

LEGISLATIVE COUNCIL BRIEF

SPECIAL SCHEME TO IMPORT CARE WORKERS FOR RESIDENTIAL CARE HOMES

INTRODUCTION

At the meeting of the Executive Council on 13 December 2022, the Council ADVISED and the Chief Executive ORDERED that a special scheme (“the special scheme”) should be introduced under section 14(3) of the Employees Retraining Ordinance (Cap. 423)¹ with the following key features –

- (a) all residential care home² (“RCH”) operators should be allowed to apply for quota for importation of care workers³ under the special scheme;
- (b) applications should be decided by the Director of Social Welfare (“DSW”), after he/she considers the advice of an inter-departmental liaison group according to the approval parameters detailed in paragraph 16 below and **Annex A**;
- (c) the total quota number for importation of care workers approved

A

¹ Section 14(3) of the Employees Retraining Ordinance (Cap. 423) stipulates that “...(T)he Chief Executive in Council may, from time to time, approve a scheme (‘labour importation scheme’) under the terms of which a levy shall be payable by employers ...”.

² In this paper, residential care homes (“RCHs”) refer to residential care homes for the elderly (“RCHes”) issued with licences under the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459), residential care homes for persons with disabilities issued with licences or certificates of exemption under the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613), and scheduled nursing homes issued with letters of exemption under the Private Healthcare Facilities Ordinance (Cap. 633).

³ A care worker is any person, other than ancillary worker, health worker or nurse, employed by the RCHs to render personal care to their residents.

under the special scheme should not exceed 7 000 at any time; and

- (d) RCH operators who successfully import care workers under the special scheme should pay the Employees Retraining Levy in the same manner as required under the Supplementary Labour Scheme (“SLS”).

JUSTIFICATIONS

Demand for care workers in the RCH Sector

2. As at 31 March 2022, there were 651 RCHs providing subsidised residential care services. These included the subvented RCHs, contract RCHs, and RCHs participating in the Enhanced Bought Place Scheme (“EBPS”), Nursing Home Place Purchase Scheme, Bought Place Scheme for Private Residential Care Homes for Persons with Disabilities (“BPS”) and Pilot Scheme on Residential Care Services Voucher for the Elderly. At the same time, there were 488 RCHs which did not participate in any subsidised residential care service scheme under the Social Welfare Department (“SWD”). As at 31 March 2022, around **15 300** care workers are working in some 1 100 RCHs.

3. The Government has implemented various measures through training, employment services and qualifications framework to increase the local labour supply and improve the work conditions and career prospects of care workers in the RCH sector. To encourage the younger generation to join the elderly and rehabilitation care services sector, SWD has launched the Navigation Scheme for Young Persons in Care Services since 2015-16, which provides care worker placements and subsidised part-time diploma study opportunities for local young people. In addition, the Employees Retraining Board (“ERB”) has introduced the First-Hire-Then-Train Scheme since 2015-16 and encouraged RCHs to offer job vacancies with more flexible working hours and leave arrangements, so to attract new blood to join the sector. Despite these measures, there remains an unmet demand for care workers.

4. According to the data collection exercise of SWD conducted in 2021 for non-governmental organisations (“NGOs”) providing subsidised welfare service units, the **shortfall** of care workers in subsidised RCHs is

reported to be **1 551** full time equivalent staff⁴. The vacancy rate (i.e. total vacancies against total establishment), at 17.6%, was comparable to corresponding rates found in previous exercises conducted in 2017 and 2019. Over 56% of the NGOs in the 2021 data collection exercise agreed that the Government should explore suitable labour importation arrangements to alleviate the shortage of care workers.

