

A Study on the Optimization Path of Medical Rehabilitation Policy for People with Disabilities in Hong Kong

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Abstract. Recently, Hong Kong's economic level, medical rehabilitation level and social care for the disabled have been rising. To improve the overall development level of the city, the Hong Kong government pays great attention to the rehabilitation and medical care for the disabled. After continuous policy improvement and implementation, the rehabilitation, education and employment of the disabled group have been greatly improved. However, there are still a series of potential problems such as financial constraints and uneven resource allocation. Therefore, the medical rehabilitation policy for people with disabilities is constantly revised and improved to keep pace with the times. This essay aims to analysis the development history and current trends of medical rehabilitation policies for the disabled in Hong Kong, and to sort out the existing "Rehabilitation Plan" to promote research in the field of rehabilitation for people with disabilities, and to put forward suggestions and directions for future development, to increase its service level and enhance more efficient development in the context of the new era.

Keywords: Hong Kong society, the disabled, welfare policy, medical rehabilitation.

1. Background and Purpose of Writing

1.1. Background

Hong Kong is a densely populated region, and its economy and medical care are among the best in the world. According to a comprehensive household survey conducted by the Hong Kong Census and Statistics Department in 2020, there were about 570,000 people in Hong Kong with limited physical activity, visual, hearing, and speech impairments, mental illness, autism, special learning difficulties, and attention deficit or hyperactivity disorder. Another statistical assessment conducted by the department showed that the total number of people with intellectual disabilities in Hong Kong ranged from 70,000 to 100,000 (Hong Kong Census and Statistics Department, 2020). While there are many people with disabilities, there is also discrimination and harassment against people with disabilities in society. To solve this social problem, Hong Kong has issued many policies for the rehabilitation of disabled groups, including medical rehabilitation, vocational rehabilitation, medical social rehabilitation, and so on.

1.2. Purpose of writing

Hong Kong began to establish a rehabilitation service system for people with disabilities in the 1970s. After decades of development, the policy covers medical, occupational, medical social rehabilitation, and other aspects. With the introduction of laws and regulations such as the Disability Discrimination Ordinance, legal protection is provided to people with disabilities. Based on Hong Kong's medical rehabilitation policy system for people with disabilities, this article analyzes current policy's problems such as uneven resource allocation and social recognition, and proposes optimization plans. By improving resource allocation, providing personalized rehabilitation plans, and strengthening social support, a better living environment can be provided for people with disabilities, social equality can be enhanced, and the employment rate of this group can be promoted.

2. Current status of policy making

2.1. Current status of medical rehabilitation policy for people with disabilities in Hong Kong

Over the past few decades, Hong Kong has gradually established and improved a policy system for medical rehabilitation of people with disabilities, covering multiple aspects such as medical care, social rehabilitation, vocational rehabilitation and rights protection. These policies have played an important role in the construction of social inclusiveness and fairness in Hong Kong, and have also enabled Hong Kong to gradually move to the forefront of the world in the field of rehabilitation services for people with disabilities. Hong Kong has issued many relevant policies at different historical stages, laying the legal and institutional foundation for the rehabilitation of people with disabilities.

In 1976, Hong Kong issued the first "Rehabilitation Green Paper" and rehabilitation service plan. The introduction of this policy marked the beginning of the Hong Kong government's commitment to rehabilitation needs of people with disabilities at a policy level. The "Rehabilitation Green Paper" provides a preliminary policy framework for the establishment of rehabilitation services for people with disabilities, aiming to build a basic rehabilitation service system through the coordinated development of medical rehabilitation, psychological support, community services and other aspects.

