



Submission to the Committee on the Rights of Persons with Disabilities regarding the implementation of the UNCRPD in the Hong Kong Special Administrative Region, China

February 2020

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The Hong Kong Coalition for the Rights
of Persons with Disabilities
and 62 NGOs

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Foreword

As the first report from the Hong Kong Special Administrative Region of the People's Republic of China was being submitted to the Committee on the Rights of Persons with Disabilities in 2012, we, members of DPOs and local NGOs, also submitted shadow reports while participating in the lobbying and hearing process. We are delighted to see that a number of our recommendations were endorsed in the concluding observations under the Hong Kong part in the report for China and they are also reflected in the list of issues that was sent to the HKSARG.

This shadow report is prepared to respond to and comment on the situation in Hong Kong over the past eight years from the perspective of the DPOs and supporting organizations of persons with disabilities, since the last review and in view of the upcoming review.¹ We hope this will highlight our concerns as well as to bring to light our inputs and demands.

The list of issues is enclosed in this report. Please contact us should any clarification or comments be required.

The Hong Kong Coalition for the Rights of Persons with Disabilities

+852 9220 5310

chosenpower1989@yahoo.com.hk

¹ See Annex 1 for the list of endorsing organizations and individuals.

Abbreviations

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|---------------------|---|
| CRPD/the Convention | Convention on the Rights of Persons with disabilities |
| CTO | community treatment order |
| DDO | Disability Discrimination Ordinance |
| DPO | disabled persons' organizations |
| EdB | Education Bureau |
| EOC | Equal Opportunities Commission |
| FHB | Food and Health Bureau |
| HKSARG | Hong Kong Special Administrative Region Government |
| ICF | International Classification of Functioning, Disability, and Health |
| LegCo | Legislative Council |
| MHO | Mental Health Ordinance |
| MIP | mental incapacitated person |
| the Police | Hong Kong Police Force |
| PWD | person with disabilities |
| RDO | Race Discrimination Ordinance |
| RPP | Hong Kong Rehabilitation Programme Plan |
| SEN | special educational needs |
| SWD | Social Welfare Department |
| WoC | Women's Commission |

Comments and Recommendations on the implementation of the UNCRPD by The Hong Kong Special Administrative Region Government (HKSARG) in 2012 - 2019

I. Purpose, definitions, general principles and general obligations (Arts. 1-4) Concluding observations, paras. 53 and 54

1. Hong Kong has not adopted the 2012 recommendations by the Committee which urge for the review of the definition of persons with disabilities in conformity with Art.1. There is no unity in the definition of “disability” across the laws and policies in Hong Kong and that the definition of the term across different laws and policies is often defined in such a way that lacks any human rights considerations.
2. The HKSARG had arranged for just a few rehabilitation organizations to China to observe its application of the ICF. After that, only one rehabilitation organization was commissioned to provide a pilot project using the ICF as the framework.
3. A consulting team of the Hong Kong Polytechnic University (Faculty of Health and Social Sciences, Department of Rehabilitation Sciences) has been commissioned to carry out a feasibility study when the review of the Hong Kong Rehabilitation Programme Plan (RPP) was launched in 2018, the team has not produced any timetable nor have they incorporated the recommendations of the Committee when amending the DDO and MHO.²
4. The MHO has not been included in the RPP review and still uses terms such as “mental handicapped”, “mental disordered” and “mental incapacitated persons”, which runs against the principles of the Convention.
5. The DDO has no clear provisions to provide for the obligation of “reasonable accommodation”. In the Discrimination Law Review prepared by the EOC, the term for reasonable “accommodation” was rendered as 遷就 (Cantonese: cin1 zau6/Mandarin: qiānjiù) instead of 便利 (bin6 lei6/biànlì) which is used in the Chinese version of the CRPD. The former term carries a sense of “giving out of sympathy” and

² Mental Health Ordinance <https://www.elegislation.gov.hk/hk/cap136>

“troublemaking”. The rendition of the term is incompatible with the objective of Art. 2 of the CRPD.

6. The HKSARG has been conducting a review of the RPP since 2018. While claiming the review is planned around the principles of the Convention, it runs contrary to the principles in its review of various policies and services. The review framework builds upon the basis of rehabilitation and plans priorities with service providers that employ the medical model instead of applying the principles of human rights, informed choice and self-autonomy.
7. The definition and assessment for eligibility of Disability Allowance continue to rely solely on the medical model without taking into consideration the principles of the Convention despite their revised version of the assessment which came into effect in 2019.

RECOMMENDATIONS

8. Formulate a Disability Support Policy framework that can provide support to persons with diverse disabilities in accordance with the ICF;
9. Introduce a timetable to apply the definitions of the ICF as well as include professionals (e.g. social workers, occupational therapists, physiotherapists, speech therapists), persons with disabilities and their carers to conduct assessment to replace the single criterion of using the medical model when assessing eligibility of Disability Allowance, as well as to offer support services with human rights perspectives.
10. Taking into account the protection and promotion of the human rights of persons with disabilities in all policies and programmes in accordance with general obligations under Art. 4(1)(c).
11. Devise and implement disability mainstreaming policies so that the needs, potentials and rights of persons with disabilities are taken into account with an equal footing to that of the general public when planning and applying all policies.

II. Equality and non-discrimination (Art. 5) Concluding observations, paras. 55 and 56

12. In the Work Progress and Strategic Focuses of the Equal Opportunities Commission submitted to the Panel on Constitutional Affairs of LegCo in February 2018, the paper showed that the majority of complaints filed was on the basis of disability discrimination in the year 2016/17 (60% related to workplace discrimination) compared to the other discrimination ordinances³ in the previous years. In the latter part of the paper, it said that the majority of EOC's work was dedicated to the RDO and the traditional concerns of the SDO.⁴ Indeed, there are more EOC research and submissions relating to the SDO and RDO compared with that done on the DDO.⁵
13. The Global Alliance of National Human Rights Institutions has given the EOC the C-status for 18 years for its non-compliance with the Paris Principles. The chair- person who is appointed lacks experience in human rights and non-discrimination work, while the members' composition and operations lack transparency. This is particularly so for the eighth and ninth (current) chairpersons who fail to take any active approach in tackling discrimination where it takes place.⁶

RECOMMENDATION

14. Upgrade the mandate of the Equal Opportunities Commission to provide for a human rights institution that is in conformity with the Paris Principles and broaden its responsibility to include amending legislation, proactively carrying out investigations and advocating and monitoring the laws and public policies in Hong Kong relating to the rights of persons with disabilities to be accessible, non- discriminatory and of equal opportunities.

