CHAPTER 9

Social Welfare Department

Training, employment and
residential services for people with disabilities

Audit Commission
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The Report is available on our website at http://www.info.gov.hk/aud/

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TRAINING, EMPLOYMENT AND RESIDENTIAL SERVICES FOR PEOPLE WITH DISABILITIES

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PART 1:   INTRODUCTION

1.1   This PART describes the background to the audit and outlines the audit objectives.

Background

Number of people with disabilities

1.2   In 1999, the Health, Welfare and Food Bureau compiled a Rehabilitation Programme Plan covering the five years from 1998 to 2002.   In this Plan, the Bureau estimated that there would be 436,603 people with disabilities (excluding speech impairment and visceral disability) requiring rehabilitation services in 2002.   Figure 1 shows a breakdown of these people by type of disability.

Figure 1

Estimated number of people with disabilities
(2002)
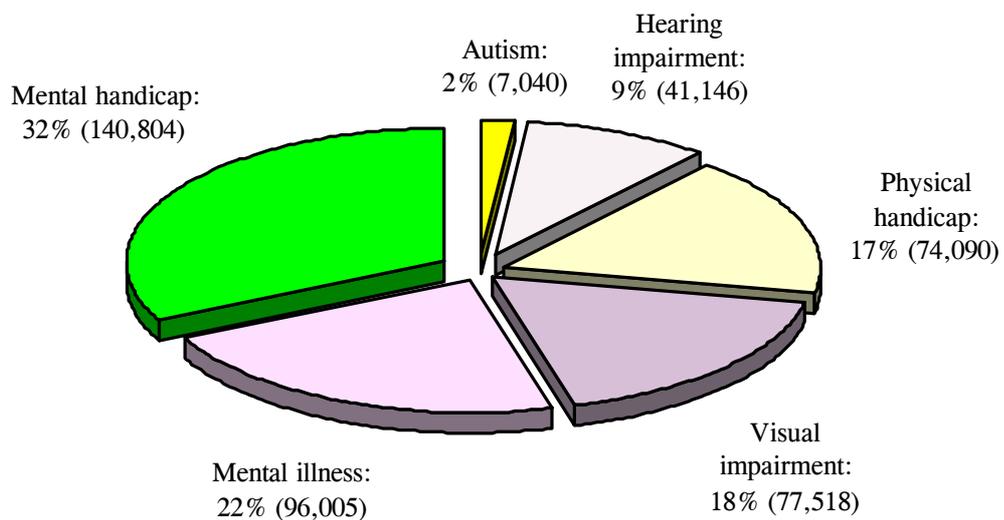
Source: Health, Welfare and Food Bureau records

Government policy on people with disabilities

1.3   In the White Paper on Rehabilitation of 1995, the Government set out the following overall policy objective for rehabilitation:

> *"To promote and provide such comprehensive and effective measures as are necessary for the prevention of disability, the development of the physical, mental and social capabilities of people with a disability, and the realisation of a physical and social environment conducive to meeting the goals of their full participation in social life and development, and of equalisation of opportunities."*

Services provided by the Social Welfare Department

1.4   One of the functions of the Social Welfare Department (SWD) is to provide/subsidise training, employment and residential services for people with disabilities. The aim is to acknowledge the equal rights of people with disabilities to be full members of the community by assisting them in developing their physical, mental and social capabilities to the fullest possible extent and by promoting their integration into the community.   In 2002-03, of the SWD's $1,705 million expenditure on training, employment and residential services for people with disabilities, $108 million (Note 1) was directly spent by the SWD and $1,597 million was through subventions to non-governmental organisations (NGOs).

1.5   The major services provided for people with disabilities are summarised in Table 1 below.

Note 1:   *Of the $108 million, $63 million was spent on the ten service units directly run by the SWD, and the remaining $45 million was the cost of administering and monitoring the provision of the services.*

Table 1

Major services for people with disabilities

Service	Expenditure in 2002-03
	($ million)
(A) Training services provided by:	
Training and activity centres	14
Day activity centres	293
Home-based training and support service units (which commenced operation in November 2002)	8
Subtotal	**315**
(B) Employment services provided by:	
Sheltered workshops	344
Supported-employment units	46
Subtotal	**390**
(C) Residential services provided by:	
Hostels and care-and-attention homes	1,000
Subtotal	**1,000**
Total	**1,705**

Source: SWD records

Audit review

1.6   There have been public concerns about the services provided for people with disabilities. At meetings of the Legislative Council, Members asked the Government to provide information on the services and assistance provided for people with disabilities. Members of the Council were particularly concerned with the training, employment and residential services provided for these people.   The Audit Commission (Audit) has conducted a review to examine the economy, efficiency and effectiveness of the provision of training, employment and residential services for these people by the SWD and by NGOs receiving government subventions. The audit objectives were to examine:

(a)　　the provision of training, employment and residential services (PART 2);

(b)　　staff training, staff safety, and facilities and equipment provided at service units (PART 3);

(c)　　medical services and assistance from parents and volunteers (PART 4);

(d)　　services provided at sheltered workshops and supported-employment units (PART 5); and

(e)　　monitoring the provision of services (PART 6).

1.7　　At the commencement of this review, Audit staff visited 10 service units. During these visits, staff of the service units introduced their services and shared with Audit staff their achievements and challenges in the delivery of the services. Subsequently, Audit conducted a questionnaire survey on the service units. The survey covered 60 randomly selected service units, representing 21% of the 283 units (Note 2) providing the services. All these 60 service units completed the questionnaires and provided useful information and suggestions for improving the delivery of the services. Audit would like to acknowledge with gratitude the full cooperation of the staff of the SWD and the service units.

1.8　　Audit has found that there is room for improvement in various areas and has made a number of recommendations to address the related issues.

General response from the Administration

1.9　　The **Director of Social Welfare** welcomes this review and thanks Audit for the valuable recommendations made in this audit report. He considers that these recommendations could bring benefits to people with disabilities and to SWD services. The Director has said that:

(a)　　in taking forward the audit recommendations relating to the current monitoring system, the SWD needs to involve NGOs; and

(b)　　changes have to be made carefully and gradually so as to avoid undermining the corporate governance of NGOs, which the SWD has tried hard to promote in the past years.

Note 2:　　*Home-based training and support service units (total 20 units) were not included in the survey because these units commenced operation only in November 2002. For audit sampling purpose, a day activity centre cum hostel (total 46 units) was counted as one unit.*

PART 2: PROVISION OF TRAINING, EMPLOYMENT AND RESIDENTIAL SERVICES

2.1   This PART examines the provision of training, employment and residential services for people with disabilities by the SWD and NGOs receiving government subventions. Table 2 gives a summary of the provision of such services.

Table 2

Provision of training, employment and residential services
(31 March 2003)

Service	Number of service units		Number of places	
	SWD-run	NGO-run	SWD-run	NGO-run
(A) Training services provided by:				
Training and activity centres	–	5	–	230
Day activity centres	1	70	50	3,831
Home-based training and support service units	–	20	–	1,502
Subtotal	**1**	**95**	**50**	**5,563**
(B) Employment services provided by:				
Sheltered workshops	5	49	620	6,867
Supported-employment units	–	32	–	1,810
Subtotal	**5**	**81**	**620**	**8,677**
(C) Residential services provided by:				
Hostels and care-and-attention homes	4	163	240	8,724
Subtotal	**4**	**163**	**240**	**8,724**
Total	**10**	**339**	**910**	**22,964**

Source: SWD records

Subsidised training services

2.2   Training services for people with disabilities are provided through training and activity centres, day activity centres and home-based training and support service units, which are run either by the SWD or by NGOs (see Table 2).   People receiving these training services are not required to pay fees.

2.3   Training and activity centres provide training for ex-mentally ill persons aged 15 and above to:

    (a)   help them improve their social adjustment capabilities;

    (b)   develop their social and vocational skills; and

    (c)   prevent their relapse and hospitalisation.

2.4   Day activity centres provide day care and training in daily living skills and simple work skills for mentally handicapped persons aged 15 and above who are unable to benefit from vocational training or sheltered employment (see paras. 2.6 to 2.8).   These centres aim to enable service users to become more independent in their daily lives, and to prepare them for better integration into the community or for transition to other forms of less intensive service or care, where appropriate.

2.5   The home-based training and support service is provided for mentally handicapped persons aged 15 and above living in the community and not receiving other rehabilitation services.

Subsidised employment services

2.6   Employment services are provided for people with disabilities through sheltered workshops and supported-employment units, which are run either by the SWD or by NGOs (see Table 2).   People receiving these employment services are not required to pay fees.

2.7   Sheltered workshops provide people with disabilities aged 15 and above with training and occupation in a planned and controlled environment in order to help them develop their social and economical potential to the fullest extent. The goal is to enhance their working capacity so that they can move on to supported employment (see para. 2.8) or open employment, wherever possible. The work programmes of sheltered workshops mainly involve simple procedures of a repetitive nature such as sticking labels and simple packaging work. Recently, some sheltered workshops have developed production lines on desk-top publishing, book-binding, banner production, laundry service, etc. In addition, some sheltered workshops have set up mobile work teams to provide outdoor services such as car washing, office cleaning and delivery. In 2002-03, the average monthly income of each user of the sheltered-workshop service was $588.

2.8   The supported-employment service is provided for people with disabilities aged 15 and above in order to allow them to work in an integrated open setting with necessary counselling and support services and to have access to all the usual benefits of having a job such as income at market rates and job security. Counselling and support services include services on job finding and matching, job coaching and employment-related skills training. The goal is to prepare people with disabilities to work in an open and competitive setting independently. The work programmes of supported-employment units involve placing individual service users in open employment with supported services, forming small groups of people with disabilities travelling to different job sites to perform janitorial or grounds-keeping work, and operating businesses such as convenience stores or fruit stalls.   In 2002-03, the average monthly income of each user of the supported-employment service was $2,693.

Subsidised residential services

2.9   Residential services are provided for people with disabilities through hostels and care-and-attention homes (see Table 2 in para. 2.1). In 2002-03, people with disabilities receiving subsidised residential services paid a monthly fee ranging from $853 to $1,813, depending on the services provided. Residents having financial difficulties may apply for the Comprehensive Social Security Assistance allowance to meet such fees. An SWD survey conducted in early 2003 revealed that 68% of persons with mental/physical handicap receiving subsidised residential services were recipients of Comprehensive Social Security Assistance allowances.

Central referral system

2.10   The SWD has set up a Central Referral System for Rehabilitation Services. Under this system, a referrer of an applicant (such as social worker) needs to make arrangements for the applicant to undergo an assessment by a relevant professional (such as clinical psychologist, psychiatrist or practising ophthalmologist). The professional conducts an evaluation on the applicant to ascertain his eligibility for the service applied for. An eligible applicant is placed on the waiting list for the relevant service, and will be allocated with a place when it is available. The allocation of places is made mainly on a first-come-first-served basis, although the SWD sometimes grants priority to some applicants due to their urgent need for the service (such as health problems of parents or applicants suffering from abuses).

Audit observations

High unit costs of services provided by the SWD

2.11   As shown in Table 2, subsidised training, employment and residential services for people with disabilities were mainly provided by NGOs. As at 31 March 2003, NGOs provided a total of 22,964 places, comprising 5,563 training places, 8,677 employment places and 8,724 residential places. The SWD provided 910 places, comprising 50 training places (all day-activity-centre places), 620 employment places (all sheltered-workshop places) and 240 residential places (190 places for moderately mentally handicapped persons and 50 places for severely mentally handicapped persons). Table 3 shows a comparison of the average unit costs of the places provided by the SWD with those provided by NGOs in 2002-03.

Table 3

**Costs of places provided by the Social Welfare Department
and non-governmental organisations
(2002-03)**

Service	Average unit cost per month (Note)		
	Place provided by the SWD	Place provided by NGOs	Percentage by which SWD cost exceeded NGO cost
	(a)	(b)	$(c) = \dfrac{(a) - (b)}{(b)} \times 100\%$
	($)	($)	(%)
(A) Training services provided by:			
Day activity centres	8,026	6,590	**22%**
(B) Employment services provided by:			
Sheltered workshops	3,943	3,668	**7%**
(C) Residential services provided by:			
Hostels for moderately mentally handicapped persons	8,561	5,439	**57%**
Hostels for severely mentally handicapped persons	15,927	11,710	**36%**

Source: SWD records

Note: The average unit cost was based on the average number of people enrolled in 2002-03.