5. To enhance the quality of service provided in RCHs, the Government introduced the Residential Care Homes Legislation (Miscellaneous Amendments) Bill 2022 (“Bill”) to the Legislative Council on 25 May 2022. Amongst others, the Bill proposes to raise the minimum statutory staffing requirements on care workers. Subvented RCHs, contract RCHs and private RCHs participating in BPS/EBPS are in compliance with the staffing requirements in respect of care workers proposed in the Bill. Based on the staff employment records as at 31 March 2022 submitted by RCHs to SWD, we estimate that, starting from the first anniversary of the gazettal of the amendment ordinance in early 2024⁵, around 500 private and self-financing RCHs not participating in any bought place schemes will need to employ an additional **700** care workers.

6. We envisage that the demand for care workers will further increase with additional RCH places coming on stream⁶. The Government and NGOs (under the Special Scheme on Privately Owned Sites for Welfare Uses) are taking forward some 80 development projects which will provide over 15 000 new RCH places in the medium to long run. In the coming three years, some 6 800 of the above-mentioned new RCH places and around 2 800 additional places under BPS/EBPS will commence operation. The

⁴ All subsidised welfare service units meet their contractual requirements, which are the same as or higher than the statutory requirements. The shortfall refers to the difference between the RCHs’ preferred establishment and actual strength.

⁵ On the assumption that the Residential Care Homes Legislation (Miscellaneous Amendments) Bill 2022 is passed by the Legislative Council in early 2023.

⁶ With the pressing demand for subsidised residential care services, the Government will continue to develop more RCHs through reserving around 5% domestic gross floor area in future suitable public housing projects for social welfare facilities including RCHs, encouraging non-governmental organisations to make better use of their sites through expansion, redevelopment or new development under the Special Scheme on Privately Owned Sites for Welfare Uses, earmarking “Government, Institution or Community” sites for developing RCHs, and requiring developers to design and construct bare-shell premises for welfare facilities including RCHs by land sale conditions.

RCH sector will therefore require an additional **2 200** care workers by 2025-26.

7. We need to take timely measures so that all existing RCHs and those which are scheduled to commence operation in the foreseeable future can meet their contractual and/or statutory requirements envisaged in the Bill, and provide quality service. The 2022 Policy Address therefore announced this special scheme to address the acute shortage of RCH care workers. Please see paragraph 22 below for measures to enhance supply and training for other types of RCH staff.

Limitations of SLS in importation of care workers

8. Administered by the Labour Department (“LD”), SLS enables employers with genuine difficulties in recruiting suitable staff locally to import workers at technician level or below. SLS does not impose any industry-specific or overall quota. When SLS was first introduced in February 1996, all RCHs could apply for importation of care workers, but more and more restrictions have been imposed over the years. Currently, subvented RCHs do not apply for imported care workers. Contract RCHs cannot apply for imported care workers and EPBS homes may apply for imported care workers only for their non-subsidised portions⁷.

9. Under SLS, applications are considered on a case-by-case basis and circulated to members of the Labour Advisory Board (“LAB”) for views before the Commissioner for Labour (“C for L”) approves or refuses as appropriate. Appeals against the decision of C for L will be circulated to LAB for advice and the former may change his/her decision taking into account members’ views. It usually takes about five months from the receipt of an application to approval on the number of workers to be imported. As at 31 October 2022, there were around **4 100**⁸ imported care workers in the RCH sector, accounting for around two-thirds of all imported workers under SLS. In the wake of the fifth wave of COVID-19 epidemic, time-limited relaxations were made to enable urgent importation of care workers to meet immediate needs (see paragraphs 10 to 12 below for details). These relaxations lapsed in June 2022.

⁷ The restriction of no importation of care workers by contract RCHs (since 2002, when the first contract home commenced service) and by private RCHs participating in the Enhanced Bought Place Scheme (since 2003) is well known to the sector.

⁸ Including some 1 000 additional care workers imported through the arrangement of time-limited relaxation mentioned in paragraphs 10 to 12 below.