³ The other three being Sex Discrimination Ordinance, Family Status Discrimination Ordinance and Race Discrimination Ordinance.

⁴ Review document to the Legislative Council:

<https://www.legco.gov.hk/yr17-18/english/panels/ca/papers/ca20180214cb2-851-5-e.pdf>

⁵ See https://www.legco.gov.hk/database/english/data_ca/ca-report-on-racial-discrimination.htm

⁶ Full text of commentaries (in Chinese only): <https://www.inmediahk.net/node/1061461>

III. Women with disabilities (Art. 6) Concluding observations, paras. 57 and 58

15. A woman with disabilities was for the first time appointed to serve as a member of the Women's Commission (WoC) in 2013. Her appointment, however, has not been endorsed by any DPO.⁷ No DPO has been able to recommend anyone else to serve the position as her term expired in 2019. The Women's Commission, founded in 2001, serves merely as an advisory body with a mandate to organize activities promoting women's rights and to provide recommendations to the Government.⁸ The WoC compiles annual reports with existing information, and it generally lacks focus or any substantial recommendations, but particularly so for women with disabilities.⁹
16. A 2015 study by Direction Association for the Handicapped found that the rights to love, sexual needs and to form a family were neglected by a majority of women by their family and larger society. The study also noted that there was a lack of accommodation for medical equipment and assistance provided to female wheelchair users at Maternal and Child Health Centres and general hospitals.
17. With respect to women with intellectual disabilities, there is insufficient promotion of sex education, marriage and family counselling provided by the Family Planning Association of Hong Kong.¹⁰ Whereas such promotion is provided, the content focuses largely on genetics and hereditary risks.¹¹ While limited sex education is provided in special schools, there is no protection for the sexual needs and development for adult women with intellectual disabilities as the education and counselling on sex education, dating, marriage and prevention of sexual assaults are profoundly inadequate.

RECOMMENDATIONS

18. Increase representation in the WoC to include more women with disabilities who are endorsed by DPOs to strengthen disability mainstreaming.

⁷ Membership of the Women's Commission: https://www.women.gov.hk/tc/resources/pr_190111.html

⁸ The mandate of the Women's Commission: <https://www.women.gov.hk/en/aboutus/introduction.html>

⁹ List of research and publications of the Women's Commission
<https://www.women.gov.hk/en/publications/reports.html>

¹⁰ Website for "Sexuality Education for the Mentally Challenged" by the Family Planning Association of Hong Kong: <https://www.famplan.org.hk/zh/our-services/e-services/sex-qa/index/sexuality-education/sexuality-education-for-the-mentally-challenged/detail>

¹¹ Thematic website (in Chinese only): <https://www.famplan.org.hk/zh/resources/feature-articles/detail/mp011211>

19. Establish a commission on disability that would work in collaboration with the WoC in carrying out systematic studies and consulting widely with women and disability organizations on the needs of women living with disabilities in the community.
20. Collect and consolidate data and cases concerning violence against women at home, in the community and shelters in order to formulate effective policies in tackling these issues.
21. Enhance and provide long-term funding for education, counselling and its related services on sexual knowledge, dating, marriage and prevention of sexual assaults.

IV. Children with disabilities (Art. 7) Concluding observations, paras. 59 and 60

22. There are no consistent data on children with disabilities in Hong Kong, nor are there any open source data on relevant statistics and classifications. According to information of the Constitutional and Mainland Affairs Bureau,¹² HKD 936 million (~USD 120.42 million) was allocated for the use towards children with disabilities based on the 2013 census findings which found that there were 24,000 children with disabilities under the age of 18 living with their family.¹³ By drawing reference to the number of children classified to have special education needs in the year 2017/18, an estimate by the Society for Community Organization, however, conservatively puts that figure to 69,808 children.¹⁴ The Hong Kong College of Psychiatrists considers that there are between 43,500 and 87,000 students with needs for use of mental health services.¹⁵ Without any relevant system or comprehensive data, the Government is unable to come up with any effective policies in dealing with the situation.
23. The Fourth Report¹⁶ of Child Fatality Review Panel, published in May 2019, reviewed 59 of the 166 cases of child fatalities of unnatural causes under the age of 18 that took place between 2014 and 2015. Of the 59 cases, 18 cases were death by suicide from

¹² Information from the Constitution and Mainland Bureau:

https://www.cmab.gov.hk/en/issues/child_statistics14.htm

¹³ Aged 18 below, including dyslexia; physical disabilities; developmental delay; hearing, visual and speech impairments.

¹⁴ Advocacy document from the Society for Community Organization (in Chinese only):

<https://www.legco.gov.hk/yr17-18/chinese/panels/ed/papers/ed20180302cb4-679-1-c.pdf>

¹⁵ Study conducted by Hong Kong Citizen News: tiny.cc/evg78y.

In the year of 2017/18 (until 31 December 2017): 33,900 individuals (including 11,300 autism spectrum:11,300; ADHD: 13,600; behavioral and intellectual disability: 1,700; schizophrenia: 300; depression/severe depression: 700)

¹⁶ Government press release: <https://www.info.gov.hk/gia/general/201905/31/P2019053100375.htm>

jumping from height with the youngest one aged 11. "Diagnosed/ Suspected mental illness" stood out as the most frequent circumstance for death by suicide.

24. Children missed out on learning during the critical learning period as the current waiting time for Child Assessment Service takes on average between nine to eighteen months, and then the waiting period for a placement for the On-site Pre-school Rehabilitation Services (OPRS) is at least one year. Despite the increase of OPRS placements in the school year of 2018/19, there is no increase of professional staff allocated to the programme. The condition for the learning and rehabilitation of preschool children is far from satisfactory.
25. Hong Kong continues to run special boarding schools for students with disabilities aged between 6 and 18. The service, however, fails to provide facilitation or adequate support service with the aim of the students to return home eventually leading them into adult residential homes to live out the rest of their life after leaving from boarding schools.
26. The Commission on Children, established in 2018,¹⁷ is merely an advisory body that is incompatible with the Paris Principles. Its limited mandate allows it to provide recommendations at the Government's pleasure and to organize promotional activities but not to monitor Government actions nor to provide for a centralized database to consolidate figures concerning children such as children with disabilities, domestic violence and child abuse. Only one of its members is aged under 18 with the rest of its membership consisting of both official and unofficial members, and no children with disabilities were consulted in its formation process nor have there been any measures made for the participation of children with disabilities.

