



# **Community Based Rehabilitation: Opportunities and Limitations**

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***A Brief about  
Community-based  
Rehabilitation***

# Community-based rehabilitation

- Community-based rehabilitation (CBR) focuses on enhancing the quality of life for people with disabilities and their families; meeting basic needs; and ensuring inclusion and participation. It is a multi-sectoral strategy that empowers persons with disabilities to access and benefit from education, employment, health and social services. CBR is implemented through the combined efforts of people with disabilities, their families and communities, and relevant government and non-government health, education, vocational, social and other services.

World Health Organization (“WHO”; n.d.)

# Community-based rehabilitation

- CBR is developed for people with disabilities or chronic diseases for the purpose of social integration, equalization of opportunities, and rehabilitation programmes (Pollock, 1992), that may include:
  - Social, educational and vocational;
  - Neonatal special care to early intervention programme to geriatric care;
  - From prevention to intensive rehabilitation;
  - From sports rehab to high assistive technology assistance



# ***A journey of 3 cases***

# Scenario I: Rehabilitation Marginalization

- Mr. Chan, M/45, diagnosed right infarct stroke 1 year ago
- Mr. Chan was a sales person before stroke, he engaged in active life with much outdoor activities like hiking, swimming and travelling.
- Yet, after stroke he was unable to engage in activities he enjoyed.
- He was retired and changed to sedentary life with decreased social activities like Yum Cha with his friends.

# Scenario I: Rehabilitation Marginalization

- His main problem is over his left hand which will be very spastic without active management.
- Although Mr. Chan is independent in self-care at home, he walks with a quad outdoor and has difficulty in using public transportation and manage up/down stairs.
- The therapists in outpatients tell him that the training will only last for 3 months.



# Scenario 1: Rehabilitation Marginalization

- After a month's inpatient rehab and 3 months' outpatient training in the Hospital Authority of Hong Kong (HA), he has to travel twice a week from Tai Kok Tsui to Kwun Tong to attend training at a Community Rehabilitation Day Centre (CRDC).
- Many patients have difficulty accessing rehabilitation because of:
  - Physical environments restricting the physical access
  - Social opportunities for people with disabilities;
  - People who are disabled remain stigmatized and excluded from mainstream life or employment opportunities

# Scenario 1: Rehabilitation Marginalization

- There are only 4 CRDCs in 4 districts (Kwun Tong, Wanchai, Shatin, Tuen Mun) funded by Social Welfare Department since 2007
- In Hong Kong, there was an average of 25,247 people yearly suffered from stroke from 2008 to 2012, among of whom, 21,813 survivors with sensorimotor impairments requiring varying degrees of rehabilitation (HA, 2014)

## Scenario 2: Rehabilitation Deprivation

- Madam Chiu, 80 years old, is suffering from severe Dementia and is bed or chair-bound most of time at home in a public housing estate
- Her husband is the main caregiver while their children have married and lived apart
- Initially, her family insists on homecare because it will be good for Madam Chiu's gradual deteriorating condition

## Scenario 2: Rehabilitation Deprivation

- Recently, her family has decided to reduce the burden of care and send Madam Chiu to a private aged home nearby for convenience of care
- People who have prolonged preclusion from engagement in rehabilitation may be:
  - Socially excluded from participation in transportation, health care, recreation, public services, etc.;
  - Poverty, homeless

# Scenario 2: Rehabilitation Deprivation

- The population in Hong Kong is ageing.
- 13.3% of older adults were aged 65 or above in 2011 and the projection is 26.5% in 2031. The prevalence of mild dementia in Hong Kong is 2% in people aged 60-64 to 19.7% for aged 85 or above (Centre for Health Protection, 2012).
- Home care service for persons with severe intellectual / physical disabilities who are on the waiting list for subvented residential care service is limited.



The poster features a light blue background with a large, stylized sunflower in shades of yellow and orange at the bottom. In the center, there is a silhouette of a person in a wheelchair. The text is in both Chinese and English. At the top left, the Social Welfare Department logo and name are visible. At the bottom, contact information for the department is provided.

