

## **LEGCO PANEL ON WELFARE SERVICES**

### **Progress Report on the Standardized Assessment Mechanism for Residential Services for People with Disabilities**

#### **PURPOSE**

A discussion paper and a progress report by the Social Welfare Department (SWD) on the Standardized Assessment Mechanism for Residential Services for People with Disabilities (the Mechanism) were submitted to Members for the meetings on 5 January and 14 June 2004 respectively. This paper updates Members on the implementation and review of the Mechanism since its inception on 1 January 2005.

#### **BACKGROUND**

2. To maximize the utilization of the various residential services for people with disabilities, SWD set up a multi-disciplinary Steering Group on Admission Procedures for Residential Care Homes for People with Disabilities in 2001 to steer a review on admission criteria and process of residential homes for people with disabilities (PWDs). Based on the insights gained from a survey in 2002, the Steering Group formed a Task Group comprising rehabilitation professionals and parents to devise a Standardized Assessment Tool (the Tool) to identify those PWDs with genuine need for residential services and to match them with appropriate types of residential homes (Membership of the Task Group at Annex 1). The Mechanism adopting the Tool was implemented with effect from 1 January 2005.

3. The Tool identifies the needs of PWDs in respect of four domains, namely nursing care, functional impairment, challenging behaviour and family's caring capacity. The needs so identified will then be considered against the supportive network of family and community resources available to the PWDs. In case support from families and existing day and community service cannot meet the needs of PWDs, the appropriate type of residential services commensurate with the needs identified in the assessment would be considered. A sample of the Tool is at Annex 2.

## **IMPLEMENTATION OF THE MECHANISM**

### **Preparation**

4. The application of the Mechanism to achieve its designated purposes had been thoroughly examined and widely consulted before implementation. From October 2003 to July 2004, two pilot studies on the Tool had been conducted to establish its applicability, reliability and validity. Consultations with the Rehabilitation Advisory Committee and such stakeholders as parents associations, rehabilitation professionals of NGOs, the Hospital Authority and special schools had also been held.

5. To prepare for the implementation of the Mechanism, a total of 27 training workshops for social workers concerned were held since November 2004. A total of 1 492 social workers from various settings including family services centres/integrated family services centres, medical social service units, rehabilitation service units and special schools had been trained to become qualified assessors. A Manual of Procedures on the Mechanism was published in December 2004 for reference of the assessors, referrers and service providers.

6. To inform all those who would be affected by the implementation of the Mechanism, over 4 500 letters were sent to all applicants/parents on the waiting lists for day or residential services in November 2004 to explain to them about the Mechanism. Announcements were also sent to the referring social workers. They were all invited to attend a series of briefing sessions held in October and November 2004. A total of eight briefing sessions were held and attended by 750 applicants/parents of day or residential services and 561 social workers. The public was also informed of the implementation of the Mechanism through the SWD website and distribution of information leaflets.

### **Handling Procedures**

7. Upon implementation of the Mechanism, all new applicants for residential services (including those already residing in residential homes but require change of residential services) are required to receive assessment in order to be eligible for residential services. For applicants already on the waiting list for residential services before implementation of the Mechanism, SWD will notify the referring social workers to arrange assessment when these applicants are selected for consideration of residential placement. Applicants assessed to have no residential service need would be removed from the waiting list and day or community support service would be

arranged for them. For these applicants, the date of their applications would be retained. In case future assessment confirms their residential service needs in the light of changing circumstances, they would be returned to the waiting list with the original application date.

8. To safeguard the interests of the applicants, all applicants are informed, upon completion of the assessment, of their right to appeal in case they disagree with the assessment results. They are also informed of the circumstances under which they should approach their social workers for re-assessment. An Appeal Board for the Mechanism was set up in January 2005 to handle appeals against the assessment results. The Membership of the Appeal Board is at [Annex 3](#).

### **Assessment Results**

9. From 1 January 2005 to 31 January 2006, a total of 1 286 assessments under the Mechanism were conducted. Amongst them, 1 097 cases (85%) were assessed to be in need of various types of residential services while 189 cases (15%) to be suitable for day training or community support services. Among the 189 cases, 31 cases were new applications and 158 cases were from the existing waiting list. No appeal against these assessments was received. A comparison on the assessment results on these cases vis-à-vis the type of services applied is at [Annex 4](#). An analysis on the services received by those not recommended for residential service is at [Annex 5](#).

### **THE REVIEW WORKING GROUP**

10. A Review Working Group was set up in October 2005 to review the practicality and adequacy of the Tool and the operation of the Mechanism since its implementation in January 2005. The members of the Review Working Group comprised rehabilitation professionals and parents. The membership list is at [Annex 6](#) and the Terms of Reference is at [Annex 7](#).

### **Findings of the Review**

11. With reference to the results of the assessments conducted, the Review Working Group had examined:

- (a) the practicality and adequacy of the Tool in confirming the residential care needs of the mentally handicapped (MH)/ physically handicapped (PH) persons and their matching types of services; and
- (b) the impact of the assessment mechanism on different stakeholders and on the waiting list of residential services.

