Funding and Service Agreement[1]
(Lump Sum Grant)

Professional Outreaching Team
for Private Residential Care Homes for Persons with Disabilities

I. Service Definition

Introduction

The Pilot Scheme on Professional Outreaching Team for Private Residential Care Homes for Persons with Disabilities (POT) aims at strengthening the social and rehabilitation support for persons with disabilities (PWDs) who are residing in private residential care homes for persons with disabilities (RCHDs)[2] and providing training and support for their family members or carers as well as the staff of the private RCHDs through provision of a package of multi-disciplinary rehabilitation services. It is regularised in March 2023 upon implementation for four years on pilot basis to continuously support the residents in the private RCHDs.

Purpose and Objectives

2. The specific objectives of the POT are:

(a) to meet their rehabilitation and social needs through providing a package of clinical psychological, paramedical[3], nursing support and social work services for residents of private RCHDs ;

(b) to drive for betterment of care and support to the residents through provision of consultation, training and support for the family members or carers of residents and staff of the private RCHDs ; and

[1] This Funding and Service Agreement is a sample document for reference only.
[2] Private RCHDs include those participate in the "Bought Place Scheme for Private Residential Care Homes for Persons with Disabilities" (BPS) and those not joining BPS.
[3] Referring to services provided by qualified physiotherapist, occupational therapist and speech therapist.

(c) to promote social inclusion for residents of private RCHDs through community networking activities / programmes with other stakeholders in the community.

Nature of the Service

3. The Service Operator is required to provide outreaching services to meet the holistic and specific needs of individual service user by providing a coordinated range of direct services for persons with disabilities who reside in private RCHDs with multi-disciplinary involvement. It should work in close collaboration and coordination with private RCHDs, other social welfare or rehabilitation units as well as any other helping agents offering services to service users. Services arranged should be commensurate with the needs of and agreed with service users and their family members or carers. The following core and support services will be provided by respective POT, which are free of charge.

Core Services

(a) **Rehabilitation Training** for service users including but not limited to maintenance rehabilitation exercises, general physical exercise, any other therapeutic exercises or activities, nursing advice and support for the service users of private RCHDs;

(b) **Social Support Service** for service users including but not limited to psychological support / counselling, educational / supportive group, social / recreational programme and referrals for other appropriate services such as District Support Centre for Persons with Disabilities (DSC), Integrated Community Centre for Mental Wellness (ICCMW) or other casework units etc.;

(c) **Consultation, Training and Support Service** for family members or carers of service users and staff of private RCHDs including but not limited to consultation sessions, talks, workshops and any other support services with a view to enhancing their caring capability; and

Support Services

(d) **Community Networking Activities / Programmes** to establish effective communication and linkage with local stakeholders and community at large.

(e) **Advice / Support for Private RCHDs** in areas including but not limited to the formulation and review of individual care plans (ICPs) involving rehabilitation, social re-integration and pre-discharge planning for service users, management of rehabilitation training / nursing service for service users, mitigation of environmental risk and improvement / modification on service facilities.

Target Group

4. The main service users of POT are PWDs, including but not limited to persons with physical and / or intellectual disabilities, persons in mental recovery and persons with suspected mental health problems, who reside in private RCHDs in the Designated Service Cluster of concerned service team as well as the family members or carers of the service users and staff of the private RCHDs where the list of private RCHDs within the schedule shall be directed[4] by the Social Welfare Department (SWD) from time to time.

5. It is noted that the number of cases eligible for the service in different clusters may change from time to time due to a number of factors, e.g. turnover of service users in the private RCHDs, change of service needs, opening or closure of private RCHDs, etc. The Service Operator should therefore critically examine the changing service needs and flexibly deploy its resources to provide services for service users as far as possible.

Referral Procedures and Service Delivery

6. The residents in the private RCHDs and their families / carers can directly approach the POT for services. Besides, potential service users could be identified by the POT staff. Moreover, referrals could be made by the private RCHDs or other sources to the POT as appropriate. The Service Operator is required to arrange intake of service users from residents of private RCHDs in the Designated Service Cluster including those in mental recovery and those with suspected mental health problems. The POT should assess the service needs of the residents of private RCHDs, in collaboration with the staff of the private RCHDs, their families or carers, and other concerned parties/organisations as appropriate, to provide necessary services for the service users. The intervention by joint effort of multi-disciplinary staff of POT for residents in mental recovery or with suspected mental health problems includes

[4] POTs are required to update its serving private RCHDs through checking the information uploaded in the SWD Homepage once a month with proper documentation. SWD reserves the right to re-demarcate the boundaries of the designated clusters and to revise the list of RCHDs to be served by any Service Operators as and when necessary.

psychiatric nurses, social workers and Occupational Therapists (OT) etc. Psychiatric nurses shall provide holistic assessment to identify the specific needs of these residents, formulate nursing care plan, give advice on drug management and review the individual care plan on regular basis particularly with a view to improving the weight control, drug compliance and emotion / behavioural management in order to facilitate their better integration into the community. Social workers shall conduct assessment on social aspect, render counselling and organise therapeutic groups / programmes relating to problem coping and solving capability, communication and interpersonal skills training to strengthen these residents' social functioning. Besides, OTs shall formulate rehabilitation plan and provide training exercises to residents in mental recovery or with suspected mental health problems in order to enhance their self-care ability, independent living skills and vocational skills with a view to increasing their successfully discharge rate from the private RCHDs in the long run.

