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Approaches in national comprehensive planning concerning disabilities: The experiences of Hong Kong in coping with past turmoil and challenges of the new decade

Unprecedented challenges encountered by Hong Kong in the mid 1990s

The sovereignty of Hong Kong was returned to China on 1 July 1997. Accompanying this unprecedented political change, there were unfortunately severe financial and health crises ever recorded in the modern history of Hong Kong.

In May 1997, the devastating regional financial turmoil started with currency speculators attacking the Thai Baht. The Baht fell on 2 July 1997, and the turmoil spread fast to Philippines Peso, Malaysian Ringgit, Indonesian Rupiah, and South Korean Won. Within a short time these Asian currencies fell sharply for around 30% to 50%. Asian stock markets followed a similar pattern of free fall. The vicious cycle carried on as currency and stock market crashes hit the confidence of domestic and foreign investors, who started further rounds of capital withdrawal. It was almost 5 years before signs of recovery in the Region were noted. Hong Kong was among the hardest hit cities in the Region as it recorded a sharp fall of the GDP from 5.3 in 1997, -5.3 in 1998 to -4.1 in 1999 (Tsang, March 1999). Rising unemployment became a major problem. The worst year came when there was a spread of SARS in 2003 in the Region.

Policy planning approach and mechanism before 1997: White Papers and Programme Plans

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Government funding has been the major source of income for most social services, representing over 90% before 1997, and reducing to about 75% in recent years. Before 1997, social services supported by government were given in White Papers and Programme Plans. "White Papers" were government policy papers giving the aims, objectives, strategies as well as measures for a chosen programme area, and are debated and endorsed in the Legislative Committee. Programme Plans were plans translating targets of the White Paper into action. For example, the Rehabilitation Programme Plan was drafted by the Commissioner for Rehabilitation, and participated by all concerned government departments and representatives from the non-governmental sector. The Plan was a 10-year rolling plan, with mini reviews every year, and major reviews once every three years. The Plan identified major areas of action; and under each area, detailed figures were given on prevalence rates of the disability, the demand and supply of each and every concerned services, and issues for further deliberation. For each type of service, input figures such as manpower, facilities and services standard were given. Based on these planning figures, financial estimates for each and every service were computed. Final funding levels for each year actually depended entirely on annual government budget debates.

A long overdue government directed reforms to social services

From 1970s to 1990s, there had been a proliferation of types of services covered by various social services programme plans. Demand and supply estimates were mainly target population based. Services monitoring was basically input control, i.e. on input standards. Output performance was seldom used as an indicator for change. The result was that traditional services kept receiving subvention, and new services recognized for meeting new demands were added. As a result there was a proliferation of services, and a growing dependency of NGOs on government for funding. For example, for services for adults with disabilities, there were day activity centre, home based training, sheltered workshop, supported employment, social enterprise, vocational training, employment re-training, etc. Each of the services was operated independently under a subvention schedule. The NGO operators receiving funding to operate these services were not allowed to integrate these services whether for service delivery or management and financing considerations.

Given the acute financial constraints faced by Government in the early 2000s, the Government hastened its reforms on the modes of providing public services, plus major reviews on the following sectors: financial, social service, medical, education, and the civil service. As part of the objectives of the reform, the Government is looking at ways to allocate scarce resources in the most effective way possible. Issues to be dealt with include minimizing service duplication, interfacing with other services sector (hospital and health services in particular), development of primary and community care, and integration of segmented social services. Dependency on high cost institution based services is to be avoided.

Another dimension of the reform is to remove any financial and organizational barriers that exist between public and private sectors. By removing these barriers, users will be able to tap more alternatives and wider ranges of services from the more flexible private market, and will thus avoid to be forced to choose between going into an institution or waiting at home without support. The overall aim is to ensure public social services to be equitable, to be of good quality and to be affordable.

In the past, each public social service had an input standard governing all key expenditure items, including capital, facilities, programming and personnel. Service quality was debated mainly on whether such standards have been achieved through allocation of public resources. In the new and reformed environment, the government funded service will be open to competitive bidding on a cost and quality basis. Service contracts to be awarded by government to NGOs will focus on performance indicators that are measurable, and allow bidders more flexibility in determining the input factors. In return for flexibility of using government or community money, NGOs have to adopt new measures in controlling spending and in personnel policy. For example, there is a trend towards less preference for staff with professional and higher level qualifications, and with more staff on temporary contract. After all, almost 80% to 85% of spending is in personnel items.