12. After thorough deliberations, the Review Working Group had the following observations:

- (a) the implementation of the Mechanism was generally smooth and no appeal was ever received;
- (b) the assessment mechanism had re-aligned the demand for residential services in which more applications had shifted to hostel for the moderately mentally handicapped and supported hostel;
- (c) there were adequate safeguards and flexibility for those applicants whose circumstances might warrant special consideration in determining the exact type of residential service. The Tool allowed assessors to provide justifications in Section VII.E.3 (please refer to Annex 2). If justified, their recommendation would be accepted despite deviation from the assessment results;
- (d) for those cases not recommended for residential service, they were in fact already receiving other types of service or their families were aware of the availability of community support services and would request for such services if necessary;
- (e) the number of applicants declining placement offers of different types of residential homes had dropped significantly reflecting genuine residential care needs of the applicants as confirmed by the Tool (comparison table at Annex 8); and
- (f) the admission process into residential homes after implementation of the Mechanism had been generally smooth and become more efficient, e.g. the average processing time for case admission to residential care homes was reduced from 69 days in 2004 to 38 days in 2005.

### **Recommendation of the Reviewing Working Group**

13. The Review Working Group considered that the Tool had already addressed the significant issues regarding service streaming and assessment and it was practical and adequate in confirming the residential care needs of the PWDs as well as their matching types of services. Considering the smooth implementation of the Mechanism and acceptance of the Mechanism by all stakeholders, including PWDs and their families, referrers and service providers since its adoption, the Review Working Group recommended keeping the Tool intact and the Mechanism be maintained.

14. Furthermore, the Review Working Group considered that SWD should continue to monitor the operation of the Tool and the Mechanism and initiate reviews when necessary. Besides, briefings on community support services for social

workers and assessors should be further strengthened. Information on community support services in the form of resource booklets and pamphlets should be made readily available to the assessors to facilitate their assessment.

## **THE WAY FORWARD**

15. Given the Mechanism's focus on assessment and service streaming for residential service for PWDs, the assessment results accumulated over time would provide good reference for SWD in the future allocation of resources for different types of residential services. While no complaint on the Mechanism's implementation has been received from service users, parent associations and NGO operators, SWD will continue to monitor their feedback since their support is vital to a continued and smooth implementation. SWD conducted a briefing session for parents in December 2005 on the findings and recommendations made by the Review Group. The response from parents was positive and they considered the implementation of the Mechanism acceptable. SWD would continue to monitor the operation of the Mechanism and initiate review when necessary.

16. On the publicity measures on community support services, SWD had already conducted a briefing session for frontline social workers and social workers on the provision of community support services in November 2005. Resource booklets and pamphlets on new community-based support programmes would be distributed by end March 2006. SWD would continue to conduct training workshops on the Tool regularly to train up qualified assessors and strengthen their knowledge on community support services.

## **ADVICE SOUGHT**

17. Members are invited to note and to comment on the progress of the Standardized Assessment Mechanism for Residential Services for People with Disabilities.

Social Welfare Department  
March 2006

**Membership of the Task Group on Standardized Assessment Mechanism**

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)

**Central Referral System for Rehabilitation Services – Subsystem for the Mentally/Physically Handicapped**  
**Application for Day Service and Standardized Assessment Tool for Residential Services for People with Disabilities**

**I. Personal Particulars**

1. Name	(English)	(Chinese)
2. Sex/Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female /	(dd) (mm) (yyyy)
3. HKID No.	, or Certificate of Exemption:	
4. Correspondence Address & Tel. No.	Address:	Tel. No.:
5. Residential District	<u>Hong Kong &amp; Islands:</u> <input type="checkbox"/> Central & Western <input type="checkbox"/> Wan Chai <input type="checkbox"/> Eastern <input type="checkbox"/> Southern <input type="checkbox"/> Islands <u>Kowloon:</u> <input type="checkbox"/> Kwun Tong <input type="checkbox"/> Wong Tai Sin <input type="checkbox"/> Kowloon City <input type="checkbox"/> Mongkok <input type="checkbox"/> Yau Ma Tei <input type="checkbox"/> Sham Shui Po <input type="checkbox"/> Tseung Kwan O <input type="checkbox"/> Sai Kung <u>New Territories:</u> <input type="checkbox"/> Sheung Shui & Fanling <input type="checkbox"/> Ma On Shan <input type="checkbox"/> Shatin <input type="checkbox"/> Tai Po <input type="checkbox"/> Yuen Long <input type="checkbox"/> Tuen Mun <input type="checkbox"/> Tin Shui Wai <input type="checkbox"/> Tsuen Wan <input type="checkbox"/> Kwai Chung & Tsing Yi	
6. Service Receiving (may choose more than one item)	<input type="checkbox"/> Nil <input type="checkbox"/> Special School <input type="checkbox"/> Boarding Section of Special School Community support: <input type="checkbox"/> Home-Based Training & Support Service <input type="checkbox"/> Respite Services <input type="checkbox"/> Integrated Home Care Services <input type="checkbox"/> Others, please specify: Day training: <input type="checkbox"/> Integrated Vocational Rehabilitation Services Centre <input type="checkbox"/> Supported Employment <input type="checkbox"/> On the Job Training for People with Disabilities <input type="checkbox"/> Sheltered Workshop <input type="checkbox"/> Day Activity Centre Residential service : <input type="checkbox"/> Private Hostel <input type="checkbox"/> Self-financed Rehabilitation Hostel <input type="checkbox"/> Supported Hostel <input type="checkbox"/> Hostel for Moderately Mentally Handicapped Persons <input type="checkbox"/> Hostel for Severely Mentally Handicapped Persons <input type="checkbox"/> Hostel for Severely Physically Handicapped Persons <input type="checkbox"/> Care and Attention Home for Severely Disabled Persons Medical treatment: <input type="checkbox"/> Psychiatric In-patient <input type="checkbox"/> Non-Psychiatric In-patient <input type="checkbox"/> Day Hospital <input type="checkbox"/> Out-patient clinic, please specify:	

