二 | 最少有一個項目達 2 分 | 達 11 分或以上 |

康復服務使用者老齡化工作小組
個案收納評估表

服務單位：_____

服務使用者：_____ 年齡/性別：_____/ ☐ (1)男 ☐ (2)女

殘疾情況(可選擇多於一項)：☐ 輕度智障 ☐ 中度智障 ☐ 嚴重智障
☐ 自閉症 ☐ 唐氏綜合症 ☐ 其他：_____

I. 工作訓練表現 (以工場內最低要求的工種)

| 範圍 | 項目 | 分數 |
|-------------|------------------------|----|
| a. 生產能力 | 3 達一般工人的生產能力之 9%或以下 | |
| | 2 達一般工人的生產能力之 10%至 29% | |
| | 1 達一般工人的生產能力之 30%至 49% | |
| | 0 達一般工人的生產能力之 50%或以上 | |
| b. 處理工作訓練程序 | 3 未能處理 | |
| | 2 觸體提示 | |
| | 1 口頭提示 | |
| | 0 不需提示 | |

II. 護理需要

| 護理範圍 | 護理項目 | 分數 |
|------------------------|---|----|
| a. 皮膚情況： | 3 在過往一個月內皮膚出現潰瘍、褥瘡需接受無菌換症清洗傷口 | |
| | 2 在過往一個月內皮膚重覆損傷需觀察傷口發炎情況，並接受無菌換症清洗傷口 | |
| | 1 在過往一年內因反覆出現皮膚問題需搽醫生處方藥膏，如季節性皮膚病 | |
| | 0 沒有以上任何一種情況 | |
| b. 吞嚥情況 - 在過往一個月內是否： | 3 嚴重吞嚥困難 ^(註一) 或導管餵食 | |
| | 2 一般吞嚥困難 ^(註二) | |
| | 0 沒有以上任何一種情況 | |
| c. 使用藥物情況 - 在過往一個月內是否： | 3 長期使用某種藥物，並按醫生指示監察藥物反應，例如：需於服用糖尿/心臟藥物前監察血糖水平/心律，才可服藥 | |
| | 2 需每天接受藥物注射 | |
| | 1 長期使用藥物 | |
| | 0 沒有以上任何一種情況 | |
| d. 排泄控制 - 在過 | 3 大便或小便完全失禁，或使用導尿管或造口 | |

| | | |
|-------------|----------------------------|--|
| 去一個月內的排泄能力： | 排泄 | |
| | 2 間中失禁或有遺尿/遺便情況，平均每星期一次或以上 | |
| | 1 間中失禁或有遺尿/遺便情況，平均每星期少於一次 | |
| | 0 沒有以上任何一種情況 | |

註一：**嚴重吞嚥困難**包括吞嚥時或吞嚥前後，吃噎咳嗽；吞嚥後，聲音變濁、清喉嚨；進食後多痰，呼吸有聲音；進食期間呼吸急促；經常哽塞；體溫無故上升；體重減輕(不包括因為心理／身體的疾病)。

註二：**一般吞嚥困難**包括未能嚼爛食物；需咀嚼很長時間；進食時，有食物從口或鼻溢出；將食物含在口中不嚥下；難以嚥下食物；每口食物要吞數次；吞嚥後，有食物剩餘在口腔內。

III. 照顧需要

評分準則

- 3 服務使用者極度依賴，或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、提舉服務使用者身軀或肢體，或要花費相當力勁才能協助完成該項目）
- 2 服務使用者需觸體協助，但他/她仍有參與部份活動（不需要大量體位搬移的協助、或提舉服務使用者身軀或肢體）
- 1 服務使用者需要別人在旁監督或提示才能完成（包括需要口頭或接觸身體的提示）
- 0 服務使用者獨立完成該項活動，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）

| 活動項目 | | 分數 |
|----------|--|----|
| a. 洗澡 | 進行淋浴或坐浴 | |
| b. 穿脫衣物 | i) 以坐或站的姿勢穿脫上身衣物，包括外衣及內衣 ii) 以坐或站的姿勢穿脫下身衣物，包括外褲及內褲 iii) 穿脫鞋襪 iv) 穿脫手托或義肢 (請選取 i 至 iv 項中最高的分數作為右方 b 項的整項分數) | |
| c. 位置轉移 | i) 指身體如何由一處移動至另一處的情況（例：床⇌座椅 / 輪椅，輪椅⇌座廁等） ii) 床上位置轉移，包括臥下、起床、翻身及床上的移動位置 (請選取 i 至 ii 項中最高的分數作為右方 c 項的整項分數) | |
| d. 如廁 | 如廁（使用坐廁或蹲廁），包括大小便後的清潔、更換成人尿片、整理衣服等 | |
| e. 進食及進飲 | i) 進食 ii) 進飲 (請選取 i 至 ii 項中最高的分數作為右方 e 項的整項分數) | |