The White Paper on Rehabilitation Policy and Services, released in 1995, further clarified the development direction of rehabilitation services for people with disabilities in Hong Kong and put forward the concept of "community-based, comprehensive rehabilitation". This concept emphasizes that people with disabilities should receive rehabilitation services in a familiar community environment to avoid the social isolation caused by long-term hospitalization. At the same time, through the community rehabilitation network, people with disabilities can be integrated into daily social life to enhance their independence and sense of social participation. Driven by the White Paper on Rehabilitation Policy and Services, the Hong Kong government conducted extensive surveys on the rehabilitation service needs of people with disabilities and learned that people with disabilities not only need medical rehabilitation but also need comprehensive support in education, occupation, social life, etc. Based on this understanding, Hong Kong promulgated the Disability Discrimination Ordinance in 1996, which became an important legal basis for protecting the basic rights of people with disabilities. Through this ordinance, the Hong Kong government clarified for the first time the equal rights of people with disabilities in employment, education, public services, etc., and prohibited any discrimination based on disability. The Disability Discrimination Ordinance stipulates equal treatment for people with disabilities in many aspects such as the workplace, education, and public places, providing more extensive legal protection for rehabilitation services for people with disabilities. This not only improves the living conditions of people with disabilities but also increases their participation in various fields of society.

In the 2000s, Hong Kong implemented a subsidy program for self-help organizations of people with disabilities to improve the personalization and service quality of rehabilitation services. In the 2010s, Hong Kong focused on the application of technology and international cooperation to improve the efficiency and internationalization of rehabilitation services. In 2017, the Hong Kong Rehabilitation Plan was updated to strengthen cooperation between the rehabilitation community, people with disabilities, and social investment, and promote better integration of people with disabilities into society. Hong Kong's rehabilitation services continue to develop, providing people with disabilities with better services and a more favorable social environment.

2.2. Hong Kong's Medical Rehabilitation Policy Service Content for People with Disabilities

The services provided in Hong Kong's Medical Rehabilitation Policy for People with Disabilities are diverse and comprehensive, aiming to meet the needs of people with disabilities in medical care, rehabilitation, education, employment, social integration and other aspects.

2.2.1. Medical and Rehabilitation Services

Professional medical rehabilitation: Provide professional services such as physical therapy, occupational therapy, speech therapy, etc. to help disabled people recover or improve their physical functions.

Adaptation of assistive devices: Provide adaptive assistive devices such as wheelchairs, prostheses, orthotics, etc. according to the specific needs of disabled people to improve their quality of life.

Rehabilitation consultation services: Provide rehabilitation consultation and guidance to disabled people and their families to help them develop personalized rehabilitation plans.

2.2.2. Education services

Special education services: Provide special education services for disabled children, including preschool education, compulsory education, etc., to ensure that they can receive appropriate education.

Vocational education and training: Provide vocational education and training for adult disabled people to help them improve their vocational skills and employability.

2.2.3. Employment services

Job referral and employment guidance: Provide job referral and employment guidance services for disabled people to help them find suitable jobs.

Sheltered workshops and assisted employment: Provide sheltered workshops and assisted employment services for disabled people with low working ability to help them find employment and integrate into society.

2.2.4. Community support services

Daycare services: provide daycare services for people with disabilities, including daily life care, rehabilitation training, etc.

Accommodation services: provide accommodation services for people with disabilities who cannot live independently, including dormitories, shelters, etc.

Social and recreational activities: organize people with disabilities to participate in social and recreational activities to promote their social integration and mental health.

2.2.5. Financial assistance and social security

Disability allowance: provide people who are identified as disabled and have been disabled for a certain period with disability allowance without economic status review.

Comprehensive social security assistance: provide financial assistance to low-income people with disabilities, including living expenses, rental subsidies, etc.

2.2.6. Other services

Barrier-free facilities: build and renovate barrier-free facilities, such as barrier-free passages, barrier-free toilets, etc., to facilitate the travel and life of people with disabilities.

Legal aid and rights protection services: provide legal aid and rights protection services to people with disabilities to protect their legitimate rights and interests.

2.3. Policy implementation

A close collaboration mechanism has been established between government departments to jointly promote the implementation of the medical rehabilitation policy for persons with disabilities:

The Labour and Welfare Bureau is the core agency providing rehabilitation services. It is responsible for planning and coordinating the work of multiple government departments such as the Hospital Authority, the Education Bureau, the Vocational Training Council, and the Social Welfare Department. These departments provide comprehensive cross-departmental services to persons with disabilities within their respective responsibilities. The government integrates social resources to provide comprehensive services to persons with disabilities. The government also reasonably allocates resources according to the needs and actual conditions of persons with disabilities to ensure the fairness and sustainability of services. The government has established a sound supervision and

evaluation mechanism to conduct regular inspections and evaluations on the implementation of policies, which helps to identify problems in a timely manner and take measures to improve them, ensuring the effective implementation of policies.