**II. Disability**

1. Physical Disability	<input type="checkbox"/> Not physically disabled ( <i>please proceed to Item 2</i> ) <input type="checkbox"/> Quadriplegia <input type="checkbox"/> Paraplegia <input type="checkbox"/> Hemiplegia <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Loss of upper or lower limbs <input type="checkbox"/> Loss of hand/foot or finger/toe <input type="checkbox"/> Others, please specify:	
2. Mental Disability	<input type="checkbox"/> Not mentally handicapped <input type="checkbox"/> Profound <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Mild Date of psychological assessment:    (dd)    (mm)    (yyyy)	
3. Other Disability (may choose more than one item)	<input type="checkbox"/> Speech impairment <input type="checkbox"/> Deaf/Hearing impairment <input type="checkbox"/> Visual impairment ( <input type="checkbox"/> Blind/ <input type="checkbox"/> Partially impaired) <input type="checkbox"/> Autism <input type="checkbox"/> Mental illness, please specify: <input type="checkbox"/> Other, please specify:	
4. Illness/Health Problem	Please specify if any:	
5. Mobility	<input type="checkbox"/> Walk unaided <input type="checkbox"/> Walk with escort <input type="checkbox"/> Walk with aid <input type="checkbox"/> Wheelchair bound <input type="checkbox"/> Bed ridden	
6. Ability to Climb Stairs/Slope	<input type="checkbox"/> Capable to climb stairs/slope by self <input type="checkbox"/> Climb stairs/slope with other's assistance <input type="checkbox"/> Unable to climb stairs/slope even with other's assistance	
7. Public Transport (Excluding Taxi)	<input type="checkbox"/> Manage without escort <input type="checkbox"/> Manage with escort <input type="checkbox"/> Cannot manage with escort	
8. Assistive Devices Used	<input type="checkbox"/> Hearing aid <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walking aids other than wheelchair <input type="checkbox"/> Prosthesis/artificial limb <input type="checkbox"/> Others:	
9. Treatment Receiving	<input type="checkbox"/> Occupational therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	

- Applicants who apply for day service only (Sheltered Workshop[SW], Integrated Vocational Rehabilitation Services Centre[IVRSC]or Day Activity Centre[DAC]) have no need to go through the assessment of residential need in Sections III to VII. Please proceed to Sections VIII and IX.

### III. Nursing Care Need

Area of care	Care item	Score
<p><u>1. Skin Problem</u> Applicant's skin develops:</p>	<p>4 Bed sore which was extended to bone during the past month. 3 Ulcer or bed sore that required sterile dressing during the past month. 2 Repeated lesions that required observation on infection and sterile dressing during the past month. 1 Recurrent skin problem such as seasonal skin rash that required application of ointment as prescribed by medical practitioners during the past year. 0 None of the above.</p>	
<p><u>2. Feeding Problem</u> During the past month:</p>	<p>4 Applicant is a severely/profoundly mentally handicapped person, and required tube feeding. 3 Applicant required thick and easy for the diet, and had frequent choking during feeding. 3 Applicant is not a severely/profoundly mentally handicapped person, and required tube feeding. 2 Applicant required thick and easy for the diet when feeding. 2 Applicant had swallowing problem. 0 None of the above.</p>	
<p><u>3. Medication</u> During the past month:</p>	<p>2 Applicant was on long term medication and requires following up of drug reactions.<sup>1</sup> 2 Applicant required daily injection and is a severely/profoundly mentally handicapped person. 1 Applicant required daily injection and is not a severely/profoundly mentally handicapped person. 0 None of the above.</p>	
<p><u>4. Continence Control</u> During the past month:</p>	<p>3 Uncontrolled double incontinence.<sup>2</sup> 3 Applicant used indwelling urinary catheter or stoma and is a severely/profoundly mentally handicapped person. 2 Applicant used indwelling urinary catheter or stoma and is not a severely/profoundly mentally handicapped person. 1 Occasional incontinence or wetting/soiling of pants. 0 None of the above.</p>	
<p><u>5. Epilepsy Condition</u> Any epileptic seizures during the past three months:</p>	<p>4 Epileptic seizures uncontrollable even with hospitalization and drug treatment (medical certification required). 1 Had episodes of epileptic fit. 0 None of the above.</p>	
<p><u>6. Oxygen Therapy</u> During the past month:</p>	<p>4 Applicant is a severely/profoundly mentally handicapped person, and can perform daily activities after oxygen therapy. 4 Applicant cannot perform daily activities after oxygen therapy.<sup>3</sup> 3 Applicant is not a severely/profoundly mentally handicapped person, and can perform daily activities after oxygen therapy. 0 None of the above.</p>	
<p><u>7. Suctioning</u> During the past month:</p>	<p>4 Required frequent suction. 0 None of the above.</p>	
<p><u>8. Bed Ridden</u> During the past month:</p>	<p>4 Bed ridden and totally dependent in care. 0 None of the above.</p>	
	<p>The <b>highest</b> score of the above care items</p>	

