

臺灣社區居住與獨立生活聯盟 CRPD 民間報告

2017/3/1

Taiwan Community Living Consortium Shadow Report to the UN Convention on the Rights of Persons with Disabilities

March 1, 2017

Background

Taiwan Community Living Consortium (TCLC) was established on August 25, 2007 by 29 social services organizations and academic experts, TCLC is registered with and supervised by the Construction and Planning Agency of the Ministry of the Interior. We are currently the sole nongovernmental organization in Taiwan advocating for the fair housing rights of individuals struggling against social inequality.

Mission

Our mission is to advocate for the basic housing rights of all citizens. We believe that it is the responsibility of the government to provide appropriate and affordable housing for all Taiwanese citizens.

Core Belief

Access to housing is a basic right of a citizen. Individuals struggling against social inequality have the same basic rights to independent living and housing as all other citizens.

Vision

Everyone has the right to have a home and a full life in the community

THE CHARGES OF TCLC

- Improve the living quality of those struggling against social inequality
- Promote the concept of community mainstreaming
- Promote sound government housing policy
- Be a channel through which issues and complaints are voiced
- Be a platform for professional exchange

TCLC Website: <http://www.communityliving.org.tw>

**Taiwan Community Living Consortium Shadow Report to the UN Convention
on the Rights of Persons with Disabilities**

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<p>Related Rights</p>	<p>Similar to general people, persons with disabilities have rights to live independently and to be included in the community, thus they have rights to choose where to live (e.g. the community) and what kind of residential services they like to use (e.g. personal assistance) etc.</p>
<p>Related Articles</p>	<p>Article 19 (Living independently and being included in the community) Article 3 (Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity) Article 5 (Equality and non-discrimination) Article 31 (Statistics and data collection)</p>
<p>Status Description (Including facts such as case descriptions, statistics, and final decisions)</p>	<p>The Taiwanese government’s current funding arrangement for residential services is based on institutional care instead of community-based residential service/ “community living” (1-6 residents share a flat or house) model. Such policy encourages service providers to offer institutional care, and therefore causing a significant increase in institutions over the years. On the other hand, community-based/ “community living” service providers are diminishing due to continuous decrease in funding.</p> <p>Exercising independent living and self-determination pose many challenges for persons with disabilities. The difficult rental process, high rent fees and inadequate support in daily routines (i.e., personal assistance provided not enough in hours from the government) are key barriers. The lack of support/services in the community means that the person with disabilities cannot live like general people with the same standard of living (e.g. shower everyday, use the toilet</p>

whenever necessary), but can only maintain the most basic needs. As a result, persons with disabilities are forced to live in institutions where they can, ironically, receive more consistent care.

1. Example 1: When person with disabilities enrolls in an institution, it is guaranteed that the person will receive subsidy and secure housing. But when the person decides to leave the institution, he/she will not only lose government subsidy, but also all kinds welfare services. In most cases, one must go through long and tedious application processes for subsidies and many times they are not guaranteed. According to the Government's budget allocation analyses, funding allocated to residential services with institutional care is 272 times more than programs for community-based living/ "community living", and 309 times more than programs for independently living support (i.e., peer support and personal assistance). The funding gap between the types of residential services continues to grow each year. See attachment 1 "Budget used and number of users for persons with disability: Institutional care (total institutional care and hostel) vs. community-based services ("community living" and services for supporting independent living)".

2. Example 2: Due to insufficient funding, many community-based living service providers are forced to end its services and as a result, service users have no choice but to live in institutions. An UDN (Taiwan's online news) news article published on November 8, 2016 featured a Development Center in Taichung (Faith, Hope and Love Development Center) closing one of its community-based homes as a result of insufficient funding. This act inevitably forced service users to return home or to institutions.

Another example is ‘John’, a person with moderate intellectual disability, who moved from an institution to community-based living in Taichung. He lived with three roommates who were also persons with intellectual disabilities on a 3rd floor apartment, and enjoyed his life in the community very much. However, this move has caused a huge financial burden for him and the family. When John was living in the institution, he received NT16,000 worth of subsidy per month (approximately NT192,000 per year), excluding the cost of residential facility (free charge for living in the institution). After moving to community-based living/ “community living”, John only received approximately NT8,300-9,100 per month or NT100,000 - NT110,000 per year (subsidy in community-based living/ “community living” is granted by “unit”. Each unit is granted NT500,000-600,000 of subsidy a year, rent and supportive workers’ salary included, and each unit can house up to 6 people). With less subsidy in this new living arrangement, families need to pay an additional NT3,000-5,000 of expenses for the person per month. In John’s case, his family unfortunately cannot afford this grand extra cost, so they decided to move John back to the institution. John was very sad as a result.

