CHAPTER 4 - SERVICES FOR DISABLED PRE-SCHOOLERS

INTRODUCTION

4.1 The early years of life have enormous significance in all aspects of a child’s development. Many research studies have stressed the very rapid physical, emotional and intellectual development that takes place during the first few years of life; thereafter, the rate of intellectual development progressively diminishes, and the learning of language becomes increasingly difficult. It is also widely held that there are periods, notably the very early stages in development, when a child is particularly sensitive to experience and quick to learn from it. The early experiences of children with physical, sensory or intellectual disabilities, and their opportunities for self-education, may however be very limited and their development correspondingly restricted. Thus, children with disabilities will need to be taught in great detail on things that other children can learn spontaneously. Their education and training, therefore, must start as early as possible without any minimum age limit.

POLICY OBJECTIVES

4.2 In view of the need for early intervention in the rehabilitation of disabled children, and having regard to the general policy objective in the rehabilitation of people with disabilities, the following policy objective for the provision of care, education and training to disabled pre-schoolers is adopted -

To provide a comprehensive range of pre-school services for children with disabilities or children at risk of becoming disabled, that is, from birth to the age of six, which enhances their physical, psychological and social development. Early intervention will reduce their developmental delay, increase their opportunities for participating in ordinary schools and daily life activities, and help their families to meet their special needs.

4.3 The roles of care, education and training for disabled pre-schoolers and the need for supporting their families have been identified as follows -

(a) The role of care is to provide services by which a disabled child’s physical and emotional well-being is assured, so that he can benefit from training and education.

(b) The role of training and education is to facilitate and sustain a disabled child’s development to the fullest extent his disability permits.

(c) Support to families is recognised as an integral part of rehabilitation services for pre-school disabled children. The aim of assistance to families with disabled children is to strengthen parents’ capabilities in coping with the special needs and challenges in bringing up their disabled pre-schoolers.
TYPES OF SERVICES

4.4 The major rehabilitation services required by disabled pre-schoolers are -
(a) care, education and training;
(b) allied health services;
(c) support services to their families and carers such as occasional child care service and parents/relatives resource centres; and
(d) other services such as identification and assessment, medical treatment and hospital care are covered in other chapters.

CARE, EDUCATION AND TRAINING

Early Education and Training Centres

4.5 Early education and training centres (EETCs) are provided for disabled children from birth to two years old, as well as those aged between 2:0 and 5:11 who need EETC service only but not other pre-school services. However, as an interim measure, EETCs also provide services to those disabled children aged 2:0-5:11 waiting for other pre-school services. These children will be discharged once they are granted a place of the required service. EETCs provide centre-based early education and training programmes with particular emphasis on the role to be played by the disabled children’s families. This is in line with the general philosophy that very small children are best cared for at home, and that adequate support is provided for parents to care and train their disabled children. A service brief on EETC with details on the objective, programme, staffing level and admission criteria is at Appendix 4.1.

4.6 Each EETC normally caters for 60 children and their families. Most centres have been provided with additional resources on a pro-rata basis to serve up to 75/90 children and families. However, as at December 1998, three centres were serving an additional 15 cases on an outreach basis with only one additional special child care worker. To meet the service need, this outreaching service would be transformed into centre-based service and the centres involved would be provided with the same level of staffing as other centres with similar capacity when resources are available.

4.7 The recommendation in the 1992 Green Paper on Rehabilitation to increase the frequency of group training for children between the age of two and six who require intensive training in language and social skills has been taken forward by service operators.

4.8 As at December 1998, there were 1 555 EETC places (including 65 places designated for children with hearing impairment) with an average utilisation rate of 98.4% in 1997-98, and a waiting list of 420 children. The average unit cost of EETC places in 1997-98 was $3,246 per month. To meet the demand, the Administration plans to provide an additional 180 places by 2002-03 by setting up new centres and expanding the capacity of some of the existing centres. Based on the demand formula adopted by the former Rehabilitation Development Co-ordinating Committee (now Rehabilitation Advisory Committee), the projected demand for EETC service, after taking the funded future provision
into account, would be fully met by 1999-2000 as shown in Table 4.1 below. The Administration will closely monitor the demand and supply of the service to optimise use of resources.