<sup>1</sup> "Long term medication and required following up of drug reactions" refers to diabetic and cardiac medication only. (e.g. monitoring blood sugar level when taking diabetic drugs, monitoring heart rate when taking cardiac drugs)

<sup>2</sup> "Double incontinence" refers to unable to control bladder and bowel.

<sup>3</sup> "Applicant cannot perform daily activities" refers to applicant develop shortness of breath even with a minor movement.



#### IV. Functional Impairment<sup>4</sup>

**Class A:** Activities of daily living that demand intensive assistance.

Rating Criteria

- 0 Applicant completes the task independently (with or without aids) and meets the basic hygiene requirements within reasonable time.
- 1 Applicant completes the task under supervision or with verbal or physical prompting.
- 2 Applicant participates partially in the activity and requires physical assistance that does not involve plenty of body transfer or lifting of trunk/body parts for completing the task.
- 3 Applicant is highly dependent or resistive and has scarcely participated in the activity and requires physical assistance that involves plenty of body transfer or lifting of trunk/body parts or that involves great effort in completing the task.

Activities of daily living	Score
A1. Bathing Either shower or tub bath (excludes shampooing)	
A2. Dressing and Undressing A2.1 Dressing upper body, including street cloths and underwear, in sitting or standing position (excludes buttoning).....( ) A2.2 Dressing lower body, including street cloths and underwear, in sitting or standing position (excludes zipping).....( ) A2.3 Dressing socks & shoes (includes hand splint & prosthesis) .....( ) (Please mark the highest score among items A2.1 to A2.3 as the score for A2)	
A3. Transfer It refers to task that involves displacement of the entire body from a place to another (e.g., bed ⇌ chair/wheelchair, wheelchair ⇌ toilet seat, etc) Please specify the assistive / mobility aids required:	
Total score of items A1 to A3	

**Class B:** Activities of daily living that require relatively less intensive assistance.

Rating Criteria

- 0 Applicant completes the task independently (with or without aids) and meets the basic hygiene requirement within reasonable time.
- 1 Applicant completes the task under supervision or with verbal or physical prompting.
- 2 Applicant completes the task with partial to full physical assistance.

Activities of daily living	Score
B1. Toilet Use (either sitting or squatting type toilet), including buttock and perineal cleaning, changing napkins (if applicable), etc. (If the applicant used catheter and stoma at the same time, please put a “x” as the score of B1.)	
B2. Feeding and Drinking B2.1 Eating (if the applicant relies on tube-feeding, please put a “x” as the score for B2.1) ..... ( ) Type of food: *Normal diet/Chopped diet/Minced Feeding aids: *Angled Spoon/ Enlarged-handle Spoon/ Non-slip Mat/ Special Plate/ Others: B2.2 Drinking (if the applicant relies on tube-feeding, please put a “x” as the score for B2.2) ..... ( ) Drinking aids: *Straw/ 2-handle Mug/ Mug with Cut-out Lip/ Mug with Spouted Lid/ Others: (Please mark the highest score between items B2.1 and B2.2 as the score for B2)	
B3. Indoor Mobility (respond either to B3.1 or B3.2) B3.1 Indoor walking for 2 minutes ..... ( ) Walking aids: *Stick/ Tripod/ Quadripod/ Walking Frame/ Walking Frame with Castors/ Others: B3.2 Indoor Use of Wheelchair ..... ( ) Type of Wheelchair: *Manual/ Power (Please mark the score of the responded item as the score for B3)	
Total score of items B1 to B3	

\* Delete if inappropriate

If the applicant’s performance is constrained by the home environment (e.g. lack of handrails), please specify:

<sup>4</sup> Applicant’s self-care ability in the past month is evaluated through interview. If deemed necessary, observation on the following activities is recommended: (a) drinking; (b) dressing; (c) transfer e.g., moving to and from bed and chair/wheelchair; and (d) walking indoor.