| | | |
|-----------|--|--|
| f. 個人衛生護理 | 個人衛生護理，例如梳頭、刷牙、剃鬚、洗臉、洗手 | |
| g. 行動能力 | i) 室內行動能力 (於兩分鐘步行 12 米) ii) 室外行動能力 iii) 上落樓梯能力 (上落樓梯 10 級，不限時) (請選取 i 至 iii 項中最高的分數作為右方 g 項的整項分數) | |

收納準則

- 年齡於 60 歲或以上，可直接收納
- 年齡於 40 歲至 59 歲，如屬以下其中一種情況，則可收納

| | 「工作訓練表現」得分 | 「護理需要」及「照顧需要」得分 |
|-----|------------|-----------------|
| 情況一 | 4 分或以上 | 不適用 |
| 情況二 | 3 分 | 兩部份合共 8 分或以上 |

老齡化服務建議內容
(Programme Contents of Enhanced ECP)

| 服務範疇 | 內容 / 舉例 |
|-------|---|
| 恆常照顧 | 如廁、餵食、沖涼、陪診及跟進照顧 |
| 訓練及活動 | <ul style="list-style-type: none"> ● 小組，如：懷緬小組 ● 個別訓練，如：自我照顧訓練、生活技能訓練 ● 閒暇活動，如：外出活動 ● 老齡化活動 ● 感官訓練 |
| 醫療護理 | 恆常護理、就診或覆診安排及跟進 |
| 復康治療 | 職業治療、物理治療、言語治療 |
| 個案輔導 | 個案跟進、家長工作、輔導工作、聯絡協調 |

老齡化服務建議內容
(Programme Contents of Enhanced WEP)

| 服務範疇 | 內容 / 舉例 |
|-------|--|
| 職業復康 | 適量工作活動 |
| 訓練及活動 | <ul style="list-style-type: none"> ● 老齡活動及小組，如：懷緬小組、健體活動 ● 個別訓練，如：自我照顧訓練、生活技能訓練 ● 閒暇活動，如：外出活動 ● 感官訓練 |
| 恆常照顧 | 如廁、餵食、沖涼、陪診及跟進照顧 |
| 醫療護理 | <ul style="list-style-type: none"> ● 醫療照顧 (如牙科、外展精神科等專科服務) ● 恆常護理、就診或覆診安排及跟進 |
| 復康治療 | 職業治療、物理治療、言語治療 |
| 個案輔導 | 個案跟進、家長工作、輔導工作、聯絡協調 |

香港復康聯會/ 香港社會服務聯會
智障人士服務網絡—智障人士老齡化工作小組
老化服務使用者單位成本 (日間照顧)

老化智障人士於醫療健康、日常起居、體能及肌能訓練、社交閒暇及情緒支援各方面均需要適切及緊密的照顧，因此須為老化服務使用者提供相關服務，故計算單位成本時，須涵蓋服務單位在上述有關範疇的人力資源和訓練及活動開支。

以下將以實務經驗作參考，計算每名老化智障服務使用者接受一年日間照顧的單位成本開支。

註 1：以10位服務使用者計 (50歲或以上服務使用者；或不足50歲而經評估為老化的服務使用者)

註 2：每一人手以每年工作270天，每天8小時，即一名人手一年工作時數2,160小時

註 3：薪金以2011年薪級表之中點薪級計算

註 4：以實際服務經驗作參考

註 5：以同時提供日間服務及住宿服務的服務單位作計算

1. 人力資源

a) 照顧人手 (院舍護理員)

| 工作範疇 | 所需人手 |
|--|------|
| 平日恆常照顧，如：如廁及餵食等 (參考過往服務經驗，需由2位院舍護理員照顧10位服務使用者) | 2.00 |

| 工作範疇 | 次數 (一年) | 時數 | 總時數 | 所需人手 |
|-------------|-------------|----|-----|------|
| 陪診 (恆常覆診) | 44 (參考實際經驗) | 4 | 176 | 0.08 |
| 陪診 (不適就診) | 55 (參考實際經驗) | 4 | 220 | 0.10 |
| 特別照顧 (如：患病) | 55 (參考實際經驗) | 4 | 220 | 0.10 |