Table 4.1 - Projected Demand and Provision of Early Education and Training Centre Service

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>98-99</th>
<th>99-00</th>
<th>00-01</th>
<th>01-02</th>
<th>02-03</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Projected demand</td>
<td>2 623</td>
<td>2 637</td>
<td>2 466</td>
<td>2 275</td>
<td>2 213</td>
</tr>
<tr>
<td>(b) Existing/Planned provision</td>
<td>1 615</td>
<td>1 615</td>
<td>1 615</td>
<td>1 675</td>
<td>1 735</td>
</tr>
<tr>
<td>(c) Places temporarily occupied by children aged 2:0-5:11 awaiting other services</td>
<td>128</td>
<td>44</td>
<td>15</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>(d) Projected annual discharge at a rate of 66% of the enrollment at the beginning of the year</td>
<td>947</td>
<td>1 066</td>
<td>1 066</td>
<td>934</td>
<td>888</td>
</tr>
<tr>
<td>(e) Shortfall or (Surplus) [a - (b - c) - d]</td>
<td>189</td>
<td>0</td>
<td>(200)</td>
<td>(329)</td>
<td>(408)</td>
</tr>
</tbody>
</table>

Special Child Care Centres

4.9 Day special child care centres (SCCCs) provide intensive training, care and preparation for primary school education for moderately and severely disabled children aged 2:0-5:11 who cannot benefit from the integrated programme in ordinary child care centres or in kindergartens. The training provided is geared to developing disabled children’s fundamental developmental skills, sensory, perceptual-motor, cognitive, communication, social and self-care skills. This helps to lay a sound foundation for smooth transition for children from pre-school centres to primary education. To better cater for the special needs of visually impaired pre-schoolers, 11 SCCCs are designated to receive these children for the provision of specially tailored programme. The Social Welfare Department would consider the suggestion of referring visually impaired pre-schoolers to SCCCs in groups of six each so as to facilitate the planning and delivery of tailored programme for these children. The department would also consider providing additional training for the trainers of the programme subject to the availability of resources.

4.10 Apart from day SCCCs, residential SCCCs are also established to provide day training and residential facilities. They cater for the need of those children who cannot be cared and properly trained by their families, those who are homeless or abandoned, or those with adverse home or family environment and who cannot find an alternative placement. A service brief with details on the objective, programme, staffing level and admission criteria of day and residential SCCCs is at Appendix 4.2.

4.11 As at December 1998, there were 1 179 SCCC places (including 78 residential SCCC places in four SCCCs) with an overall utilisation rate of 95.5% in 1997-98, and a waiting list of 433 children (including 51 children for residential SCCC places). The average unit costs of day and residential SCCC places in 1997-98 were $10,085 and $22,806 per month respectively. To meet the demand, the Administration plans to provide an additional 210 day SCCC places by 2002-03 by setting up new centres and expanding the
capacity of some of the existing centres. According to the demand formula, the projected demand for day SCCCs, after taking into account the funded future provision, would be fully met by 1999-2000 as shown in Table 4.2 below. The Administration also plans to provide an additional 30 residential SCCC places in 1999-2000. The projected demand for residential SCCCs would be fully met by 2001-02 as shown in Table 4.3 below. The Administration will closely monitor the demand and supply of these services to ensure effective use of resources.