Non-governmental organizations play an important role in the implementation of medical rehabilitation policies for persons with disabilities in Hong Kong. They receive government funding and provide a variety of services including day training, vocational rehabilitation, accommodation services, and community support. These institutions usually have professional service teams and rich service experience and can provide high-quality services to persons with disabilities. Community organizations are also an important force in policy implementation. They provide social integration and mental health support for persons with disabilities by organizing community activities and providing volunteer services.

2.4. Evaluation criteria

During the implementation of the policy, the Hong Kong government has formulated a series of evaluation criteria to monitor and evaluate the actual effect of the policy. These evaluation criteria mainly cover service coverage, service quality, resource utilization efficiency and social integration, and measure the effectiveness of the policy and the overall situation of rehabilitation services for people with disabilities from multiple perspectives.

First, the Hong Kong government monitors the popularity of rehabilitation services through data to detect service coverage and ensure that the policy can benefit most people with disabilities in need. And continue to cultivate the number of auxiliary rehabilitation medical personnel. Data shows that after years of policy promotion, more than 10,000 relevant professional medical personnel in Hong Kong have actively participated in the work of professional hospitals and rehabilitation centers for the disabled. Provide various professional guidance and services for the disabled group. The coverage rate of rehabilitation services for people with disabilities in Hong Kong has increased year by year, and the community rehabilitation service network has gradually improved. More people with disabilities can get rehabilitation support near their residences.

Secondly, the Hong Kong government collects feedback from people with disabilities on rehabilitation services through surveys and interviews to judge the actual effect of the services. According to the survey report of the Hong Kong Census and Statistics Department, the overall satisfaction of people with disabilities with existing rehabilitation services has gradually increased, especially in personalized rehabilitation and community rehabilitation. People with disabilities generally believe that community rehabilitation services can meet their basic needs, and they affirm the convenience and personalization of the services.

Finally, resource utilization efficiency is a criterion that cannot be ignored in policy evaluation. The Hong Kong government pays great attention to the rational allocation of resources in the implementation of rehabilitation policies to ensure that funds and materials can play their role to the greatest extent. The government monitors the use of rehabilitation resources in real-time through a resource monitoring system, regularly evaluates the allocation and utilization efficiency of various resources, and adjusts resource allocation accordingly to ensure that people with disabilities can obtain the required rehabilitation services in a timely manner. According to surveys, 90% of various welfare service units in Hong Kong are non-governmental welfare institutions, providing different types or forms of corresponding services for people with disabilities. For non-governmental organizations, which account for a large proportion, the Hong Kong government mainly guides and manages their relief work through relevant laws and regulations, provides financial support to these non-profit civil organizations that provide welfare services, and supervises and inspects their services through a special agency (Service Performance Affairs Group). To ensure the correctness and efficiency of resource utilization.

2.5. Actual results of policy implementation

With the cooperation of government policies, non-official non-profit organizations and the medical community, Hong Kong has established a relatively complete medical and rehabilitation policy system for people with disabilities in Hong Kong. This system shows the following characteristics in operation:

Providing diverse services: Judging from the scope of services included in the policy, Hong Kong's medical and rehabilitation policy for people with disabilities covers many aspects such as medical care, rehabilitation, education, employment, and social integration, providing comprehensive support for people with disabilities. In addition, the Hong Kong Social Welfare Department and the Census and Statistics Department provide search services for the public. All types of relevant documents can be searched on their official websites so that people with disabilities can search and apply for relevant protections more quickly and conveniently.

High service quality: Thanks to the careful planning of government departments and the active participation of non-governmental organizations, the quality of medical and rehabilitation services for people with disabilities in Hong Kong has been significantly improved. Service providers usually have professional skills and extensive experience and can provide personalized services to people with disabilities. According to statistics in 2020, there are approximately 570,000 people in Hong Kong with varying degrees of disability, and most of them can obtain necessary rehabilitation services through policy support. Especially with the promotion of community rehabilitation services, people with disabilities can enjoy rehabilitation services near their residences, which greatly improves the convenience of rehabilitation services. These rehabilitation services not only cover physical rehabilitation, but also involve psychological support, vocational training, social ability improvement and other aspects, providing more comprehensive rehabilitation support for people with disabilities. In addition, under the protection of the Disability Discrimination Ordinance, employment opportunities and educational opportunities for people with disabilities have gradually increased. More and more companies and schools are willing to accept people with disabilities and provide them with fair employment and learning opportunities. Data shows that in recent years, the employment rate of people with disabilities has increased year by year, and their participation in education has also increased significantly. This not only enhances the social adaptability of people with disabilities, but also improves their quality of life and sense of self-identity.