共需人手：2.28

全年薪金支出：\$309,578.40 (\$11,315 x 2.28人 x 12個月)

b) 訓練及活動人手 (福利工作員)

| 工作範疇 | 次數 (一年) | 時數 | 總時數 | 所需人手 |
|-------|----------------|----|-------|------|
| 訓練及活動 | 250 (50週 x 5天) | 8 | 2,000 | 0.93 |

共需人手：0.93

全年薪金支出：\$212,151.60 (\$19,010 x 0.93人 x 12個月)

c) 醫療人手 (登記護士)

| 工作範疇 | 次數 (一年) | 時數 | 總時數 | 所需人手 |
|------------------|-----------------------------|-----|-------|------|
| 恆常覆診 (事前準備及事後跟進) | 44 (參考實際經驗) | 1.5 | 66 | 0.03 |
| 不適就診 (事前準備及事後跟進) | 79 (參考實際經驗) | 1.5 | 119 | 0.05 |
| 平日恆常護理 | 2,500 (50週 x 5天 x 10位服務使用者) | 0.5 | 1,250 | 0.58 |

共需人手：0.66

全年薪金支出：\$176,140.80 (\$22,240 x 0.66人 x 12個月)

d) 復康治療人手 (二級職業治療師 / 二級物理治療師)

| 工作範疇 | 次數(一年) | 時數 | 總時數 | 所需人手 |
|------|-----------------------------|-----|-------|------|
| 治療訓練 | 2,500 (50週 x 5天 x 10位服務使用者) | 0.5 | 1,250 | 0.58 |

共需人手： 0.58

全年薪金支出： \$188,128.80 (\$27,030 x 0.58人 x 12個月)

e) 個案輔導人手 (社會工作助理)

| 工作範疇 | 所需人手 |
|---|------|
| 統籌、個案跟進、家長工作、輔導工作、聯絡協調【參考展能中心人手比例：(2位社會工作助理 / 50位服務使用者) x 10位老化服務使用者】 | 0.4 |

共需人手： 0.4

全年薪金支出： \$112,128 (\$23,360 x 0.4人 x 12個月)

人手總支出(一年)： **\$998,127.60** (以10位服務使用者計)
\$99,812.76 (以1位服務使用者計)

* 每一位服務使用者之單位成本 (一年)： **\$104,803.40** (A) (\$99,812.76 + 5% MPF)

2. 訓練及活動支出

| | 每月支出 | 總支出(一年) |
|-------------|---------|----------|
| 戶外(以每月2次計算) | \$1,600 | \$38,400 |
| 戶內 | \$1,100 | \$13,200 |
| 雜項 | | \$2,600 |
| 合計： | | \$54,200 |

訓練及活動總支出 (一年)： **\$54,200** (B) (以10位服務使用者計)
\$5,420 (b) (以1位服務使用者計)

* 每一位服務使用者之單位成本 (一年)： **\$5,420** (B)

* 每一位服務使用者之單位成本 (一年)： **\$110,223.40** (A + B)
\$113,530.10 (+3% Additional Cost)

* 每一位服務使用者之單位成本 (一個月)： **\$9,460.84**

3. 設備支出

| 建議考慮項目 | 數量 | 估計費用 |
|--------|----|-----------------|
| 老人椅 | 5 | \$15,000 |
| 輪椅 | 5 | \$15,000 |
| 氣墊/椅背 | 5 | \$5,000 |
| 學行架 | 3 | \$1,500 |
| 醫院床 | 1 | \$15,000 |
| 電動移位機 | 1 | \$35,000 |
| 維修保養 | | \$3,500 |
| 合計 | | \$90,000 |

扣除現時各類服務的單位成本計算如下：

| | # 一般服務使用者單位成本(一年)(E) | | 老化服務使用者單位成本(一年)(F) | 額外補貼差額 (每人/每年)(F - E) | 額外補貼差額 (每人/每月) |
|------|----------------------|----------------|--------------------|--------------------------|-------------------|
| 展能中心 | \$76,752.00 | (\$6,396 x 12) | \$113,530.10 | \$36,778.10 | \$3,064.84 |
| 庇護工場 | \$43,356.00 | (\$3,613 x 12) | \$113,530.10 | \$70,174.10 | \$5,847.84 |