### Table 4.2 - Projected Demand and Provision of Day Special Child Care Centre Service

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>98-99</th>
<th>99-00</th>
<th>00-01</th>
<th>01-02</th>
<th>02-03</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Projected demand</td>
<td>1,683</td>
<td>1,557</td>
<td>1,407</td>
<td>1,300</td>
<td>1,230</td>
</tr>
<tr>
<td>(b) Existing/Planned provision</td>
<td>1,239</td>
<td>1,269</td>
<td>1,269</td>
<td>1,269</td>
<td>1,389</td>
</tr>
<tr>
<td>(c) Projected annual discharge at a rate of 35.6% of the enrollment at the beginning of the year</td>
<td>420</td>
<td>441</td>
<td>397</td>
<td>360</td>
<td>335</td>
</tr>
<tr>
<td>(d) Shortfall or (Surplus) (a - b - c)</td>
<td>24</td>
<td>(153)</td>
<td>(259)</td>
<td>(329)</td>
<td>(494)</td>
</tr>
</tbody>
</table>

### Table 4.3 - Projected Demand and Provision of Residential Special Child Care Centre Service

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>98-99</th>
<th>99-00</th>
<th>00-01</th>
<th>01-02</th>
<th>02-03</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Projected demand</td>
<td>155</td>
<td>154</td>
<td>153</td>
<td>142</td>
<td>133</td>
</tr>
<tr>
<td>(b) Existing/Planned provision</td>
<td>78</td>
<td>108</td>
<td>108</td>
<td>108</td>
<td>108</td>
</tr>
<tr>
<td>(c) Projected annual discharge at a rate of 35.6% of the enrollment at the beginning of the year</td>
<td>26</td>
<td>26</td>
<td>36</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>(d) Shortfall or (Surplus) (a - b - c)</td>
<td>51</td>
<td>20</td>
<td>9</td>
<td>(2)</td>
<td>(11)</td>
</tr>
</tbody>
</table>

4.12 Social work services in a SCCC are being provided by the centre-in-charge at the rank of Assistant Social Work Officer who is required to administer the centre with more than 20 staff and provide social work services to families with disabled children. To strengthen social work support for SCCCs, one Social Work Assistant post will be provided for each SCCC when funds are available.

4.13 The Working Group on Services for Autistic Persons recommended and the former Rehabilitation Development Co-ordinating Committee endorsed in January 1994 that all children clinically assessed to be autistic were considered eligible for the special provision in SCCCs. Under this special provision, each SCCC admitting six autistic children is provided with an additional special child care worker. In order to speed up the provision of service, seven and one SCCCs were given the resources to run the programme for 12 and 18 autistic children respectively by the end of 1998. With some SCCCs taking on more autistic children than the number of subvented places in meeting the actual demand, the average
utilisation rate of the special provision programme was 109% in 1997-98. As at December 1998, there were 162 special provision places and a waiting list of 61 autistic children. The Administration will continue to monitor the need to provide additional places, subject to the availability of resources.

**Integrated Programme in Child Care Centres**

4.14 Whenever possible, disabled children are integrated into normal pre-school setting. Integrated Programmes in Child Care Centres (ICCCs) provide training and care to mildly disabled pre-schoolers with a view to facilitating their future integration into the mainstream education. Child care centres participating in the integrated programme are each provided with an additional special child care worker and an annual sum for programme expenses of $4,848 in 1998-99.

4.15 The clientele of ICCCs includes children aged 2:0-5:11 with mild mental handicap, slight physical handicap, mild or moderate hearing impairment, and mild or moderate visual impairment. As it is very difficult to have an accurate and definite assessment on the mental capacity of children under the age of 3:6, the clientele would also include children who are suspected to have a mild grade mental handicap by a medical practitioner or psychologist. A service brief with details on the objective, programme, staffing level and admission criteria of ICCCs is at Appendix 4.3.

4.16 As at December 1998, there were 1270 ICCC places with an average utilisation rate of 93% in 1997-98. The average unit cost of these places in 1997-98 was $4,203 per month. As at December 1998, there was a waiting list of 825 children and 48 additional places will be provided in 1999-2000. Based on the demand formula, the projected demand for the service will be fully met by 2002-03 as shown in Table 4.4 below.

