

(2) DISABILITY

Major Trends

Adopting the Global Paradigm of Disability locally:

1. The UN Convention of Rights for Persons with Disabilities (please refer to the following [website http://www.un.org/disabilities/convention/conventionfull.shtml](http://www.un.org/disabilities/convention/conventionfull.shtml)) has signified a global paradigm in viewing disability as a human right issue.
2. The global paradigm of disability has therefore shifted from a deficiency model to a growth & support model, from normalization to quality of life and self-determination/choice, from the *service* to the *person*, and from passive to active service user roles.
3. Local social workers and policy makers must fully acknowledge and affirm this paradigm shift and should swiftly review and reformulate policy and service goals for people with disabilities in accordance with the principles of the UN Convention. Hong Kong society has the obligation to ensure their basic human rights to daily provisions, education, employment, housing and equal opportunities in every aspects of community participation.
4. Disability policy cuts across different policy bureaus and departments and requires concerted efforts and clear policy goals and financial commitment from government and society as a whole.

Concerns

From Fixing the Individual to Building an Inclusive Society

1. Internationally, disability policy has addressed disability as a natural and normal part of the human experience. Any individual will have different forms of impairment in their life span when one ages and develops chronic illness. Impairments should in no way diminish a person’s right to fully participate in all aspects of society. A disability policy is not just for disabled people. It targets at building an inclusive society for all and by all.
2. The rise of the social model of disability provoked a drastic change in the ideology of disability. The social model takes an opposite position to the medical/individual model which equates disability as a ‘personal tragedy’. The social model believes problems for disabled people are caused by ‘social oppression’ such as discrimination and inequality.
3. The local agenda for social workers and policy makers is therefore to move beyond the medical model of rehabilitation and service provision into a new era of advocating for full human rights and equal opportunities and social inclusion for all. The key emphasis of disability policy has to aim at removing disabling environments and social and attitudinal barriers to inclusion of people with disabilities in every aspect of community participation.

Need to Review Objectives and Service Strategies of Existing Provisions

1. The value and mindset of the social work and rehabilitation professionals may need to be transformed to those of the social model. The rights of persons with disabilities are currently not fully respected in the limited range of choices and highly segregated and institutionalized service delivery models. The “welfare”

concept is still dominant in society and the social work profession should take the lead to initiate change in attitudes through education, service restructuring and policy advocacy.

2. In the existing range and mode of services for people with disabilities, service content and delivery in social services are still very old fashioned and fail to develop personal strengths and potentials of users with disabilities in the midst of the changing social and economic environment. Education provisions for disabled children are far from adequate. The recent court case on the issue of free education to disabled children is a shame to the Education Bureau and the Hong Kong government.
3. In residential care, there are limited choices in residential arrangement. Large residential institutions (40 places to 50 places) are still a standard provision. Independent living arrangement with service support is never considered a service option although it may be involving equal if not less costs. Direct subsidy to people with disabilities to purchase home help or private care should be included as a service option instead of just following the queue of residential places.
4. Quality of life of people with disabilities should be emphasized by the social work profession and also be explicit in policy and program objectives. Currently, self-determination and choice-making in major life events by people with disabilities are seldom an objective and a form of practices in service design and delivery. People with disabilities do not have equal opportunities in education and employment although they are all eager to learn and work and contribute to society. They are barred from participating in community life because of environmental barriers (e.g. universal design and accessibility to public & leisure facilities and transports; availability of visual supports and hand-sign translator in performance and public forum).
5. The government seems to place a very low priority on disability issues and so are different political parties and the Legislative Council. People with disabilities are a crucial part of society and should deserve a clear right to live fully and be included in the mainstream. A rich and prosperous society can definitely do more for each and every sector to have a dignified life and be able to enjoy basic human rights as a citizen. The vibrancy of Hong Kong city, including its provisions, culture and social fabrics, should be available to all including the rich, the poor, the able, the not so able, the old, the sick and each and every one of us.

Challenges Ahead

Lack of a Policy Planning Mechanism and Overarching Legal Framework

1. Within the government, the policy planning mechanism and structure is far from adequate. There is no reliable and accurate basic information on the number of disabled people and the prevalence of different types of impairment. The rehabilitation program plan and social service provisions are therefore piecemeal and based on inaccurate projections. There is no clear policy goals and framework to co-ordinate different government departments. Therefore people with disabilities and their parents face great difficulties to gain access to services of early identification, screening and assessment and proper training

and other services. They have to knock many doors and jump through endless hurdles for their needs be adequately met.