參考 2011-12年度社會福利署財政開支及預算

香港復康聯會/ 香港社會服務聯會
智障人士服務網絡—智障人士老齡化工作小組
老化服務使用者單位成本 (住宿照顧)

老化智障人士於醫療健康、日常起居、體能及肌能訓練、社交閒暇及情緒支援各方面均需要適切及緊密的照顧，因此須為老化服務使用者提供相關服務，故計算單位成本時，須涵蓋服務單位在上述有關範疇的人力資源和訓練及活動開支。

以下將以實務經驗作參考，計算每名老化智障服務使用者接受一年住宿照顧的**額外**單位成本開支。

註 1：以10位服務使用者計 (50歲或以上服務使用者；或不足50歲而經評估為老化的服務使用者)

註 2：每一人手以每年工作270天，每天8小時，即一名人手一年工作時數2,160小時

註 3：薪金以2011年薪級表之中點薪級計算

註 4：以實際服務經驗作參考

註 5：以同時提供日間服務及住宿服務的服務單位作計算

1. 人力資源

a) 照顧人手 (院舍護理員)

| 工作範疇 (平日恆常照顧) | 次數 (一年) | 時數 | 總時數 | 所需人手 |
|------------------|---|------|--------|------|
| 沖涼 ^ | 1,820 (52週 x 7天 x 5位服務使用者 x 1次) | 0.25 | 455 | 0.21 |
| 如廁、換片 ^ | 11,180 (52週 x 7天 x 5位服務使用者 x 5次) + (52週 x 2天 x 5位服務使用者 x 4次) | 0.08 | 931.67 | 0.43 |
| 餵食 ~ | 4,160 (52週 x 7天 x 5位服務使用者 x 2次) + (52週 x 2天 x 5位服務使用者 x 1次) | 0.33 | 1,387 | 0.64 |
| 陪診 (不適就診) | 24 (參考經驗，10位服務使用者平均每月共兩次) | 4 | 96 | 0.04 |
| 特別照顧 (如：患病) | 24 (參考經驗，10位服務使用者平均每月共兩次) | 4 | 96 | 0.04 |

共需人手：1.36

全年薪金支出：\$184,660.80 (\$11,315 x 1.36人 x 12個月)

^ 預計10名服務使用者中，有5位服務使用者需由兩位職員扶抱轉移

~ 預計10名服務使用者中，有5位服務使用者需由職員餵食

b) 醫療人手 (登記護士)

| 工作範疇 | 次數 (一年) | 時數 | 總時數 | 所需人手 |
|------------------|---|-----|-------|------|
| 恆常覆診 (事前準備及事後跟進) | 22 (參考實際經驗) | 1.5 | 33 | 0.02 |
| 不適就診 (事前準備及事後跟進) | 24 (參考實際經驗) | 1.5 | 36 | 0.02 |
| 平日恆常護理 | 4,680 (52週 x 7天 x 10位服務使用者) + (52週 x 2天 x 10位服務使用者) # | 0.5 | 2,340 | 1.08 |

共需人手：1.12

全年薪金支出：\$298,905.60 (\$22,240 x 1.12人 x 12個月)

7天：星期一至星期日的晚間時段；2天：星期六及日的日間時段

人手額外支出(一年)：\$483,566.40 (以10位服務使用者計)

\$48,356.64 (以1位服務使用者計)

* 每位服務使用者之額外單位成本 (一年)：

\$50,774.47 (\$48,356.64 + 5% MPF)

| | |
|--------------------------|--|
| * 每位服務使用者之額外單位成本 (一年) : | \$50,774.47 |
| | \$52,297.71 (+3% Additional Cost) |
| * 每位服務使用者之額外單位成本 (一個月) : | \$4,358.14 |

3. 設備支出

| 建議考慮項目 | 數量 | 估計費用 |
|--------|----|-----------------|
| 老人椅 | 5 | \$15,000 |
| 輪椅 | 5 | \$15,000 |
| 氣墊/椅背 | 5 | \$5,000 |
| 學行架 | 3 | \$1,500 |
| 醫院床 | 1 | \$15,000 |
| 電動移位機 | 1 | \$35,000 |
| 維修保養 | | \$3,500 |
| | 合計 | \$90,000 |