**Table 4.4 - Projected Demand and Provision of Integrated Programme in Child Care Centre**

<table>
<thead>
<tr>
<th></th>
<th>Financial Year</th>
<th>98-99</th>
<th>99-00</th>
<th>00-01</th>
<th>01-02</th>
<th>02-03</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Projected demand</td>
<td></td>
<td>2 301</td>
<td>2 183</td>
<td>2 084</td>
<td>2 004</td>
<td>1 945</td>
</tr>
<tr>
<td>(b) Existing/Planned provision</td>
<td></td>
<td>1 270</td>
<td>1 318</td>
<td>1 318</td>
<td>1 318</td>
<td>1 318</td>
</tr>
<tr>
<td>(c) Projected annual discharge at a rate of 35.8% of the enrollment at the beginning of the year</td>
<td></td>
<td>437</td>
<td>455</td>
<td>472</td>
<td>472</td>
<td>472</td>
</tr>
<tr>
<td>(d) Projected withdrawal upon selection at a rate of 25.7% of children on the waiting list at the beginning of the year</td>
<td></td>
<td>277</td>
<td>235</td>
<td>197</td>
<td>176</td>
<td>161</td>
</tr>
<tr>
<td>(e) Shortfall or (Surplus) (a - b - c - d)</td>
<td></td>
<td>317</td>
<td>175</td>
<td>97</td>
<td>38</td>
<td>(6)</td>
</tr>
</tbody>
</table>

4.17 It is recognised that social work input is important in improving ICCC service so as to facilitate the integration of mildly disabled children into normal school setting. Participating child care centres are encouraged to acquire the necessary service from the family services centres, family activity and resource centres and group work units of the
Social Welfare Department. Non-governmental organisations (NGOs) requested for a special provision of social workers to these centres at the manning ratio of one Assistant Social Work Officer post to 12 ICCC units or 72 disabled children. The Social Welfare Department is working out a case management system, which will provide a cost-effective mechanism to ensure that appropriate social work service is provided to disabled children in ICCCs and their families as necessary.

**Integrated Programme in Kindergartens**

4.18 Integrated Programmes in Kindergartens (I K/Gs) cater for the needs of disabled children aged 3:0-5:11 with mild mental, physical or sensory disability. Mildly disabled pre-schoolers admitted into the programme take part in the same activities as other able-bodied children but are withdrawn from their classes for half an hour each day to receive special remedial support in cognitive, social, communication, perceptual-motor and self-help skills. Each participating kindergarten which reserves six places for mildly disabled children is provided with an additional resource teacher to provide the remedial support service. The salary and provident fund for the resource teacher are reimbursed by the Education Department.

4.19 The integrated programme is also supported by educational psychologists and inspectors of the Education Department, who render assessment services, conduct orientation programmes, organise refresher seminars/workshops for teachers, visit I K/Gs regularly and give advice to parents. A pool of teaching resources is available for loan to I K/Gs.

4.20 The integrated programme is an integral part of the entire continuum of pre-school services. While some parents prefer to place their disabled children in ICCCs which offer whole-day programme, I K/Gs can serve as an alternative provision to supplement the shortfall of ICCC places. The provision was increased from 120 places by 20 programmes in the school year 1994/95 to 156 places by 26 programmes in the school year 1997/98. The average unit cost of the places in the school year 1997/98 was $3,000 per month. Further expansion on I K/Gs will depend on the demand as reflected by referrals from the Co-ordinated Referral System for Disabled Pre-schoolers. As at December 1998, there were 168 places with a utilisation rate of 88.1% and 78 children were on the waiting list. The Education Department will provide 36 additional places by the school year 2002/03 to meet the demand.

**Preparatory Classes at Special Schools**

4.21 At present, preparatory classes are provided for the following disabled children aged 4:0-5:11 -

(a) profoundly and severely hearing impaired children in special schools for hearing impaired children;

(b) children in special schools for visually impaired children; and

(c) children in special schools for physically handicapped children.

