

**臺灣社區居住與獨立生活聯盟**  
**CRPD 問題清單 民間回應 (中英文)**

條文第 19 條自立生活及融合社區

點次	問題清單	國家回應	臺灣社區居住與獨立生活聯盟回應
40.	請提供政府對於社會與身心障礙者在社區融入之相關資訊——建造住屋、運輸、公共建築、社區設施與服務之無障礙，且所有人皆可用。	<p>一、內政部已於《建築技術規則》納入無障礙建築物規定、建築物無障礙設施設計規範，自 2013 年 1 月 1 日起朝新建、增建建築物全面無障礙化推動。已明定新建、增建之六層以上之集合住宅或五層以下且五十戶以上之集合住宅，除專有及約定專用部分以外，其他均應設置無障礙通路、無障礙樓梯、無障礙停車位等設施，以便利行動不便者進出及使用建築物。至於各項設施設計規範，於《建築物無障礙設施設計規範》訂定之。至於既有建築物無障礙環境改善，另已於 1997 年 8 月 7 日訂頒《既有公共建築物無障礙設施替代改善計畫作業程序及認定原則》，要求五層以下且五十戶以上之集合住宅，須改善室外通路、避難層坡道及扶手、避難層出入口等設施。六層以上之集合住宅須改善室外通路、避難層坡道及扶手、避難層出入口、昇降設備等設施。</p> <p>二、內政部亦依據《無障礙住宅設計基準及獎勵辦法》，業補助臺中市等 8 個地方政府辦理原有住宅公寓大廈增設昇降設備及無障礙設施改善。</p> <p>三、為利身心障礙者順利進出公園及無礙使用相關設施，內政部自 2014 年度起即循序督促辦理都市公園綠地無障礙環境建構工作，首先於 2014 年 8 月 29 日函頒《都市公園綠地各主要出入口無障礙設施設置原則》，並依該原則於 2014 年及 2015 年完成全國公園綠地主要出入口督導計畫。其次於 2015 年 10 月 22 日訂定《內政部主管活動場所無障礙設施設備設計標準》，並</p>	<p>本聯盟僅就住屋部分回應：</p> <ol style="list-style-type: none"> <li>各項建築無障礙法規大多於 2000 年以後開始施行，主要影響的為新建、集合式房舍，這類房屋普遍售價較高、租金也較高，非障礙者負擔得起，政府應以其他政策補貼支持障礙者取得住屋，例如提高修繕補助、提供新建的社會住宅優先承租等。</li> <li>然以台北市社會住宅為例，租金定價為市價的 7 折或 8 折，即 14 坪(約 46.3 平方公尺)每月 8,000 元。</li> </ol> <p>而根據勞動部 103 年「身心障礙者勞動狀況調查報告」有就業者 189,000 人，勞動參與率僅 19.7%，整體有工作收入之身心障礙就業者之平均每月薪資 24,653 元，由此可知，新建的、符合無障礙的社會住宅，卻是障礙者所租不起的。</p> <p>建議： 障礙者承租社會住宅之租金應針對障礙者可負擔情況予以調整，以不超過其所得 1/3 為原則，中央應監督、督導地方政府落實「住宅法」第 25 條。</p>