Time-limited relaxation of SLS to import care workers

10. With the dire need for care workers during the fifth wave of COVID-19 epidemic when many residents and staff of RCHs were infected, time-limited relaxation measures for the RCH sector to import care workers through SLS were put into place from March to May 2022 as follows –

- (a) Expand the scope of applicants to all types of RCHs so that subvented RCHs and contract RCHs could also import care workers in the same vein as private RCHs.
- (b) Remove the restriction on the maximum number of imported care workers to be employed by RCHs.
- (c) Waive the requirement for a four-week local recruitment after submission of applications as proof of lack of suitable local candidates to fill the vacancies.
- (d) Lift the requirement to circulate each application to LAB for views before C for L decides on the application.
- (e) Dispense with visits of Labour Inspectors to RCHs to verify relevant information before recommending approval of applications⁹.

11. The above time-limited relaxation measures expanded the scope of SLS to the subsidised sector and streamlined the application procedures whereby approval time was reduced from five months to less than two weeks. The terms of employment offered to newly-employed imported care workers were essentially the same as their existing counterparts, i.e., each employment contract was valid for a maximum of 24 months; the salary level was equal to or higher than the Median Monthly Wage of care workers in elderly service sector as compiled by the Census and Statistics Department (plus COVID-19 related allowances funded by the Anti-epidemic Fund, which were available to all RCH staff); and the provision of staff accommodation by the employers, etc.

⁹ Labour Inspectors continued to sample check RCHs to ensure compliance with the Supplementary Labour Scheme (“SLS”) and labour laws after the imported care workers are employed.

12. A total of 736 applications were received by LD during the time-limited relaxation period involving importation of 3 620 care workers¹⁰. Less than 10% of the applications involved more than ten care workers each, which showed that RCH operators generally exercised self-restraint and only made applications according to their actual needs. Notwithstanding a minimum wage requirement under SLS (the Median Monthly Wage at \$14,150 for 9-hour work per day), some NGOs offered better terms of employment according to their own staffing policy. Among the 51 subvented RCHs whose SLS applications were received and approved, at least 32 offered better employment terms than the minimum wage requirement, with the highest monthly wages at \$17,675 for 7.5-hour work per day. As at 31 October, the Immigration Department (“ImmD”) had approved 2 588 entry applications for the quotas granted by LD¹¹ under the relaxation measures.

THE SPECIAL SCHEME

13. Introducing a special scheme requires considerable resources. It is only justified if the special scheme adopts a streamlined process with greater certainty in approval and brings significantly more flexibility as compared to SLS. Taking into account the experience of the relaxation arrangement during March to May 2022 and the feedback of the RCH sector, we propose the following key parameters for the special scheme.

Coverage on types of RCHs

14. The special scheme should allow all RCHs as set out in paragraph 2 above to apply for quota for importation of care workers under the same set of approval parameters, while different ratios on the maximum number of imported care workers are applicable to private / self-financing RCHs and subvented / contract RCHs (see paragraphs 16(a) and 16(b) below). All applications for quota for importation of care workers should be processed under the special scheme and SLS should no longer accept

¹⁰ Except for 16 applications eventually withdrawn by the applicants, all the other 720 applications involving importation of 3 535 care workers were approved. Among the approved applications, 51 were from subvented homes, 20 from contract RCHs and 649 from private RCHs.

¹¹ As per the established practice, the quotas granted by the Labour Department are valid for six months. RCHs shall arrange for their prospective imported care workers to submit visa / entry permit applications to the Immigration Department within such period.

applications from the RCH sector to avoid confusion and duplication of efforts.

Overall quota

15. We propose that at any one time the total quota number for importation of care workers approved for the RCH sector under the special scheme should not exceed 7 000. There are currently some 4 000 imported care workers working in the sector. The additional 3 000 imported care workers should be able to address –

- (a) around 1 600 vacancies in existing NGO service units (paragraph 4 above);
- (b) additional demand by existing private / self-financing RCHs for around 700 care workers arising from enhanced statutory staffing requirement (paragraph 5 above); and
- (c) about one third of the demand for around 2 200 additional care workers (i.e. 700 care workers) generated by new projects and bought place schemes upon service commencement (paragraph 6 above).