RECOMMENDATIONS

27. Create a central database to follow up on the comprehensive data and situations of children, especially children with disabilities, and to review policies.
28. Increase staffing resources and training of para medical professionals in early/preschool Child Assessment Service and rehabilitation services, provide cash subsidy to children who are in the queue to join the preschool rehabilitation programme in order for them to receive timely assessment and adequate support.

¹⁷ Website of the Commission on Children: <https://www.coc.gov.hk/en/index.html>

29. Develop community support and services generously; formulate family-based support services to assist children and youth with disabilities who are living in institutions to return home than just creating more resource centres for parents, beds in hospitals, subsidized and private institutions.
30. Provide channels and support for the participation of children and youth with disabilities in the Commission on Children as representatives.

V. Awareness-raising (Art. 8) Not mentioned in the Concluding observations

31. Hong Kong as a narrow definition of “disabilities” (eg. persons with rare diseases are not included) and lacks data on persons with disabilities. The consulting team, scholars, social and welfare workers and government representatives continue to apply the medical and rehabilitation model in the planning of the RPP, lacking any human rights references or awareness.
32. While public education spending by the Labour and Welfare Bureau has jumped from about HKD 2 million (~USD 257,000) for the year of 2009/10 to HKD 13.5 million (~USD 1.74 million) for the year of 2016/17, the Sub-Committee On Public Education On Rehabilitation of the Rehabilitation Advisory Committee, responsible for the screening of applications, fails to monitor the effectiveness of the subvention as members of the Sub-Committee lacks knowledge of Convention.

RECOMMENDATIONS

33. Strengthen awareness on the application of the CRPD so that trainings and public education provided incorporates elements of human rights perspectives as opposed to relying on the mercy and sympathy of lawyers, educators, social and welfare scholars and professionals, government employees, and legislators when making policies.
34. Restructure the Rehabilitation Advisory Committee to be a commission on disability affairs and ensure the public education activities conducted by the Sub-Committee On Public Education meets the requirements as recommended by the CRPD.

VI. Accessibility (Art. 9) Concluding observations, paras. 61 and 62

35. A 2018 study conducted by TREATS, a social service organization, found that up to 95% of persons with physical disabilities and visual impairment said that there were insufficient accessible facilities, while 80% of the respondents said they have been subjects of discrimination.¹⁸
36. Despite training being provided to bus drivers, a child wheelchair user was refused boarding in December 2019.
37. We feel that in addition to accessible travel, there should be the comprehensive provision of accessible information. Presently, the needs of persons with disabilities are not met. There is no accessible information in the provision of public policies, public transportation and other types of public services.
38. Persons with physical disabilities are forced to rely on expensive private transportation as there is no timetable on the Government's part to improve the accessibility of public transportation.

RECOMMENDATIONS

39. Create a timetable to improve accessible facilities in conformity with Art. 9 before the deadline.
40. Review periodically and ensure the enforcement of the revised Buildings Ordinance and Design Manual - Barrier Free Access 2008.
41. Survey the present conditions on and needs of accessible facilities (including information accessibility) and regularly review and update relevant policies.
42. Ensure information accessibility of all public consultation documents which include easy-read version as well as in languages accessible to ethnic minorities.

¹⁸ A media report on the study conducted by TREATS (in Chinese only): tiny.cc/evg78y

VII. Equal recognition before the law and access to justice (Arts 12 and 13) Not mentioned in the Concluding observations but the situation in Hong Kong is worrying

43. Persons with disabilities do not enjoy the recognition to be treated equally before the law nor are they provided equal protection under the law as the concept of “MIPs” continues to exist in the MHO (Cap. 136) of the Laws of Hong Kong despite articles 10 and 13 of the Hong Kong Bill of Rights provides for the right to recognition as a person before the law.¹⁹
44. In the numerous amendments of relevant laws and policies concerning “mental incapacity” over the last eight years, the Government and representatives from the legal, medical and rehabilitation sectors failed to take note of the Art. 12 of the CRPD. Some examples can be seen in the:
 - a. Reviews of sexual offences involving children and persons with mental impairments²⁰ conducted by the Law Reform Commission in 2010 and 2016 where recommendations were made to replace MIPs with “persons with mental impairment”.
 - b. Advisory Committee on Mental Health²¹ established by the HKSARG in 2013 to review mental health policies. The review took four years, until 18 April 2017, to produce a report. The review failed to take in concerns from the community and to raise awareness in the public due to the low transparency of the operations of the Committee.²²
 - c. The series of measures such as the Care Card Scheme, Behavioral Indicators Guide, and Notice to Appropriate Adult introduced by the Force Working Group

¹⁹ A mentally incapacitated person (MIP) is defined in the MHO as a person is “mental disordered”, “mentally handicapped” or “a person who is incapable, by reason of mental incapacity, of managing and administering his property and affairs”. Apart from the minor amendment made in 1997, the concept of MIP has seen no change since it was published in 1962. The classification of MIP rests on with registered a medical doctor or psychiatrist. For details, please see article 2(1) of the Mental Health Ordinance (Cap. 136).

²⁰ Relevant consultation document and study findings by the Law Reform Commission: <https://www.hkreform.gov.hk/en/publications/sexoffchild.htm>

²¹ Advisory Committee on Mental Health <https://www.fhb.gov.hk/en/committees/acmh/acmh.html>

²² Responses made to the Mental Health Review Report by the Alliance for Advocating Mental Health Policy (in Chinese only): <https://www.legco.gov.hk/yr16-17/chinese/panels/hs/papers/hs20170425cb2-1270-1-c.pdf>

to Review the Care of Mentally Incapacitated Persons²³ of the Hong Kong Police in May 2015.