2.12   As shown in Table 3, in 2002-03, the average unit costs of training, employment and residential services provided by the SWD exceeded those of NGOs by 7% to 57%. Audit estimates that if all such services for people with disabilities provided by the SWD were outsourced to NGOs, there would be a resultant annual saving of $12.6 million (Note 3).

2.13   In 2002-03, the SWD conducted a review on the sheltered-workshop and supported-employment services.   The review found, among others, that NGOs had comparative advantages in operating vocational rehabilitation service units. The advantages included the adoption of more flexible service delivery modes and lower operating costs. In line with the SWD's policy to hive off its non-core functions, the review recommended that consideration should be given to hiving off some SWD-run sheltered workshops and supported-employment places to NGOs. **In view of the higher costs of the services provided by the SWD, the SWD should consider outsourcing the training, employment and residential services directly provided by it.**

2.14   In February 2004, in response to the audit observations in paragraphs 2.11 to 2.13, the SWD informed Audit that:

(a)   as NGOs were providing a larger portion of good quality and cost-effective welfare services, the SWD had, since 1999, gradually reduced the number of rehabilitation service units under its direct operation by outsourcing two day activity centres, two sheltered workshops, one supported-employment unit and one hostel for physically handicapped persons;

Note 3:   *Estimated annual saving from outsourcing the day-activity-centre service:*
50 places × ($8,026 − $6,590) × 12 = $861,600

Estimated annual saving from outsourcing the sheltered-workshop service:
620 places × ($3,943 − $3,668) × 12 = $2,046,000

Estimated annual saving from outsourcing the residential services:
[190 places × ($8,561 − $5,439) × 12] +
[50 places × ($15,927 − $11,710) × 12] = $9,648,360

Total estimated annual saving = $12,555,960 (say $12.6 million)

(b) the SWD stated in its 2002 Annual Report that it had adopted a strategy to delineate its core business and to move away from delivering services unless these were statutorily required or were crucial to its key functions. The SWD had prepared an action plan to transfer the operation of one day activity centre, two more sheltered workshops, one hostel for moderately mentally handicapped persons and one hostel for severely mentally handicapped persons to NGOs by April 2004; and

(c) not all the savings resulting from the closure of the service units could be realised because of the need for the SWD to absorb the surplus staff until they retired.

Disparities in waiting times for services

2.15 Audit notes that there were disparities in the average waiting time (Note 4) for allocation of different services for people with disabilities. For example, as at 31 March 2003, for applicants for training or employment services, on average, those applying for the day-activity-centre service needed to wait for 24 months while those applying for the supported-employment service only needed to wait for one month. Regarding residential services, the average waiting time for admission to a long-stay care home was 102 months, while that for admission to a halfway house was only six months (see Table 4).

Note 4: *The average waiting time was based on the number of months applicants had been waiting before admission to a service in a financial year.*

Table 4

Average waiting time for services
(31 March 2003)

Service	No. of places provided	No. of applicants on waiting list	Average waiting time
(A) Training services provided by:			
Day activity centres	3,881	809	24 months
Training and activity centres	230	78	2 months
Home-based training and support service units	1,502	Nil (Note)	N/A
(B) Employment services provided by:			
Sheltered workshops	7,487	1,591	7 months
Supported-employment units	1,810	162	1 month
(C) Residential services provided by:			
Long-stay care homes	980	983	102 months
Hostels for severely mentally handicapped persons	2,592	1,798	38 months
Hostels for moderately mentally handicapped persons	1,848	1,176	36 months
Care-and-attention homes for severely disabled persons	600	356	26 months
Hostels for severely physically handicapped persons	453	202	22 months
Homes for the aged blind	174	50	20 months
Supported hostels	243	220	14 months
Care-and-attention homes for the aged blind	725	112	13 months
Halfway houses	1,349	564	6 months
Total	**23,874**	**8,101**	

Source: SWD records

Note: All qualified applicants were provided with the service within a short period of time.

2.16   Audit considers it undesirable that applicants for a place at a long-stay care home needed to wait for more than eight years. **The SWD needs to take appropriate actions to address this issue.**

2.17   In February 2004, in response to the audit observations in paragraphs 2.15 and 2.16, the SWD informed Audit that:

(a)   the SWD had, in collaboration with the Hospital Authority, conducted a review on the condition of the applicants on the waiting list for the long-term residential care service to examine their genuine need for the service. The SWD had identified other service options in the community for these people, such as the compassionate rehousing arrangement and self-financing hostels (with support of after-care workers). In 2003, over 100 ex-mentally ill persons were settled in the community through the compassionate rehousing arrangement. With these measures, the number of applicants on the waiting list for the long-stay care home service decreased significantly from 1,397 in March 2001 to 922 in January 2004; and

(b)   to provide a continuum of care to the halfway-house residents waiting for long-stay care homes, service operators provided a one-stop service to them, instead of transferring them to long-stay care homes.

Audit recommendations

2.18   **Audit has *recommended* that the Director of Social Welfare should:**

Outsourcing the operation of SWD service units

(a)   **consider outsourcing the operation of the SWD's remaining service units to NGOs (see paras. 2.13 and 2.14); and**

Long waiting time for services

(b)   **when new resources are available, consider allocating more resources to those services for which people need to wait for a long time, such as the long-stay care home service (see paras. 2.16 and 2.17).**

Response from the Administration

2.19   The **Director of Social Welfare** agrees with the audit recommendations in paragraph 2.18. He has said that:

Outsourcing the operation of SWD service units

(a)   by April 2004, the SWD will be left with two sheltered workshops, each of which is paired up with a hostel for moderately mentally handicapped persons. The SWD needs to review the costs and benefits of outsourcing these remaining two paired-up services, having regard to the fact that one of the hostels is providing emergency places and performing a statutory function of place of refuge for disabled children; and

Long waiting time for services

(b)   the SWD is mindful of the difference in waiting time for different services. It has addressed and will continue to address this issue by providing alternate support services. It will step up the supply of those services where the demand is great through planning of new service units and in-situ expansion. For the long-stay care home service, the SWD will provide at least 400 new places in 2004-05 to meet the demand. Additional places for stable chronic ex-mentally ill persons will be provided in the proposed self-financing projects in mid-2004 at the ex-staff quarters of the Castle Peak Hospital.

**PART 3:   STAFF TRAINING, STAFF SAFETY, AND FACILITIES
AND EQUIPMENT PROVIDED AT SERVICE UNITS**

3.1   This PART examines staff training, staff safety, and facilities and equipment provided at service units with a view to identifying areas for improvement.

Audit visits to service units and Audit survey

3.2   During Audit visits to 10 service units providing services for people with disabilities, staff of the service units made suggestions for improving staff training, staff safety, and facilities and equipment provided at the service units.   In the light of their suggestions, Audit conducted a survey to collect information and views from 60 randomly selected service units (see para. 1.7).   The pertinent results of the survey are summarised in paragraphs 3.3 to 3.18.

Audit observations

Staff training

3.3   Audit survey revealed that, in 2002-03, on average, each staff member of the respondent service units received 25 hours of job-related training. **Audit considers it undesirable that, in that year, 5% of the staff of the service units did not receive any job-related training and another 35% (19% + 16%) of these staff each received 10 hours or less job-related training (see Figure 2).**

Figure 2

**Job-related training received by
each staff member of respondent service units
(2002-03)**
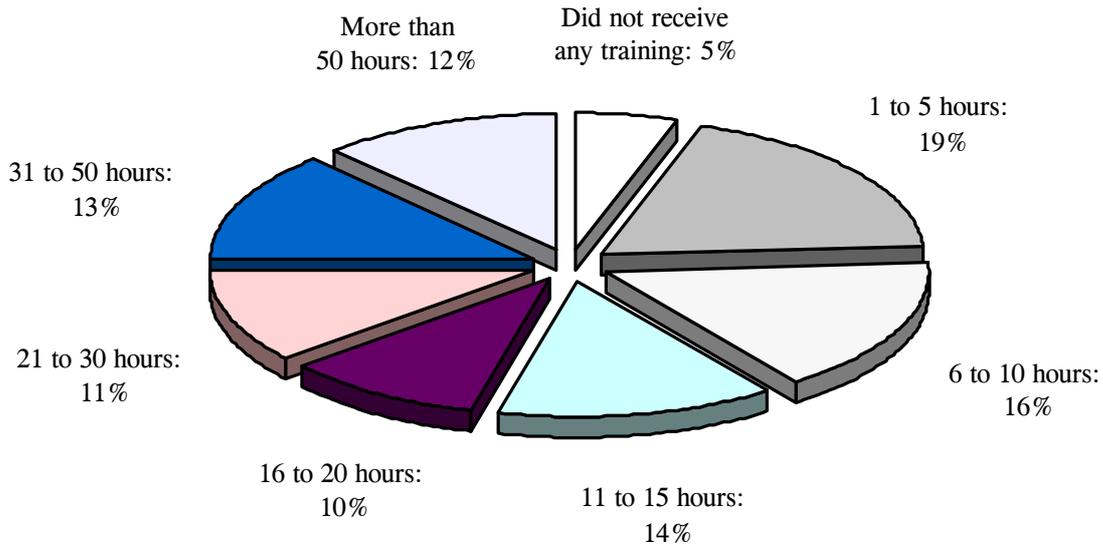
Source: Audit survey

3.4   Audit survey also revealed that there were disparities in the average number of hours of job-related training received by each staff member of different service units in 2002-03. In that year, on average, while each staff member of Service Unit 1 (a halfway house) received 52 hours of job-related training, each staff member of Service Unit 60 (a supported-employment unit) received only three hours of such training (see Appendix A). **Audit considers it undesirable that some service units had provided their staff with few training opportunities. The SWD should take action to ensure that service units provide their staff with sufficient appropriate training because this is important in the delivery of quality services.**

3.5   Table 5 shows the major areas of training which the respondent service units considered that their staff would benefit from but they did not have the opportunity to attend.

Table 5

Major areas of training suggested for service units' staff

Area of training	Percentage of respondent service units (Note)
Counselling service users or handling their behavioural problems	28%
Making use of computers in delivery of services	25%
Teaching service users on fitness exercises, sex education, and handicraft making	20%
Occupational safety/first aid	17%
Marketing skills	12%
Communicating with service users	10%
Planning and designing activities	10%

Source: Audit survey

Note: The percentages do not add up to 100% because some service units did not make any suggestions and others made more than one suggestion.

3.6   In its report of March 2002, the Working Group on Review of Day Activity Centre Service (Note 5) recommended that a series of training programmes for officers-in-charge of day activity centres, social workers, welfare workers, and parents/carers of service users might be organised either by the SWD or by academic institutions. It also recommended that a task group should be formed to monitor training programmes for trainees and in-service training programmes for staff. Audit notes that the SWD has laid down as one of its service quality standards that service units should implement effective staff recruitment, development, training, assessment and deployment practices.

Note 5:   *The Working Group was set up in April 1998 and comprised representatives of the SWD and NGOs.*

3.7   Audit considers that the SWD should implement the recommendations of the Working Group on Review of Day Activity Centre Service stated in paragraph 3.6. It also needs to ensure attainment of its service quality standard on staff development and training. **To help improve the SWD's monitoring of the delivery of effective services by service units, service units should report to the SWD and disclose details of training received by their staff.**

3.8   In February 2004, in response to the audit observations in paragraphs 3.3 to 3.7, the SWD informed Audit that:

(a)   in general, the SWD's policy on training of NGO staff was that the SWD only arranged training relating to new initiatives. Regular training relating to counselling, computer skills, language, occupational safety, first aid, fire safety, etc. was arranged by NGOs for their employees. One of SWD service quality standards required agencies/service units to implement an effective training strategy;

(b)   the SWD supported the Hong Kong Council of Social Service in its training role under the funding and service agreement. The SWD would continue to work with the Council and NGOs on providing training to staff working in service units; and

(c)   in view of the special nature of rehabilitation services which very often required special skills and training in working with people with disabilities, the SWD supplemented NGOs' staff training programmes and assisted in providing in-service training to those front-line workers who had no previous experience or training in working with such people. Since 2001, the SWD had organised 14 intensive in-service training courses for front-line welfare workers and two in-service training courses for workshop instructors. A total of 650 front-line staff had attended the courses.

Staff safety

3.9   Audit survey revealed that, from January 2000 to September 2003:

(a)   on average, each staff member of the respondent service units was granted 1.4 days of sick leave a year due to injuries during work; and

(b)   there were variations among the number of days of sick leave granted by different service units to each staff member due to injuries during work (see Appendix B).