3. Example 3: Persons with disabilities who choose to live independently in the community cannot maintain basic quality of life. With a severe shortage of available personal assistance and home-help, persons with disabilities rent an apartment and live in the community receive only two diaper changes a day. ‘Bob’, who is a person with cerebral palsy on a wheelchair, is a case in point. Bob moved to an apartment in the community from an institution two years ago, but has

since then only receives two hours of personal assistance/PA a day (by law, the PA is provided at a maximum of 60 hours a month (i.e, 2 hours a day). Another example is ‘Jack’, who is a person with disabilities on a reclining wheelchair, and who also moved from an institution to live in an apartment in the community. The service limitations and a shortage of available PA hours have caused him unable to have showers on weekends and holidays. Bob and Jack are always worried about days when they are unable to receive services (national holidays and/or typhoon days). They cannot have a change of diapers whenever they want to, or take a shower on Sundays and holidays. At the moment, independent living support program allows a maximum of 60 hours per month of PA (2 hours a day), 90 hours per month of home help (3 hours a day), respite care services of a maximum of 200 hours per year (16 hours a month or 0.5 hour a day). Any additional hours will be charged to the person with disabilities. Home-help is not only difficult to match, but also unable to provide services during nights, weekends, and on typhoon days. When there is a mismatch with home-help, the available hours from home-help cannot be transferred to PA.

4. Example 4: Persons with disabilities are unable to pay for all the expenses incurred from community-based living (e.g., renting an apartment in the community), and therefore, they can only live in institutions. Service users who are not qualified as low-income will need to co-pay 30% of the total cost of the use of home-help and PA. Any additional hours will be fully charged to the person with disabilities. This great financial burden forces users to have no choice but to live in institutions. ‘Bob’, as mentioned in Example 3, pays up to NT7500 every month for staff support (i.e., PA).

	<p>5. Example 5: Persons with disabilities cannot afford the rent, whether the apartment is public or from the rental market.</p> <p>Persons with disabilities, particularly those who use a wheelchair, not only require a bigger space, but also a place with accessible/barrier free design and convenient transportation. Undoubtedly, rent for such places tends to be higher than typical apartments. On top of this, persons with disabilities tend to have less job security, and as a result, have less income than the general population. ‘Bob’ and ‘Jack’ mentioned in Example 3 shared the same difficulty in renting apartments or other suitable housing when they try to live independently in the community. Social housing provided by local governments in recent years (e.g. Taipei City and New Taipei City) set rent at a standard that is unaffordable for most persons with disabilities, including ‘Bob’ and ‘Jack’.</p>
<p>Correspondence in the State Report of CRPD? Anything missing or that needs to be corrected?</p>	<ol style="list-style-type: none"> 1. Corresponding articles in the State Report of CRPD are Article 130, 131, 132 (as described in Attachment 19.1, 19.2, 19.3). Ironically, Attachment 28.4 in the State Report of CRPD shows a tremendous gap in subsidy, which contradicts the description of “Institutional care is secondary to community-based living, localized, and offers diversified, continuous and comprehensive resources” in the Report. 2. The State Report of CRPD did not discuss the article regarding social housing taking people with disabilities as priority, as mentioned in Social Housing Act of 2011.
<p>Related national legislation/order</p>	<p>Article 50 in the People with Disabilities Rights Protection Act, Regulations for Personal Care for Persons with Disabilities, Promotion of Social Welfare and Subsidies, Social Housing Act</p>
<p>Implementation status on the above</p>	<ol style="list-style-type: none"> 1. Community-based residential services have an increase

legislation	<p>in users yet a decrease in subsidies over the years, and as a result, caused many service providers to terminate such services.</p> <p>2. The Government’s Community Living Program (1-6 residents share an apartment/house in the community) and Independent Living Support Program’s service are being strictly monitored due to extremely limited budget (see the attached budget analyses for Community Living and Independent Living Support Programs), and therefore, service providers are not able to meet the demand of interested service users.</p>
Recommendations	<p>1. Person’s choice of living and the corresponding subsidy should be interchangeable. Based on this statement of Article 19, the first part, the Government should:</p> <ul style="list-style-type: none"> (1) Transfer the subsidy from the institution to community-based living for the service users who wish to move to community-based living from the institution. (2) Make subsidy eligibility criteria for community-based living the same as institutional care. Person who chooses to live in community-based homes is guaranteed to receive the same amount of subsidy. (3) Persons with disabilities who currently live in institutions should be provided with choices of other possible living arrangements. Person’s choice of living, whether they are institutions or community-based homes, should be completely self-determined (but not decided by their parents or service workers). (4) Conduct a national census on the needs of community-based living, and should increase the number of services to meet the growing demand.