社會福利署  
Social Welfare Department

嚴重殘疾人士  
家居照顧服務  
Home Care Service  
for Persons with  
Severe Disabilities

查詢 (Enquiry): 社會福利署 (Social Welfare Department)  
電話號碼 (Tel. No.): 2343 2255  
網址 (Website): <http://www.swd.gov.hk>

## Scenario 3: Rehabilitation Injustice

- Mr. Fung, M/3 I, suffered from Muscular Dystrophy since 7 years old
- Completed his primary education in general school but had to changed to a special school because of physical disabilities
- Uses power wheelchair since 16 years old
- Although he is unable to write since 24 years old, he managed to complete his education at a university

# Scenario 3: Rehabilitation Injustice

- Daily expenses:
  - Renting a respirator ~3K/month
  - Assistive device maintenance/accessories ~1K/month
  - Full-time maid \$4,210/month
  - Rehab bus \$500 per time for monthly medical consultation
  - Private (maintenance) physio \$800 per time, 4 times/month
- Recently, he is funded by Community Care Fund (CCF) for Special Care Subsidy for the Severely Disabled
- Recently, he is able to find a job as an office assistant in the government after meeting with Chief Secretary of Administration

# Scenario 3: Rehabilitation Injustice

- Fortunately, he is a member of a self-help organization in NMD which also receives support from the Community Rehabilitation Network (CRN) of HK Society for Rehab
- CRN, which is subvented by SWD, was founded in 1994 and have 6 centres in different regions in HK.
- Despite legally equal, injustice still exists invisibly from normative expectations about how, when, and where people should participate, i.e. inequalities in access to rehabilitation

Community Care Fund

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### About the Fund

The Community Care Fund (CCF) has been established since early 2011. Its main objective is to provide assistance to people facing economic difficulties, in particular those who fall outside the social safety net or those within the safety net but have special circumstances that are not covered. In addition, the CCF may implement measures on a pilot basis to help the Government identify those that can be considered for incorporation into the Government's regular assistance and service programmes.

In late 2010, the Chief Executive appointed the Steering Committee on the CCF to oversee and co-ordinate the work of the CCF. An Executive Committee and four Subcommittees (Education, Home Affairs, Medical and Welfare) were set up under the Steering Committee to support the operation of the CCF. The terms of the above-mentioned committees/subcommittees ended in end 2012 and the CCF has since 2013 been integrated into the work of the reinstated Commission on Poverty (CoP). The CCF Task Force has been set up under the CoP as chaired by the Chief Secretary for Administration.

### Operating Principles

The operation of the CCF will be guided by the following principles:

- building a caring culture in society, gathering the efforts of various sectors of the community and encouraging the better-off to contribute;
- programmes should be people-oriented with assistance directly provided to beneficiaries; administrative costs or involvement of implementing agencies should be minimised though the need for non-government organisations' help to reach out to target groups outside the existing service network will not be precluded; programmes should be multifarious in nature; and the vetting process should be streamlined to ensure cost-effectiveness;
- programmes should complement the assistance and services provided by the Government or other charitable funds; duplication of efforts should be avoided as far as practicable; and
- operation of the CCF will mainly be funded by investment returns on the seed capital, but the seed capital may be deployed in accordance with the principle of financial prudence in response to needs.

The target beneficiaries of the CCF are those facing economic difficulties and in need of assistance.





# ***Challenges in Hong Kong***

# Challenges in Hong Kong

- An ageing population (Census and Statistics Department of Hong Kong, 2015, p. 6, Table I & p. 70, Table BI):

Significant Characteristics of the Population	Mid-2014 (Base)	Mid-2019	Mid-2024	Mid-2029	Mid-2034	Mid-2044	Mid-2054	Mid-2064
<i>% of population</i>								
Aged 0 – 14	11%	12%	12%	11%	10%	9%	9%	9%
Aged 15 – 64	74%	70%	67%	63%	62%	61%	59%	58%
Aged 65 and over	15%	18%	22%	26%	28%	31%	32%	33%
<i>After excluding foreign domestic helpers</i>								
Aged 0 – 14	12%	12%	12%	11%	10%	9%	10%	9%
Aged 15 – 64	73%	69%	65%	61%	60%	58%	55%	55%
Aged 65 and over	15%	19%	23%	27%	30%	33%	35%	36%