3.10   As shown in Appendix B, from January 2000 to September 2003, the staff of 16 respondent service units (27% of the total 60 units) did not take any sick leave due to injuries during work. However, staff of Service Unit 29 (a day activity centre) and Service Unit 13 (a day activity centre cum hostel) were each granted, on average, 24.3 days and 8.3 days of sick leave in a year respectively, as a result of injuries during work. The nature of the injuries caused to the staff of these two service units is shown in Appendix C.

3.11   In the questionnaires returned to Audit, Service Unit 13 suggested that more training should be provided for its staff. Service Unit 29 made the following suggestions for improvement:

   (a)   replacing the PVC floor tiles with anti-slippery floor tiles;

   (b)   reducing the crowded situation in the multi-purpose room during lunch time; and

   (c)   providing training for staff on proper work postures, on working on slippery floors, and on handling service users' challenging behaviours and unstable emotions.

3.12   Regarding the other respondent service units, 32% and 15% of them suggested that the SWD should provide their staff with training courses on occupational safety and on behaviour management of service users respectively.

3.13   Audit notes that Occupational Safety Officers of the Labour Department are responsible for enforcing the Occupational Safety and Health Ordinance (Cap. 509) by inspecting workplaces (including rehabilitation service units) to ensure that the requirements on safety, health and welfare are complied with. They also carry out accident investigations and give advice to employers and employees on ways to reduce workplace accidents.

3.14   Audit is concerned about the high injury rate of staff working in some service units, as reflected by the large number of days of sick leave granted to them due to injuries during work (such as Service Units 29, 13, 58 and 8 — see Appendix B). One of the SWD's stated service quality standards is that service units should take all reasonable steps to ensure that they provide a safe physical environment for their staff and service users. **Audit considers that the SWD needs to:**

(a) **ensure that service units attain the service quality standard on safety and provide a safe physical environment for their staff and service users; and**

(b) **arrange relevant training courses for staff working in service units and require service units to report details of injuries.**

3.15   In February 2004, in response to the audit observations in paragraphs 3.9 to 3.14, the SWD informed Audit that:

(a) the SWD had provided clinical psychological services to rehabilitation agencies through agency-based psychologists and its Central Psychological Support Service. The psychological service provided at service units included intensive and regular case and service consultations, as well as training for staff and parents of service users on handling their challenging behaviours. The Central Psychological Support Service drew up an annual business plan for agencies in order to tailor-make services to meet the different needs of service units; and

(b) safe physical environment for staff and service users was one of SWD service quality standards. SWD staff would examine in detail the attainment of this standard when this was selected as a review focus in an SWD review visit. During such a visit, SWD staff would assess whether the NGO concerned had adopted appropriate measures, including staff training, acquisition of appropriate furniture and equipment, guidelines and procedures, to ensure the safety of the working environment. Even if this service quality standard was not selected as a review focus, SWD staff would examine in general the safety of the physical environment during the visit.

Facilities and equipment provided at service units

3.16   Table 6 shows the major facilities and equipment which some respondent service units were not provided with. However, they considered that these items were necessary for the efficient and effective delivery of services.

Table 6

Major facilities and equipment required for some service units

Facility/equipment	Percentage of respondent service units (Note)
A room for interview and/or isolation	52%
A computer	17%
A rehabilitation bus	13%
An audio/visual system	10%

Source: Audit survey

Note: The percentages do not add up to 100% because some service units did not make any suggestions and others made more than one suggestion.

3.17   In its report of March 2002, the Working Group on Review of Day Activity Centre Service recommended that the furniture and equipment reference list should be reviewed from time to time, and that the following furniture and equipment items should be added to the reference list:

(a)   **for general office,** one computer and one paper shredder;

(b)   **for dining/multi-purpose room,** one overhead projector, one video-camera and one computer;

(c)   **miscellaneous items** which included a call-bell system in interview and training rooms, safety belts and other essential items for occupational safety, and fire blankets and fire extinguishers for day activity centres with kitchens; and

(d)   **items as required for a quiet room.**

3.18   In February 2004, in response to Audit's enquiry, the SWD informed Audit that provisions such as call-bell system and computer were basic provisions for subvented rehabilitation service units. **In view of the audit findings in paragraphs 3.16 and 3.17, the SWD should:**

(a)   **consider providing service units with those facilities and equipment which are crucial to the provision of the services; and**

(b)   **provide those facilities and equipment as recommended by the Working Group on Review of Day Activity Centre Service to service units if found justified.**

Audit recommendations

3.19   **To enable staff working in service units to deliver services in an efficient, effective and safe manner, Audit has *recommended* that the Director of Social Welfare should:**

Staff training

(a)   **arrange for them more job-related training, particularly those related to counselling skills, computer skills, and teaching of fitness exercises, sex education and handicraft making (see paras. 3.4 and 3.5);**

(b)   **form various task groups to monitor their in-service training programmes (see para. 3.6);**

(c)   **require service units to report to the SWD and disclose the average number of hours of training and the training courses attended by their staff in a year (see para. 3.7);**

Staff safety

(d)   **arrange for them more training courses on handling service users' challenging behaviours (see paras. 3.14 and 3.15(a));**

(e)   **require SWD staff, during their visits to service units, to ensure that the service units provide their staff with a safe working environment (see paras. 3.14 and 3.15(b));**

(f)   **require service units to report to the SWD and disclose details of injuries caused to staff and service users every year (see para. 3.14);**

(g)   **conduct investigations into those service units which have a high rate of staff and service-user injuries with a view to helping them minimise the injuries (see para. 3.14);**

(h)   **appoint a safety officer in each service unit to provide guidance and assistance to other staff (see para. 3.14); and**

Facilities and equipment provided at service units

(i)   **as far as possible, provide service units with the facilities and equipment which are crucial to the provision of the services, such as interview/isolation room (see para. 3.18).**

Response from the Administration

3.20   The **Director of Social Welfare** agrees with the audit recommendations in paragraph 3.19. He has said that:

Staff training

(a)   the SWD will consider providing in-service training courses for rehabilitation front-line workers on a need basis;

(b)   the SWD will periodically convene various ad-hoc task groups/meetings (such as the Task Group on Training of Welfare Workers in Rehabilitation Services) to advise on the training needs of front-line workers;

(c)   the SWD will discuss with the rehabilitation sector on the details of reporting and disclosing training received by staff of service units;

Staff safety

(d)   the SWD agrees that handling service users' challenging behaviours is an important subject in working with people with disabilities;

(e)   staff of rehabilitation services are vulnerable to occupational hazard. The SWD will consider including the service quality standard on safe physical environment as a compulsory/priority item in its review visits to certain types of high-risk rehabilitation service units;

(f)   the SWD will discuss the details of reporting and disclosing injuries caused to staff and service users with the rehabilitation sector;

(g)   the SWD will conduct investigations into those service units having a high rate of injuries caused to staff and service users. This is in line with its risk management approach to service monitoring;

(h)   the SWD will relay the audit recommendation regarding the appointment of a safety officer in each service unit to NGOs, and encourage them to adopt this as a good practice; and

Facilities and equipment provided at service units

(i)   the SWD will review the need to provide facilities, such as interview/isolation room, to those service units which have not been provided with such facilities.

PART 4: MEDICAL SERVICES AND ASSISTANCE FROM PARENTS AND VOLUNTEERS

4.1   This PART examines the provision of medical services and assistance from parents and volunteers, and suggests measures for improvement.

Medical services for service users

4.2   People receiving services in rehabilitation centres often need medical services such as psychiatric medical services. Due to their health and mental conditions, some service users sometimes need to be accompanied by someone to attend medical treatments and consultations at the out-patient clinics or specialist clinics of the Hospital Authority (HA).

4.3   The HA provides some outreaching medical services for mentally ill patients, mentally handicapped persons and other people with disabilities. Details are shown in Appendix D.

Assistance from parents and volunteers

4.4   Most service units have established a parents association through which parents or relatives of service users maintain close contacts with them. These parents or relatives sometimes provide assistance to the service units in the delivery of services. Furthermore, service units sometimes seek assistance from volunteers, many of whom are secondary-school students.

Audit observations

Provision of medical services for service users

4.5   During Audit visits to some service units, staff of the units advised Audit that they spent a lot of time to accompany their service users to clinics, including waiting for consultations/treatments and prescriptions, and taking their service users back to the units. Audit survey revealed that, in 2002-03:

   (a)   on average, the staff of each service unit made 171 trips to accompany their service users to attend clinics. The average time was three hours per trip;

(b)   in most cases, one staff member of a service unit took part in such trips although sometimes two staff members were involved; and

(c)   the HA's outreaching medical service teams paid visits to 22 (37%) of the 60 respondent service units to provide medical services for mentally handicapped or ex-mentally ill service users. In each outreaching visit to a service unit, a medical team, on average, provided services for six service users.

4.6   Audit estimates that, on average, each service unit spent 68 man-days (171 trips $\times$ 3 hours per trip $\div$ 7.5 hours per day) each year in accompanying their service users to attend clinics.

4.7   To improve the arrangements for providing medical services for service users, some respondent service units suggested that the HA should:

(a)   provide the service units with outreaching medical services such as general medical services and psychiatric service;

(b)   increase the frequency of the outreaching medical service;

(c)   allow service units to make telephone appointments for their service users; and

(d)   allow service units to make group appointments for their service users so that more than one service user could be accompanied to an HA clinic at the same time.

4.8   **For service units serving a substantial number of service users, the provision of outreaching medical service will help them save substantial staff resources used in accompanying service users to HA clinics.** Some service units advised Audit that they sometimes had difficulties in transporting their wheelchair-bound service users to HA clinics. For those service users having psychiatric problems, staff of the service units sometimes had difficulties in managing their behavioural problems during the trips. Audit notes that some HA psychiatric out-patient clinics have implemented an arrangement for rehabilitation service units to make telephone appointments for a group of service users. Audit considers that the HA should extend this arrangement to more psychiatric out-patient clinics, because this will help service units save staff resources.

4.9   During Audit visit to Service Unit 13 (a day activity centre cum hostel — Note 6), staff of the unit advised Audit that they had an arrangement with two private general practitioners to provide centre-based general medical services for their service users regularly. The general practitioners paid visits to the service unit once or twice a week, depending on the needs of the service users. During each visit, a general practitioner stayed for one to two hours to provide medical consultation/treatment for service users. The consultation fee of $605 an hour was paid from the miscellaneous fees collected from the service users every month. Service users needing a drug treatment paid a fee of $40 for the drugs. The HA provided outreaching psychiatric service for the unit's severely mentally handicapped service users, but not for its moderately mentally handicapped service users, who needed to attend HA psychiatric hospitals or clinics for regular consultations and treatments.

4.10   Audit considers that the arrangement with private general practitioners adopted by Service Unit 13 mentioned in paragraph 4.9 supplements the medical services provided by the HA, and provides convenient services for service users at a reasonable cost. **There are merits for the SWD to promote this private general-practitioner scheme among service units and seek assistance from private general practitioners who have an interest in providing such a service for needy persons. Furthermore, the HA should consider providing also outreaching medical services for moderately mentally handicapped service users.**

Assistance from parents of service users

4.11   During Audit visits to service units, staff of the units advised Audit that they found assistance from parents and volunteers useful because this provided additional resources for them to improve the delivery of services. Audit survey revealed that, in 2002-03:

(a)   on average, parents and/or relatives (hereinafter referred to as parents — Note 7) of service users performed 177 hours of voluntary work for a service unit;

(b)   the parents of service users of Service Unit 52 (a hostel for severely mentally handicapped persons) and Service Unit 11 (a day activity centre) performed 1,902 hours and 1,752 hours of voluntary work for the units respectively. However, the parents of service users of 15 service units did not perform any voluntary work for the units (see Appendix E); and

Note 6:   *The name code refers to the same service unit in Appendix A.*

Note 7:   *The majority of the parents/relatives of these service users were parents.*

(c)   33 (55%) of the 60 respondent service units had established a parents association. On average, the parents of service users of these 33 service units performed 273 hours of voluntary work for each service unit, while the parents of service users of the other 27 service units only performed 60 hours of voluntary work for each service unit.

4.12   Audit considers that parents associations provide a useful channel for interaction between parents and service units, and a valuable source of resources to help improve the delivery of services. **Therefore, the SWD should encourage service units which have not yet established a parents association to establish one.**

4.13   In February 2004, in response to the audit observations in paragraphs 4.11 and 4.12, the SWD informed Audit that:

(a)   the need to involve service users and their family members in delivering services had been included in the service quality standards. This was one of the essential attributes in considering bidding proposals of new projects; and

(b)   as at 31 January 2004, there were 60 major parents groups/associations, users groups or self-help groups. Members of these parents groups/associations had been actively involved in formulating rehabilitation policies, implementing new service initiatives, and selecting NGO operators for new projects.