**V. Challenging Behavior**

Types of Challenging Behaviors	Items	Score
A. Aggressive Behavior	1. Does the applicant have aggressive behavior(s) towards others (such as punching, slapping, pushing or pulling, kicking, pinching, scratching, pulling hair, biting, using weapons, choking, throttling) in the past year? 0 No(Please proceed to item B1) 1 Yes	
	2. Are there one or more such episodes causing serious physical injury (requiring immediate medical attention) to others within the last year? 0 No 1 Yes	
B. Self-injurious Behavior	1. Does the applicant have self-injurious behavior(s) (such as skin picking, self-biting, head punching/slapping, head-to-object banging, body-to-object banging, hair removal, body punching/slapping, eye poking, skin pinching, cutting with tools, poking, banging with tools, lip chewing, nail removal, teeth banging) in the past year? 0 No (Please proceed to item C1) 1 Yes	
	2. Are there such behaviors causing severe self-injury and requiring a medical personnel's immediate attention at least once a month within the past year? 0 No 1 Yes (Please proceed to item C1)	
	3. Are there such self-injurious behaviors occurring at least once a week within the last year? 0 No 1 Yes	
C. Property Destruction Behavior	1. Does the applicant have property destruction behavior(s) (causing damage to furniture, fittings, buildings, vehicles etc by hitting, tearing, cutting, throwing, burning, marking or scratching) in the past year? 0 No (Please proceed to item D) 1 Yes	
	2. Are there serious property destruction within the past year and/or minor property damage on six or more occasions within the past year? 0 No 1 Yes	
D. Other Challenging Behaviors	Does the applicant have other challenging behaviors such as inappropriate sexual behavior (including exposing self, masturbating in public, groping a member of the public), offensive behavior (including screaming, regurgitating, noisy behavior, smearing with saliva or faeces, or any similar offensive habits), repetitive behavior (including rocking of body back and forth, flapping hands, flicking fingers, pacing up and down, constant running, or similar stereotyped behaviors) in the past year? 0 No 1 Yes (please tick all of the boxes that apply): <input type="checkbox"/> inappropriate sexual behavior <input type="checkbox"/> offensive behavior <input type="checkbox"/> repetitive behavior	
E. Coping Difficulty	(Continue to administer item E only when there is at least a score of 1 on items A1, B1, C1 or D.) Does the carer find it very difficult to manage the above situations? 0 No 1 Yes	
Total score on items A1, B1, C1 and D		
Total score on items A2, B2, B3 and C2*		
Score on item E*		

\* Please give score 0 to item(s) that is/are not administered.

## VI. Family Coping

### A. Care System

#### 1. Particulars of Carer(s)

- “Primary carer” and “secondary carer” refer to family members that offer or would offer care or assistance to the applicant, including parents, relatives and kins.
- If the applicant is receiving institutional care, hospital treatment or boarding school service in special school, “primary carer” or “secondary carer” should be the family members who look after the applicant during his/her home leaves or after he/she is discharged from institution or hospital. Their care hours per week may be quite low or even zero.
- If the applicant has no primary or secondary carer, please enter “No” in the corresponding “Name” field.
- Other carer(s) refers to the neighbours, friends, or employed domestic helpers who provide care to the applicant, but not staff of institutions or hospitals.

Types of Carer	Name	Sex/Age	Relationship	Whether Living together	Occupation and Working Hour	Care Hours per Week
(a)Primary carer						
(b)Secondary carer						
(c)Other carer(s) (may indicate more than one)						

#### 2. Risks Encountered by the Care System

Due to the following circumstances, the referrer considers that the existing care system is encountering considerable risk(s):	
1	The description is applicable to the existing care system
0	The description is not applicable to the existing care system, or the applicant has no primary carer
(a)	The primary carer is 60 years old or above
(b)	The primary carer’s health condition deteriorates and cannot look after the applicant
(c)	The primary carer is a physically/mentally handicapped person or has severe mental illness
(d)	The primary carer is emotionally disturbed (e.g. prolonged depression) and cannot look after the applicant
(e)	The primary carer has to take care of other disabled or chronically ill persons and cannot look after the applicant
(f)	The primary carer has long hour work and cannot make other care arrangement for the applicant
(g)	The applicant loses contact with family or relatives and no one can provide care for the applicant
(h)	The applicant is a Ward of Director of Social Welfare, and no family or relatives would provide care

### B. Interpersonal Relationship

Due to the following circumstances, the referrer considers that the interpersonal relationship of the applicant has serious problem:	
1	Occurred
0	Not occurred, or the applicant is not living with family members
1.	The applicant had at least two occasions of serious conflict with family member or inmate in the past three months
2.	The applicant had at least two occasions of serious conflict arising from disturbing the neighbours in the past three months
3.	The applicant was hospitalized for psychiatric treatment due to serious conflict with family member. The latter still refuse to accept him/her returning home.