This should be on one hand reasonably address the known manpower shortage in the RCH sector, and on the other hand still leave sufficient vacancies for the local workforce: around 1 500 care worker positions (i.e. 2 200 – 700 in (c) above) generated by new projects and bought place schemes in the next three years will need to be filled by local workers, plus the fact that the current troop of more than 10 000 care workers in service will have natural attrition and that the private sector will continue to expand in response to the growing demand for RCH places by our ageing population¹².

Approval parameters

16. The parameters under the special scheme are essentially the same as those under SLS, except the following relaxations, which would give more

¹² Based on figures in the past five years, the annual net growth of places provided by non-subsidised private RCH averaged around 850. Assuming the same rate of growth in the coming years, the private RCHs may require around 120 additional care workers each year to meet the statutory staffing requirement.

flexibility to the sector –

- (a) Increase the maximum number of imported care workers in private or self-financing RCHs (including those participating in bought place schemes) so that the ratio of imported care workers to full time local staff of all positions will be increased from 1:2 to 1:1 as more care workers will bring better service quality in general.
- (b) Allow subvented or contract RCHs to employ imported care workers in a manning ratio of 1:2 (i.e. one imported care worker to two full-time local employees of any position). A lower ratio of imported care worker is proposed for the subvented or contract RCHs, because they have no prior experience in managing a mix of local and imported staff and, in general, they can offer better remuneration packages to local care workers.
- (c) Allow more flexibility in local recruitment and deem the requirement as fulfilled if, at the time of application, applicants submit proof of recruitments through channel(s) specified by DSW preceding the application. The positions under local recruitment must offer a salary not lower than that offered to imported care workers. This is a more streamlined arrangement when compared to that of SLS, where RCH operators may only commence the required four-week local recruitment after the employment terms offered have been passed through LD's initial screening with LD as the sole contact point to schedule job interviews for applying candidates. In contrast, the proposed streamlined arrangement has taken into account the proven shortage of care workers in the RCH sector.

17. For the avoidance of doubt, the special scheme is to be regarded as a Government importation of labour scheme as defined in section 14(3) of Cap. 423. Pursuant to section 2(4)(a)(v) of Immigration Ordinance (Cap. 115), a person so imported under a Government importation of labour scheme shall not be treated as ordinarily resident in Hong Kong while employed as a contract worker, who is from outside Hong Kong. Same as SLS, the special scheme will not be applicable to nationals of Afghanistan, Cuba, Laos, Korea (Democratic People's Republic of), Nepal and Vietnam from the security perspective. The list of excluded countries / regions will be reviewed by the Security Bureau from time to time.

Scheme administration

18. Applications will be assessed on a first-come-first-served basis by an inter-departmental liaison group chaired by DSW, with membership comprising representatives from the Labour and Welfare Bureau, SWD and LD. SWD will provide secretariat support to the liaison group. DSW will decide on the quota on imported care workers under each application based on the advice of the liaison group, provided that the overall quota of the special scheme (i.e. 7 000 at any time) is not exceeded. The RCH applicant may appeal against the decision of DSW by submitting more supporting information, and the liaison group will reconsider the application and DSW may revise his/her earlier decision or otherwise. SWD will be responsible for implementing the special scheme, while LD will provide support during the initial period and continue to take enforcement actions on matters related to labour laws and handle labour disputes upon complaint.