Assistance from volunteers

4.14   Audit survey revealed that, in 2002-03:

(a)   on average, volunteers (i.e. other than parents of service users) performed 395 hours of voluntary work for each respondent service unit; and

(b)   these volunteers performed 2,377 hours and 1,823 hours of voluntary work for Service Unit 23 (a halfway house) and Service Unit 41 (a day activity centre cum hostel) respectively. However, five service units did not have volunteers providing assistance to them (see Appendix F).

4.15   Audit survey also revealed that the work performed by volunteers mainly included:

(a)   accompanying service users to participate in indoor or outdoor activities;

(b)   planning and organising recreational activities;

(c)   accompanying service users to attend clinics; and

(d)   accompanying service users during their work/job placements.

4.16   As suggested by some service units, the advantages of enlisting the services of volunteers for service units included:

(a)   providing service units with additional resources to improve the quality of services for people with disabilities;

(b)   providing opportunities for service users to interact with the community; and

(c)   providing valuable civic education to teenage students.

4.17   Audit survey further revealed that the SWD had made minimal contributions to enlisting the services of volunteers for service units (see Figure 3). **The SWD needs to make more efforts to help enlist volunteers' assistance to service units.**

Figure 3

**Analysis of volunteer service channels
(2002-03)**

Through liaison with agencies/ service units: 50%

Through the SWD: 4%

Community volunteer networks: 16%

Volunteers took initiative to approach service units: 30%
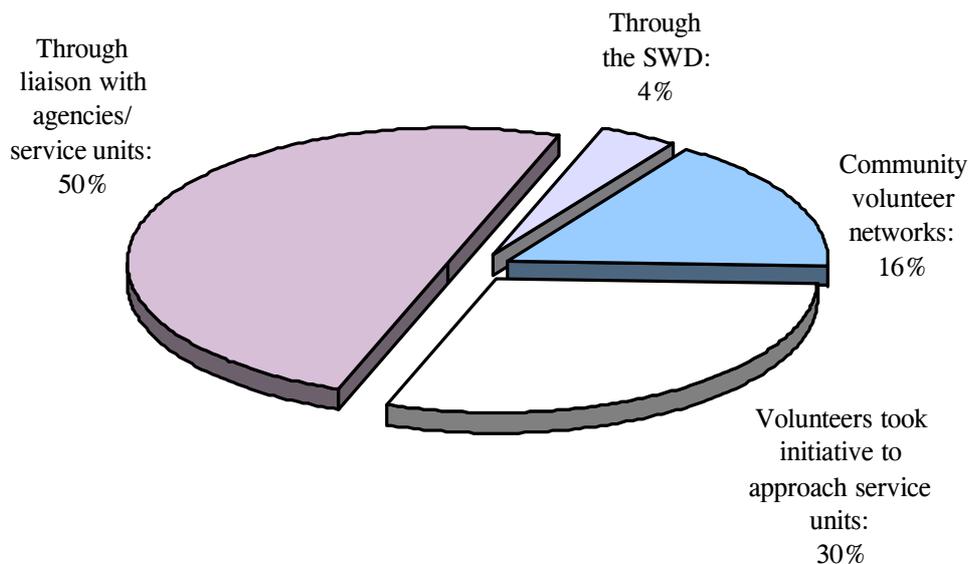
Source: Audit survey

4.18   In Audit survey, many respondent service units made suggestions for enhancing the contributions from parents of service users and other volunteers. The SWD needs to consider implementing the following suggestions of the service units:

(a)   providing training for volunteers;

(b)   promoting the value of voluntary work among schools and in the community;

(c)   establishing volunteer networks among schools and in the community; and

(d)   organising experience-sharing activities on enlisting volunteers.

4.19   In February 2004, in response to the audit observations in paragraphs 4.14 to 4.18, the SWD informed Audit that:

(a)   since 1998, the SWD had set up a Central Office for Volunteer Service and 13 District Designated Offices on Volunteer Service to provide assistance to volunteers and organisations. Training on the value, skills and management of volunteer service was one of the major tasks of these offices. In 2003, the Central Office for Volunteer Service arranged about 50 training courses for volunteers and organisations. NGOs also provided training for their volunteers to enhance their understanding of people with disabilities and to acquire skills for providing services to these people;

(b)   since 1999, the SWD had set up a Steering Committee on Promotion of Volunteer Service (chaired by the Director of Social Welfare) to steer the direction and policy of promoting volunteer services. The Committee comprised representatives from large youth organisations, uniform-group organisations and various policy bureaus including the Education and Manpower Bureau. The representative of the Bureau helped promote the provision of volunteer services in the education sector. As at 31 December 2003, 234,918 (53%) of the 442,710 volunteers registered with the Central Office for Volunteer Service were youths under the age of 25;

(c)   the Central Office for Volunteer Service had actively promoted volunteer services and provided practical help to organisations providing volunteer services (such as schools, youth organisations, community organisations and corporations) to coordinate with welfare-service units needing the services, with a view to establishing a long-term relationship between the volunteers and service recipients; and

(d)   the Central Office for Volunteer Service, the District Designated Offices on Volunteer Service and NGOs organised experience-sharing sessions on enlisting volunteers.

Audit recommendations

4.20   **To enhance the provision of medical services for service users and save the staff resources of service units, Audit has *recommended* that the Chief Executive, Hospital Authority should:**

(a)   **extend the arrangement for rehabilitation service units to make telephone appointments for a group of service users to more HA psychiatric out-patient clinics so that they could be accompanied to a clinic at the same time (see paras. 4.7(c) and (d) and 4.8); and**

(b)   **provide outreaching psychiatric services for moderately mentally handicapped service users if they are assessed to be in need of the service (see para. 4.10).**

4.21   **Audit has *recommended* that the Director of Social Welfare should:**

Private general-practitioner scheme

(a)   **consider launching a private general-practitioner scheme to enhance the provision of medical services for service users at service units (see para. 4.10);**

Assistance from parents of service users

(b)   **encourage service units to establish a parents association (see para. 4.12);**

Assistance from volunteers

(c)   **provide more training for volunteers (see paras. 4.18(a) and 4.19(a));**

(d)   **make more efforts to promote the value of voluntary work among schools and in the community (see paras. 4.18(b) and 4.19(b));**

(e)   **establish more volunteer networks among schools and in the community to help enlist volunteers to provide services for service units (see paras. 4.18(c) and 4.19(c)); and**

(f)   **organise more experience-sharing activities to enlist volunteers (see paras. 4.18(d) and 4.19(d)).**

Response from the Hospital Authority

4.22   The **Chief Executive, Hospital Authority** welcomes Audit efforts to study the training, employment and residential services for people with disabilities. He agrees with the audit recommendations in paragraph 4.20. He has said that:

(a)   the practice of making telephone appointments for a group of service users to be seen at a psychiatric specialist clinic is implemented in some HA hospitals; and

(b)   the HA appreciates that some moderately handicapped service users may show difficult behaviours at out-patient clinics. The need for a moderately mentally handicapped service user to be seen by an HA outreaching team should be assessed by a psychiatrist. Sometimes, it is therapeutic for moderately mentally handicapped service users to learn to take trips to out-patient clinics.

Response from the Administration

4.23   The **Director of Social Welfare** agrees with the audit recommendations in paragraph 4.21. He has said that:

Private general-practitioner scheme

(a)   the SWD supports the direction of fostering the private general-practitioner scheme. Some NGOs have launched this scheme under their own initiative successfully. The SWD will encourage NGOs to consider implementing this scheme and to share with other agencies their experience in launching the scheme; and

Assistance from parents of service users

(b)   the SWD is pleased to note from Audit survey that 55% of the 60 randomly selected service units have established a parents association. This is an encouraging sign reflecting the good work of NGOs and the active participation of service users' parents. The SWD will continue to encourage NGOs to form parents groups in their service units.

PART 5: SERVICES PROVIDED AT SHELTERED WORKSHOPS AND SUPPORTED-EMPLOYMENT UNITS

5.1   This PART examines the provision of job opportunities for people working in sheltered workshops and supported-employment units and the cost-effectiveness of the SWD's Marketing Consultancy Office (MCO), and suggests measures for improvement.

Policy objective for employment and vocational rehabilitation

5.2   In the 1995 White Paper on Rehabilitation, it is stated that:

> *"To meet the goals of full participation and equalisation of opportunities in the context of employment and vocational rehabilitation, the objective is* **to ensure that people with a disability have an equal chance to participate in productive and gainful employment in the open market.** *Measures are taken to facilitate open employment for people with a disability both in the public and private sectors. Supported and sheltered employment is provided for those who cannot cope with the demands of the competitive job market."*

Audit observations

Successful discharge rates for supported-employment units

5.3   In 2002-03, the average monthly income of a supported-employment service user was $2,693, ranging from $2,440 for a mentally handicapped person to $5,650 for a visually impaired person. The ultimate goal of the supported-employment service is to prepare people with disabilities to work in an open and competitive setting independently. The SWD has included the successful discharge rate as one of the output standards in the funding and service agreements for the provision of the service (Note 8). It has also laid down different levels of successful discharge rate for different categories of users of the service (Note 9). In 2002-03, 26 (81%) of the 32 service units providing the service attained the output standards on successful discharge rate.

Note 8:   *The other output standards were the average enrolment rate in a year (agreed level: 95%) and the rate of progress review in a year (agreed level: 95%).*

Note 9:   *Examples of the output standards on successful discharge rate included:*

(a)   *people with physical handicap and visceral disability: 20% per year;*

(b)   *people with mental handicap: 25% for two years; and*

(c)   *people with mental illness: 25% per year.*

5.4 According to the SWD, a successfully discharged service user of the supported-employment service is defined as a service user who has been settled in an open employment and does not require further subsidised supported-employment service in order to sustain him in employment. The average monthly income of such a discharged service user should exceed $1,500. However, the SWD did not specify the duration of employment, or period of job retention, for calculating the successful discharge rates.

5.5 Audit notes that:

(a) in an information paper on supported-employment programmes issued in August 1998 to NGOs, the SWD stated that "those disabled workers who have maintained their job for 6 months in the open job setting should be considered for discharge from the support service unless there are strong justifications for them to remain on the service";

(b) at least two of the service units providing the supported-employment service adopted the SWD's definition in inset (a) for reporting the discharge rates of their service users;

(c) one of the criteria the Employees Retraining Board (Note 10) has used for measuring the effectiveness of its retraining programmes is that employment of its trainees should last for six months or longer. The Board conducts periodic job retention surveys on its trainees; and

(d) the Government of Australia has adopted the six-month employment criterion for compiling indicators for measuring the effectiveness of its supported-employment service.

5.6 **Audit considers that the SWD should consider using the period of job retention as one of the output standards for determining the successful discharge rates and evaluating the effectiveness of the supported-employment service. In doing so, the SWD needs to conduct periodic job retention surveys.**

Note 10: *The Employees Retraining Board was established in 1992 under the Employees Retraining Ordinance (Cap. 423). Its main function is to help local employees adjust to changes in the employment market, arising from Hong Kong economic restructuring, by acquiring new or enhanced vocational skills.*

Upward mobility of sheltered-workshop trainees

5.7   In 2002-03, the average monthly income of a sheltered-workshop trainee was $588. The ultimate goal of the sheltered-workshop service is to enhance service users' working capacity so that they can move on to supported or open employment, wherever possible. In the funding and service agreements for the provision of the service, the SWD has laid down the following two output standards:

(a)   average enrolment rate in a year (agreed level: 98%); and

(b)   rate of progress review completed in a year (agreed level: 95%).

5.8   In 1995, the Working Party on Training and Employment for People with Disabilities recommended that sheltered workshops should adopt upward movement of trainees to open employment or supported employment as an indicator for measuring their productivity. A survey conducted by the SWD in early 2002 revealed that only 1.3% of sheltered-workshop trainees had moved upward directly to the supported-employment service without any break of service in the three years 1999-2000 to 2001-02. **One of the objectives of the sheltered-workshop service is to help service users move on to supported or open employment. Audit therefore considers that the SWD should adopt the upward mobility of service users as one of the output standards for assessing the effectiveness of the service.**

The Marketing Consultancy Office

5.9   In 1997, the SWD set up the MCO as a project funded by the Lotteries Fund. The objectives of the project included:

(a)   improving the income of the workers with disabilities in sheltered workshops;

(b)   enhancing the marketing orientation of the service operators; and

(c)   improving the upward mobility of workers with disabilities in sheltered workshops towards supported or open employment.