The Rehabilitation Program Plan 2007: New planning approaches, new principles and new strategies in a new Era

The macro environment

The first Hong Kong Rehabilitation Programme Plan (RPP) was published in July 1976 (Rehabilitation Division, Health and Welfare Branch, Government Secretariat, (1996]), and formed the basis for the first White Paper on Rehabilitation: “Integrating the Disabled into the Community: A United Effort” (Hong Kong Government, 1995) The second White Paper on Rehabilitation entitled “Equal Opportunities and Full Participation: A Better Tomorrow for All” was published in 1995. Into the mid 2000s, the disability sector raised a strong voice and wish for government to embark on a new planning exercise. The macro environment however had not been friendly. On top of the severe financial crises, the government and people of Hong Kong have to adapt to new and rapidly changing political structure and environment. The high level officials of Hong Kong are no longer professional civil servants, but have become political appointees, and required to shoulder political accountability. The Chief Executive of the Government is elected by a special election committee, and the position is in the process of political reform to become election by popular suffrage. Because of the emerging new political environment and governing process, officials in charge of major policies are reluctant to commit in specific long term planning targets. Given the challenging environment, the solidarity of the disability sector has made it happened that the Rehabilitation Programme Plan 2007 became the first comprehensive and long term plan undertaken by the Government since 1997.

The planning process and mechanisms

In 2005, the government, upon the advice of the Rehabilitation Advisory Committee (RAC)² decided to carry out a new round of review of the RPP, and adopted two major strategic directions, namely: (1) to promote cross-sectoral collaboration in providing a barrier-free environment and diversified services for persons with disabilities so as to facilitate their integration into the community; and (2) to empower

² See Labour and Welfare Bureau, The Government of Hong Kong SAR (2008). *Rehabilitation Advisory Committee*. Retrieved from <http://www.lwb.gov.hk/eng/advisory/rac.htm> on 15 January 2008.

persons with disabilities and their carers, so as to help them become valuable social capital.

The Working Group responsible for the review comprised representatives from the RAC, persons with disabilities, rehabilitation agencies, self-help groups, business sector and relevant Government bureaux/departments. From March 2005 to April 2007, the Working Group held a total of 16 meetings and four special meetings, as well as two briefing sessions and four consultation forums. In the course of the review, the Working Group received and discussed over 100 written submissions from stakeholders. The Working Group carried out comprehensive analysis and examination of the current services as well as views from stakeholders. It also proposed the way forward with long-term and short-term goals for rehabilitation service development in various key areas in accordance with the two strategic directions laid down by the RAC. These specific measures help lay the foundation for the further development of services by the GOs and NGOs, and serve as guidance for private organisations and groups committed to the support of rehabilitation service development.

Major Recommendations of the RPP 2007³

Policy coverage of disability types

On top of the former eight categories of disability, including autism, hearing impairment, intellectual disability, mental illness, physical disability, speech impairment, visceral disability and visual impairment, RPP includes two additional new categories, namely Attention Deficit/Hyperactivity Disorder (AD/HD) and Specific Learning Difficulties (SpLD). This is on the consideration that early identification and intervention will go a long way towards minimising the difficulties encountered by persons with AD/HD or SpLD in formal education setting, while enabling them to enjoy equal opportunities in learning and development.

³ See Labour and Welfare Bureau, The Government of Hong Kong SAR (2008). *Hong Kong Rehabilitation Programme Plan*. Retrieved from http://www.lwb.gov.hk/eng/advisory/rac/rpp_report.htm on 15 January 2008.

Strategic directions and objectives for key rehabilitation programmes

- (1) Prevention and Identification: to stress the importance of prevention and to recommend enhancement of preventive work at different levels. Apart from public education on disease and accident prevention, efforts should also be made to forestall worsening of disease, recurrence and complications;
- (2) Medical Rehabilitation: to develop day rehabilitation programmes and community rehabilitation services, and to forge closer collaboration among different sectors and local communities, with a view to facilitating early return of persons with disease-induced disabilities to community life;
- (3) Pre-school Training: to continue to work towards the present policy objective of providing a full range of pre-school training for pre-schoolers with disabilities with a view to providing early detection and intervention to reduce developmental delay and helping their families meet their special needs;
- (4) Education: to continue to provide appropriate support for students with special educational needs. Further efforts will be made in the following directions: empowering teachers, establishing school networks to facilitate professional sharing, enhancing professional support, helping schools inculcate an inclusive culture, promoting parent education and involvement, and fostering cross-sectoral collaboration, etc.;
- (5) Employment and Vocational Rehabilitation: to promote employment of persons with disabilities which should be oriented to the enhancement of their abilities and development of their potential, and in collaboration with various sectors of the community to create an environment in which they can enjoy equal employment opportunities? With this in mind, the new RPP recommends promoting open employment, providing vocational training and employment services, and creating more employment opportunities for persons with disabilities;
- (6) Residential Care: while the overall direction is to encourage persons with

disabilities to live in the community with their families and friends, the special needs of those persons with disabilities who cannot live independently or be adequately cared for by their families are recognised. In this connection, the RPP recommends that the Government formulate a long-term plan, developing in a sustainable manner various kinds of residential services with different levels of support, including regulating residential services and promoting the three-pronged development of private, self-financed and subvented hostels, so as to provide more service options for persons with disabilities;