- d. The consultation document on the Continuing Powers of Attorney Bill issued by the Secretary for Justice in December 2017.²⁴
 - e. Proposal on Continuing Powers of Attorney Bill seeking to replace the existing Enduring Powers of Attorney Ordinance introduced between February and April of 2018.
 - f. Legislative proposal on Advance Directives and Dying in Place by the FHB between September and December of 2019.
45. The enjoyment of legal capacity, including the right to social participation, is stripped once a person is classified as an MIP and the rights to make any decisions are delegated to a guardian, including wealth management (opening a bank account, making investment decisions), entering into a marriage and forming a family. The legal capacity and the rights of these people remain to be overlooked when the Government established the Special Needs Trust Office in December 2018 addressing the issue on wealth management.
46. A person is unable to receive a fair trial in a criminal proceeding if they are considered an MIP. There have been cases where the testimony of a person with intellectual disabilities was not accepted by the court or it was put to question on the acceptability of such testimony despite having been endorsed by a guardian or a psychiatrist. In 2014, the court and defence counsel questioned whether a female resident, who was allegedly sexually assaulted by the person in charge of the institution for persons with intellectual disabilities (Bridge of Rehabilitation Co.) in which she was living, understood the definition of sexual assault,²⁵ causing her secondary victimization.
47. Following a wrongful arrest of a person with moderate intellectual disabilities and on the autistic spectrum in 2015,²⁶ the Police invited psychiatrists, psychologists, parents of persons with disabilities, persons with psychosocial disabilities, as well as deaf people to draft new training directives. They even set up a promotional website introducing the support it provides to MIPs. Unfortunately, the directive confuses legal

²³ See: <https://www.police.gov.hk/mip/en/>

²⁴ Consultative document: https://www.doj.gov.hk/eng/public/pdf/2017/cpa_consulte.pdf

²⁵ Relevant media report (in Chinese only): <https://theinitium.com/article/20161019-dailynews-kangqiao/>

²⁶ Relevant report (in Chinese only): <http://tiny.cc/vcedhz>

concepts by incorporating terms such as “mental incapacitation” to describe persons with intellectual disabilities.²⁷ Under the MHO, even those classified as “suffering from mental disorder” and persons with intellectual disabilities are not necessarily all the same as MIPs. Some of these persons with disabilities were forced to accept the Appropriate Adults the Police imposed on them and were being rendered as an MIP.

48. On 14 October 2019, an adult man with mild intellectual disabilities was arrested near a protest area of the Extradition Law Amendment Bill. He was found with injuries at the back of their head, shoulder and front teeth by a solicitor immediately after his arrest but was only allowed to meet with a social worker and receive medical attention after being detained for 15 hours.²⁸ On 18 November 2019, a woman with intellectual disabilities thrice requested to be allowed to take her medication and to receive medical attention following her arrest, and were all denied. She could only take her medications after a delay of 24 hours following her release on bail.²⁹ Both of them were carrying Registration Card for Persons with disabilities and their stories are among a tip of an iceberg. On January 21, 2020, police pepper sprayed a woman with visual impairment directly in her eyes without warning. When she went to file a complaint at the police station, the officer doubted her blindness until she took her visual prosthesis off to show him. Moreover, many persons with visual impairment were threatened to be charged with “attacking a police officer” because of the cane they carry. Despite the availability of training and guidelines, they are often not followed through when frontline officers make arrests, overlooking the needs of the arrestees.
49. In paragraph 49 of the second and third joint report on the implementation of the CRPD submitted by the HKSARG, it states that the Department of Justice is amending the Enduring Powers of Attorney Ordinance to extend the scope of an enduring power of attorney to include matters relating to the personal care of the donor (i.e. the person who gives a power of attorney in favour of someone). In the consultation document, it is suggested that matters relating to the creation of continuing power of attorney would be handled by the Guardianship Board. This not only extends the role of the Guardianship Board but also deprives persons with disabilities of their rights to enjoy legal capacity.

²⁷ New measures concerning MIP <https://www.police.gov.hk/mip/en/> and response to the measures from Hong Kong Human Rights Monitor (in Chinese only) <https://www.legco.gov.hk/yr14-15/chinese/panels/ws/papers/ws20150613cb2-1749-7-c.pdf>

²⁸ Relevant report (in Chinese only): <http://tiny.cc/6kgdhz>

²⁹ Relevant report (in Chinese only): <https://hk.news.appledaily.com/local/20200104/YMELVPPPPRSYBLAT73RKKRC7NU/>

50. The public consultation to solicit views on end-of-life care legislative proposals regarding advance directives³⁰ and dying in place was launched in 2019. It failed to introduce the supported decision-making mechanism to replace guardianship and did not take into consideration Art. 12 of the Convention in which it states that the will and preference of persons with disabilities should trump “best interests” as considered by their guardians.

RECOMMENDATIONS

51. Amend the MHO without further delay and abolish provisions which contain “mental incapacitated persons” and “mental incapacitation”.
52. Amend existing legislation and policies that are incompatible with the CRPD and human rights principles, especially in relation to arrangements on substitute decision making (such as Guardianship Order, legislation providing for compulsory admission, voting rights of MIPs), ensure the recognition of legal capacity of persons with disabilities, dignity and autonomy, as well as to provide lasting open platforms that would allow participation of persons with disabilities.
53. Create a timetable to amend legislation and policies to provide for a supported decision-making mechanism by drawing reference from other countries such as that from British Columbia, Canada³¹ and provide training to law enforcement agencies and judiciary of all levels.
54. Review periodically guidelines for law enforcement agencies dealing with persons with disabilities and its effectiveness with DPOs, provide training to law enforcement officers and make sure that persons with disabilities receive necessary support when making statements and testimonies in judicial processes, ensuring their testimonies will be taken into consideration.
55. Provide relevant training according to the principles of fairness and impartiality in the criminal proceedings for judicial officers and staff.

³⁰ See information from website of the LegCo: <https://www.legco.gov.hk/research-publications/english/essentials-1819ise07-advance-healthcare-directives-of-patients.htm> and introductions of Hospital Authority: https://www.ha.org.hk/haho/ho/psrm/Public_education1.pdf

³¹ See: <https://www.un.org/development/desa/disabilities/resources/handbook-for-parliamentarians-on-the-convention-on-the-rights-of-persons-with-disabilities/chapter-six-from-provisions-to-practice-implementing-the-convention-5.html>

56. Introduce the concept/mechanism of personal advocate or intermediary where a person with specialized legal and communication training with persons with disabilities can work at the justice department or law firms.
57. Introduce law and policies that provide for a supported decision-making mechanism to assist persons with disabilities to deal with matters relating to wealth management (such as opening a bank account, making investment decisions), marriage and family formation.