5.10   The funding for the MCO project expired in 2000-01. In 2001-02, the MCO was set up as a regular establishment within the SWD to support and enhance the employment opportunities of people with disabilities. The MCO is presently staffed by personnel outside the civil service with marketing experience. In 2002-03, its expenditure was $4.6 million.

5.11   Audit survey revealed that, in 2002-03, of the 16 respondent employment service units (Note 11):

   (a)   8 units indicated that they had sufficient jobs for their service users; and

   (b)   the other 8 units said that their service users could accomplish additional 3% to 60% work (Note 12) if more job opportunities were given to them.

5.12   Audit survey also revealed that, in 2002-03, on average, the respondent service units obtained only 7% of their job opportunities through the MCO.   These respondent service units obtained most of the job opportunities for their service users through their own efforts or those of their agencies (see Figure 4).

Figure 4

**Analysis of job opportunity channels
(2002-03)**

Obtained by
agencies/
service units:
82%

Directly offered by
job providers:
5%

Obtained by
service users:
6%

Obtained
through MCO:
7%
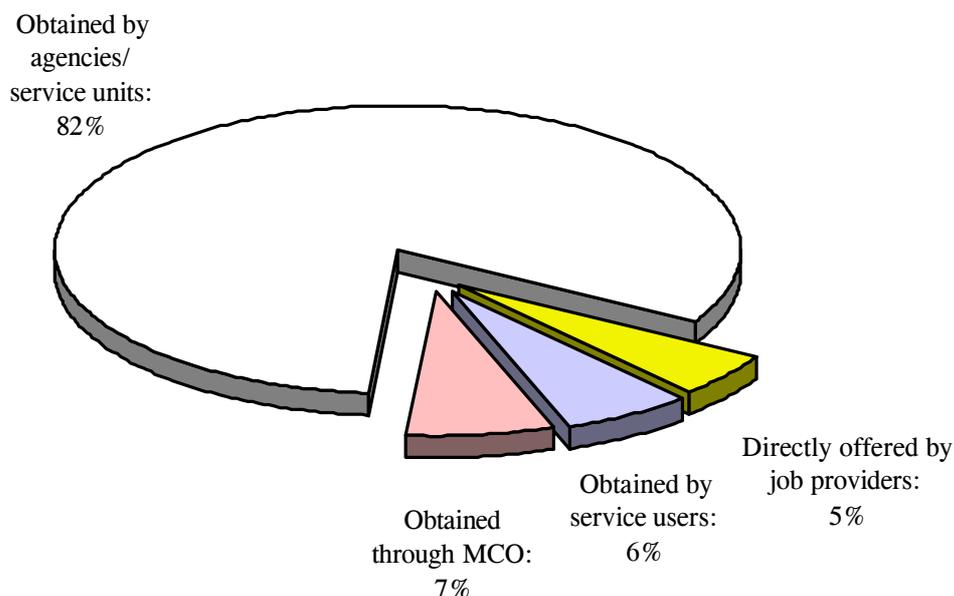
Source: Audit survey

Note 11:   *One employment service unit did not provide an estimate on the sufficiency of jobs for their service users.*

Note 12:   *The job opportunities are expressed in terms of the value of job orders and the wages of supported-employment trainees.*

5.13   In 2002-03, the MCO successfully secured 437 job orders and 10 tender contracts at a total value of $5.7 million for sheltered workshops, which accounted for 12% of the total $49 million of job orders obtained for the sheltered workshops. In that year, the MCO also found 76 job placements for service users of supported-employment units, which accounted for 13% of the total 565 job placements obtained for these service users. **It seems that sheltered workshops and supported-employment units are capable of finding job opportunities for their service users. Audit considers that the SWD needs to review the cost-effectiveness of the MCO, with an expenditure of $4.6 million in 2002-03.**

5.14   In January 2004, in response to the audit observations on the MCO, the SWD informed Audit that, in view of the maturity of some NGOs to adopt business approaches to seeking job opportunities for their service users, the work of the MCO changed gradually from direct securing job orders and identifying jobs for sheltered workshops and supported-employment trainees to the following aspects:

    (a)   providing business consultation services to NGOs to help them set up small businesses for creating direct employment for their service users;

    (b)   enhancing public awareness of the work ability of people with disabilities through promotion activities; and

    (c)   exploring and coordinating large-scale projects, in conjunction with government departments and private enterprises, to secure long-term and stable work opportunities for service users of sheltered workshops and supported-employment units.

5.15   The SWD also said that:

    (a)   securing job orders and job placements was the duty and responsibility of service operators of sheltered workshops and supported-employment units; and

    (b)   apart from the job orders and contracts secured, the work of the MCO in promoting the work abilities of people with disabilities and its business consultation services should be taken into account in assessing its cost-effectiveness.

Job opportunities provided by government departments

5.16   Audit survey revealed that, in 2002-03:

(a)   the majority of job orders for the ten respondent sheltered workshops were provided by private organisations, and employers of service users of the seven respondent supported-employment units were also mostly private organisations; and

(b)   government offices provided only 6% of the total job opportunities (in terms of value) for the service units (see Figure 5).

Figure 5

Analysis of job opportunity providers
(2002-03)

Government
offices:
6%

Private
organisations:
71%

Subvented
organisations:
23%
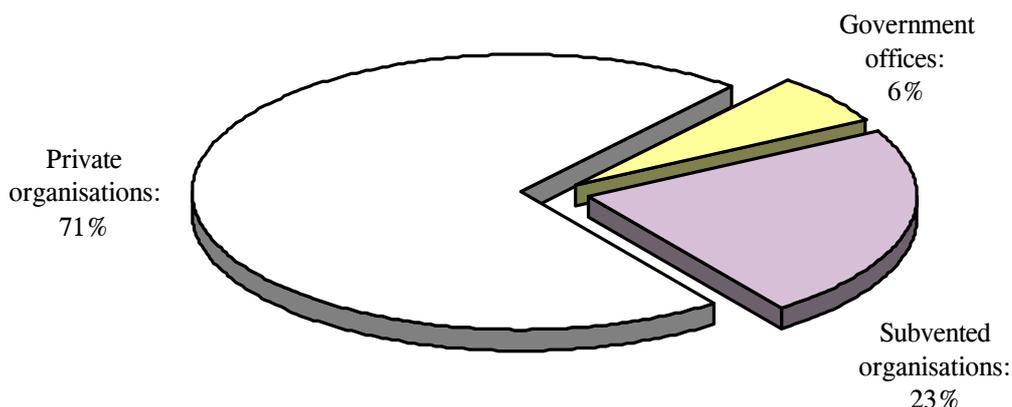
Source: Audit survey

5.17   One of the main functions of the MCO is to secure large-scale projects and orders from government departments in order to provide long-term and stable work opportunities for service users of sheltered workshops and supported-employment units. The SWD has estimated that between 1998-99 and 2002-03, $12.1 million (22%) of the $54.8 million of job orders obtained from government departments for these service users were secured through the MCO. **Audit considers that government departments should take the lead to provide more job opportunities for people with disabilities.**

Audit recommendations

5.18   **Audit has *recommended* that the Director of Social Welfare should:**

Supported-employment service

(a)   **adopt the duration of employment of supported-employment service users (say, of six months or longer) as one of the output standards for measuring the effectiveness of the service (see para. 5.6);**

(b)   **conduct periodic job retention surveys to ascertain the duration of service users staying in employment (see para. 5.6);**

Sheltered-workshop service

(c)   **adopt the upward mobility of service users of the sheltered-workshop service as one of the output standards for assessing the effectiveness of the service (see para. 5.8);**

Job opportunities for service users

(d)   **review the cost-effectiveness of the MCO and, based on the results of the review, consider whether it is still justified to retain the MCO (see paras. 5.13 to 5.15); and**

(e)   **request government departments to provide more job opportunities for people with disabilities working in sheltered workshops or supported-employment units as far as possible (see para. 5.17).**

Response from the Administration

5.19   The **Director of Social Welfare** agrees with the audit recommendations in paragraph 5.18. He has said that:

Supported-employment service

(a)   it is commonly agreed by service operators that only those workers with disabilities who have maintained their jobs for six months in the open job setting should be considered for successful discharge. However, flexibility should be given to those supported-employment employees performing short-term sub-contract work;

(b)   the SWD will advise service operators to conduct periodic job retention surveys to ascertain the duration of service users' staying in employment;

Sheltered-workshop service

(c)   the open-employment rate has been adopted as one of the output indicators for new integrated vocational rehabilitation service centres.   The SWD will, in consultation with the operators concerned, examine the audit recommendation on adopting the upward mobility of service users of sheltered workshops as an output standard;

Job opportunities for service users

(d)   after two years of operation, it is an opportune time to review the cost-effectiveness of the MCO.   In the review, in addition to the value of job orders secured, the following factors should be taken into account:

(i)   the satisfaction level of internal and external customers (including NGOs, private organisations, government departments and other public organisations) on the services provided by the MCO;

(ii)   the effectiveness of the marketing and promotional programmes organised by the MCO, having regard to the economic situation; and

(iii)   the long-term potential of the MCO in promoting the self-reliance of people with disabilities; and

(e)   both the SWD and the Health, Welfare and Food Bureau are making continuous efforts on requesting government departments to provide more job opportunities for people with disabilities.

PART 6:   MONITORING THE PROVISION OF SERVICES

6.1   This PART examines the SWD's monitoring of subsidised training, employment and residential services for people with disabilities provided by NGOs and itself.

Subsidised services provided by non-governmental organisations and the Social Welfare Department

6.2   In 2002-03, the SWD paid a total subvention of $1,597 million to 40 NGOs for providing 5,563 training places, 8,677 employment places and 8,724 residential places at 339 service units for people with disabilities. In that year, the SWD directly ran ten service units which together provided 50 training places, 620 employment places and 240 residential places for such people at a total cost of $63 million (see paras. 1.4 and 2.1).

Monitoring the delivery of services by service units

6.3   The Service Performance Section (Note 13) of the SWD is responsible for overseeing the delivery of services (including those for elderly people, people with disabilities and young people) by service units. As at 31 March 2003, there were 349 service units providing training, employment and residential services for people with disabilities. To monitor the performance of these 349 service units and other service units providing services for other categories of service users, the SWD has included in the funding and service agreements the following performance standards and requirements:

   (a)   **Output standards.** These are quantitative measures of the key activities relating to the provision of a particular service. Examples of these outputs include enrolment rates, number of registered members, rates of achieving individual care plans (Note 14), hours of training per service user, average attendance rates of activities, and number of organised activities (Note 15);

Note 13:   *The Service Performance Section is headed by a Chief Social Work Officer who is assisted by two Senior Social Work Officers, nine Social Work Officers and one Assistant Social Work Officer.   The Section is responsible for setting performance standards, examining periodic reports from service units, and visiting service units to assess their performance.*

Note 14:   *An individual care plan is a plan prepared by a service unit to meet an individual service user's needs.   It includes objectives, specific goals, processes for service delivery, programme contents, and time-frames for achieving or reviewing goals.*

Note 15:   *Examples of output standards include:*

   (a)   the average enrolment rate for most services should not be less than 95% in a year;

   (b)   the rate of achieving individual plans for service users of most services should not be less than 95% in a year;

   (c)   the successful discharge rate of service users with mental illness receiving the supported-employment service should not be less than 25% in a year; and

   (d)   the number of hours of social/recreational activities for a service user receiving the day-activity-centre service should not be less than 20 hours in a month.

(b)   **Outcome standards.** These measure the effectiveness of the services. The data for these standards are collected through questionnaires or comparisons between pre-test and post-test performance;

(c)   **Essential service requirements.** These specify some basic features of the infrastructure for the provision of service. Examples of these requirements include staff qualifications, availability of appropriate equipment, compliance with particular service manuals, and opening hours;

(d)   **16 service quality standards.** These are standards on objectives of service, approaches to service delivery, records of service operations and activities, roles and responsibilities of staff, staff management, planning and reviewing performance, financial management, compliance with legislation, safety of staff and service users, information on admissions and discharges, assessing service users' needs, users' choice of service, private properties, privacy and confidentiality, complaint systems, and protection of service users from abuses (see Appendix G for details); and

(e)   **Value-added items.** These are observable or measurable items initiated by some service operators. These may include enhanced output standards, extra service types, or innovative modes of service delivery.