2. The Government should provide supportive services, such as personal assistance/PA and affordable housing, to persons who choose to live in the community independently.

Based on this statement of Article 19, second part, the Government should:

- (1) Include PA services as part of the annual fiscal budget (currently the budget for PA is from public lottery earning); conduct a national census on the needs of PA, and increase funding and human resources to meet the demand.
- (2) Match PA hours according to the support that the person with disabilities needs (hours should not be capped at 60 hours per month).
- (3) Assess the overall needs of the person and grant service hours accordingly, regardless of which service (PA or home-help) the person chooses.
- (4) Rent control and stabilization of local government's social housing are based on that the person can afford.
- (5) Three years from now, establish a national rental affordability scheme to support persons with disabilities in the rental market and in renovating accessible spaces.
- (6) Persons with disabilities who live in the community-based flat or housing (the residents of "Community Living" Program) are also eligible to access personal assistance (i.e., can be the users of PA services).

3. According to CRPD Article 31, Government should:

- (1) Conduct extensive research and establish easy-to-read statistical data on budget and

	<p>resource allocation for persons with disabilities. Data should include how resources should be allocated, how many people are being served in each type of service, who are the service users, and multi-year analyses.</p> <p>(2) The information collected in accordance with this article should be based on the number of actual service users, instead of head counts (the frequency of use).</p> <p>(3) Community-based residential services should be indicated in comparison with institutional services, to show the fluctuation curve in services.</p> <p>(4) The information collected in accordance with this article should be equally treated with other governmental documents and easily accessible for all. Data for gender statistics, for example, has been presented on all levels of Governments’ homepages. Therefore, data related to disabilities should be also shown at all levels of Governments’ homepages. Data should be reviewed, analyzed, add or change periodically in a committee for persons with disabilities, with actual participation of persons with disabilities.</p>
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Attachment 1: Budget used and number of users for persons with disabilities: Institutional care (total institutional care and Hostel) vs community –based flat/housing (i.e., “Community Living”) and services for supporting independent living—peer support and personal assistance)

附件一：台灣身心障礙者住宿服務全日型、夜間型、社區居住、自立生活支持使用人數及預算比較

Budget used and number of users for persons with disabilities: Institutional care (total institutional care and Hostel) vs “Community Living”/
community-based housing/flat and services for supporting independent living—peer support and PA)

周月清、張家寧整理¹

2017/2/17

總表：台灣障礙者居住與自立生活支持服務：全日型住宿、夜間型住宿、社區居住、自立生活支持性服務經費與人數比較表
機構教養式服務 vs 社區式服務 (人/元)

Table: Budget used and number of users: Institutional care (total institutional care and Hostel) vs community –based services (community housing/flat and services for supporting independent living) (person/NT\$) (% of the disabled people older than 18 and % of whole population with disability)

Note:整理自：衛福部統計處「身心障礙者福利服務機構概況」、CRPD 國家報告書、財團法人平安社會福利慈善事業基金會 (資料為 2016.5)

¹ 使用資料請告知:周月清，陽明大學衛生福利研究所 email:choucyc@ym.edu.tw; 請並交代出處：周月清、張家寧 (2017) 台灣身心障礙者住宿服務全日型、夜間型、社區居住、自立生活支持使用人數及預算比較。

