CHAPTER 3 - IDENTIFICATION AND ASSESSMENT SERVICES

INTRODUCTION

3.1 Early identification and assessment of disabling conditions are essential to the provision of appropriate treatment and rehabilitation services for people with disabilities. This Chapter sets out the present provision of such services and areas in which further development is considered necessary. The provision of follow-up treatment for persons identified to be suffering from specific types of impairment is covered in other chapters.

3.2 Disabilities are usually detected through the following processes -

(a) neonatal examination provided by the Hospital Authority, the Department of Health and private medical practitioners;

(b) Comprehensive Observation Scheme under the Department of Health;

(c) health screening provided by the Student Health Service under the Department of Health;

(d) contact with special education services centres under the Education Department;

(e) Combined Screening Programme under the Education Department; and

(f) contact with social workers, psychologists, health care professionals and other allied health staff.

3.3 Confirmation of the disabilities and/or assessment of the degree of disabilities are performed by -

(a) child assessment centres under the Department of Health and the Hospital Authority;

(b) clinics for ophthalmic and optometric assessment under the Hospital Authority and the Hong Kong Society for the Blind;

(c) special education services centres under the Education Department that provide, among other services, audiological and speech assessment services;

(d) ear, nose, throat specialists and audiologists for audiological assessment under the Hospital Authority;

(e) school-based psychologists of the Education Department and non-governmental organisations; and

(f) specialists including paediatricians in public and private practice.
IDENTIFICATION SERVICES

Neonatal Examinations

3.4 Physical examinations of all new-born babies are carried out in public and private hospital wards and maternity homes soon after birth to screen for physical abnormalities. In addition, routine biochemical screening for glucose-6-phosphate dehydrogenase (G6PD) deficiency and congenital hypothyroidism is carried out for all new-born babies by the Neonatal Screening Programme of the Clinical Genetic Service at the Department of Health. G6PD deficiency occurs in about 4.5% and 0.3% of male and female new-born babies respectively. Between 1984 and 1998, the rate of congenital hypothyroidism was found to be one in 2,681 births. Over 90% (about 50,000 in 1998) of all new-born babies in Hong Kong attend government maternal and child health centres where routine physical examinations are carried out. Each year, about 300 new-born babies are reported to have congenital malformation. A breakdown is provided below -

<table>
<thead>
<tr>
<th>System</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Musculoskeletal system</td>
<td>34%</td>
</tr>
<tr>
<td>Cleft lip and palate</td>
<td>16%</td>
</tr>
<tr>
<td>Eye, ear, face and neck</td>
<td>9%</td>
</tr>
<tr>
<td>Nervous system</td>
<td>7%</td>
</tr>
<tr>
<td>Genital organs</td>
<td>6%</td>
</tr>
<tr>
<td>Others</td>
<td>28%</td>
</tr>
</tbody>
</table>

Children with abnormality detected will be referred, if necessary, to specialists for follow-up treatment. In private hospitals, the attending obstetrician/paediatrician will identify the abnormality and make referrals to appropriate specialists for follow-up services, for example, the Clinical Genetic Service provided by the Department of Health.

Comprehensive Observation Scheme

3.5 The Comprehensive Observation Scheme (COS) provides developmental screening for all children up to the age of five. Screening is performed in maternal and child health centres under the Department of Health at an interval of 10 weeks, nine months and three years after birth. Parents may also consult the medical practitioners in these centres whenever they suspect their children suffer from developmental delay or disability. When developmental delay is detected, referral for comprehensive assessment at a child assessment centre will be made for confirmation of the diagnosis and follow-up treatment.

3.6 As at December 1998, 43 maternal and child health centres provided the COS. In 1998, over 135,006 children were screened by the COS, of which 10,568 (7.8%) were found to have defects. Out of these 10,568 children, about 34.3% were with visual impairment, 26.3% with articulation defects or language delay, and the rest with physical abnormalities, hearing impairment, mental handicap, gross motor disorders or mixed development disorders.
Student Health Service

3.7 The Student Health Service, introduced in 1995, provides regular physical examination and health screening for all pupils from Primary One to Secondary Seven. Screening for problems related to vision, hearing, spine, psychosocial health and behaviour is performed at student health service centres under the Department of Health. Pupils found to have health problems will be referred to special education services centres under the Education Department or appropriate specialists for detailed assessment and follow-up.

3.8 In 1998, a total of 409 066 primary and secondary school pupils attended the service. The common health problems detected included visual problems, obesity, behavioural problem, self-image, scoliosis and hearing impairment.