6.4   To ensure that service units meet its standards and requirements, in April 2003, the SWD issued a Service Performance Monitoring System Performance Assessment Manual to NGOs and its own service units. As stated in the manual, the SWD has adopted the following monitoring tools:

(a)   **Submission of statistical reports.** Service operators are required to submit statistical reports periodically on their service units' achievements on output standards, outcome standards, and value-added items;

(b)   **Self-assessments of essential service requirements and service quality standards.** Service operators are required to conduct assessments of their service units and to submit each year an overall assessment report to the SWD;

(c)   **Review visits.** SWD review teams make scheduled visits to service units to review their performance;

(d)   **On-site assessments.** From time to time, the SWD at short notice or without notice visits new service units and service units having suspected performance problems to assess their performance; and

(e)   **Users' satisfaction surveys.** As and when necessary, the SWD conducts users' satisfaction surveys on some services or service units.

Audit observations

Submission of statistical reports by service units

6.5   For each service type, the SWD specifies a set of performance standards with agreed levels of achievement in the service agreements. Each service unit is required to submit data to the SWD relating to the performance standards regularly (mostly quarterly and some monthly or half-yearly). For performance below the standards, service operators are required to submit action plans for improvement. The SWD monitors the implementation of the action plans to ensure attainment of the agreed standards.

6.6   Audit notes that the major performance standards for services for people with disabilities include enrolment rates, rates of achieving individual care plans for service users, discharge rates, and hours of social/recreational activities. These standards are generally referred to as output indicators.

6.7   Audit research on the provision of similar services in overseas countries (e.g. Australia, Canada and the USA) reveals that these countries have adopted outcome indicators in addition to output indicators. The common outcome indicators include the following:

(a)   results of satisfaction surveys on service users or their family members; and

(b)   retention rates of employment of service users.

6.8   In 1995, the Working Party on Training and Employment for People with Disabilities recommended that the SWD should adopt the following indicators to measure the effectiveness of sheltered workshops:

(a)   income per service user; and

(b)   absenteeism in individual sheltered workshops (allowance should be given for absences due to medical or other professional consultations).

6.9   **Audit considers it desirable for the SWD to develop some outcome indicators. In doing so, the SWD should make reference to overseas practices and the recommendations of the Working Party on Training and Employment for People with Disabilities.** These outcome indicators would provide more comprehensive information to the SWD and the public on the effectiveness of the services.

6.10   During its visits to service units, Audit noted that some units provided their users with unique services which were beneficial to them. These service units were proud of their success in providing these services. Examples of these services included:

(a)   running convenience stores, vegetable stalls, fruit stalls, kiosks and cafeterias to provide service users with on-the-job training;

(b)   providing service users with job opportunities such as performing food preparation work for restaurants and other institutions;

(c)   installing small printing equipment for service users to perform printing jobs; and

(d)   providing training for service users to produce handicrafts for sale.

6.11   The existing system of performance reporting does not allow service operators to report to the SWD the unique, beneficial services stated in paragraph 6.10. **Audit considers that service units should be encouraged to report their unique services and performance in their periodic returns to the SWD, in addition to the SWD's requirements on performance reporting. Such information should be disclosed to the public because it will provide examples of good practices for reference by other service operators.**

Self-assessment of essential service
requirements and service quality standards

6.12   The SWD requires service operators to conduct regular assessments of their service units on the compliance with the essential service requirements and service quality standards laid down in the service agreements. The SWD has prepared implementation handbooks, assessment matrix, checklists and standard documentation to help service operators conduct their self-assessments. After completion of these self-assessments, service operators need to keep the assessment reports for inspection by the SWD during its review visits and on-site assessments. Service operators are required to submit to the SWD action plans for improvement in respect of any of their service units not meeting the requirements or standards.

6.13   This self-assessment mechanism respects the corporate governance of service operators. To enhance the monitoring of the performance of service operators, the SWD has recently implemented a system under which a review officer is responsible for conducting service performance assessments of and handling complaints against the same service operator.

6.14   Each service operator providing services through its various service units submits one single return to SWD Service Performance Section every year. In the 2002-03 annual return, an agency was required to confirm to the SWD that:

> *"all subvented service units of my agency operated more than one year before 30.4.2003 have conducted the self-assessment and are assessed to have met the requirements of all criteria of 16 service quality standards and, where applicable, all essential service requirements as specified in the agreements, except the following unit(s)* (* delete if not applicable):*
>
> ➢ *Name of unit(s) with non-compliance ……*
>
> ➢ *Action plan(s) ……. "*

For those service units directly run by the SWD, each of its 13 District Offices is required to submit a similar return to the Service Performance Section every year.

6.15   Audit examination of the annual returns of the 40 subvented agencies and SWD District Offices providing services for people with disabilities revealed that, in 2002-03, except one subvented agency, all the subvented agencies and SWD District Offices confirmed that all their service units met the essential service requirements and service quality standards. The subvented agency reporting that one of its service units did not meet all the requirements and standards provided an action plan for improvement.

6.16   In 2002-03, staff of the Service Performance Section paid visits to 17 service units. They did not find any case of incorrect confirmation of compliance with the essential service requirements or service quality standards by the service units.   They made recommendations to some service units on some areas for improvement.

6.17   All the service units providing services for people with disabilities attained the essential service requirements and service quality standards in 2002-03 (Note 16). This was

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Note 16:   *The service unit not meeting all the service quality standards in 2002-03 (see para. 6.15) provided clinical psychological service, which is outside the scope of this review.*

a very satisfactory rate of compliance. However, Audit considers that there is room for improvement in the arrangements for service units to report their compliance with the requirements and standards. The performance of some service units might have exceeded the minimum requirements while other service units might have marginally attained the requirements. The present arrangements for performance reporting (see para. 6.14) do not give service units the opportunity to report different levels of their attainment of SWD requirements and standards. This is not conducive to the SWD's effective monitoring of the performance of service units.

6.18   **To facilitate reporting of different levels of attainment of the requirements and standards by individual service units, the SWD may consider requiring service operators to indicate different levels of attainment of the standards by their service units.** For example, three levels of attainment could be adopted, namely "Not attained", "Attained" and "Attainment exceeded standard". For service operators reporting "Not attained" for any of the requirements or standards by their service units, they should provide explanations and action plans for improvement.

6.19   Audit also considers that those service operators indicating "Attainment exceeded standard" for any of the essential service requirements or service quality standards should provide the SWD with details of their achievements and good practices. In addition, service operators should be encouraged to provide information on their achievements on other areas. These arrangements provide:

(a)   more comprehensive information on the quality of services provided by service operators/units;

(b)   impetus for service operators/units to improve their services beyond the minimum requirements laid down in the funding and service agreements; and

(c)   examples of good practices for the consideration of other service operators/units.

Review visits, on-site assessments and users' satisfaction surveys

6.20   Review teams of the Service Performance Section make scheduled review visits to service units. The scope of these visits covers the implementation of the essential service requirements, service quality standards and other aspects of performance laid down in the service agreements. Each visit normally takes half a day to complete. Notices are given to the service units before the visits. During a visit, SWD officers inform staff of the service unit their observations on areas requiring improvement. For SWD observations on non-compliance with its requirements and standards, the service operator is required to

submit an action plan for improvement to the SWD within four weeks after the visit. The SWD issues a review visit report to the service operator within six weeks after the visit.

6.21   The SWD has prepared plans for conducting review visits to the service units on a three-year cycle, with the first cycle covering 2000-01 to 2002-03 and the second cycle covering 2003-04 to 2005-06. In a three-year cycle, the SWD randomly selects at least one out of ten service units of each service operator for a review visit. A total of 79 service units were visited in the first cycle, and another 41 service units would be visited in the second cycle.

6.22   The SWD conducts on-site assessments of recently established service units and service units having suspected performance problems. Such suspected problems are identified through inspection of the statistical reports and self-assessment reports of service units, monitoring of the implementation of action plans for improvement, and examination of complaints received. Service operators are required to prepare action plans for areas requiring improvement identified in the on-site assessments.

6.23   In one of the on-site assessments conducted by the SWD in 2003-04, SWD staff found that a sheltered workshop (not covered by Audit survey) had previously submitted incorrect performance information to the SWD. This service unit reported to the SWD that, in 2001-02 and 2002-03, it attained the output standard on "Rate of progress review completed in a year". However, SWD staff found that, for this output standard, this service unit only achieved 15% and 0.5% of the agreed level of performance in 2001-02 and 2002-03 respectively. Audit notes that, apart from requesting this sheltered workshop to submit an action plan for improvement, the SWD did not verify other performance information previously submitted by it.

6.24   **Audit considers that the success of the performance reporting system is dependent on the honesty of the service units to provide reliable performance information to the SWD.** Therefore, if the SWD found that a service unit had submitted incorrect performance information to it, it should verify the performance information previously provided by the service unit and take stringent action against it.

6.25   The SWD conducts users' satisfaction surveys for some services or for some service units, as and when necessary. **Audit notes that the SWD has not prepared plans or set targets for conducting on-site assessments and users' satisfaction surveys.** Audit considers that on-site assessments provide a useful monitoring tool as they focus on risk areas for monitoring. Users' satisfaction surveys provide meaningful information for assessing the effectiveness of the services and for improving service quality.

Disclosure of performance information of service units

6.26   Presently, the SWD does not disclose to the public the statistical and self-assessment reports of service units collected in the periodic returns (see paras. 6.5 and 6.14) and its review visit reports and on-site assessment reports. **Audit considers that disclosure of such reports and returns will help enhance public accountability and provide examples of good practices for reference by service operators.**

6.27   One of the service quality standards has specified that a service unit needs to regularly plan, review and evaluate its performance, and have an effective mechanism whereby service users, staff and other interested parties can provide feedback on its performance. **Audit considers it desirable that such plans and assessments of achievement of the plans should be made annually and disclosed to the public by uploading them onto the websites of the service units, with links to the SWD's website.**

Involvement of external personnel

6.28   Since mid-2003, the SWD has implemented a two-year pilot project on Service Quality Group for Enhanced Bought Place Scheme homes (Note 17) for the elderly in the Central and Western District and the Kowloon City District. Under this pilot project, District Council members and other prominent local people make half-yearly visits to Enhanced Bought Place Scheme homes to assess, and make recommendations on, the provision of facilities and services. They also collect views from residents, relatives and staff during the visits. In 2003-04, 21 Enhanced Bought Place Scheme homes volunteered to participate in this project.

6.29   **Audit considers that the Service Quality Group initiative is useful to services provided for people with disabilities.** This initiative will help:

(a)   improve the quality of services provided at service units because the visiting groups will make useful recommendations on the facilities and service provided and reflect the views of residents, relatives and staff concerned;

(b)   enhance the public accountability of the service units because they are subject to scrutiny by prominent local people;

Note 17:   *The Enhanced Bought Place Scheme was introduced by the SWD in 1998. Under this scheme, residential care homes for the elderly were required to provide a higher service level (in terms of minimum area per resident and staff requirements) than those homes under the Bought Place Scheme.*

(c)   establish contacts between the service units and prominent local people; and

(d)   provide opportunities for the service units to demonstrate to the community their work and achievements. This will give recognition to their good work.