經費/人數	住宿教養經費 residential care (nursing home, institution, hostel and community living)		全日型住宿 Institution (>30 beds)		夜間型 Hostel (30-7 beds)		社區居住 community living (1-6 beds, house/flat in the community)		自立生活支持性服務 (IL support services: peer support and PA)		18 歲以上身心障礙者總人數 (總人口) population with D >18 (whole population)
	經費 budget	人數 users (N/%) ⁵	經費 budget	人數 (N/%) ⁵	經費 budget	人數 (N/%) ⁵	經費 budget	人數 (N/%) ⁵	經費 budget	人數 (N/%) ⁵	
2001	1,752,146,000 (US\$58,404,867)	10,303 (1.47) (1.37)									702,662 (754,084)
2005	2,943,500,000 (US\$98,116,667)	18,350 (2.09) (1.96)		10,357 (1.18) (1.10)		95 (0.01) (0.01)					876,768 (937,944)
2010	4,867,475,000 (US\$162,249,167)	27,311 (2.69) (2.54)		12,648 (1.25) (1.18)		135 (0.01) (0.01)					1,013,588 (1,076,293)
2015	7,327,790,000 (US\$ 244,259,667)	38,102 (3.47) (3.30)		13,300 (1.21) (1.15)		140 (0.01) (0.01)	26,945,900 (US\$ 898,197)	454 (0.04) (0.04)	23,748,000 (US\$ 791,600)	451 (0.04) (0.04)	1,098,765 (1,155,650)
備註	1. 住宿教養（住宿式照顧）：指將身心障礙者使用社會福利機構、精神復健機構、護理之家、行政院國軍退除役官兵輔導委員會榮譽國民之家、社區居住等接受夜間住宿照顧或接受全日(24 小時)服務者（行政院主計處										

--<http://win.dgbas.gov.tw/dgbas03/bs7/calendar/MetaQry.asp?QM=&MetaId=332>)

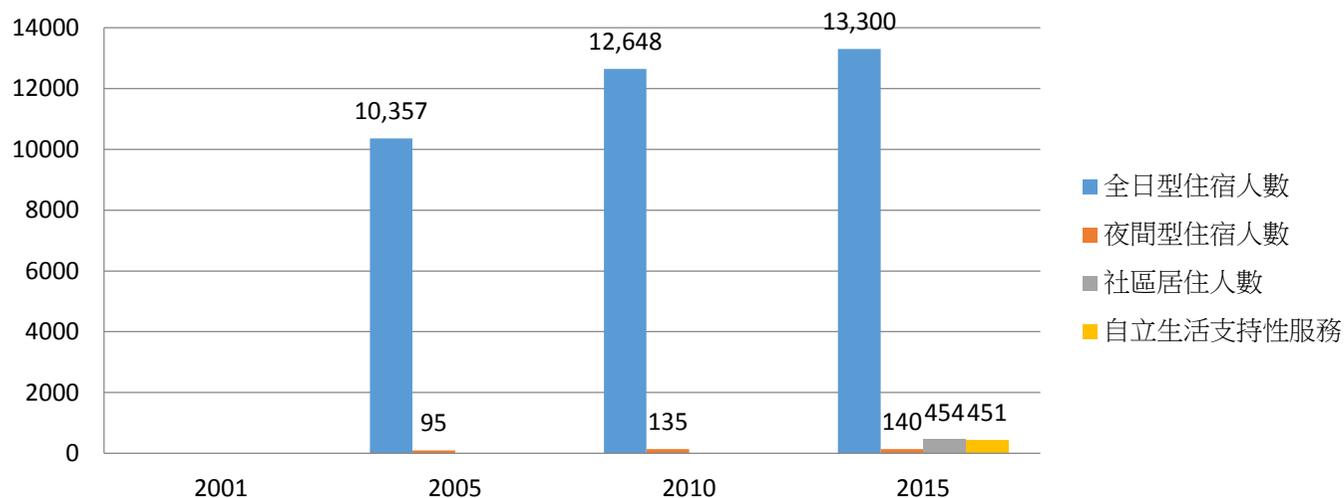
2. 以人數計算，全日型住宿人數，為社區居住 29.3 倍;為自立生活支持性服務的 29.5 倍; 為夜間型住宿人數 95 倍。全日型的住宿人數仍然持續成長中，2015 年是。(residents of institutional care = 29.3 times of the residents of community and 29.5 times of users of IL support services (peer support and PA together); numbers of residents using institutional care keep increasing.
3. 以經費預算計算，住宿教養經費為社區居住的 271.9 倍，為自立生支持性服務的的 308.6 倍。住宿教養經費也持續成長中，2015 年相較 2010 年的預算成長近兩倍。(budget for institution =271.9 times of the budget for community living and 308.6 times of the budget for IL support services; budget for institutional care keeps growing)
4. 1US\$=NT\$30
5. % of the population with disability whose age >18 years old and % of whole population with disability.