7. The Service Operator would provide a package of on-site support services within a spectrum of professional services including social work (SW), clinical psychology, occupational therapy (OT), physiotherapy (PT), speech therapy (ST) and nursing services to meet the social and rehabilitation needs of the service users. It will effectively integrate different types of services and provide service users and their family members or carers with the most comprehensive care and support. The Service Operator should take note of the characteristics of target service users and, assist and facilitate the staff of private RCHDs, where appropriate, to work out, implement and review regularly the specific social and rehabilitation plans (including ICPs[5]) for the service users on an individual basis. The Service Operator also needs to collaborate with the staff of private RCHDs to continuously review and revise the services of which the residents of private RCHDs are mostly in need and for their best benefit.

8. The Service Operator shall develop strategies to promote partnership and form strategic alliance with other organisations such as health and medical specialties, NGOs (including those operating ICCMWs with target service groups covering the residents in mental recovery or with suspected mental health problems living in the private residential care homes for persons with disabilities), social enterprises, self-help organisations of PWDs and other related organisations, etc. for effective mobilisation of resources with a view to rendering efficient and effective supportive services to service users through activities / programmes of community networking.

[5] Private RCHDs should follow the Code of Practice for Residential Care Homes (Persons with Disabilities) including the time frame of formulating the ICPs of residents (e.g. within one month after admission, conduct the first review in 6 months after the dates of formulating the first ICPs, and review the ICPs at least annually or regularly etc.). POT should provide the support service to the private RCHDs according to paragraph 3 (e) above to facilitate the RCHDs' compliance to the related requirements for the best interest of the service users.

II. Performance Standards

9. The agreed level of output performance standards is made according to the team size of the POT and the commitment on value-added output as pledged in the proposal submitted by respective Service Operator, if applicable. The Service Operator of one standard team is required to achieve the following performance standards including output standards and outcome standards:

Outputs

Output Standard	Output Indicators	Agreed Level
1	Average number of sessions for clinical assessment / consultation / training / treatment provided by clinical psychologist / para-medical staff/ nursing staff for service users / their family members or carers / staff of private RCHDs through individual or group[6] approach per month in a year	450
2	Average number of sessions for training and maintenance provided by occupational therapy assistant / physiotherapy artisan for service users through individual or group[7] approach per month in a year	200

[6] Individual approach refers to the application of specific and purposeful activities or methods on one-to-one basis to develop, improve and/or restore the performance of necessary functions; compensate for dysfunctions; and/or minimise debilitation with eventual goal of achieving service users' maximum possible independence in daily life. Group approach refers to the same definition as individual approach except that they are conducted on a group basis with 2 to 10 service users. For all the aforesaid activities, the duration of each session should be at least 30 minutes excluding preparation time and follow-up work. Provision of clinical assessment / consultation / training / treatment beyond 30 minutes of the same session can be counted on a pro-rata basis, e.g. 45 minutes is equivalent to 1.5 sessions of the service.

[7] Individual training and maintenance sessions refer to the application of specific and purposeful activities or methods on one-to-one basis conducted by the occupational therapy assistant / physiotherapy artisan in accordance with the advice and instruction of occupational therapist / physiotherapist. Group training and maintenance sessions refer to the same as individual training and maintenance sessions except that they are conducted on a group basis with 2 to 10 service users. For all the aforesaid activities, the duration of each session should be at least 30 minutes excluding preparation time and follow-up work. Provision of training and maintenance service beyond 30 minutes of the same session can be counted on a pro-rata basis, e.g. 45 minutes is equivalent to 1.5 sessions of the service.

Output Standard	Output Indicators	Agreed Level
3	Average number of sessions for therapeutic / educational / supportive groups and programmes as well as counselling (either in group or for individual)[8] for service users / their family members or carers and case consultation for staff of private RCHDs provided by social workers per month in a year	240
4	Average number of educational / supportive group / interest class[9] provided for services users and/or their family members or carers per month in a year	18
5	Average number of social / recreational programmes[10] provided for service users / their family members or carers per month in a year	12
6	Average number of community networking activities or programme[11] provided for service users / their family members or carers per month in a year	12

[8] Each group should have at least 4 sessions. Each group session / programme or counselling session should last for at least 30 minutes. Provision of ttherapeutic / educational / supportive groups and programmes as well as counselling beyond 30 minutes of the same session can be counted on a pro-rata basis, e.g. 45 minutes is equivalent to 1.5 sessions of the service. Besides, case consultation for staff of private RCHDs on case management could be counted 30 minutes as one session.

[9] Each group should have at least 4 sessions with each session lasting for at least 45 minutes.

[10] Each programme should last for at least 60 minutes.