19. To speed up the administrative process and taking into account the experience gained from the time-limited relaxation arrangement under SLS during the fifth wave of the COVID-19 pandemic, SWD will conduct desktop checks on the applications received (including but not limited to the ratio of imported care worker to local staff), and collect information from LD and ImmD on adverse records (if any) of the RCH applicant under SLS for the liaison group's consideration. Adverse records under the special scheme (if any) would also be taken into consideration. These may include violation of terms of employment contract (e.g. failure to provide suitable staff accommodation and failure to arrange the imported care workers to attend compulsory briefings), conviction records under labour laws or submission of false information. Since all RCHs are issued with licences, certificates of exemption or letters of exemption under the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459), the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613) or the Private Healthcare Facilities Ordinance (Cap. 633)¹³ and are subject to inspections from time to time, no specific site visit for these RCHs will be made solely for the purpose of processing applications under the special scheme. Similar to SLS, employers may submit entry visa / permit applications to ImmD after quota is approved by DSW.

20. Once imported care workers commence work, SWD will require the RCH to provide documentary proofs on the ratio of imported care worker to local staff and on the provision of suitable staff accommodation. To protect the rights of imported care workers, similar to the arrangement under

¹³ Please refer to footnote 2 above.

SLS, it will be mandatory for employers to enter into a Standard Employment Contract with each imported care worker and make arrangements for them to attend briefings on employment rights and benefits organised by LD within eight weeks of arrival. In addition, SWD will prepare and distribute an information pack to each imported care worker, which will contain information on employment rights, immigration laws, channels for enquiry and/or complaint on different subjects, etc. A copy of his/her employment contract as in SWD's records will also be given to the imported care worker. LD will handle labour disputes upon complaint, and take enforcement actions against any contravention of labour laws.

21. To further streamline the procedures, it is proposed that the visas / entry permits to be issued by ImmD for imported care workers under the special scheme will be valid for a period of 24 months or the full term of the employment contract, whichever is shorter, instead of following the existing SLS arrangement under which an initial 12-month visa / entry permit is issued and the employee needs to apply for extension of stay in the middle of the employment contract to cover the rest of the tenure. We also propose that, similar to the arrangement of the SLS, under the special scheme, employers shall pay the Employee Retraining Levy in respect of each imported care worker to the Director of Immigration¹⁴. The levy will be used to fund the ERB's retraining courses and services for local workers.

OTHER MEASURES TO ALLEVIATE THE MANPOWER SHORTAGE OF THE RCH SECTOR

22. Apart from the special scheme, we will pursue the following measures –

- (a) Fully subsidise an additional 1 740 Enrolled Nurse (“EN”) (General) training places under SWD's “EN Training Programme for the Welfare Sector” from 2023-24 to 2027-28 academic year, and require the trainees to work in social welfare services units providing elderly, rehabilitation, family and child care, or correctional services continuously for at least three years after

¹⁴ Currently, the Employees Retraining Levy is set at \$400 per imported employee per month. Only SLS for importation of workers at technician level or below falls under the above provision. Other schemes on importation of talents and professionals (e.g. Technology Talent Admission Scheme and General Employment Policy) and foreign domestic helpers, etc., are not subject to the charging of any levy.

graduation¹⁵.

- (b) Enhance the training capacity of relevant institutes for EN(General) by inviting the Nursing Council of Hong Kong (“Nursing Council”) to consider reducing the total number of clinical practicum hours required of trainees, in addition to the Nursing Council’s recent agreement in September 2022 to count practicum carried out in community settings including RCHs towards the required hours.
- (c) Enrich the career ladder in the sector. For this purpose, we will embark on a review on skills and qualification requirements of staff providing health and rehabilitative services in different types of residential care homes for the elderly and for persons with disabilities with a view of attracting and retaining manpower in the RCH sector. We aim at appointing a consultant in the first half of 2023 to conduct the review for completion by the end of 2024.

OTHER OPTIONS

23. With the overall decrease in unskilled labour force locally, importation of labour is the only solution to increase the supply of care workers in a community with a rapidly ageing population. Technically, we may adjust sector-specific parameters of SLS to allow RCHs greater flexibility in importing care workers. However, such adjustments are unlikely to remove uncertainties in approval results and/or shorten processing time given that applications would still be subject to established mechanism of SLS.