	<p>於 2016 年及 2017 年針對都市公園綠地完成無障礙環境督導計畫，未來仍將賡續加強推動辦理。</p> <p>四、內政部補助地方政府社會住宅先期規劃費，要求地方政府興辦社會住宅時，應考慮高齡、幼童、婦女及行動不便者使用之環境設施需求。外部空間及建築物內部公共空間，須符合內政部訂頒《建築物無障礙設施設計規範》規定及《無障礙住宅設計基準及獎勵辦法》並取得無障礙住宅標章。</p> <p>五、為協助身心障礙者社會參與、社區適應，政府於《身心障礙者個人照顧服務辦法》中第 26 條、第 30 條、第 32 條、第 37 條、第 47 條等提供各項社區式服務（包括生活重建、社區居住、社區式日間照顧、社區日間作業設施等），服務內容中除日常生活能力之培養、人際關係及社交技巧訓練外，同時亦規劃辦理生活參與之促進、社區適應等活動，協助身心障礙者積極參與社區活動、加強其與家人及社區居住互動，落實社區融入之精神。</p> <p>六、依據《身心障礙者權益保障法》第 50 條規定，地方政府應依需求評估結果，辦理身心障礙者生活重建、社區日間作業設施、社區式日間照顧、社區居住及家庭托顧等服務，建立以社區為基礎的身心障礙者支持服務。各地方政府皆積極佈建社區式日間照顧、社區居住及家庭托顧服務據點，截至 2017 年第 2 季止，全國計有 159 個社區日間作業設施、114 個社區式日間照顧服務據點、94 處社區居住服務據點及 129 處家庭托顧服務據點，共計服務 5,326 人，並為協助身心障礙者自立生活於社區，在能自我決定、選擇、負責，於均等機會下，選擇合適住所，平等參與社會，政府推動身心障礙者自立生活支持服務，截至 2017 年第 2 季止，計服務 14,402 人次。</p> <p>七、此外，亦積極規劃建立身心障礙者社會參與機制，例如提供身</p>	<p>The Consortium's response in regards to housing:</p> <ol style="list-style-type: none"> <li>1. Most of the legislations in regards to accessible housing are implemented after 2000, largely affecting new buildings and congregate housings in which might be categorized as “social housing”, be rent instead of being sold out. Such new buildings and congregate housings are usually higher in market value and rent, which are many times not affordable options for persons with disabilities. The government should offer additional subsidies or enact related policies for persons with disabilities to secure housing. Examples of further benefits can include a higher subsidy in maintenance of housing or priority in receiving newly built social housing.</li> <li>2. For instance, rent for social housing in Taipei is about 8000 NT for 46.3 square meters, which is 20-30% off of the market rate. According to the Ministry of Labor's Survey of Employment Status of People with Disabilities in 2014, there were only 189,000 people employed (a participation rate of 19.7%), and with an average monthly salary of 24,653 NT. With low salary and high rent, persons with disabilities cannot afford to live in the new social housing with good accessibility.</li> </ol> <p>Recommendation:</p>
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41.	<p>請說明政府對於逐步淘汰大小型住宿型機構，並以社區為基礎的個人化支持服務，例如個人協助，以</p>	<p>一、為提供身心障礙者以社區為基礎的個人化支持服務，地方政府依據需求評估結果，辦理身心障礙者生活重建、社區式日間照顧、社區日間作業設施、社區居住及家庭托顧等服務，積極佈建各項社區式服務據點，2013 年計有 366 個服務據點；2014 年計有 400 個服務據點；2015 年計有 429 個服務據點；2016 年計有 469 個服務據點；截至 2017 年第 2 季止，全國合計有 496 個服務據點，其中 114 個社區式日間照顧服務據點、159 個社區日間作業設施服務據點、94 個社區居住服務據點及 129 個家庭托顧服務據點，共計服務 5,326 人。</p>	<p>針對 41 點回應，可從兩個部分看見政府政策並未有計劃的發展社區化服務：</p> <p>一、統計數據部分</p> <ol style="list-style-type: none"> <li>1. 顯而易見，第二項自立生活支持服務以人次呈現是沒有意義的，不如以「人數」統計看普及率，以「時數」統計看經費投入。</li> <li>2. 從第一項、第二項的統計，雖看見數字成長，但對比第一次國家報告，部分服務的「經費」是逐年遞減的，如社區居住方案，其他如自立</li> </ol>

及逐步提高國內住宅無障礙為取代的計畫。

- 二、為協助身心障礙者自立生活於社區，並且能自我決定、選擇、負責，於均等機會下，選擇合適住所，平等參與社會，政府推動身心障礙者自立生活支持服務，截至 2017 年第 2 季止，計服務 14,402 人次。
- 三、衛生福利部將持續透過政策引導及經費補助機制，督導各地方政府依《建置未來 5 年身心障礙照顧服務資源計畫》之照顧服務資源目標積極佈建落實執行，並規劃每年定期召開會議，協助推動各項福利服務資源擴展，建構無縫接軌的照顧模式。
- 四、為達精神病人「社區化照護」之目標及提升社區精神復健服務品質，俾協助具精神復健潛能之精神病人回歸社區，業於 2014 年函請各地方政府針對所轄精神復健機構新設立或擴充服務量之申請案，以訂立「50 床以下」服務規模原則，輔導機構辦理。迄至 2016 年底，已有 84.24% 之精神復健機構，其服務規模在「50 床以下」。未來將納入《精神復健機構法》規研修之考量，以逐步淘汰精神病人收住於「大型化」或「機構化」場所，並提供多元化之社區服務，支持精神病人於社區生活。
- 五、有關住宅無障礙如第 40 點次所述。

生活支持服務、社區日間作業設施服務等均未提供經費資訊，無法看出政府在資源分配的相關政策規劃，數字的成長恐非有計畫性的，而是隨機的，以致各地障礙者不知道這些服務、或當要取得服務時，不一定能取得。事實上「去機構化」並未成為政府的政策，從預算可以得知，詳參閱本聯盟之影子報告分析。