# Challenges in Hong Kong

- Increase in healthcare burden:
  - In Hong Kong, the HA (2009, as cited in Food and Health Bureau of Hong Kong 2010, Appendix, Chapter 2, p. 4) reported that the population of the elderly aged 65 years or above consumes on average **6 times** inpatient care resources (in terms of bed-days) more than those younger than 65.
  - In terms of general specialty bed utilization, in 2010, people aged below 65 years required 1.3 beds vs. people aged 65 years or over needed 11.8 beds per 1,000 population, which was **9 times** greater than that for non-elderly people. (HA, 2012, p. 15)

# Challenges in Hong Kong

- Difficulty in inter-departmental coordination within the Government
  - Hong Kong started to look at the issue of ageing and attempted to formulate a central policy in the 1980s and 1990s but the difficulty in making inter-departmental coordination made issues of ageing focus on health and personal social services and become the responsibility of the Health and Welfare Bureau (Chan & Phillips, 2002, p. 24).
  - Now?



# ***Recent Developments in Hong Kong***

# Recent Developments in Hong Kong

- In 2005, the Health and Medical Development Advisory Committee of Hong Kong issued a discussion paper entitled *Building a Healthy Tomorrow* for public consultation and envisaged a future model of health care system consisting of
  - Elderly, long-term and rehabilitation care services which encourage home care with community outreach and professional support, with infirmary and hospice care in all districts to enhance maintenance of family support. (2005, p. 55, para 7.1)
- This paper was considered the first attempt to outline a future healthcare model by better differentiating the roles of primary, secondary and tertiary care as well as home care and community support (Lam, 2005, p. 363).

# Recent Developments in Hong Kong

- Since then, the Hong Kong Government has made some initiatives for community-based rehabilitation, for example:
  - 4 subvented CRDCs providing goal-oriented and time-defined rehabilitation services
    - [http://www.swd.gov.hk/en/index/site\\_pubsvc/page\\_rehab/sub\\_listofserv/id\\_crdc/](http://www.swd.gov.hk/en/index/site_pubsvc/page_rehab/sub_listofserv/id_crdc/) (Retrieved January 3, 2016)
  - The Elderly Health Care Voucher Scheme, which has become a recurrent support programme for the elderly since 2014
    - [http://www.hcv.gov.hk/eng/pub\\_service\\_area.htm](http://www.hcv.gov.hk/eng/pub_service_area.htm) (Retrieved January 3, 2016)

# Recent Developments in Hong Kong

- The Chief Executive of Hong Kong has further promoted the concepts of community care in his *2015 Policy Address*, for example:
  - Introducing other voucher schemes in the contexts of community care services and residential care services (para 121)
  - Building mutual help community networks among residents of new public rental housing estates (para 133)
  - Encouraging active ageing through senior volunteerism, a \$2 public transport fare concession scheme, and residences and reverse mortgage programmes for the aged (paras 143-146)

# Limitations of CBR in Hong Kong

- But, the current services in CBR are still fragmented and limited. For example,
  - Lack of a longer-term CBR policy
  - Need to continue to strengthen inter-departmental coordination within the government
  - Coordination between the government, HA, SWD, and NGOs
  - NGOs are running CBR programmes based on a project basis. If funding is exhausted, the concerned services would be put to an end.
  - Lack of coordination between NGOs

# Our recommendations

- 1) We agree to the Government's plan to strengthen the role of the Commissioner for Rehabilitation (see, for example, Labour and Welfare Bureau of Hong Kong, 2014). This may help break down the current compartmentalization and fragmentation of CBR.
- 2) We advocate CBR to become a sustainable and long-term policy in Hong Kong, instead of one of the initiatives subject to the underpinning values of the government of the day.

# Our recommendations

- 3) We suggest the Government review the current financing model and improve the imbalance between hospital care and CBR. The current heavy reliance on the HA hospital services needs a critical revamp.
- 4) We also recommend stakeholders such as the government, scholars, practitioners in the health care and community care fields, and NGOs to establish a joint platform to discuss the longer-term planning in CBR and how resources could be better mobilized. This may avoid the currently fragmented approach.

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**Thank you!**  
**Q & A**