表一：台灣障礙者居住服務：全日型住宿、夜間型住宿、社區居住、自立生活支持性服務之人數比較

年別	全日型住宿人數/institution (>30beds) All-day Accommodation Care	夜間型住宿人數/hostel (30-7beds) Night Accommodation Care	社區居住 community living (1-6 beds, house/flat in the community)	自立生活支持性服務 (IL support services: peer support and PA)
2001	—	—	—	
2005	10,357	95	—	
2010	12,648	135	—	
2015/2016	13,300	140	454	21,205(人次) 451(人數)
備註	以人數計算，全日型住宿人數，為社區居住 29.3 倍;為自立生活支持性服務的 29.5 倍; 為夜間型住宿人數 95 倍。全日型的住宿人數仍然持續成長中，2015 年是。(residents of institutional care = 29.3 times of the residents of community and 29.5 times of users of IL support services (peer support and PA together)			

圖一：台灣障礙者居住服務：全日型住宿、夜間型住宿、社區居住、自立生活服務之人數比較

Figure 1: Number of residents/service users: comparison between institution, hostel, community living, independent living support services (peer support and PA)



備註：自立生活人數計算為 2016 年截至 6 月之資料，整理自財團法人平安社會福利慈善事業基金會 (2016.5)

Note: 整理自衛福部統計處「身心障礙者福利服務機構概況」、CRPD 國家報告書、財團法人平安社會福利慈善事業基金會 (2016.5)

全日型的定義：服務人數 30 床以上、機構立案；經費來源為中央或地方政府機構教養補助費。

夜間型定義：服務人數 30 床以下、機構立案；經費來源為中央或地方政府機構教養補助費。

社區居住的定義：服務人數 1-6 人，方案型；經費來源為中央或地方政府公益彩卷盈餘

自立生活支持性服務：含同儕支持與個人助理服務。

依據身心障礙福利機構設施及人員配置標準：住宿機構服務人數在七人以上，未滿三十人者，為小型機構；服務人數在三十人以上，二百人以下者，為一般機構。夜間型住宿機構以設立小型機構為限。

住宿教養（住宿式照顧）：指將身心障礙者安置於社會福利機構、精神復健機構、護理之家、行政院國軍退除役官兵輔導委員會榮譽國民之家、社區居住等接受夜間住宿照顧或接受全日(24 小時)服務者

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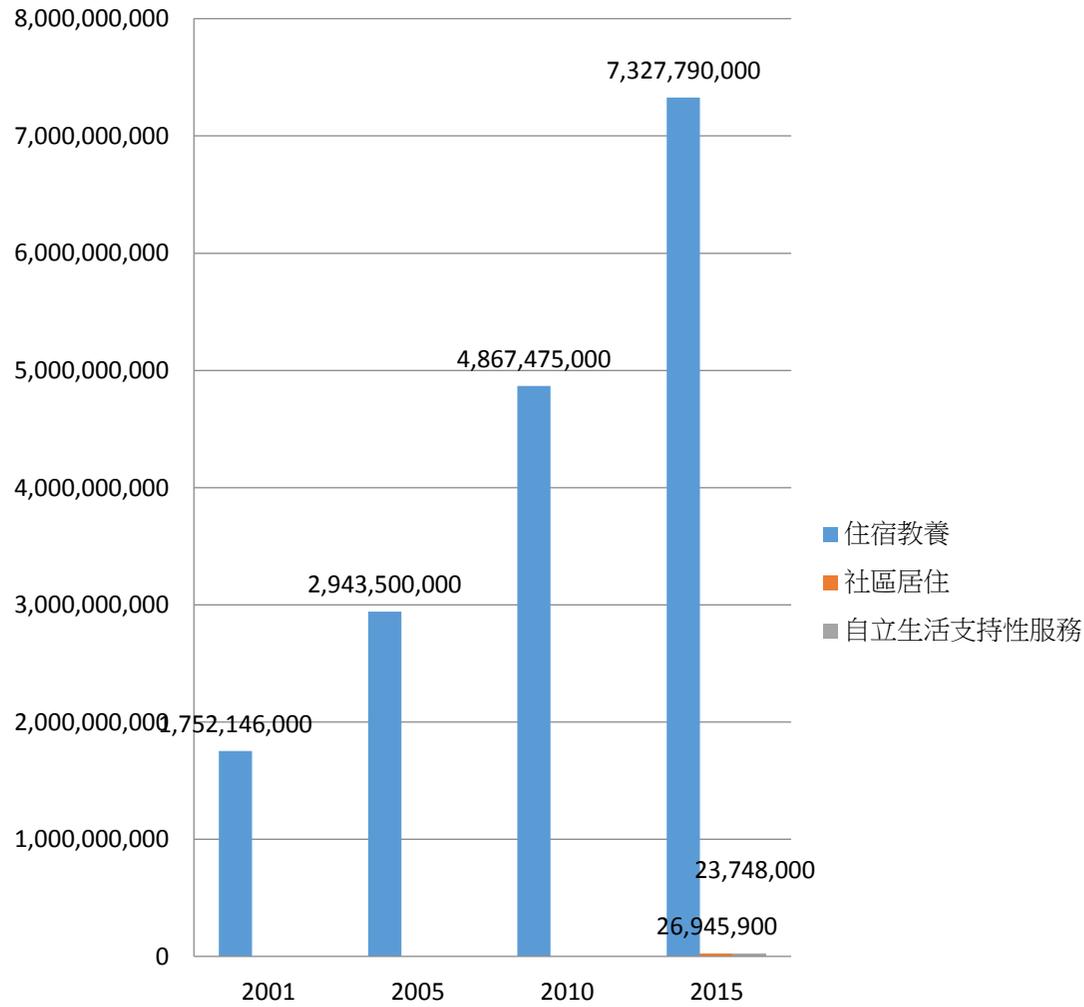
表二：台灣障礙者居住服務：住宿教養、社區居住、自立生活支持性服務之經費比較