3. 再以社區居住方案為例，22 個縣市中，半數縣市全轄區不超過 3 個居住單位，服務人數在 18（含）人以下，其中直轄市新北市、桃園市都僅 3 個居住單位，可及性極低。
4. 台灣障礙者總數 1,170,199 人，若扣除 13,440 人接受住宿機構服務者，第一項總計服務 5,326 人，顯然是很不足的，而未來據點數量、服務人數、經費的成長計畫，政府政策均付之闕如。

## 二、政策指標部分

1. 第三項所提《建置未來 5 年身心障礙照顧服務資源計畫》，此計畫民間及障礙者並沒有參與，也無所知悉。
2. 第四項關於精神病人「社區化照護」，政府竟輔導機構辦理「50 床以下」服務規模，不僅無利於小型化、社區化發展，恐導致推遲機構轉型。

### 建議：

- (1) 本聯盟於民間報告中已提出，政府的預算分配中，機構式服務是逐年成長，與社區居住、自立生活支持服務落差極大（272 倍、309 倍），此一落差正逐

年拉大，政府仍未就此回應，請政府具體回應民間的訴求。

- (2) 請儘速制定社區化服務發展短中長期計畫，包括服務人數、服務據點、經費補助等，須有明確的數據指標。
- (3) 照顧服務資源計畫應有障礙者及民間團體代表參與制定。
- (4) 促成機構轉型需有政策誘因及正確的社區化支持觀念，例如機構托養補助費應能移轉至社區居住，讓同樣的住宿服務有同等的補助標準（平等、選擇權），大型機構縮減並不等於就是社區化。

In response to no. 41, it is evident from two areas (statistical data and policy indicators) that the government does not have any plan in developing community-based services:

1) Statistical data

1. The users of “Independent living support services” (ILSS) have been counted/represented by number of times in which all disabled people have used such services (as indicated in the second point), but such representation is rather meaningless. Instead, it would be more helpful to use head counts (number of disabled persons have used) to calculate the prevalence rate of using ILSS, and use the number of hours spent to estimate budget allocation.

			<p>2. From the statistics of the first and second point, although the numbers of use have improved, but when compared with the first National Report, part of the budget has been cut annually. For example, there is no information on the budget for community living programs (1-6 residents sharing the residential unit/flat located in the community), other independent living support services, and community-based vocational services, and therefore it is hard to follow the government's plans regarding resource allocation, if any. The numbers may have just increased by random instead of by plan, and as a result, persons with disabilities are not informed and are unaware of these services, or when they want the services they are unable to receive them. In fact, "deinstitutionalization" has never been documented as a governmental policy, the budget allocation given such evidence (more detail budget allocation, please see our submitted Shadow report).</p> <p>3. In terms of community living programs (1-6 residents sharing a same flat/housing), half of the 22 counties and cities run no more than three units and provide such residential services to less than 18 people, and this includes New Taipei City</p>
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and Taoyuan City. With very few programs available, accessibility is minimal for persons with disabilities. It means that institutional care service is still the mainstream or the only choice for people with disabilities.

4. Taiwan has more than 1.17 million of persons with disabilities, but only 5,326 persons with disabilities participate in the community living programs (1-6 residents sharing one flat/housing in the community) (if taken out the 13,440 persons with disabilities who live in institutions). In addition, the government has no plans to expand such kind of community living programs.

## 2) Policy indicators

1. “Care and Service Resource Development Plan for People with Disabilities” (stated in the third point) is a five-year plan that does not involve persons with disabilities and therefore, there is no way for them to know more about it.
2. In regards to “community-based services” for people with mental difficulties (psychiatric difficulty) (as indicated in the fourth point), the government surprisingly encourages non-profit organizations to run programs that are “no more than 50 beds”. This type of program inevitably

promotes the development of institutionalization.

Recommendation:

1. As mentioned in the Consortium's Shadow Report to the UN Convention on the Rights of Persons with Disabilities, budget allocated for institutional services is increasing annually, while the resources for community living (1-6 residents sharing one flat/housing in the community) and independent living support services (ILSS and personal assistance included in ILSS) remain the same if not decreased. The gap of annual budget allocation between institutional services and community living and independent living services is 272 times and 309 times, respectively. Such resources allocation gap widens every year and that the government has not yet address this critical issue. Please respond immediately.
2. Please formulate a community-based service development plan with mid to long-term goals immediately, including the number of people receiving services, service locations, and budget and subsidies. There should be precise indicators for data collection.
3. The development of the Care Service Resources Plan