Audit recommendations

6.30   **To improve the monitoring of the provision of services for people with disabilities, Audit has** *recommended* **that the Director of Social Welfare should:**

Submission of performance information by service units

(a)   **adopt more outcome indicators for performance reporting by service units, such as employment statistics, results of satisfaction surveys, income per service user, and absenteeism in sheltered workshops (see paras. 6.7 to 6.9);**

(b)   **give opportunities to service units to report their unique services and performance in their periodic returns to the SWD (see para. 6.11);**

Self-assessments by service operators

(c)   **require service operators to indicate different levels of attainment of the essential service requirements and service quality standards in their self-assessment reports to the SWD every year (see para. 6.18);**

On-site assessments and satisfaction surveys

(d)   **verify the performance information previously provided by those service units which were found to have submitted incorrect performance information to the SWD, and take stringent action against them (see para. 6.24);**

(e)   **prepare plans and set targets for conducting on-site assessments and users' satisfaction surveys (see para. 6.25);**

Disclosure of performance information of service units

(f)   **make available on the SWD's website the statistical and self-assessment reports submitted by service units, and SWD review visit reports and on-site assessment reports (see para. 6.26);**

(g)   **ask service units to upload their annual plans and assessments of achievement of the plans onto their websites, with links to the SWD's website (see para. 6.27); and**

Involvement of external personnel

(h)   **consider inviting District Council members and other prominent local people to visit regularly service units providing services for people with disabilities (see para. 6.29).**

Response from the Administration

6.31   The **Director of Social Welfare** agrees with the audit recommendations in paragraph 6.30. He has said that:

Submission of performance information by service units

(a)   since 2001, the SWD has introduced outcome indicators to measure the effectiveness of new time-defined projects. With the experience gained through such projects, and by referring to overseas practices, the SWD will, in consultation with the NGOs concerned, consider introducing new outcome indicators to measure the effectiveness of rehabilitation services;

(b)   the SWD will modify the annual self-assessment reports for rehabilitation services to enable NGOs to report their value-added and innovative service initiatives;

Self-assessments by service operators

(c)   the SWD will revise the annual self-assessment reports for rehabilitation services to facilitate reporting of different levels of attainment of the essential service requirements and service quality standards. NGOs will be required to report their good practices in the revised reports if they indicate that their "Attainment exceeded standard";

On-site assessments and satisfaction surveys

(d)   the audit recommendation on verifying the performance information provided by those service units which were found to have submitted incorrect performance information to the SWD is part of its risk management approach;

(e)   in addition to plans for individual on-site assessments and users' satisfaction surveys, the SWD will prepare overall plans and targets for conducting on-site assessments and users' satisfaction surveys on new services and services under re-engineering every year. There will not be an annual target for on-site assessments of service units having performance problems, because these assessments are conducted on a need basis shortly after the identification of the problems;

Disclosure of performance information of service units

(f)   the SWD will consider the technical feasibility of the audit recommendation on making available on its website the statistical and self-assessment reports submitted by service units, and its review visit reports and on-site assessment reports;

(g)   the SWD will, in consultation with NGOs, consider the technical feasibility and financial viability of the audit recommendation on asking service units to upload their annual plans and assessments of achievement of the plans onto their websites. This proposed measure will promote greater transparency of the services provided by service units. However, there will be variations in technical feasibility and financial viability among NGOs. Presently, only 127 (71%) of the 180 NGOs have established their own websites, and nearly all websites of NGOs are agency-based instead of unit-based; and

Involvement of external personnel

(h)   since 2000, the SWD has arranged visits by Justices of the Peace to its rehabilitation homes. In 2003, the SWD discussed with the Director of Administration on the possibility of extending Justices of the Peace visits to NGO rehabilitation homes (covering nine rehabilitation complexes) with effect from 2004. The SWD welcomes the involvement of external personnel to provide advice to its service units. Such visits could help increase the community's understanding of people with disabilities. The SWD will, in consultation with the government departments and NGOs concerned, take further action on this issue.

**Job-related training received by
each staff member of respondent service units
(2002-03)**

Service unit	Hours of training received by each staff member
60	3
59	4
58	4
57	6
56	8
55	8
54	8
53	10
52	11
51	11
50	12
49	13
48	13
47	14
46	14
45	14
44	14
43	14
42	15
41	16
40	16
39	17
38	18
37	20
36	21
35	21
34	21
33	21
32	21
31	21
30	21
29	23
28	23
27	24
26	25
25	25
24	27
23	28
22	31
21	31
20	32
19	32
18	33
17	35
16	35
15	37
14	39
13	40
12	41
11	42
10	42
9	43
8	44
7	44
6	45
5	48
4	50
3	50
2	51
1	52

Service unit

Hours of training received by each staff member
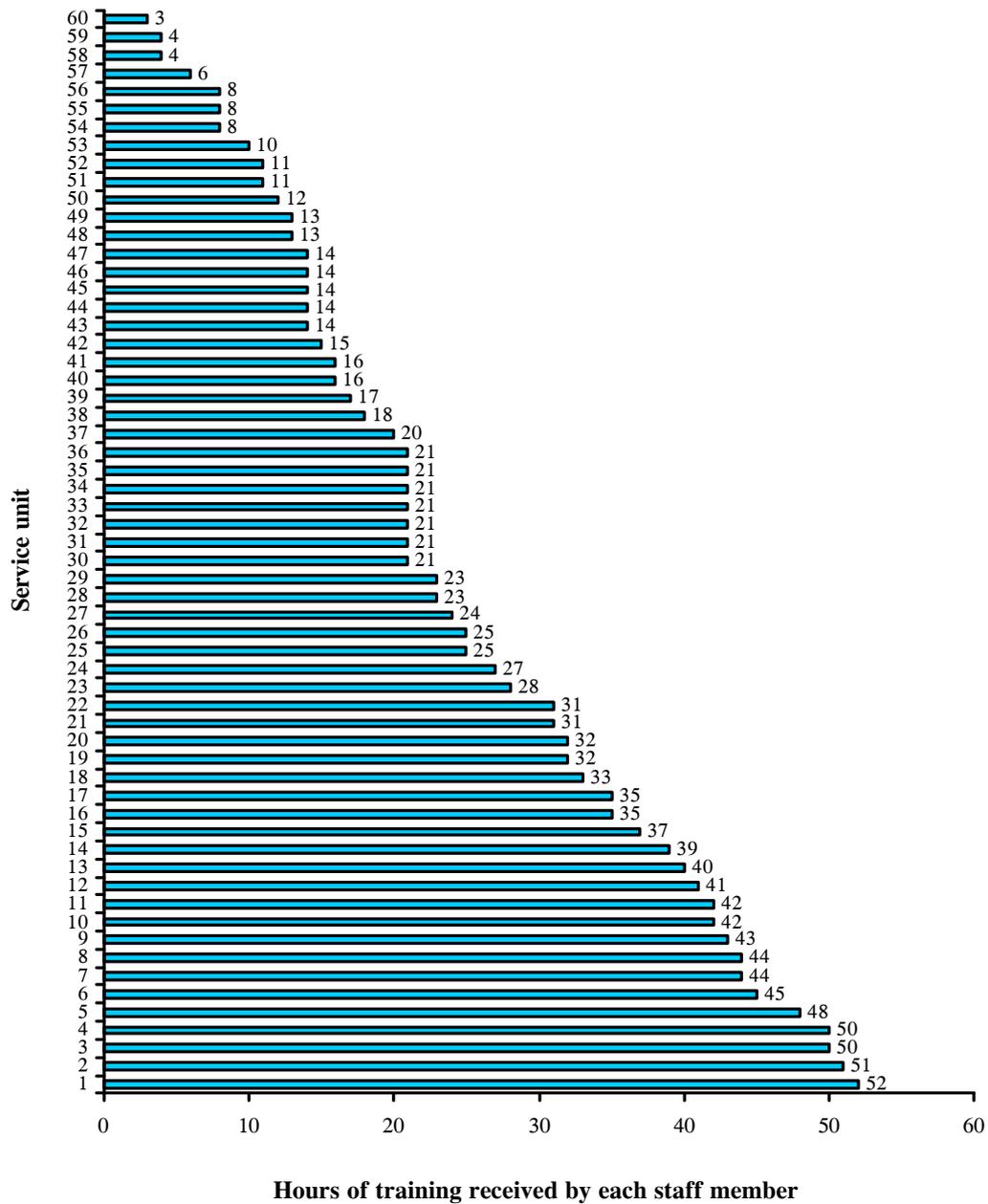
Source: Audit survey

**Sick leave granted in a year to
each service unit staff member due to injuries during work
(January 2000 to September 2003)**
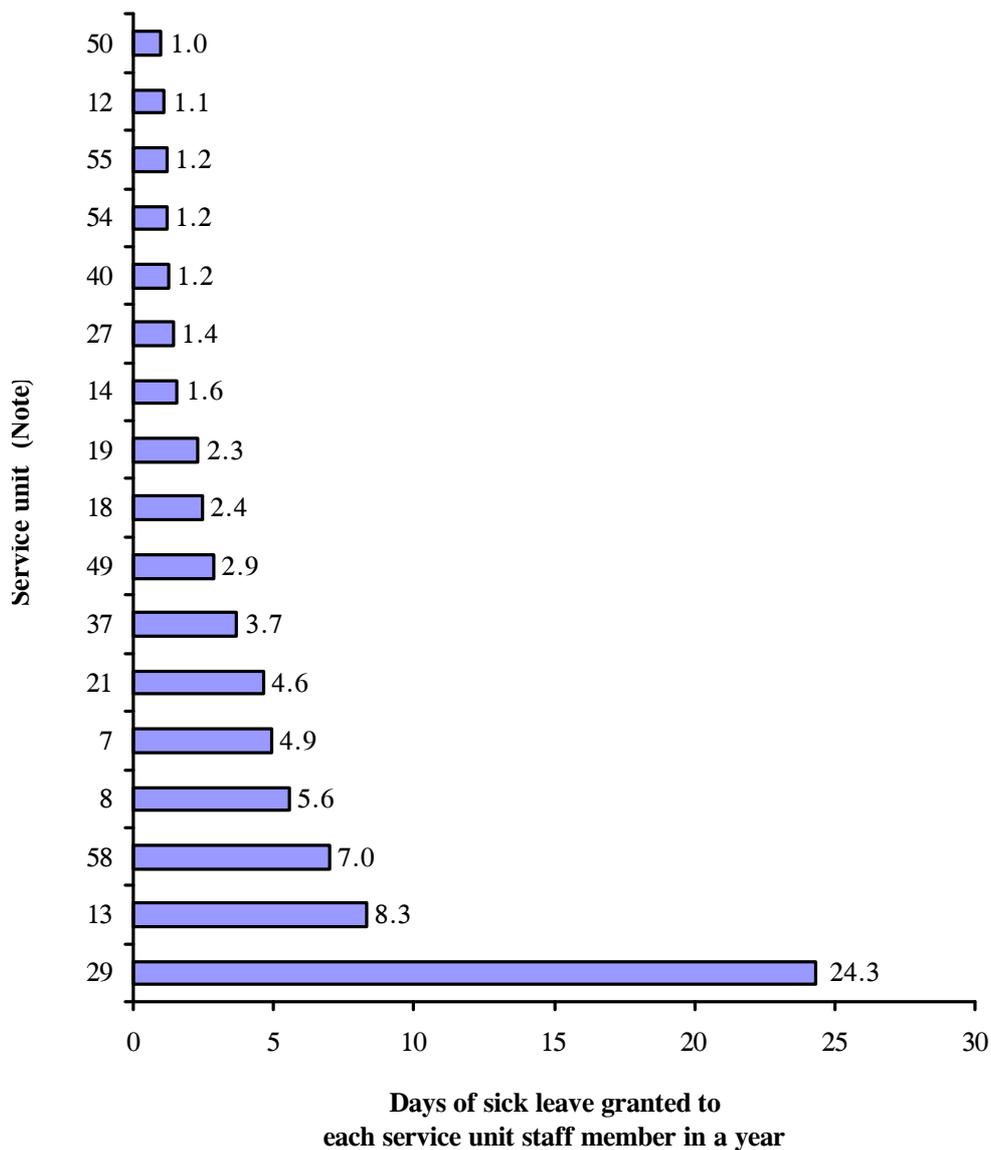
Source: *Audit survey*

Note: *The name codes here refer to the same service units in Appendix A. From January 2000 to September 2003, of the 60 respondent service units, 16 did not have staff who were granted sick leave due to injuries during work, and 27 granted, on average, 0.1 to 0.9 day of such sick leave to each staff member in a year. These 43 service units are not shown in this figure.*

Injuries caused to staff of Service Units 29 and 13
(January 2000 to September 2003)

Month	Nature of injury caused to staff	No. of days of sick leave granted
(A) Service Unit 29		
April 2000	Back injury due to slipping down on the floor in the multi-purpose room	702
July 2001	Back injury due to slipping down on the floor when serving meals to service users in the multi-purpose room	634
June 2002	Low back injury due to falling on the floor when attempting to sit on a chair	5
February 2003	Back injury due to slipping down on the floor when opening an entrance door	2
March 2003	Right wrist pain due to slipping down on the floor when serving meals to service users in the multi-purpose room	12
April 2003	Right forearm scald injury due to accidentally dragging down a pot of hot congee	11
May 2003	Head injury and left hand contusion due to falling on the floor during mopping	6
June 2003	Back pain caused by assisting service users to put on shoes	85
July 2003	Left eye and arm injuries during management of a service user's challenging behaviours	3
	Total	**1,460**