The aim is to develop the pupils’ language proficiency, reading and writing readiness, number concept, general learning abilities and social and motor skills. The provision of preparatory classes ensures a smooth transition of these disabled children from pre-primary to
primary education. Some pupils may also have mild or moderate mental handicap or other handicaps in addition to their major disabilities. Boarding facilities are available for pre-schoolers requiring residential care in special schools for hearing impaired, visually impaired and physically handicapped children.

4.22 As preparatory classes for children aged 4:0-5:11 form part of the overall provision of places for children aged four or above in special schools for visually impaired, hearing impaired and physically handicapped children, the demand and provision of preparatory classes are included in the chapters on services for these respective disability groups. The planning ratios are based on known demand and are in accordance with the respective planning ratios for special school places for school-age children who are visually impaired, hearing impaired or physically handicapped.

**Pre-school Advisory and Training Services for Hearing Impaired Children**

4.23 In special education services centres, parental guidance, group and individual training and counselling sessions are provided to hearing impaired children to make optimum use of their residual hearing in acquiring language and communication skills. In the school year 1997/98, a total of 208 hearing impaired pre-schoolers received pre-school advisory and training services from special education services centres and 152 of them fully integrated into kindergartens, nurseries and child care centres.

4.24 The frequency of training is provided according to individual needs. Based on the existing planning ratio of 6.3 per 10 000 children aged 0:6-5:11, there will be projected shortfalls between the school years 1998/99 and 2002/03 as shown in Table 4.5 below. The projected demand will be met through staff deployment, if necessary. Experience in the operation of pre-school advisory and training service has shown that the service, which involve early intervention and integration, is beneficial to hearing impaired pre-schoolers.

**Table 4.5 - Projected Demand and Provision of Pre-school Advisory and Training Services for Hearing Impaired Children**

<table>
<thead>
<tr>
<th>School Year</th>
<th>98/99</th>
<th>99/00</th>
<th>00/01</th>
<th>01/02</th>
<th>02/03</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Projected demand</td>
<td>307</td>
<td>302</td>
<td>298</td>
<td>293</td>
<td>294</td>
</tr>
<tr>
<td>(b) Existing/Planned provision</td>
<td>291</td>
<td>291</td>
<td>291</td>
<td>291</td>
<td>291</td>
</tr>
<tr>
<td>(c) Shortfall or (Surplus) (a - b)</td>
<td>16</td>
<td>11</td>
<td>7</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Hospital School**

4.25 Severely disabled children who require long-term hospital care may receive training/education conducted by a hospital school. Their disabilities may be psychiatric or non-psychiatric in nature. In addition, some children who are autistic, or are suffering from significant emotional and/or behavioural problems, may receive training initially in a medical setting in certain psychiatric out-patient clinics, day hospitals or hospitals. The planning for hospital school places is generally based on the number of paediatric beds available in hospitals.
ALLIED HEALTH SERVICES

4.26 Both local and overseas clinical experiences have demonstrated the positive contribution of occupational therapists (OTs), physiotherapists (PTs), and speech therapists (STs) to the training and rehabilitation of people with disabilities, especially those with mental handicap and physical handicap, in helping them maximise their self-reliance in daily living, correct deformities and prevent deterioration.

4.27 At present, centre-based OTs and PTs are provided for EETCs and SCCCs. For ICCCs, occupational therapy and physiotherapy services are provided by the Central Para-medical Support Service Unit under the Social Welfare Department at the ratio of one PT and one OT to 500 disabled children in ICCCs. In addition, it has been recognised that physiotherapist artisans (PTAs) could help relieve PTs from routine duties. In this regard, non-governmental funding was secured to provide PTAs in SCCCs on pilot project basis and resources would be sought to continue the service. Regarding speech therapy service, only SCCCs are provided with STs, while children in EETCs and ICCCs who need speech therapy may obtain the service from the Education Department, the Hospital Authority and the Department of Health.