Good social integration: By organizing community activities and providing volunteer services, Hong Kong people with disabilities can better integrate into society. This not only helps improve their quality of life, but also helps increase society's understanding and acceptance of people with disabilities. Through a series of publicity and education activities, Hong Kong society has gradually deepened its understanding and tolerance of people with disabilities, and social discrimination and prejudice have been significantly reduced. Enterprises and community organizations help people with disabilities better integrate into society by providing employment opportunities and social activity support (Li Yifan, 2007). At present, more than 80% of the public express their willingness to support the social participation of people with disabilities and recognize their contributions to society. Driven by the government, enterprises, non-profit organizations and other parties, Hong Kong's rehabilitation services for people with disabilities have formed a multi-level support network led by the government, supported by society, and participated by people with disabilities.

Continuous policy optimization: The Hong Kong government continues to update and improve the medical and rehabilitation policies for people with disabilities based on social development and the needs of people with disabilities. This helps ensure that policies are timely and targeted and provide better services to people with disabilities.

3. Problems of the policy

3.1. Limited financial inputs

In terms of overall policy direction, Hong Kong has adopted the concept of relying primarily on the market and the private sector to assume responsibility for social welfare, and has advocated that this should be the obligation of the individual family. Based on this approach, the overall level of social welfare expenditure on medical rehabilitation for persons with disabilities in Hong Kong is low. As a result of this approach, the overall level of social welfare expenditure on medical rehabilitation for persons with disabilities in Hong Kong is low.

Subsequently, the government of Hong Kong's investment in health care is allocated to general medical services, community rehabilitation services, community nursing services and community medical outreach services (Deng et al., 2015). Therefore, although the government's investment in community health care has increased in recent years, there is still a considerable gap between the existing resources and the target of meeting the needs of persons with disabilities, and the investment in medical and rehabilitation services for persons with disabilities is still insufficient compared to the growing demand.

In addition, if Hong Kong continues to maintain the current level of coverage of community services and quality of medical rehabilitation, the districts may not be able to support the recurrent budget for community services.

3.2. Imbalanced system layout

As the medical insurance system in Hong Kong is divided into several independent parts in the provision of services, there is a lack of coordination and continuity between hospitals and institutions in the whole process of medical rehabilitation for persons with disabilities, including primary inpatient care and follow-up community medical rehabilitation, which usually results in duplication or inadequacy of services. This affects the efficiency of the whole service system and the quality of resources for people with disabilities. Hospitals or institutions also cooperate less with each other, with a mindset that sees them as the main providers of services, resulting in inefficient resource allocation and inequitable access to resources for service users.

In addition, the number of community hospitals in the districts is significantly higher than that of large medical centers in terms of equipment and facilities, but large medical centers have more professional doctors and nursing staff, more advanced medical equipment and more financial resources (there is often a difference of more than 10 times). At the same time, the government is also more inclined to invest financial subsidies in large hospitals, which will undoubtedly further exacerbate the disparity between the medical conditions in large hospitals and those in community medical service centers, and widen the imbalance in the development of regional medical and rehabilitation resources.

3.3. Uneven distribution of resources

Firstly, as the health care system in Hong Kong is divided into several separate parts in the provision of services, there is a lack of coordination and continuity between hospitals or organizations in the whole process of medical rehabilitation for people with disabilities. Moreover, each hospital or organization tends to see itself as the main provider of medical services and there is less cooperation between them. This often leads to duplication or inadequacy of services, which affects the efficiency of the whole service system and the quality-of-service resources available to persons with disabilities.