VIII. Liberty and security of the person (Art. 14) Not mentioned in the Concluding observations

58. A Working Group on Mental Health Services³² was formed following a series of knife attacks leaving two deaths and three seriously injured in Kwai Shing East Estate in May 2010 to look into the feasibility of introducing the “community treatment order” (CTO) in Hong Kong.³³ A public consultation exercise was launched in 2012 following other violent attacks that had taken place. In the final part of Chapter 5 (Applicability and Practicability of Introducing Community Treatment Order (in Hong Kong)) published by the FHB in April 2017 suggests that the applicability of CTO when necessary be revisited. We are of the view that this is a serious violation of Art. 14 of the CRPD.
59. The Government has yet to introduce supported decision-making mechanisms or measures, nor has it work towards repealing compulsory admission as required by Art. 14 of the Convention.
60. According to MHO, most institutionalized treatments are consented by persons with psychosocial disabilities. However, when the person is considered unstable, e.g. at risk of harming themselves or others, the person might be subject to compulsory or involuntary admission.³⁴ Such admissions can be requested by family members,

³² Report from the Working Group:

<https://www.legco.gov.hk/yr10-11/english/panels/hs/papers/hs0314cb2-1220-7-e.pdf>

³³ Mental Health Review Report:

https://www.fhb.gov.hk/download/press_and_publications/otherinfo/180500_mhr/e_mhr_full_report.pdf

³⁴ A woman with a master degree and with mild depression said in February 2017 that when she requested for a change of attending physician at the Kwai Chung Hospital, the consultant doctor noted that she had violent tendencies and forced her to sign an agreement to voluntary admission. It was only later she found out that she had the right to request for to be discharged after being admitted for two months. This shows that despite the a person has the right to choose whether to be admitted or not as provided by the MHO, a medical institute can coerce into admission without being informed of their rights. Relevant report (in Chinese only):

registered doctors or social workers specified by the SWD. Compulsory treatment lasts from 7-21 days and only after being assessed by a psychiatric medical professional on rehabilitation progress, violence tendency, suicide tendency, medication compliance, follow-up compliance, family and community support, etc. that they may be discharged. In theory, persons who were admitted compulsorily can file an appeal to the Mental Health Review Tribunal³⁵ but the operation of the Tribunal lacks transparency and often takes a long time.

RECOMMENDATIONS

61. Introduce supported decision-making mechanisms or measures and work towards repealing and replacing the provisions of compulsory admission provided in the MHO.
62. Enhance the function of the Mental Health Review Tribunal by providing it an active duty to review cases of compulsory admission and conditional discharge to prevent abuse of power of the medical system, as well as to increase its transparency.
63. Enact new comprehensive legislation for the protection of persons with disabilities. Only provisions from the MHO that are compatible with the CRPD be included in the new law.

IX. Freedom from torture or cruel, inhuman or degrading treatment or punishment (Art. 15) Not mentioned in the Concluding observations

64. Demonstrations and public processions are commonplace in Hong Kong. Persons with disabilities often become easy targets for arrests and detentions, who are then prone to torture, other cruel, inhuman, degrading treatment or punishment when peaceful demonstrations and public processions are declared illegal by the Police. The ineffectiveness of the Independent Police Complaints Council and the obstacles created by the Police when social workers try to meet with arrested or detained persons with disabilities make it an arduous undertaking for them to seek for justice (see paras. 46 and 47 for real life examples).

<https://hk.news.appledaily.com/local/daily/article/20170419/19994619>

³⁵ Mental Health Review Tribunal <https://www.fhb.gov.hk/en/committees/mhrt.htm>

RECOMMENDATION

65. Establish an independent commission of inquiry looking into the violence committed by the Police and to make sure that persons with disabilities receive adequate support in accordance with Art. 15 of the Convention.

X. Freedom from exploitation, violence and abuse (Art. 16) Concluding observations, paras. 67 and 68

66. There are currently 34 sheltered workshops in Hong Kong providing 5,394 job training places, of which 1,188 are attached to residential homes while 2,396 persons of non-psychosocial disabilities and 285 persons with psychosocial disabilities are in the waiting. The sheltered workshops were set up in the 1970s in Hong Kong to meet with world standards of providing sheltered employment to persons with disabilities. The rising labour cost, dwindling of light industry and low expectations of parents for their children of employment saw a readjustment to the policy in the 1990s which transformed sheltered work to job training. Despite the continuation of manufacturing work, workers were changed from being paid a salary to being provided with incentives and subsidies. The right to work was thus stealthily taken away. Instead of receiving a wage of HKD 26.50 (~USD 3.41) per day as was reported by the HKSARG, sheltered workers are not remunerated for their work.
67. Albeit job training was provided by sheltered workshops, the HKSARG has done nothing to actually support persons with intellectual disabilities to work in real life.³⁶ The service is just an elite support service for a limited period of time causing the workers to be isolated at the sheltered workshops all of their lives. Moreover, some sheltered workshops prioritize parents' will over their service users and thus deprive them of their rights to make decisions.

³⁶ The nature of the job provided in the sheltered workshops are mechanical, labour intensive and of low economic value, while many of which have already been retired by the market. Moreover, the better the worker gets at the workshop in their tasks, the less likely they would be allowed to go look for another job elsewhere because they are kept workshops would want to keep them to enhance production and there is also the practice the workshop will try to keep workers away from the public market.

RECOMMENDATIONS

68. Comprehensively review the employment policies so that persons with disabilities, especially with intellectual disabilities, can perform work in society and so eliminate exploitation.
69. Holistically review the operations of sheltered workshops and carry out consultations with service users that respect the identity and right to choose among adult persons with intellectual disabilities.

XI. Living independently and being included in the community (Art. 19) Concluding observations, paras. 69 and 70

70. The Residential Care Homes (Persons with Disabilities) Ordinance,³⁷ which came into force in November 2011, provides for a licensing system by the SWD to regulate the quality of such care homes. Due to the high demand of these places, service providers are not motivated to improve service quality, while the Government remains lax in the granting of application and enforcement of the law. Accidents are commonplace due to insufficient monitoring in place.³⁸ The amendment to Ordinances and Codes of Practice for Residential Care Home does not meet the requirements of the Convention nor does it help improving the quality of these institutions.³⁹
71. Faced with a lack of support to live in the community and comprehensive policies for caretakers, persons with disabilities are often left with little choice but to live in private-ran institutions.⁴⁰ Only persons with severe physical disabilities are eligible for extra government subsidies to hire domestic helpers. The accessibility of facilities

³⁷ Residential Care Homes (Persons with Disabilities) Ordinance <https://www.elegislation.gov.hk/hk/cap613!en>

³⁸ There were 140 complaints relating to care homes of persons with disabilities between 2014 and 2016, of which there were as many as 90 cases on private-run homes, 47 on subsidized homes, 3 on self-financed hostels. There were also 558 special incident report cases. The SWD has been urged by the public to make available the relevant data after the numerous incidents that have taken place. Website of Residential Care Homes for Persons with Disabilities: <https://www.rchdinfo.swd.gov.hk/en>

³⁹ A website for RCHD was set up by the SWD in October 2018 with the aim for a more open monitoring. More information Working Group on the Review of Ordinances and Codes of Practice for Residential Care Home: https://www.swd.gov.hk/en/index/site_pubsvc/page_lr/sub_working/ and an in-depth feature on HK01 (in Chinese only): <http://tiny.cc/h9gehz>

⁴⁰ There are 12,500 subsidized residential care home places available as of August 2017 with an average 95% occupancy rate while that of “bought place” and “non-bought place” in the Private Residential Care Homes for Persons with Disabilities (RCHDs) in the private market at 93% and 82%, respectively. A person with severe intellectual disabilities and person with severe physical disabilities has to wait fifteen and four years, respectively in one of those places against the backdrop of severe shortage.

installed are geared towards the use of persons with severe physical disabilities and are not useful to other persons with disabilities.