Special Education Services Centres

3.9 Special education services centres under the Education Department provide a wide spectrum of services including screening, referral and placement services as well as audiological and speech therapy services for pre-school and school-age children with disabilities. These centres accept direct applications from parents and referrals from schools, doctors and non-governmental organisations. Occasionally, they also refer children to the child assessment centres for assessment and/or confirmation of their disabilities. A brief on the special education services of the Education Department is at Appendix 3.1.

Combined Screening Programme

3.10 The Combined Screening Programme (CSP) covers all Primary One pupils in ordinary schools that -

(a) the primary objective of the programme is to identify children with moderate and severe problems and refer them for appropriate follow-up support. The secondary objective is to identify children who are “at risk” and who may acquire visual, hearing, speech or learning problems; and to provide advice to the schools in which they attend; and

(b) pupils experiencing exceptional learning difficulties and severe speech problems are identified by teachers using observation checklists for further assessment and follow-up services provided by educational psychologists and speech therapists.

3.11 In the school year 1997/98, a total of 74 854 pupils in ordinary primary schools were covered by the CSP. The CSP comprises hearing tests, eye-sight tests and teachers’ identification of learning and speech problems. Normally, 4-7% of children who go through each of these tests under CSP are identified to have problems and need further assessment, treatment or follow-up services.

3.12 The involvement of classroom teachers in the CSP helps promote among teachers an awareness of the role they play in the identification of problems of their pupils at an early stage. Observation Checklist for Teachers (OCT) has been devised as a tool for teachers to carry out observation of their pupils’ learning or speech difficulties in the classroom environment. Annual seminars are organised to assist teachers to perform this task. However, since specialist knowledge and equipment are required in the identification
of hearing and eye-sight problems, OCT is not used for identifying such defects. The Education Department continues to conduct hearing and eye-sight tests for the pupils in need.

3.13 Special schools for hearing impaired and visually impaired children are also covered by the CSP. Pupils in special schools for hearing impaired children receive eye-sight screening while those in schools for visually impaired children receive audiometric screening. However, the CSP does not cover pupils in special schools for physically and mentally handicapped children. This is because prior to their admission to the respective special schools, physically handicapped pupils have already been medically examined, and mentally handicapped children individually assessed by educational psychologists and, when necessary, by professionals of other streams to detect their sensory impairments. In addition, trained teachers in special schools make constant observation of pupils and will refer those with suspected hearing or visual problems to the Education Department for individual assessments as appropriate.

ASSESSMENT SERVICES

Child Assessment Centres

3.14 Child assessment centres (CACs) provide assessment of the child’s physical, special sensory (especially vision and hearing), psychological and social aspects of development through a multi-disciplinary team approach. CACs serve children from birth to 11 years old. Children referred for assessment are usually attended within three weeks by paediatric staff, after which appointments for various other assessments will be initiated as appropriate. For the majority of the clients, the assessment will be completed within six months. In addition, CACs provide interim therapy for children, support and counselling/guidance for parents, and co-ordination of rehabilitation services to meet the individual needs of the children and their families.

3.15 As at December 1998, there were six CACs in operation, namely the Arran Street CAC, Pamela Youde CAC (Kwun Tong), Pamela Youde CAC (Shatin), Tuen Mun CAC and Ha Kwai Chung CAC under the Department of Health, and the Duchess of Kent CAC under the Hospital Authority. The Department of Health will provide two additional CACs to meet the future demand. The newly constructed Central Kowloon CAC will come into operation by 1999 and the proposed CAC in Fanling will be upgraded to Category A of the Public Works Programme with a view to completion by 2001-02.

Ophthalmic Assessment Services

3.16 Children identified to have eye-sight problems in the CSP are referred for ophthalmic or optometric assessment in one of the following clinics: Tuen Mun Hospital Ophthalmology Clinic, Tung Wah Eastern Hospital Ophthalmology Clinic, Prince of Wales Hospital Ophthalmology Clinic, Queen Mary Hospital Ophthalmology Clinic, Caritas Medical Centre Ophthalmology Clinic and the Hong Kong Eye Hospital under the Hospital Authority; and the General Eye and Low Vision Clinic operated by the Hong Kong Society for the Blind. Parents may also opt to consult ophthalmologists in private practice.

3.17 In the school year 1997/98, 3 834 (5.1%) pupils, after undergoing the eye-sight screening of the CSP, were found to require follow-up services. Of these pupils, 2 423
(63.2%) opted for ophthalmic assessment in the clinics/eye hospital under the Hospital Authority, 815 (21.3%) opted for consultation with private ophthalmologists, and 596 (15.5%) opted for assessment in the General Eye and Low Vision Clinic. Since 1994, the Hospital Authority has adopted a regionalisation policy in the provision of ophthalmic assessment service under the CSP. Pupils requiring such service can now be assessed at ophthalmology clinics in their residence regions. However, this policy will not deprive patients of their rights to receive ophthalmic assessment services in clinics outside their residence regions.