Month	Nature of injury caused to staff	No. of days of sick leave granted
(B) Service Unit 13		
January 2000	Wrist injury when serving a service user	6
February 2000	Hit by the head of a service user	6
March 2000	Accidental collision with a service user after cleaning a table	2
April 2000	Shoulder and wrist pain due to work	46
May 2000	Eye hit by a service user when serving him	2
June 2000	Arm hit by a service user' s elbow	2
July 2000	Back injury when trying to maintain discipline of service users during meal time	3
July 2000	Scald injury by hot water	7
August 2000	Knee injury due to falling from a bed when attempting to close a window	8
September 2000	Muscle and joint injuries due to helping a service user to walk	62
October 2000	Muscle injury due to serving a service user	1
October 2000	Hit by a service user when trying to stop him from snatching food	2
February 2001	Eye injury when serving a service user	2
July 2001	Hand injury when assisting a service user to bed	5
July 2001	Elbow injury when stopping service users from snatching food	5

| Month	Nature of injury caused to staff	No. of days of sick leave granted
July 2001	Waist pain after a collision with a service user	4
August 2001	Hand injury after a hit by a service user	3
November 2001	Waist pain after carrying a wheelchair	4
December 2001	Waist pain after moving a service user from a chair	6
December 2001	Waist pain after moving a service user from a chair	593
January 2002	Hand hit by a door closing caused by a service user	3
March 2002	A fall caused by a service user	7
October 2002	Knee injury when helping a fallen service user	9
November 2002	Waist pain after helping a service user	187
January 2003	Elbow injury due to an accidental fall	214
April 2003	Wrist injury caused by a service user	3
June 2003	Wrist injury after carrying heavy objects	52
July 2003	Injury caused by a service user	1
August 2003	Hit by the head of a service user having emotional problems	4
	Total	**1,249**

Source: Audit survey

Outreaching medical services provided by the Hospital Authority

Type of outreaching service	Particulars
Service for mentally ill patients	In line with international trend, the HA places increasing emphasis on community care of patients with a mental illness. When a mentally ill patient is discharged from an HA hospital, the HA provides him with continuity of care in the form of an out-patient follow-up service. However, in some cases, patients may default such appointments. To ensure that patients are provided with necessary care, the HA has established seven community psychiatric teams to provide an outreaching service for mentally ill patients. These teams, which are staffed by doctors and nurses, provide nursing, treatment and crisis intervention services for patients in the community (such as patients' homes, halfway houses and hostels).
Service for mentally handicapped persons	The HA provides 500 infirmary beds for severely mentally handicapped persons (comprising 300 beds at the Siu Lam Hospital and 200 beds at the Tuen Mun Hospital). Due to insufficient hospital beds, some people requiring the service need to undergo an assessment and are placed on a waiting list for the service. To provide support services for the carers of the applicants on the waiting list, the Siu Lam Hospital has established a team (comprising two psychiatric doctors and two community psychiatric nurses) to provide an outreaching service for severely mentally handicapped persons living in the community. For these mentally handicapped persons, the outreaching team provides consultations for them, conducts continuous assessment of their conditions, and provides training for their carers.
Service for other persons with disabilities	For persons with disabilities other than mental illness or mental handicap, the HA provides the community nursing service for patients discharged from hospitals, the community geriatric assessment team service for elderly persons applying for residential care services, and the community allied health service which aims to facilitate timely and safe discharge of high-risk patients from hospitals.

Source: HA records

**Voluntary work performed by parents of service users
(2002-03)**
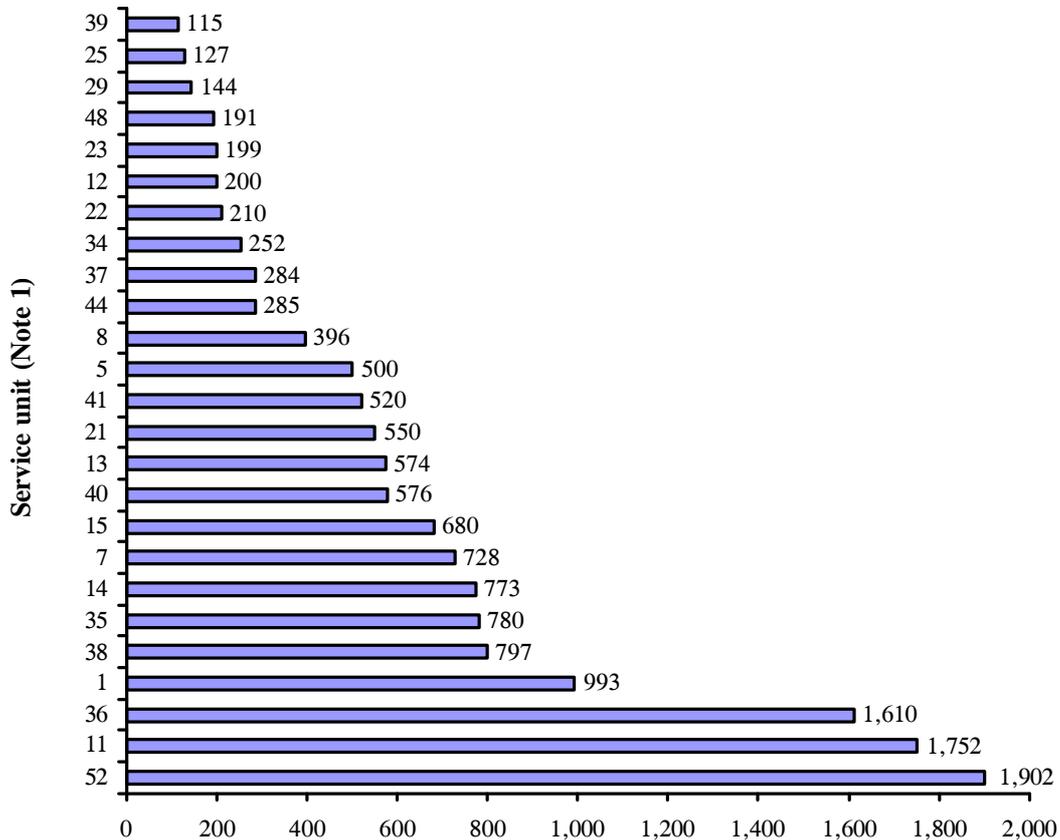
**Hours of voluntary work performed (Note 2)**

Source: Audit survey

*Note 1:   The name codes here refer to the same service units in Appendix A. Of
the 60 respondent service units, in 2002-03, the parents of service users
of 15 service units did not perform any voluntary work for the units, and
the parents of service users of another 20 service units performed 1 to
99 hours of voluntary work for the units. These 35 service units are not
shown in this figure.*

*Note 2:   On average, there were 66 service users at each respondent service
unit. Usually, more service users at a unit will entail a larger number
of hours of voluntary work performed by parents of service users of that
unit. In order that meaningful comparisons are made, the number of
hours of voluntary work performed by parents of service users of each
service unit has been adjusted on the basis that each unit had 66 service
users.*

**Work performed by volunteers of service units
(2002-03)**
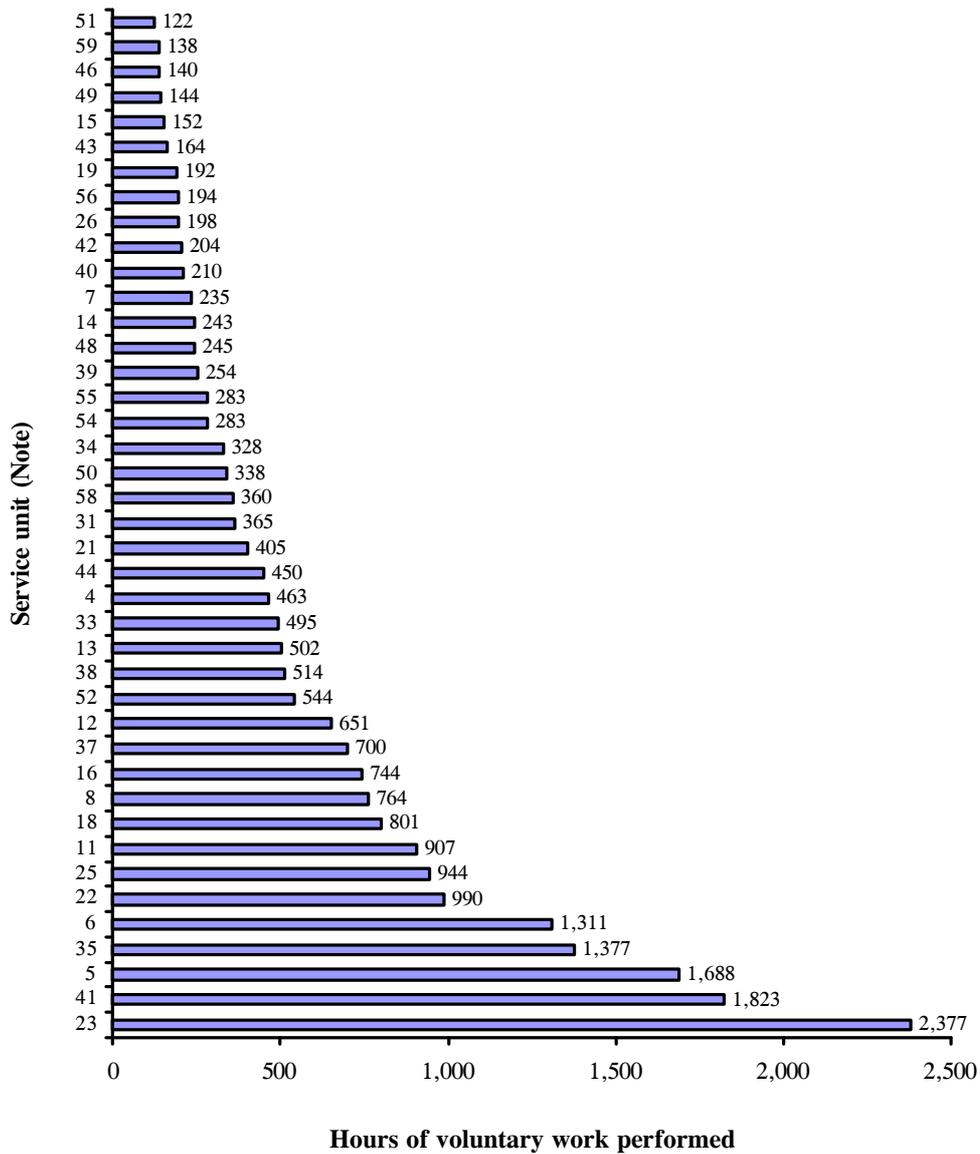
Source: Audit survey

*Note: The name codes here refer to the same service units in
Appendix A. Of the 60 respondent service units, in 2002-03, five
service units did not have volunteers providing assistance to them,
and at 14 service units, volunteers performed 1 to
99 hours of voluntary work for each unit. These 19 service units
are not shown in this figure.*

16 service quality standards issued by the Social Welfare Department

1.   The service unit ensures that a clear description of its purpose, objectives and mode of service delivery is publicly available.

2.   The service unit should review and update the documented policies and procedures, describing how it will approach key service delivery issues.

3.   The service unit maintains accurate and current records of service operations and activities.

4.   The roles and responsibilities of all staff, managers, the Management Committee and/or the Board or other decision-making bodies should be clearly defined.

5.   The agency/service unit implements effective staff recruitment, contracting, development, training, assessment, deployment and disciplinary practices.

6.   The service unit regularly plans, reviews and evaluates its own performance, and has an effective mechanism whereby service users, staff and other interested parties can provide feedback on its performance.

7.   The service unit implements policies and procedures to ensure effective financial management.

8.   The service unit complies with all relevant legal obligations.

9.   The service unit takes all reasonable steps to ensure that it provides a safe physical environment for its staff and service users.

10. The service unit ensures that service users have clear and accurate information about how to enter and leave the service.

11. The service unit has a planned approach to assessing and meeting service users' needs (whether the service user is an individual, family, group or community).

12. The service unit respects the service users' rights to make informed choices of the service they receive as far as practicable.

13. The service unit respects the service users' rights in relation to private property.

14. The service unit respects the service users' rights for privacy and confidentiality.

15. Each service user and staff member is free to raise, without fear of retribution, any complaints he or she may have regarding the agency or the service unit.

16. The service unit takes all reasonable steps to ensure that service users are free from abuse.

Source: *SWD records*

Remarks: *The service quality standards apply to all service units. The SWD has laid down some criteria for service operators to comply with in order to meet each standard.*

Acronyms and abbreviations

Audit	Audit Commission
HA	Hospital Authority
MCO	Marketing Consultancy Office
NGO	Non-governmental organisation
SWD	Social Welfare Department