年別	住宿教養 Lodging-care	社區居住 community living (1-6 beds)	自立生活支持性服務 (peer support and PA)
2001	1,752,146,000 (US\$ 58,404,867)	—	—
2005	2,943,500,000 (US\$ 98,116,667)	—	—
2010	4,867,475,000 (US\$ 162,249,167)	—	—
2015	7,327,790,000 (US\$ 244,259,667)	26,945,900 (US\$ 898,197)	23,748,000 (US\$ 791,600)
備註	以經費預算計算，住宿教養經費為社區居住的 271.9 倍，為自立生支持性服務的的 308.6 倍。住宿教養經費也持續成長中，2015 年相較 2010 年的預算成長近兩倍。(budget for institution =271.9 times of the budget for community living and 308.6 times of the budget for IL support services		

整理自：衛生福利部統計處「身心障礙者生活、輔助器具及日間照顧及住宿式照顧補助」、財團法人平安社會福利慈善事業基金會 (2016.5)

圖二：台灣障礙者居住服務：住宿教養、社區居住、自立生活經費比較

Figure 2: Budget comparison: institution/hostel, community living and IL support services(peer support + PA)



附件資料

一、CRPD 國家報告書

表 19.1 社區居住服務歷年成效

單位：件；元；人數

年別	補助案件數	補助總經費	受益人數
2011	32	21,855,350	317
2012	37	24,890,700	378
2013	38	28,739,500	401
2014	43	26,682,965	406
2015	42	26,945,900	454

資料來源：衛生福利部

表 19.2 公益彩券回饋金補助各地方政府開辦自立生活支持服務

單位：人次

年別	受益人次
2013	1,517
2014	11,480
2015	21,205 (451 人*)

資料來源：衛生福利部

說明：中央自2012年運用公益彩券回饋金補助各地方政府開辦自立生活支持服務，2012年以辦理宣導及服務人員訓練為主，2013年起提供服務。

表 19.3 身心障礙者居家式及社區式服務措施辦理情形

單位：人次

年別	居家式受益人次	社區式受益人次
2011	2,529,788	3,080,752
2012	2,481,241	3,714,679
2013	2,578,992	4,782,272
2014	2,730,660	5,911,840
2015	2,993,539	5,468,566

資料來源：衛生福利部

二、衛生福利部統計處

「6.8-身心障礙福利服務機構概況」

夜間型、全日型住宿人數實際安置服務人數：

	夜間型住宿人數 Night Accommodation Care			全日型住宿人數 All-day Accommodation Care		
	男	女	總計	男	女	總計
90年 2001	—	—		—	—	—
94年 2005	46	49	95	6,143	4,214	10,357
99年 2010	76	59	135	7,560	5,088	12,648
104年 2015	78	62	140	7,970	5,330	13,300

「6.9 身心障礙者生活、輔助器具及日間照顧及住宿式照顧補助」

身心障礙住宿式照顧補助(住宿教養 Lodging-care)部分：

	年底人數	金額
2001	10,303	1,752,146,000
2005	18,350	2,943,500,000
2010	27,311	4,867,475,000
2015	38,102	7,327,790,000