In addition, although the number of community hospitals will be much higher than that of large medical centers in terms of regional distribution, large medical centers have more practicing doctors and professional nursing staff, more advanced medical equipment, and more financial assets (often with a gap of more than 10 times). At the same time, the government is also more inclined to invest financial subsidies in large hospitals, which will undoubtedly further exacerbate the gap between the

medical conditions of large hospitals and community medical service centers, and widen the uneven development of regional medical rehabilitation resources.

Finally, some special cases also suffer from an uneven distribution of resources. For families of persons with disabilities with financial difficulties, even if the government provides partial subsidies, they may face the problem of insufficient resources due to their inability to bear the additional costs in view of the high cost of rehabilitation; for persons with disabilities living in different cities, especially in geographically remote areas, the establishment of an insufficiently developed community-based medical rehabilitation network may lead to an imbalance in health care resources; for persons with rare types of disabilities, compared to common types of disabilities such as physical disability, visual impairment, etc., the government and society may pay less attention and invest less in them, resulting in inadequate resources and difficulties in accessing appropriate rehabilitation services.

3.4. Inadequate political system

There is little direct involvement of persons with disabilities in the policy-making process. The government usually learns about the situation mostly through charities, relevant agencies and people with disabilities, but not directly from the target group. In the implementation process, the lack of awareness and prejudice on the part of law enforcement officials, the reliability of the tools used by some people with disabilities to express themselves, have all contributed to a lack of understanding of the legal system and the need to communicate with people with disabilities at a later stage in the process. Furthermore, the lack of personalized and targeted communication after the use of legal tools prevents persons with disabilities from receiving positive responses and feedback, and there is a lack of effective complaints and monitoring systems to ensure implementation.

The assessment system for policy implementation is not sufficiently personalized and humanized. At present, the assessment tools for persons with disabilities in Hong Kong appear to be technical and professional, but they are stuck in a stereotypical and traditional way of dealing with the issue. Some of the assessment requirements are too strict and do not reflect the actual situation. For example, when families of persons with disabilities apply for residential services, they always hope that they will be allocated better services and so they are willing to wait while the official government adopts a new assessment tool to improve the efficiency of allocation. These families will then rush to queue for the limited social services available to them, putting additional pressure on families with disabilities who are in real and urgent need of such services.

3.5. Lack of social awareness

While people with disabilities are accepted into society under the new social philosophy because they have something to offer, such as intellectual and physical abilities, the overall social philosophy is still constrained by entrenched institutional structures, particularly in specific areas such as employment and education.

Community-based rehabilitation is not widely publicized, and the public has a limited understanding of its principles and practices. This has resulted in a lack of interest and even prejudice against the community-based rehabilitation model, with the perception that rehabilitation is not necessary or that it is a costly process.

The lack of social attention also results in inadequate funding and an insufficient pool of human resources. Furthermore, the effectiveness of community-based rehabilitation depends on the level of community participation. Rehabilitation, as a continuous process, requires many supplementary exercises in the later stages of the process, including the support of volunteers.

4. Policy optimization pathways

4.1. Improve policy systems and assessment tools

Encourage all parties to actively make proposals to improve the policy system, promote the advancement of the legislative process on medical rehabilitation and social services for persons with disabilities, formulate more comprehensive and detailed policies on rehabilitation services, strengthen the articulation and coordination of policies, and safeguard the legal rights and interests of persons with disabilities in relation to medical rehabilitation services. Improve the assessment and monitoring system, reduce the proportion of efficiency in assessment tools, and make personal development rather than simply a return to independent living the reference standard for judging the integration of persons with disabilities into the community. Promote the formation of a tripartite collaborative mechanism of government review, institutional self-inspection and social monitoring to improve the quality of policy and service implementation.

4.2. Optimize resource allocation

Explore strategies to optimize the allocation of resources, increase government investment, manage the participation of social capital and improve the efficiency of resource use. The government will tailor its approach to local conditions by assessing the level of medical rehabilitation derived from the development of different districts. Regions with a higher level of development will relatively reduce their input, increase the autonomy of regional service development and promote surpluses; regions with a lower level of development will increase their financial subsidies to improve local medical and rehabilitation conditions as soon as possible and raise their level of development. Provide special medical subsidies to residents of public medical centers and community hospitals to encourage persons with disabilities to choose such hospitals for medical rehabilitation.