3.18 The Hong Kong Society for the Blind is constructing an extension to the Society’s existing headquarters building. The Society’s General Eye and Low Vision Clinic will be expanded and accommodated in the new extension, which is scheduled for completion in early 2000. The capacity of the expanded Clinic will be increased four times when it is in full operation.

Audiological Assessment Services

3.19 Children identified by the CSP as having hearing difficulties receive a full-scale audiological assessment and remedial treatment where necessary in the special education services centres. Reports on the results of the audiological assessment with appropriate recommendations are given to the children’s parents and schools. Children requiring ear, nose and throat (ENT) treatment are referred to the ENT specialists of the Hospital Authority. Remedial services including special classroom seating arrangements, provision of hearing aids and earmoulds, peripatetic advisory service and placement in special education classes for hearing impaired children in need, are also provided.

3.20 In the school year 1997/98, 2,630 (3.5%) primary pupils, after undergoing the audiometric screening of the CSP, required individual audiological assessment services.

3.21 Apart from providing assessments in support of the audiometric screening under the CSP, the Education Department also accepts individual referrals for audiological assessment for pre-school and school-age children from the Hospital Authority, non-governmental organisations, private practitioners, parents and schools. About 1,700 cases are referred annually from these sources.

3.22 In the school year 1997/98, a total of 4,519 children, with 438 being pre-schoolers, received audiological assessment services of the Education Department and 1,034 of them were referred to ENT specialists of the Hospital Authority for consultation or treatment. The Education Department also provides follow-up programmes and educational placements for children in need. The demand for audiological assessment services of the Education Department in the next few years is estimated to be about 4,500 cases per year. The Education Department will continue to closely monitor the actual demand for the services.

Speech Assessment Services

3.23 Pupils identified by teachers to have speech problems under the CSP are referred for speech/language assessment and remedial services in the special education services centres. In the school year 1997/98, 3,645 (5.7%) Primary One pupils who were
referred by teachers under the CSP received such services. In addition, some 1 000 cases are referred annually by other government departments, the Hospital Authority, private practitioners, kindergartens, schools, non-governmental organisations and parents. The demand for speech assessment and remedial services of the Education Department in the next few years is estimated to be about 7 000 cases per year. The Education Department will continue to monitor the actual demand for these services.

**School-based Psychological Service**

3.24 A school-based psychological service for special schools has been provided since the school year 1987/88 under a dual system. While schools operating a minimum of 30 special school classes are entitled to employ their own psychologists, others are served by a central pool of educational psychologists in the Education Department. The scope of service is as follows -

(a) re-assessment of children who require a review of their educational needs and programmes;

(b) review of the educational programme for the individual child to ensure that his/her special needs are catered for;

(c) advice to teachers on formulating individualised educational and/or behavioural guidance programmes;

(d) organisation of staff development programmes; and

(e) consultation on curriculum development.

The Education Department will continue to monitor the actual demand for educational psychological service.

**Assessment Services for High-risk Groups of Adults and Children**

3.25 For high-risk groups of adults and children, it is always of primary importance to identify their needs by providing assessment services in hospitals and clinics. In fact, such assessment services facilitate the identification of disabilities resulting from diseases, poor maintenance, or insufficient care or protection. Patients who are at high risk of being disabled, in particular, require assessment services. These include patients with disabilities resulted from hypertension, haemophilia and Parkinson’s disease.

3.26 For people with visceral disabilities, assessment services can provide early detection of their disabilities and early intervention, that help restore their capacity to the maximum, so that they can live independently, participate fully in community affairs and avoid prolonged institutionalisation. Further details on this topic are discussed in the chapter on services for viscerally disabled persons.

3.27 Similarly, high risk groups of children are in need of assessment services for early intervention. Severely mentally handicapped children will undergo audiometric and ophthalmic screening at an early age to detect their sensory impairments. This will be discussed further in the chapter on services for mentally handicapped persons.
ISSUES OF CONCERN

3.28 At present, there is an established network to ensure co-ordination among different service providers. Medical social workers are available in public hospitals to offer assistance to families in need. Outside the medical setting, cases will be followed up by the family services centres under the Social Welfare Department. Parents/Relatives resource centres also assume an important role in providing counselling advice to parents of disabled persons.

3.29 There is, however, a concern that disabled children and their parents might fall into the gap of services provided by different departments and non-governmental organisations and fail to receive the required services in time. The proposal of a case manager system is being examined by the Social Welfare Department. The Department is of the view that if there is a designated worker to act as the child’s case manager at various stages of rehabilitation, continuum of training and care can be ensured.