- (7) Day Care and Community Support: day care and community support play an integral part in enabling persons with disabilities to live in the community and facilitating their full integration into the community. The RPP supports continuous development of such support services and recommends enhancing people-oriented services, providing more support to carers, developing community mutual help networks and rendering multi-disciplinary support services;
- (8) Development of Self-help Organisations: self-help organisations, in the capacity of rehabilitation service users, offer valuable advice for the development of rehabilitation programmes. The RPP recommends supporting the development of self-help organisations, establishing their role and strengthening the collaboration of these self-help organisations, Government departments and other sectors in society;
- (9) Access and Transport: a barrier-free environment is fundamental to the full integration of persons with disabilities into the community. The RPP supports continuous implementation of the “Transport for All” policy and considers it necessary to ensure continuous advancement of the policy on barrier-free access facilities;
- (10) Application of Information and Communications Technologies (ICT): the use of ICT by persons with disabilities is conducive to their communication with other people, acquisition of information, studies and work, thereby facilitating their integration into the community. In this connection, the RPP recommends that

continuous efforts by all sectors of the community be promoted in helping and supporting persons with disabilities in the use of ICT;

(11) Recreational, Sports, Cultural and Arts Activities: persons with disabilities will benefit through the participation in recreational, sports, cultural and arts activities in enhancing their capacity on various fronts. Besides, it is a useful means to facilitate their integration into the community. In this connection, the RPP recommends providing persons with disabilities with suitable activities and facilities to encourage their active participation in mainstream activities, and organising special activities for those who are unable to participate in mainstream activities. It also recommends providing support to outstanding athletes and artists with disabilities to pursue careers in recreation, sports, culture and arts; and

(12) Public Education: understanding and acceptance of persons with disabilities by the general public are essential to the building of an inclusive society. In this connection, the RPP recommends strengthening the comprehensive public education programmes on rehabilitation with timely evaluation of their effectiveness and conducting regular review of strategy in light of the changing public attitude and social environment.

Implementation and monitoring of RPP

The implementation of RPP is through enhanced collaboration between GOs and NGOs, the re-deployment of resources, as well as collaboration among the NGOs, the business sector and the Government. The RAC will monitor the implementation of the various recommendations set out in the RPP on a regular basis. The sub-committees under the RAC will also follow up on the detailed implementation of the recommendations and relevant concrete arrangements.

Unresolved issues for further deliberations

Defining disability

During the drafting process, the Working Group noted the definitions of disability adopted by the United Nations, and its various specialist organizations such as

WHO's ICF. The Working Group also noted the broad definition adopted by the Disability Discrimination Ordinance of Hong Kong, as well as the survey definitions adopted by the Hong Kong Census and Statistics Department in its 2006 Thematic Household Survey on Disability. In the end the Working Group adopted a more specific approach as previous RPP, which followed closely the WHO ICIDH scheme. RAC has decided to undertake a more thorough exercise to review all these definitions and the implementation of WHOICF with a view to identify a common definitional approach for government policy programmes.

The tripartite approach

As explained above, the government has become more aware than before that GOs and public revenue alone cannot meet the needs of the people and the society, and incapable to deliver effective and efficient services. The government there is committed to expand the role of the NGO and the private sector to form a tripartite team in the implementation of RPP. This approach itself requires a new mindset from government officials as well as the private sector. To achieve this strategic alliance, RAC will be involved in awareness campaigns targeting at local government councils, trade organizations, and the civil society at large.

Resourcing for RPP

The new RPP does not include any resourcing estimates for the planning period, whether physical, financial or personnel resources. The government does not provide a long term financial commitments. Instead, RPP is subject to Financial Secretary's annual fiscal planning exercises. Manpower planning is also not part of the new RPP, as NGOs has now flexibility in determining personnel for subvented services. For example, NGOs can substitute a nursing position by two health care positions with primary health care training. This new planning scenario has presented both opportunities for reengineering current services as well as challenges in meeting long term needs and service demands.

Summary

The year 2008 marks the launching of the new RPP in Hong Kong. The disability sector has hopes that RPP will bring strategic improvements within the next five

years. However the challenges are still severe, as competitions among sectors for resources are getting more influenced by rapid political, social and economic changes. The disability sector should not be complacent, and the new RPP serves no more than a statement of political intent, rather than a firm commitment of obligations and responsibilities of concerned stakeholders.

Reference

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