4.3. Strengthen the service team and improve service levels

Propose measures to enhance service quality, strengthen the training of service personnel, improve service standards, and establish a mechanism for rewarding and penalizing the assessment of service quality. Raise the income level of primary health care workers and encourage more reserve talents to enter the profession. Promote the separation of management and operation of medical centers. Short-term training, lectures and online courses can be used in the community to encourage more community medical staff to master basic knowledge and techniques, and to encourage more people to participate as lay or even professional volunteers to support people with disabilities in the community. It is also recommended that colleges and universities set up relevant programs to promote the concept of community rehabilitation and train more talents from the ground up.

4.4. Strengthen cross-sectoral cooperation

Establish a medical rehabilitation network for persons with disabilities and strengthen cooperation. Emphasis is placed on the importance of strengthening cross-sectoral cooperation, establishing cross-sectoral cooperation mechanisms, and strengthening information sharing and communication. Medical rehabilitation for persons with disabilities requires the support and cooperation of the Disabled Persons' Federation, government health and social security departments, non-governmental organizations and other parties, and the promotion of the establishment of a cross-sectoral, multi-party, long-term and close cooperation mechanism and system. Promote cooperation between general hospitals and community hospitals and between governmental and non-governmental organizations, with emphasis on coordinating the overall planning of community services.

4.5. Innovative application of new technologies

With the aim of meeting the increasing basic assistive needs of people with disabilities, we should actively apply new materials, technologies and methods to assistive devices and daily life of people with disabilities, such as polymer materials, AI artificial intelligence technology, etc., to improve the

efficiency and quality of rehabilitation services, and to provide better medical rehabilitation services for people with disabilities.

5. Summary

At present, under Hong Kong's medical rehabilitation policy for persons with disabilities, social services have been developed over the decades to be more comprehensive, large-scale and professional. However, due to the growing number of people with disabilities and the increasing demand for higher-quality rehabilitation, there is an urgent need to change the existing mode of operation to improve the level of service. By analyzing the current policy situation, the author summarizes the existing dilemmas and constructively suggests feasible ways of improving various aspects, with a view to providing ideas for future policy reforms for persons with disabilities in Hong Kong.

Authors Contribution

All the authors contributed equally and their names were listed in alphabetical order.

References

- [1] Huang Yi. (2005). Some inspirations from the nursing model of Hong Kong SAR. *Practical Medicine Journal*, 22 (9), 859 - 860.
- [2] Labour and Welfare Bureau of the Government of the Hong Kong Special Administrative Region. White Paper on Rehabilitation Policies and Services [EB/OL]. 1995. [2024-11-03], DOI: <https://www.lwb.gov.hk>.
- [3] Li Yifan. (2007). Learn from Hong Kong's experience to cultivate social work talents. *Economic Forum*, (21), 59 - 61.
- [4] Hong Kong Legislative Council Research Group, ISSH03/2024, DOI: <https://app7.legco.gov.hk>.
- [5] Liu Zuyun, & Mao Xiaoping. (2010). Comparative study on the sources of social support for disabled people in Hong Kong and Mainland China: Part 1. *Journal of South-Central University for Nationalities: Humanities and Social Sciences*, (4), 93 - 100.
- [6] Liu Zuyun, & Tian Beihai. (2008). Analysis of the Hong Kong model of social welfare for the elderly. *Social Science*, 28 (1), 164 - 190.
- [7] Deng Zehong, Yu Yang, & Gong Qiuwei. (2015). Characteristics and implications of Hong Kong community medical management system. *Chinese General Practice*, 18 (28), 3388.
- [8] Yan Fei, & Zhu Yuqing. (2018). The medical security system in Hong Kong, my country and its implications. *Social Policy Research*, (1), 47 - 58.
- [9] Lee, T. K., & Lee, J. (2006). Rehabilitation and welfare restructuring in East Asia: Deciphering an assessment tool for people with disabilities in Hong Kong. *Disability & Society*, 21 (6), 583 - 598.
- [10] Yin Chui, D. Y. (1998). What is community-based rehabilitation: An implication of the roles of community occupational therapists in Hong Kong. *Occupational Therapy in Health Care*, 11 (3), 79 - 98.