IMPLEMENTATION TIMETABLE

24. The implementation timetable will be –

¹⁵ To alleviate the shortage of nurses in the welfare sector and enhance the quality of care services, SWD has commissioned the Hong Kong Metropolitan University to provide 200 Enrolled Nurse (“EN”) (General) training places fully subsidised by the Government per cohort under the EN Training Programme for the Welfare Sector from 2017-18 to 2024-25. With the additional resources obtained, the number of subsidised EN(General) training places will increase from 200 to 428 per cohort starting from 2023-24. Starting from the 2023-24 intake of trainees, a subsidised trainee will be required to work in the social welfare sector upon graduation for three years instead of two to further increase the supply of nurses for the sector.

Consultation with LAB and the
RCH sector

December 2022 – January 2023

Launching the special scheme

Q2 2023¹⁶

IMPLICATIONS OF THE PROPOSAL

B 25. The proposal has economic, financial and civil service, sustainability, family, and gender implications as set out at **Annex B**. The proposal is in conformity with the Basic Law, including the provisions concerning human rights. The proposal has no productivity or environmental implication.

PUBLIC CONSULTATION

26. We will consult LAB and the RCH sector on the implementation aspects of the special scheme. The feedback gathered will be taken into consideration as appropriate in finalising the implementation and operational details of the special scheme.

PUBLICITY

27. We will issue a press release. A spokesperson will be available to handle media and public enquiries.

BACKGROUND

28. Under section 14(3) of Cap. 423, the Chief Executive in Council may approve a labour importation scheme under the terms of which a levy shall be payable by employers. Under section 14(4) of the same ordinance, the Secretary for Labour and Welfare may allocate quotas to the concerned importation scheme under which employers may apply to the Director of Immigration for employing the imported employees and their visas.

ENQUIRY

29. Any enquiry on this brief can be directed to Ms Linda LAW,

¹⁶ It will take time for SWD to formulate the implementation and operational details and organise briefings for some 1 100 RCH operators on the special scheme. This is particularly important for the subvented RCHs, which may be unfamiliar with the importation of care workers.

Principal Assistant Secretary for Labour and Welfare (Welfare) 3, at 2810 3298.

**Labour and Welfare Bureau
Social Welfare Department
14 December 2022**

**KEY PARAMETERS ON IMPORTATION OF CARE WORKERS
UNDER THE PROPOSED SPECIAL SCHEME**

- (a) Minimum salary and maximum number of imported care workers: provided that no local care worker employed in the residential care home (“RCH”) is paid less than the Median Monthly Wage¹, a manning ratio of 1:1 (i.e. one imported care worker to one full-time local employees of any position) shall apply to private and self-financing RCHs (including those participating in bought place schemes), while a manning ratio of 1:2 (i.e. one imported care worker to two full-time local employees of any position) shall apply to subvented and contract RCHs.
- (b) Staff accommodation and fringe benefits: fully furnished accommodation with net usable floor area not less than 3.4 m² per person has to be provided to imported care workers and up to 10% of their salary (or the actual cost of accommodation, whichever is less) may be deducted for such purpose. Free medical treatment, including medical consultation, maintenance in hospital and emergency dental treatment, and free passage between the imported care workers’ home countries and Hong Kong have to be provided.
- (c) Local recruitment requirement: at the time of application for importation quota, submit proof of recruitments through channel(s) specified by the Director of Social Welfare preceding the application. The vacancies listed in the local recruitment must offer a salary not lower than that offered to imported care workers.
- (d) Standard Employment Contract and payment of levy: the RCH must engage the imported care worker under a Standard Employment Contract stipulated under the special scheme. The maximum term of each care worker contract is 24 months. At the start of each contract period, the operator is required to pay the Employees Retraining Levy that goes to the Employees Retraining Board to augment the provision of training and retraining for local workers. The levy payable in a lump sum in respect of each imported worker is \$400 multiplied by the

¹ The latest Median Monthly Wage for a care worker, as compiled by the Census and Statistics Department on a half-yearly basis, is \$14,150. The work schedule is usually nine hours (excluding meal time) per day and six days per week.

number of months covered by the employment contract. Imported care workers are not treated as ordinarily resident in Hong Kong.