2. The Rehabilitation Program Plan is currently the blueprint for service review and micro planning but it is not a comprehensive social policy framework. It is too remedial and not proactive to address major population trends such as the implications of an aging general population as well as an aging disabled population not to mention an explicit vision and societal commitment for an inclusive society.
3. There is also a lack of coordinated and holistic approach across government departments in their range of social policies and service provisions for disabled people. One major flaw is the lack of a unified definition disability and thus misleading guidelines and eligibility criteria for services to the disabled.
4. Partnership and collaboration among different stakeholders and different government departments has been mentioned in the recent RPP (2007). However, no concerted measures or any appointed Bureau to be held responsible for an action plan for the UN Convention, partnership and collaboration may just be a lip service.
5. In Hong Kong, the dominant ideology is profit making and survival for the fittest. The government and the social welfare sector are pivotal to uphold principles of social justice and equal opportunities. The government must be explicit and truly determined to uphold the human rights principle by formulating a comprehensive disability policy together with an overarching disability legislation to ensure equal opportunities and basic citizen rights of disabled people. The EOC only reacts to discriminatory practices and is too limited in its scope of work to effect real changes in a business dominated society.

Possible Actions

Formulation of a Comprehensive Disability Policy and Legislation

1. The UN Convention has provided a framework and policy goals for government to take steps to ensure equal opportunities and inclusion of people with disabilities. The Hong Kong government should undertake a comprehensive review on existing policies, legislation and services related to disabilities and set up a high power policy mechanism to formulate a disability policy with contemporary definitions of disability, clear policy goals based on the human rights framework and accurate need assessment and projection based on vigorous qualitative and quantitative research and social statistical analysis. The government can make use of the full census to be conducted in 2011 to gather reliable and accurate data on the number of persons with disabilities, their current living situation, needs and expectation as well as the availabilities and effectiveness of service-delivery.
2. Disability by its very nature is heterogeneous in its forms, characteristics, needs and implications to individuals and society. The government should take the stance that disability policy is a vision rather than welfare issue. It should be firmly based in the global stance of human rights and social equality. It is a value we should publicly affirm and collectively strive for the common good of Hong Kong society. It has to be supported by all sectors of society including educators,

medical professionals, social workers, business sectors, service workers and people from all walks of life. The government must take the lead to educate the public to strive towards this vision.

3. A comprehensive review on real life situations faced by people with disabilities is essential to inform the policy planning process. Quality of life indicators should include income, education, employment, social class, discrimination, housing, medical services and accessibility, etc. The government should create a platform to involve users and different stakeholders in the policy planning process.
4. The government should regularly review the goals, service delivery strategies and design and quality assurance measures of existing services for people with disabilities (including medical treatment, education, vocational training, residential and community support etc). Service and programs must meet its goals as well as ensure quality of life and community participation of people with disabilities. Service users should have a voice in the review process and make recommendations on various aspects of the service.
5. A high ranking government body or official (in the rank of Deputy Secretary) should be responsible for formulation of the disability policy and an action plan to meet the goals and principles laid down by the UN Convention of Rights for Persons with Disabilities. Right now the Commissioner of Rehabilitation has no authority or mandate to co-ordinate different government bureaus and departments to review or change their policies and practices in accordance with the human rights framework.

Options and Strategies in Care, Employment and Social Inclusion

1. Educational provisions for children, young people and adults with disabilities should be thoroughly reviewed and updated to meet current social and employment situations.
2. Different forms of residential services and care options should be made available to enable independent community living for people with disabilities. Choices like small group homes and quality private homes (financed through a mixed mode of government subsidy and user fees) can be made available. Funding can be made available directly to users instead of service providers to increase choices and user involvement in quality assurance of residential services. Independent community living for people with disabilities can be considered so that they can live with family members in the community. Community support in the form of ‘personal care’ can also be considered when funding is made available to people with disabilities to employ helpers to assist their daily living.
3. Some of the service strategies such as integrated vocational rehabilitation services, sheltered workshops, supported employment, day activity centres, community support service for persons with ex-mentally ill (e.g. CMHL, CMHC & CoMHIP), enhanced home care and respite care etc. would need to have a comprehensive review. Lifelong learning, rehabilitation counseling, and vocational re-training and social entrepreneurial strategies would need to be explored to replace some of the old service strategies for people with different

types of disabilities.

4. Employment is essential for social inclusion, independence and actualization of human potential for people with disabilities. There should also be legislature or statutory measures to ensure and enhance employment of people with disabilities through incentive schemes or work quota system.
5. Prevention is better than cure. The government must look into ways to reduce onset of disabilities due to diseases or accidents. Medical and para-medical rehabilitation services such as physiotherapy and occupational therapy, speech therapy and psychiatric services are in great shortage as shown by the long waiting list. Adequate resources and appropriate service provision strategies must be provided to help meet the acute need.

How do you think about the themes/topics above? Are there any other themes left out that you would like to raise? What are other issues or problems related to this Agenda that you think should be explored and discussed?

Members of Agenda Group drafting the above text: Donna Wong, Phyllis Wong

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