### C. Other Risk Factors

Due to the following circumstances, the referrer considers that there is considerable risk regarding the applicant’s safety and has follow-up action(s) accordingly:	
1	Occurred
0	Not occurred
1.	The applicant is/was being physically/psychologically/sexually abused by family member
2.	The applicant is/was being physically/psychologically/sexually abused by other person
3.	The applicant is/was being neglected from care
4.	The applicant has uncontrollable behaviour (e.g. runaway, arson or participate in unlawful activities), please specify:

## VII. Conclusion on Residential Need Assessment

### A. Nursing Care

1. Assessment result of section III (please tick one only)	No or low nursing care need (please put a "x" in A2 and A3 and proceed to B1)	
	Moderate nursing care need	
	High nursing care need	
	Very high nursing care need	
2. Is there any family member, relative or other carer who can offer assistance with regard to the situation indicated in section III, such that residential care will not be necessary?	0 Yes, please specify: 1 No x Not applicable	
3. Is there any community support or community nursing service that can offer assistance with regard to the situation indicated in section III, such that residential care will not be necessary?	0 Yes, please specify: 1 No x Not applicable	

### B. Functional Impairment

1. Assessment result of section IV (please tick one only)	No functional impairment (please put a "x" in B2 and B3 and proceed to C1)	
	Low functional impairment	
	Moderate functional impairment	
	High functional impairment	
2. Is there any family member, relative or other carer who can offer assistance with regard to the situation indicated in section IV, such that residential care will not be necessary?	0 Yes, please specify: 1 No x Not applicable	
3. Is there any community support or day training service that can offer assistance with regard to the situation indicated in section IV, such that residential care will not be necessary?	0 Yes, please specify: 1 No x Not applicable	

### C. Challenging Behaviour

1. Assessment result of section V (please tick one only)	No challenging behaviour (please put a "x" in C2 and C3 and proceed to D1)	
	Has challenging behaviour but does not need rehabilitation service with more staff	
	Has challenging behaviour and needs rehabilitation service with more staff	
2. Is there any family member, relative or other carer who can offer assistance with regard to the situation indicated in section V, such that residential care will not be necessary?	0 Yes, please specify: 1 No x Not applicable	
3. Is there any day training, treatment or counseling service that can offer assistance with regard to the situation indicated in section V, such that residential care will not be necessary?	0 Yes, please specify: 1 No x Not applicable	

### D. Family Coping

1. Assessment result of section VI (please tick whichever appropriate)	There is considerable risk in applicant's care system	
	There is serious problem in the applicant's interpersonal relationship	
	There is considerable risk in applicant's safety	
If D1 does not indicate any risk in applicant's care system or safety or serious problem in interpersonal relationship, please put a "x" in D2 and D3 and proceed to E1.		
2. Is there any family member, relative or other carer who can offer assistance with regard to the risk in care system, applicant's interpersonal relationship or risk in safety indicated in section VI, such that residential care will not be necessary?	0 Yes, please specify: 1 No x Not applicable	
3. Is there any community support or family service that can offer assistance with regard to the risk in care system, applicant's interpersonal relationship or risk in applicant's safety indicated in section VI, such that residential care will not be necessary?	0 Yes, please specify: 1 No x Not applicable	

E. Assessment Result

1. After considering the above assessment result of Sections A to D, it indicates :(Please choose one item only):	the existing care system, day training or community support services have already provided the applicant and his/her family with adequate assistance. There is no need to wait for residential services at present. (The applicant can re-apply and be assessed again in the future whenever necessary.)	
	the existing care system, day training or community support services cannot provide adequate assistance to the applicant and his/her family. The applicant needs to wait for residential service.	
2. According to the “Service Need Assessment Flowchart” in “Assessor Manual”, the type of service recommended to the applicant is: (please choose one item only):	Community Support Service (referrer would make direct application to the service agency concerned), or Day Training, including Sheltered Workshop(SW), Integrated Vocational Rehabilitation Services Centre (IVRSC), On the Job Training Programme for People with Disabilities and Day Activity Centre (DAC)	
	Community Residential Service (referrer would make direct application to the service agency concerned) or Supported Hostel (SHOS)	
	Hostel for Moderately Mentally Handicapped Persons (HMMH)	
	Hostel for Severely Mentally Handicapped Persons (HSMH)	
	Hostel for Severely Physically Handicapped Persons (HSPH)	
	Care and Attention Home for Severely Disabled Persons (C&A/SD)	
	Infirmity Service (referrer would make direct application to the Hospital Authority)	
3. In case there is situation that is not covered in the above assessment and warrants the need for residential service, please specify in detail the situation and service recommended to the applicant:		
a. Situation that is not covered in the above assessment:		
b. Reason(s) warranting the need for residential service:		
c. Service recommendation by the assessor:		
d. Endorsement by ADSWO of SWD/agency head of non-governmental organization/principal of special school:		
Signature: _____	Post: _____	
Name: (Eng) _____	Tel. No.: _____	
(Chi) _____	Date: _____	

F. Assessor Information

Name of Assessor: (Chi) \_\_\_\_\_ Assessor Code: \_\_\_\_\_  
 (Eng) \_\_\_\_\_ Date: \_\_\_\_\_

**VIII. Placement Arrangement**

1. Service recommended for applicant (please tick the appropriate item(s) after completing the assessment. If community support service, community residential service or infirmary service is recommended, please proceed to Section IX and make application to the agency concerned direct.)