72. There is an insufficient number of subvented homes provided by HKSARG which are operated with an institutionalized managed-care model and which do not provide choice or privacy. Persons with disabilities lack supported housing options which are suited for people of diverse abilities. The licensing system⁴¹ also limits civil society from developing alternative housing models.
73. Many persons with psychosocial disabilities who need temporary buffer housing when facing emotional crisis are left with no options but to be hospitalized as no such service is provided. This deprives people experiencing mental health crisis the option to community adaptation and personal liberty.

RECOMMENDATIONS

74. Formulate policies relating to the community living and housing of persons with disabilities with strict adherence to Art. 19 of the Convention, i.e. provide individualized community living support, small group homes and supported housing to replace large scale institutionalization.
75. Increase resource allocation for community support services, policies for caretakers, provision of family and individual support as well as the development for personal care assistant programmes.
76. Provide temporary shelters by NGOs to those experiencing mental health crisis where supporting services are staffed by professionals and peers, enhancing crisis management preparedness.

XII. Freedom of expression and opinion, and access to information (Art. 21) Concluding observations, paras. 71 and 72

77. HKSARG does not provide accessible information as listed in Art. 21 of the Convention. Most laws and policies consultation papers and documents lack accessible versions,

⁴¹ Residential Care Homes (Persons with Disabilities) Ordinance
https://www.swd.gov.hk/en/index/site_pubsvc/page_lr/sub_rchd/

especially easy-read version. It also does not provide diverse channels for persons with disabilities to express their opinions.

78. Important government information such as the annual policy address, budgets, election materials, emergency responses all lack information accessibility. Most of the live or recorded broadcasts do not carry sign interpretation or accessible captions.
79. Sign language has not been listed as a strategy in the Integrated Education programme of the EdB to help learning for deaf students in mainstream schools. The learning of many deaf students is therefore unable to receive information in schools as there is no support of sign language which severely affects them in their learning.

RECOMMENDATIONS

80. Provide multiple versions of official documents (e.g. in different minority languages, including Hong Kong Signs, Braille, easy-read version, audio version in addition to English and Chinese) for ethnic minority communities and persons with diverse disabilities, as well as provide training for relevant specialists by drawing reference to the National Disability Strategy 2010-2020 of Australia.
81. Create a policy inquiry hotline answered by dedicated agents to help people of diverse disabilities understand and contribute comments to public policies, such as recorded messages.

XIII. Education (Art. 24) Concluding observations, paras. 73 and 74

82. EdB should recognize that Hong Kong Sign Language is a basic human right of Deaf students to learn and gain access to information. Consequently, provide a specific subsidy in support of learning in Sign Language that is not drawn from the general learning support subsidy.
83. Albeit there is subsidy for ordinary schools to have extra learning support subsidy for students with specific learning and emotional needs under the “Integrated Education Plan”,⁴² with the “Professional Development Programme for Mental Health” and its

⁴² To assist students with mild intellectual disabilities, visual impairment, who are deaf, with physical disabilities, who are on the autistic spectrum with normal IQ and those with psychosocial disabilities to study in ordinary

newly-added SEN Coordinator, the training on the knowledge of Convention is still lacking. One example would be the “Integrated Education Operation Guide” (2019) which still introduces disability from a medical perspective. The mere fact that the Plan is named “integrated education” tells that it is not operating under the concept of inclusion. EDB also does not monitor the effectiveness of school policies, tactics and operational resources according to the principles of the Convention.

84. The definitions of both integrated education programmes and supporting resources are ambiguous. The funding that schools can use freely is limited. And for schools with a majority of students with SEN, the funding is usually not used according to the rights of the students with SEN.⁴³ Things get even dire in higher education as EdB does not adopt “reasonable accommodation” as its support policy. Thus, most deaf people do not get note-taking service, not to mention Sign language interpretation, causing them to give up further education. On the other hand, persons with intellectual disabilities also do not have any continuing education that is appropriate and designed for them to pursue.⁴⁴

RECOMMENDATIONS

85. Review all school policies, measures and effectiveness on the use of resources of the EdB and make revisions so as to be in compliance with the principles of the Convention. Provide training pertaining to the Convention to all teaching staff and parents to learn about the different needs of students with diverse disabilities in an all-inclusive manner.
86. Introduce policies for inclusive policies in universities and higher education institutes that provide suitable programmes and individualized support to persons with intellectual disabilities; provide Sign language interpretation at all levels (primary,

schools, providing them with educational psychologists, a specific SEN coordinator and special funding for all kinds of learning needs support. Reasonable accommodation in ordinary schools would be down time during classes or after school counselling to support students with weaker academic foundation and to procure supporting equipment.

⁴³ The current basic subsidy for each student with SEN is quite low (HKD 15,000 / USD 1,931) per year. And yet, part of the subsidy amount of all the students with SEN must be deducted to pay for teachers’ salaries causing insufficient leftover subsidy for individual students. On top of that, there is also an upper limit of subsidy that one school can get. Many schools have expressed that the amount they can freely dispense is not enough to support the learning needs of these students.

⁴⁴ For example: The University Grants Committee has set up a special mechanism for admission of students with disabilities at the Joint University Programmes Admissions System. The Vocational Training Council also has a special admission programme for students with SEN. In reality, the many obstacles faced by persons with disabilities in higher education is one of the reasons why the number of persons with disabilities in higher education remains low, the other being financial burden it places on them. Many of the further education programmes lack consideration of the potentials, interests and support required by persons with disabilities who would like to continue education. Accessibility facilities are also lacking in many of these institutes.

secondary and university) of education and a full subsidy for the provision of bilingual education (speech and sign language).