[11] Community networking activity or programme refers to activity aiming to link up with community organisations and/or resources (e.g. other social service units, volunteer groups, schools, local community organisations and commercial sector, etc.) to meet the social needs of the service users and / or their family members or carers. Each networking activity or programme should last for at least 60 minutes. Please note that entries for OS5 should not be repeatedly entered for OS6 and vice versa. No duplicated entry is allowed even though the nature of the activities relates to community networking activity or programme.

Outcomes

Outcome Standard	Outcome Indicators	Agreed Level
1	Percentage of service users indicating satisfaction[12] with the overall services delivered to them in a year	75%
2	Percentage of family members or carers indicating satisfaction[12] with the overall services delivered to them in a year	75%
3	Percentage of services users who are persons in mental recovery and those with suspected mental health problems indicating satisfaction[12] with the overall services delivered to them in a year	75%

Essential Service Requirements

10. The Service Operator is required to comply with the Essential Service Requirements (ESRs) as follows:

(a) POT should operate at least 6 days in a week with a minimum of 44 hours per week;

(b) registered social worker, qualified physiotherapist, occupational therapist, speech therapist, clinical psychologist and registered nurse (psychiatric) are the essential staff[13] for the service; and

(c) at least two essential staff of the different professionals have a minimum of five years of relevant experience.

Quality

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

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[12] Satisfaction refers to the respondents indicating "同意" or "非常同意" as shown in the 「服務使用者/家人(或照顧者)意見調查問卷」provided by SWD.

[13] For the flexibility of service provision as well as for those agencies which may encounter severe difficulties in engaging qualified therapists, nurse and/or clinical psychologist for proper service provision, the Service Operator may hire physiotherapist and/or occupational therapist and/or speech therapist and/or nurse (psychiatric) and/or clinical psychologist from qualified professionals or concerned organisations.

III. Obligations of SWD to the Service Operator

12. The SWD will undertake the duties set out in the General Obligations of SWD to the Service Operator as specified in the Funding and Service Agreement (FSA) Generic Sections.

IV. Basis of Subvention

13. The basis of subvention is set out in the offer and notification letters issued by the SWD to the Service Operator.

Funding

14. An annual subvention will be allocated on a Lump Sum Grant (LSG) mode to the Service Operator for a time-defined period. This lump sum has taken into account the personal emoluments, including provident fund for employing qualified professionals and supporting staff, and other charges (covering all other relevant operating expenses including employees' compensation insurance and public liability insurance) applicable to the operation and administration of the POT service and recognised fee income, if any. Rent and Rates in respect of premises / parking facilities recognised by the SWD for delivery of the subvented activities will be reimbursed separately on actual cost basis.

15. 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 correspondences in force as issued by the SWD on subvention policies and procedures. The LSG will be subject to adjustments including salary adjustment 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

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

17. 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 project and make them available for inspection by the Government representatives.

18. 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 practicing 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.

Corruption Prevention and Probity Requirements

19. It is the responsibility of the Service Operator to ensure that its management, board members and staff comply with the Prevention of Bribery Ordinance (Cap. 201) and the relevant requirements. The Service Operator shall prohibit the members, staff, agents, and contractors from offering, soliciting or accepting advantages when discharging their duties under the FSA. With regard to the provision of the subvented services, the Service Operator shall avoid and declare any conflict of interest.

20. The Service Operator should also make reference to the relevant guidelines on corruption prevention and probity requirements to uphold integrity in every aspect, including but not limited to the governance structure, internal control, financial / fund management, procurement, staff administration, delivery of services / activities, management of maintenance works as set out in the "Best Practice Checklist on Governance and Internal Control in Non-Governmental Organisations" and the "Integrity and Corruption Prevention Guide on Managing Relationship with Public Servants" issued by the Independent Commission Against Corruption.

V. Validity Period

21. This FSA is valid for a time-defined period. Should the Service Operator be in breach of any terms of condition of this FSA and fail to remedy the same in such manner and within such time as shall be specified in a written notice from the SWD, the SWD may after expiry of such notice, terminate this FSA by giving 30 days' notice in writing to the Service Operator.

22. Where there is any change to the performance standards within the agreement period, the SWD will seek mutual agreement with the Service Operator and the Service Operator will be required to achieve new requirements in accordance with the specified implementation schedule.

23. Continuation of service for the next term will be subject to the relevant considerations such as the prevailing policy directive, service needs and the performance of the Service Operator. The SWD reserves the right to reallocate the project.

24. The SWD may immediately terminate the FSA upon the occurrence of any of the following events –

(a) the Service Operator has engaged or is engaging in acts or activities that are likely to constitute or cause the occurrence of offences endangering national security or which would otherwise be contrary to the interest of national security;

(b) the continued engagement of the Service Operator or the continued performance of the FSA is contrary to the interest of national security; or

(c) the SWD reasonably believes that any of the events mentioned above is about to occur.

VI. Other References

25. Apart from this FSA, the Service Operator should also comply with the requirements/commitments set out in the Service Specifications, and the Service Operator's proposal 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 the SWD.