- (e) Conditions of stay: the Immigration Department imposes the following restrictive conditions of stay –
- (i) After entry into Hong Kong, imported workers must remain under the direct employment of the same employer for the specified job and in the specific workplace(s) as stipulated in the Standard Employment Contract and cannot be contracted out to other companies or sub-contractors;
 - (ii) Change of employer, post or place of work is not permitted;
 - (iii) Imported workers are not permitted to bring in dependants;
 - (iv) Two-week rule: imported workers are permitted to remain in Hong Kong for two weeks only from the date of termination of contract or for the balance of permitted stay, whichever is the shorter period;
 - (v) Visa / entry permit for imported workers is granted for a period of 24 months or the full term of the employment contract, whichever is shorter;
 - (vi) Imported workers are required to return to place of origin on completion or termination of employment contract, whichever is earlier; and
 - (vii) The entry arrangement does not apply to nationals of Afghanistan, Cuba, Laos, Korea (Democratic People's Republic of), Nepal and Vietnam.

ECONOMIC, FINANCIAL AND CIVIL SERVICE, SUSTAINABILITY, FAMILY, AND GENDER IMPLICATIONS

Economic Implications

In view of the rising demand for care workers due to population ageing and the tight supply amid a shrinking local labour force, the proposal is pivotal to alleviating the acute manpower shortage envisaged for coming years. An ample and stable supply of care workers would enhance the business environment for existing and prospective service providers, and help improve the adequacy and quality of services in the sector. These would be conducive to the healthy development of residential care services for the elderly and for persons with disabilities.

Financial and Civil Service Implications

2. Same as the Supplementary Labour Scheme (“SLS”), the proposed special scheme will require residential care homes (“RCHs”) to pay the Employee Retraining Levy set at \$400 per imported care worker per month. The levy will be collected by the Director of Immigration. Following the prevailing arrangement under SLS, the collected levy will be credited to a deposit account to be established under the Immigration Department (“ImmD”). The collected levy together with the interest accrued, which are estimated at \$34 million per financial year, will then be remitted to the Employees Retraining Board (“ERB”). The administrative fees for the provision of the levy-collecting services by ImmD will be collected from ERB according to a cost recovery approach, and the estimated revenue generated from the administrative fees will be about \$520,000 per financial year (at 2022-23 price level).

3. SWD will need to incur resources in setting up a team to implement the proposal, including providing secretariat support to the inter-departmental liaison group, vetting applications submitted by the RCHs, desktop checking on compliance with approval parameters and handling enquiries. Also, ImmD, which is currently responsible for processing visa / entry permit and related applications in relation to the importation of care workers under SLS, will require additional manpower resources for coping with the anticipated increase in caseload following the introduction of the special scheme. In this regard, SWD and ImmD have obtained additional resources in accordance with the established mechanism.

Sustainability Implications

4. The proposal will facilitate the importation of more care workers to meet the demand from existing and upcoming RCHs. This is conducive to the sustainable and healthy development of the sector.

Family Implications

5. The proposal will facilitate the importation of more care workers in the RCH sector, and bring about more adequate and better care services to the RCH residents. For families with members who are elderly persons and/or persons with disabilities in need of out-of-home care, the proposal will help relieve them from the commitment and heavy stress of taking care of their concerned family members, and improve family relationships.

Gender Implications

6. The carers of elderly persons and persons with disabilities are usually women. As the proposal will bring in more care workers for the RCH sector, it should therefore be conducive to relieving the burden of carers and facilitating their participation in the work force.