Annex 11**Visiting Medical Practitioner Scheme (VMPS)**

Annual number of medical consultations for episodic illnesses
in 16 residential service units for persons with disabilities
(1/4/2011 - 31/3/2012)

| Item | Number |
|---|---------------|
| Number of consultations by VMPS | 10,156 |
| Number of consultations by General Practitioner (GP) | 587 |
| Total (VMPS + GP) | 10,743 |
| Number of residents | 1,446 |
| Yearly average number of consultations per resident (episodic illnesses) | 7.4 |
| Average GP charge (\$) | 212.5 |

**香港復康聯會 / 香港社會服務聯會
智障人士服務網絡**

**就「智障人士老化」議題的長遠規劃建議
(11.04.2013)**

1. 政策層面

a. 年齡數據

要有效地處理智障人士老化所帶來的挑戰，政府應先掌握相關現況及將來的變化，就智障人士的年齡分佈進行分析，準確地計算現時及未來的服務需求。

b. 專責工作小組

政府應就殘疾人士老化成立專責工作小組，盡快與業界及家長共同研究智障及其他殘疾類別人士因老化所帶來的挑戰，並制定相應政策。

c. 「原居安老」政策

政府應強化「原居安老」的康復政策，讓智障及其他殘疾類別人士老齡後仍可在熟悉的環境中生活，並獲得適切的照顧服務。

d. 院舍及社區生活的選擇權

根據聯合國《殘疾人權利》公約訂明，殘疾人士可選擇其認為合適的生活模式，因此政府應同步發展院舍及社區照顧服務，讓智障及其他殘疾類別人士能因應自身的需要，選擇進入院舍或留在社區生活。

e. 照顧者支援

面對殘疾人士及其照顧者因雙老所帶來的挑戰，加上院舍服務不足，照顧者的支援對智障及其他殘疾類別人士在社區生活及得到適切的照顧尤其重要，故政府應考慮為居住在社區的老化殘疾人士加強支援及提供額外補助，以紓緩照顧者的壓力。

f. 長遠規劃

不同殘疾類別人士在不同階段有不同的發展需要，政府應就智障及其他殘疾類別人士老化的服務進行長遠規劃。一套整全的服務規劃，能有效地協助他們發展，融入社會，在生命中不同階段均能過着具質素的生活。

g. 工作時間表

政府應就各項服務規劃訂定合適而可行的工作時間表，讓業界及家長掌握服務的推行進度。

2. 服務層面

a. 增撥資源

加強人手及財政上的支援，優化現行針對智障人士老化的服務。

b. 提升服務

提升智障人士老化服務的內容，加強恆常照顧、訓練及活動、醫療護理、復康治療及個案輔導的服務元素。

c. 改善現行「職業康復延展計劃」或「展能中心延展照顧計劃」

取消日間服務補收名額的安排，同時彈性處理年齡規定，善用智障人士老化評估表，及早識別老化的智障人士，並以個案資助模式，讓出現老化的智障人士得到適切服務。

d. 提升設施及儀器

改善現有服務單位空間，提供額外資源，以提升服務單位在提供服務時的設施及儀器，包括考慮增撥資源為單位提供車輛及司機的資助，以配合老化服務使用者出外就診及活動的需要。

e. 制定離開服務的機制

為現行日間服務制定離開的機制，如為庇護工場設年齡上限，讓老化的智障人士能轉到切合他們需要的服務模式。

f. 設立老齡化專項服務

考慮開設針對智障人士老化的專項服務，如智障長者日間服務中心及智障長者安老院等。

g. 加強院舍及社區照顧服務

為確保殘疾人士能行使選擇服務的權利，政府應同步發展院舍及社區照顧服務。在醫療方面，對居住在院舍的智障及其他殘疾類別人士，政府應投放資源，透過醫院管理局提供類似「社區老人評估小組」(Community Geriatric Assessment Team (CGAT))的服務；對居住在社區的智障及其他殘疾類別人士，政府應加強到戶式醫療服務及醫院管理局所提供的家庭醫生服務。

h. 制定遺產監護法規

政府應透過相關部門的協作，制定遺產監護法規，協助智障人士處理遺產事宜，以保障智障人士在照顧者離世後能繼續保持安穩生活。

i. 加強員工培訓

加強培訓相關專業及前線人員有關照顧老化的智障人士的知識及技巧。