<p><u>Day Training</u> (referrer should complete Section I and II before completing this part)</p>	<input type="checkbox"/> Sheltered Workshop/Integrated Vocational Rehabilitation Services Centre (for Mentally Handicapped Persons) [SW/IVRSC (MH)] <input type="checkbox"/> Sheltered Workshop/Integrated Vocational Rehabilitation Services Centre (for Physically Handicapped Persons) [SW/IVRSC (PH)] <input type="checkbox"/> Sheltered Workshop/Integrated Vocational Rehabilitation Services Centre (for Visually Impaired Persons) [SW/IVRSC (VI)] <input type="checkbox"/> Day Activity Centre (for Mentally Handicapped Persons) [DAC (MH)] <input type="checkbox"/> Day Activity Centre (for Mentally Handicapped and Blind Persons) [DAC (MH+VI)] <input type="checkbox"/> Others, please specify:
<p><u>Residential Services/Day and Residential Services</u> (referrer should complete Section I to VII and confirm that applicant has residential need before completing this part)</p>	<input type="checkbox"/> Supported Hostel (for Mentally Handicapped Persons) [SHOS(MH)] <input type="checkbox"/> Supported Hostel (for Mentally Handicapped and Visually Impaired Persons) [SHOS(MH+VI)] <input type="checkbox"/> Supported Hostel (for Physically Handicapped Persons) [SHOS(PH)] <input type="checkbox"/> Hostel for Severely Physically Handicapped Persons (HSPH) <input type="checkbox"/> Hostel for Moderately Mentally Handicapped Persons (HMMH) <input type="checkbox"/> Sheltered Workshop/Integrated Vocational Rehabilitation Services Centre and Hostel for Moderately Mentally Handicapped Persons (SW/IVRSC and HMMH) <input type="checkbox"/> Sheltered Workshop/Integrated Vocational Rehabilitation Services Centre and Hostel for Severely Physically Handicapped Persons (SW/IVRSC and HSPH) <input type="checkbox"/> Day Activity Centre and Hostel for Severely Mentally Handicapped Persons [DAC & H (MH)] <input type="checkbox"/> Day Activity Centre and Hostel for Severely Mentally Handicapped Persons with Visual Impairment [DAC&H(MH+VI)] <input type="checkbox"/> Care and Attention Home for Severely Disabled Persons (for Mentally or Physically Handicapped) (C&A/SD) <input type="checkbox"/> Others, please specify:

2. Does the applicant willing to accept day training first when waiting for residential service? Yes No

3. Location Preference

Day Placement	Residential Placement
<input type="checkbox"/> Applicant has no Location Preference  <input type="checkbox"/> Applicant would have the following location preference and understand that the waiting time of receiving the related services would be longer:  1. _____ 2. _____ 3. _____	<input type="checkbox"/> Applicant has no location preference and would receive residential services as soon as possible  <input type="checkbox"/> Applicant would have the following location preference and understand that the waiting time of receiving the related services would be longer:  1. _____ 2. _____ 3. _____ 4. _____ 5. _____

**IX. Referrer Information**

Case Ref. No.: \_\_\_\_\_  
 Name of Referrer (if not the same as Assessor) \_\_\_\_\_  
 (Chi)  
 (Eng)

Service Unit: \_\_\_\_\_  
 Tel./Fax No.: \_\_\_\_\_  
 Date: \_\_\_\_\_

## **Membership List of the Appeal Board**

### **Chairman**

Mrs LEUNG WU Kwai-man, Olivia Retired Nurse

### **Members**

#### **Health Sector**

Dr Derrick AU	Chief of Service (Rehabilitation), Kowloon Hospital
Dr Winston LIM	Clinical Coordinator, Siu Lam Hospital
Dr KWOK Wai-ming	Senior Medical Officer, Kwai Chung Hospital
Dr FAN Tak-wing	Senior Medical Officer, Castle Peak Hospital
Dr HUNG Chi-hong	Senior Medical Officer, Tuen Mun Hospital
Dr Raymond CHAN	Clinical Psychologist, Yaumatei Child Psychiatric Centre
Ms CHEISH Chin-fun	Clinical Psychologist, Castle Peak Hospital
Ms Rosina KOO	Former General Manager (Nursing), Princess Margaret Hospital
Ms TSANG Sou-wah, Elsa	Former General Manager (Nursing), Alice Ho Miu Ling Nethersole Hospital

#### **Welfare Sector**

Mr David TONG	Service Supervisor, Caritas Rehabilitation Service
Mr Aldous KWAN	Senior Occupational Therapist, Fu Hong Society
Mrs C S CHONG	General Secretary, Spastics Association of Hong Kong
Miss Kimmy HO	Director, Mental Health Association of Hong Kong
Ms Christina KAN	Superintendent, Jockey Club Rehabilitation Centre, Tung Wah Group of Hospitals
Mr YEUNG Tak-wah	General Secretary, Wai Ji Christian Service
Ms CHIEN Man-hung	Senior Manager, St. James' Settlement
Mr YIM Yat-keung	Superintendent, Hong Chi Fanling Rehabilitation Centre