87. Provide reasonable accommodation to students that are tailored to the different individual needs by implementing the Code of Practice on Education Under the Disability Discrimination Ordinance of the Education Department and make use of the peer support network when providing such support.⁴⁵
88. Train adults with disabilities to become professional teachers or other rehabilitation professionals to provide services for students with disabilities.

XIV. Right to health (Art. 25) Concluding observations, paras. 75 and 76

89. There is no comprehensive, long term and effective mental health policies, no forecast for the needs of these communities or budget to allow for the mental well-being of citizens. The GDP spending in Hong Kong on mental health is far below that of other advanced countries and its relevant policies, and is lopsided heavily on remedial treatment that focuses on the medical model, paying little regard to the well-being of the people. This would be a huge concern as many Hongkongers are experiencing post-traumatic stress disorder after eight months of social unrest. Such policies will not be able to address these needs.
90. There are about 6,000 known rare diseases all over the world, and the number of these cases is on the rise.⁴⁶ The HKSARG has not come up with a clear definition or relevant policies on treatment and support of these diseases. Members of the public and even medical professionals and social workers have minimal knowledge of these rare diseases.
91. There is a lack of accessibility in medical services provided by the Government, e.g. gynecological examinations for women with disabilities and dental service for persons with intellectual disabilities.

⁴⁵ E.g.: Setup learning buddy programmes in schools to increase exchanges with students without disabilities and facilitate senior students with disabilities to share their experience.

⁴⁶ Many better known rare diseases include: mucopolysaccharidosis, Pompe disease, Chronic Infantile Cutaneous and Articular Syndrome, Marfan syndrome, Pringle-Boureville syndrome (tuberous sclerosis), myelofibrosis, muscular dystrophy, Fabry disease, inborn error of metabolism, Mitochondrial disease, etc. While the number of some of these diseases may not be high, it remains to be a significant health threat to the sufferers which brings burden to the caretakers.

92. In December 2016, a Deaf person had an argument with his/her family and the family ended up calling the police. Neither the police nor the hospital requested sign language interpretation but instead committed the Deaf person to psychiatric institution for seven days. Accessible communications support and staff training of public medical services are insufficient.

RECOMMENDATIONS

93. Include mental health needs into all policies and operational guidelines of all government departments, community organizations and community life. Mental health budgets should be adjusted according to the percentage of GDP.
94. Establish Rare Disease Clinical Research Fund, set up a patients list, enact policies for clinical treatment and nursing coordination, provide an integrated scientific database. Establish a Rare Disease Centre in children's hospitals and provide inter-specialist tests, diagnosis, treatment and rehabilitation as one-stop service. Coordinate clinical services, scientific experiments and training of all rare diseases. Enhance public awareness and knowledge, establish rare disease genetic consultation and gene screening services, provide a holistic and care person support by assigning a family-oriented case manager.
95. Ensure accessibility in medical services including gynecological examinations for women with disabilities and dental service for persons with intellectual disabilities.
96. Enhance communication accessibility in public medical services especially sign interpreting and staff training. Such communication support services should be publicized in eye-catching areas in hospitals and clinics.

XV. Work and employment (Art. 27) Concluding observations, paras. 77 and 78

97. Since the introduction of statutory minimum wage in 2011, the HKSARG has established a Productivity Assessment for Employees with Disabilities to assess the amount they can receive through an assessment.⁴⁷ Such assessment is in violation of

⁴⁷ Employees with disabilities may receive wages that fall below the statutory minimum wage (SMW) and their right to receiving SMW is thus violated. Persons with disabilities have demonstrated their potential and advantages in

Art. 27 of the Convention, depriving the rights to reasonable wages of persons with disabilities.

98. Albeit the development of supported employment and social enterprise, there is a lack of policy and continuing services to protect employment of persons with disabilities (especially for persons living with chronic illnesses and persons with intellectual disabilities). There is no legislation of the provision of reasonable accommodation nor tax refund for their employers as incentive. Employment of persons with disabilities is facilitated by welfare services causing high unemployment rate of persons with disabilities and the lack of protection of their labour rights.

RECOMMENDATIONS

99. Develop supported employment and social enterprise and reform the sheltered workshops model within 2 years.
100. EOC should establish a guideline and legislate to monitor employers to provide reasonable accommodation and appropriate support at the workplace. EOC should also set up incentive measures such as tax refund for employers.
101. Set up an inclusive workplace coordinating department consisting of different stakeholders including persons with diverse disabilities to research and develop relevant policies and measures and hire persons with disabilities as consultants.

XVI. Adequate standard of living and social protection (Art. 28) Concluding observations, paras. 79 and 80

102. HKSARG has not adopted the Committee's recommendation to assess the personal income of a person with disabilities who lives with his/her family rather than the family income in their application to Comprehensive Social Security Assistance (CSSA). There is no standardized for disability subsidy and is still assessed from the medical perspective and there is no comprehensive social security for all.

these roles and should therefore be remunerated equally and with dignity. The productivity assessment mechanism is an obstacle to realizing the right to equal working opportunities and is thus a disability discrimination. For details: <https://www.labour.gov.hk/eng/erb/sainfo.html>

RECOMMENDATION

103. HKSARG must establish a comprehensive social security for all, standardized assessment of disability subsidy and use personal income as an indicator for the assessment of persons with disabilities who live with their family to CSSA.

XVII. Participation in political and public life (Art. 29) Concluding observations, paras. 81 and 82

104. There is no invitation to persons with disabilities to elect their representatives into government and statutory bodies, e.g. EOC, Hospital Authority, Rehabilitation Advisory Committee, Legislative Council, District Council and the RPP working group established in 2019 and the task forces under it.
105. Despite consultation held by the HKSARG, there is still no easy-read information in all Legislative Council and District Council elections since 2012. HKSARG has arranged for persons in custody to vote and yet there is no reasonable accommodation for persons with disabilities living in institutions and hospitals.

RECOMMENDATIONS

106. HKSARG should set up a quota for persons with disabilities to be represented in all decision-making bodies and provide reasonable accommodation and support for them to be part of it.
107. Registration and Electoral Office (REO) should set up a committee on accessible elections and invite representatives of persons with disabilities and DPOs to review and monitor all election related laws, information, measures, environment, staff training and execution regularly.

XVIII. Participation in cultural life, recreation, leisure and sport (Art. 30) Not mentioned in the Concluding observations

108. Persons with disabilities lack choices in participating in the already very limited arts and cultural programmes that exist and many of them take place in venues that has limited access services. They are also faced with many hurdles to take part in professional arts training due to the lack of long-term policies and relevant support, rendering them unable to take part in cultural events in an equal manner.
109. Most arts activities of persons with disabilities are still funded by and operated from a social welfare perspective through social and welfare groups rather than arts organizations. This not only reinforces the labelling effect but also segregates arts made by persons with disabilities from the mainstream arts and cultural sector.
110. There is a lack of auxiliary devices and equipment in children's playgrounds, sports facilities and public spaces, nor are there any guidelines or regulations.