			<p>should include persons with disabilities and representatives from various organizations.</p> <p>4. To form institutional services transform into community living/community-based services, there should be policy incentives and proper in-service training on IL and community living support. For example, subsidies received for institutional services should be able to be transferred to the use of community living services/ILSS, so that the rate of subsidies is the same for both residential services (equality and right of choice). Cutting the number of institutions does not mean that the service providers offer community-based services.</p>
42.	<p>請說明政府對於定期評估社區內身心障礙人口的需求、滿足此等需求之規劃措施，以及評估此等措施績效之系統機制。</p>	<p>依《身心障礙者權益保障法》規範，現行身心障礙證明有效期限為 5 年，社區中身心障礙者至少每 5 年會接受政府評估並籌組專業團隊確認其需求，提供個人及家庭之支持照顧服務。另各級政府應至少每 5 年舉辦身心障礙者之生活狀況、保健醫療、特殊教育、就業與訓練、交通及福利等需求評估及服務調查研究，並應出版、公布調查研究結果。在社會福利績效考核指標中，亦將各地方政府有據需求調查或需求評估結果擬定實施計畫並編列預算執行列為考核指標，作為評估績效之系統機制。</p>	<p>一、目前台灣障礙者證明每五年評估一次是採用 ICF 制度，且政府高度依賴 ICF 之評估結果，據以限定補助資格，然根據學者周月清教授等研究，ICF 在台灣的施行僅能評估出障礙者的身心功能損傷程度，並無法呈現障礙者的需求，尤其在社會參與部分。目前已造成重度及極重度心智障礙者無法選擇社區居住服務的嚴重權利侵害、不平等與歧視。</p> <p>二、政府每 5 年所辦理之身心障礙者之生活狀況調查，其實是一種抽樣的問卷調查，題目的設計未考量障礙者答題的情況，也不是以了解障礙者之需求為目的，是以生活現況為主，且可由主要照顧者回答。以居住現況調查為例，是以滿意度為指標，因</p>

			<p>此歷年結果均呈現，機構式住宿服務滿意度高於居家式。</p> <p>建議：</p> <ol style="list-style-type: none"> <li>(1) 正視 ICF 評估實施現況的各種問題，不得以評估結果限制服務的選擇。</li> <li>(2) 身心障礙者需求評估題項之設計，應有障礙者參與修訂，並針對不同障別有不同的評估工具。</li> <li>(3) 進行需求評估之前，應先提供充分相關資訊，包括：現有幾種服務可以選擇、其服務內涵，再進行需求評估。同時評估要結合障礙者的活動及環境、障礙者本人參與進來選擇，而非以其父母或照顧者代為選擇。</li> </ol> <p>1. Currently, persons with disabilities in Taiwan are assessed every 5 years with the International Classification of Functioning, Disability and Health (ICF). The government is highly dependent on the results for subsidy eligibility. However, according to Chou and Kroger's study (2017)<sup>1</sup>, ICF in practice in Taiwan only assesses the level of persons' impairment, which cannot fully display the persons' needs, particularly in the area of community involvement. At the moment, the assessment is an impediment to</p>
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<sup>1</sup> Chou, Y. C., & Kröger, T. (2017). Application of the ICF in Taiwan — Victory of the medical model? *Disability & Society*, 32(7), 1043-1064. DOI: 10.1080/09687599.2017.1331836

			<p>persons with severe to profound intellectual disabilities in choosing community living as one of their residential options, which is discrimination and an infringement on their rights.</p> <ol style="list-style-type: none"><li data-bbox="1346 325 2128 1002">2. The government conducts a national survey in regards to the living conditions of persons with disabilities every 5 years. However, the survey questions are standardized and have never considered the various conditions of which the person might be in when answering the survey questions, nor it is designed to understand the person's needs. The survey is based on person's current living condition and can be answered by the primary caregiver or parents/relatives. The survey for current living conditions uses levels of satisfaction as an indicator and as a result, the rate of satisfaction for institutional services is consistently higher than community-based services every year.</li></ol> <p>Recommendation:</p> <ol style="list-style-type: none"><li data-bbox="1346 1129 2128 1433">1. The government should realize and address all the problems that arise from ICF assessments, and should not use the results to limit the choices of services (instead of institutional care services, many disabled people and their relatives have never been informed or aware of such kinds of community-based services).</li><li data-bbox="1346 1449 2128 1490">2. The design of survey for assessing the needs of</li></ol>
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			<p>persons with disabilities should include the persons themselves (but not only based on professional or “big” NGOs representative all disabled people), and different assessment tools should be developed for different types of disability.</p> <p>3. Before the person is assessed, person should be provided with all the related information, including the number of services that he/she can choose from, the details of those services (e.g., ILSS or community living project that is limited over 6 persons living together and is located in the community). At the same time, the assessment should consider the person’s social roles (e.g., student, paid worker, youth, a mother, etc.), surrounding (e.g, home, school, workplace, etc.) and daily activities and recreation (e.g., going to swimming pool, cinema or theater, etc.), and involve the person in the survey, not only his/her parent(s)/relatives, or caregivers.</p>
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