#### **Parents**

Mrs Julie LEE	Chairman, The Parents' Association of
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Mrs Goretti CHEUK

Pre-school Handicapped Children  
Representative from The Hong Kong Joint  
Council of Parents of the Mentally  
Handicapped

Mrs CHEUK NG Suk-kuen

Chairman, The Association of Parents of the  
Severely Mentally Handicapped

Ms CHIU Yee-ling

Representative from Hong Kong Association for  
Parents of Persons with Physical Disabilities

Mr CHUNG Chi-wai

Representative from Intellectually Disabled  
Education and Advocacy League Limited



**Comparison on the Assessment Results  
on Cases with Their Original Service Applied For**

Original Service Applied For	Assessment Result							
	Day Training	Supported Hostel	Hostel for Moderately Mentally Handicapped Persons	Hostel for Severely Mentally Handicapped Persons	Hostel for Severely Physically Handicapped Persons	Care & Attention Home for Severely Disabled Persons	Infirmary Service	Total
Supported Hostel	24	78*	19	2	1	0	0	124
Hostel for Moderately Mentally Handicapped Persons	53	46	70*	34	2	1	0	206
Hostel for Severely Mentally Handicapped Persons	53	13	39	218*	3	9	0	335
Hostel for Severely Physically Handicapped Persons	21	18	8	8	29*	1	0	85
Care and Attention Home for Severely Disabled Persons	7	1	0	4	11	48*	2	73
New Application	31	125	99	77	46	85	N/A	463
Total	189	281	235	343	92	144	2	1 286

\* Assessment result is the same as the service applied for.

### Service Received by Applicants Not Recommended for Residential Service

Service Type	No.
Open employment	3
Vocational Training Centre	6
Vocational Rehabilitation Service (Supported Employment, Sheltered Workshop, Integrated Vocational Rehabilitation Service)	70
Day Activity Centre	55
Special School (with or without boarding service)	20
Private Home	1*
Day Care Service for Severely Disabled Persons	1
Integrated Home Care Service	4
Home-based Training and Support Service	11
Cared by domestic helper	2**
Cared by family member(s)	16**
Total	189

\* The applicant, aged 51, was satisfied with his present living condition in a private aged home and did not prefer a change of service at the time of assessment.

\*\* According to the referring worker, the families of the applicants were informed of the day and community support services and would seek assistance if needs arise.

**Review Working Group on Standardized Assessment Mechanism  
for Residential Services for People with Disabilities**

**Membership List**

<u>Name</u>	<u>Post and Organization</u>
Mrs. Agnes LI	Chief Social Work Officer (Rehabilitation and Medical Social Services) <sup>1</sup> , Social Welfare Department
Mrs. Julie LEE	Chairperson, Parents' Association of Pre-school Handicapped Children
Mrs. Gillian LO	Chairperson, Hong Kong Joint Council of Parents of the Mentally Handicapped
Mr FONG Cheung Fat	Executive Officer, The Spastics Association of Hong Kong
Ms. Bonnie S C TO	Service Supervisor, Caritas Rehabilitation Service
Ms. WONG Yee-ping	Social Worker, Haven of Hope Sunnyside School
Miss SAU Lin-lin	Medical Social Worker, Castle Peak Hospital
William CHEUNG	Clinical Psychologist, Social Welfare Department
Vincent WU	Senior Occupational Therapist, Social Welfare Department

**Review Working Group on Standardized Assessment Mechanism  
for Residential Services for People with Disabilities**

**Terms of Reference**

1. To review the statistical data and relevant information regarding the Standardized Assessment Tool and suggest enhancement/refinement as appropriate;
2. to review the operational procedures and related arrangements in connection with the implementation of the Standardized Assessment Mechanism, and suggest improvement as necessary; and
3. to recommend the ways forward.

Rehabilitation and Medical Social Services Branch  
Social Welfare Department  
September 2005

**No. of Applicants Declining Offer of Residential Placement**

Type of Service	No. of applicants declining offer								
	2003			2004			2005		
	Offered	Decline	%	Offered	Decline	%	Offered	Decline	%
Supported Hostel	88	45	51%	40	10	25%	79	17	22%
Hostel for Moderately Mentally Handicapped Persons	129	35	27%	122	38	31%	71	7	10%
Hostel for Severely Physically Handicapped Persons	47	17	36%	14	6	43%	4	0	0%
Hostel for Severely Mentally Handicapped Persons	233	31	13%	136	20	15%	238	6	3%
Care and Attention Home for Severely Disabled Persons	145	35	24%	116	47	41%	108	14	13%
<b>Total:</b>	<b>642</b>	<b>163</b>	<b>25%</b>	<b>428</b>	<b>121</b>	<b>28%</b>	<b>500</b>	<b>44</b>	<b>9%</b>