RECOMMENDATIONS

111. Formulate comprehensive policies the promotion and development of access services that will see the provision of access services to all arts programmes that take place in Government-run venues. Provide subsidy for professional training with the aim of broadening access service provisions in arts and cultural programmes, enabling the participation of persons with disabilities.
112. Incorporate the concept of “disability and diversity” into the values and objectives of development and granting of funds for arts and cultural services with the aim of raising awareness among persons with disabilities and eliminate the labelling and segregation effects as well as to change the long standing view that inclusion of persons with disabilities in arts was merely a welfare.
113. Create guidelines, legislation and timetable for the provision of accessible facilities, and auxiliary devices and equipment in children's playgrounds, sports facilities and public spaces.

XIX. National implementation and monitoring (Art.33) Concluding observations, paras. 83 and 84

114. HKSARG has increased the authority of the Commissioner for Rehabilitation. However, there is no independent structure to review, enact and monitor the implementation of the Convention, not to mention establishing a monitoring group with persons with disabilities as representatives to provide consultations.
115. There is no invitation to persons with disabilities to elect their representatives into government and statutory bodies, e.g. EOC, Hospital Authority, Rehabilitation Advisory Committee, Legislative Council, District Council and the RPP working group established in 2019 and the task forces under it.

RECOMMENDATIONS

116. HKSARG should facilitate PWDs to be involved in decision-making bodies and policies regarding political involvement. Such policies should include facilitation of communication between government departments and DPOs to collect opinions and provide reasonable accommodation and support to participate. All decision-making bodies should also set up a quota of representatives of persons with disabilities and DPOs.
117. The HKSARG must establish a “Disability Committee” in replacement of the existing Rehabilitation Advisory Committee to coordinate and monitor the effectiveness of the implementation of the Convention of different departments. Persons with disabilities and their representing organizations should become ex-officio members of such committees.
118. In future consultation of the implementation of the Convention in Hong Kong, HKSARG should set up a consultation body comprises of persons with disabilities and their representing organizations to receive comments from them on a regular basis for a more effective report to the UN with regard to the implementation of the Convention in Hong Kong.

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Annex 1: List of endorsing organizations and individuals

A. Organizations

1. 1st Step Association
2. Art Minor
3. The Association for the Advancement of Feminism
4. Autistic Child Life Building Development Consultancy Limited
5. BigLove Alliance
6. Brainfood
7. C & Y Lawyers
8. Canadian Friends of Hong Kong
9. Centre for Community Cultural Development
10. Chosen Power (People First Hong Kong)
11. Civic Actup
12. Civic Party
13. Civil Hub
14. Civil Human Rights Front
15. Civil Rights Observer
16. Civil Society Development Resources Centre (CSD)
17. Community Development Initiative (CDI)
18. Concord Mutual-Aid Club Alliance
19. Democratic Party Hong Kong
20. Demosistō
21. Disabilities CV
22. Disability Watch
23. Employment Concern Group of Persons with Disabilities and Persons with Chronic Illnesses
24. Equality Project
25. Fernando Chiu Hung Cheung Legislative Councillor's Office
26. Grassroot Culture Centre
27. Hong Kong Christian Institute
28. Hong Kong Citizens
29. The Hong Kong Coalition for the Rights of Persons with Disabilities
30. Hong Kong Deaf Empowerment
31. Hong Kong First
32. Hong Kong Human Rights Monitor
33. The Hong Kong Joint Council of Parents of the Mentally Handicapped
34. Hong Kong Polytechnic University Students' Union
35. Hong Kong Red Cross John F Kennedy Centre Alumni Association
36. Hong Kong Social Workers' General Union
37. Hong Kong Women Christian Council
38. Human Commons, The
39. Inclusive Asia

40. Intellectually Disabled Education And Advocacy League Limited
41. International Human Rights Council-Hong Kong
42. Justice and Peace Commission of the HK Catholic Diocese
43. Justice Centre Hong Kong
44. Kwai Chung Estate Christian Basic Community
45. Labour Party
46. lala Team
47. Law Lay Dream
48. Les Corner Empowerment Association
49. Let Go Theatre
50. Mild Intellectual Disability Concern Group
51. Mission For Migrant Workers
52. Neo Democrats
53. People Power
54. Reclaiming Social Work Movement
55. Rehabilitation Alliance Hong Kong
56. Resolve Foundation
57. Right of Abode University
58. Self-Help Development Centre Limited
59. Sexuality Education and Counselling Association
60. Shiu Ka Chun Legislative Councillor's Office
61. The Special Education Society of Hong Kong
62. Torontonians HongKongers Action Group
63. We Sign HK

B. Individuals

1. Chan, Benson W. Y.
2. Chan, Chung Wai
3. Chan, Wing Yu Susan
4. Chen, Kailin
5. Chen, Ye Isabel (Social Worker)
6. Cheung, Chi Hung Bacon
7. Cheung, Hing Yee
8. Chui, Pui Sin Rhonda (Social Worker)
9. Fung, Cat H. -M. (Sign Interpreter)
10. Ip, Man Ling Ingrid (Occupational Therapist)
11. Ip, Moon Sum (Insurance Agent)
12. Ko, Wai Man
13. Lee, Clara (Social Worker)
14. Lee, Chun Leung
15. Lee, Mei Yin (Senior Research Assistant)
16. Li, Wing-shing (Sha Tin District Councillor)
17. Lo, Ho Yuen (Social Worker)

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| 18. Mok, Chiu Yiu | 26. Wong, Phyllis |
| 19. Ng, Ka Hei | 27. Wong, Suk Chun Betty (Social Worker) |
| 20. Ng, Fung Chi | 28. Yeung, Ricky Sau Churk |
| 21. Siu, Yeu Cheung Reggae (Freelance Art Facilitator) | 29. Yip, Kin Keung (Social Worker) |
| 22. Tam, Mei Hing Janet (Programme Director) | 30. Yip, Wai Keung (Social Worker) |
| 23. Tang, Hoi Yan | 31. Yiu, Kun Man |
| 24. Tse, Kai Yin (Social Worker) | 32. Zhu, Julian |
| 25. Tsui, Kai Ming | |

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