4.28 All pre-school services for disabled children, including EETCs, SCCCs, and ICCCs, require the professional input of clinical psychologists (CPs) to provide effective training to disabled children. CPs assist in the assessment of a disabled child’s psychological and intellectual functioning, and formulation of programmes to stimulate their emotional and behavioural development as well as interpersonal relationships. More details on the provision of allied health services are discussed in the chapter on rehabilitation personnel.

OCCASIONAL CHILD CARE SERVICE

4.29 Occasional child care service for pre-school disabled children has been operated since 1992 to provide a safe venue for parents or carers to place their children who are aged 2:0-5:11 for temporary care so that they can attend to their personal or urgent matters. This service helps reduce the risk of disabled children being left unattended at home. As at December 1998, there were 20 pre-school centres, including SCCCs and EETCs, providing a total of 40 occasional child care places for disabled pre-schoolers. The unit cost and utilisation rate of the places in 1997-98 were $5,145 and 27% respectively.

PARENTS/RELATIVES RESOURCE CENTRES

4.30 Parents/Relatives resource centres were initiated by NGOs, with their own funding, to provide a comprehensive range of support services to help parents and relatives of people with disabilities. They are places where parents and relatives of disabled children can self approach or be referred to by medical practitioners and medical social workers upon the assessment of their children’s disability. Parents and relatives of disabled children can find support and assistance from peer groups and experienced workers there regarding any problems arise from having disabled children. They can also exchange information and ideas, discuss matters of mutual concern and meet others with similar problems. A parents/relatives resource centre is usually equipped with books, magazines, educational toys and other information of value to disabled children, and provides enquiry and referral
services, counselling and professional consultation, educational talks and recreational activities as well as community education programmes. In view of its valuable contribution to improving the quality of life for parents and relatives of people with disabilities, government subvention was given to six parents/relatives resource centres, with effect from October 1994. These comprise five centres for all disability groups on a regional basis and one centre for ex-mentally ill persons on a territory-wide basis. The average membership of the six subvented parents/relatives resource centres in 1997-98 was 392. The average amount of subvention per centre in 1997-98 was $116,871 per month. The operation of and demand for the service are being reviewed in the light of operational experience. A service brief on the objective, programme, staffing level and referral channel of is at Appendix 4.4.

4.31 In addition, according to the Hong Kong Council of Social Service (HKCSS), there were five non-government funded parents resource centres of different sizes as at December 1998. Their membership and operating cost in 1998-99 ranged from 110 to 330 and $390,000 to $1.9 million respectively.

ISSUES OF CONCERN

4.32 There have been repeated requests from NGOs for the provision of respite service for disabled pre-schoolers so as to release their carers from the caring duties for a short-term break to attend to their personal matters. Subject to the justifications for the service and the availability of resources, the Administration will consider planning for the provision of respite service in existing and future residential SCCCs as appropriate.

4.33 To promote the well-being of disabled children, informal collaborated network has been set up between pre-school service centres and paediatric units of hospitals in certain districts. Under this arrangement, the paediatric teams would visit the service units periodically to hold case conferences with staff and parents to discuss the rehabilitation progress of the disabled children. Such collaborated network can enhance understanding of the conditions of the disabled children among the hospitals and pre-school centres, which would help avoid duplication of services and confusion of the children in receiving the necessary training from both hospitals and pre-school centres. In addition, parents need not bring their children around to different professionals to obtain services and thus their efforts and time can be saved. In the light of the advantages of this informal collaborated network, the Hospital Authority suggests formalising the arrangement and set up the network on a district basis. The New Territories South hospital cluster will be selected to conduct a trial programme and similar network may also be set up in other districts later.

4.34 With the support of the Administration, SCCCs and EETCs secured non-governmental resources for the procurement of computers to facilitate training of disabled children. In view of the effect of computer training, ICCC operators requested for computer provision. Where appropriate, the Administration would support the ICCCs in seeking charitable donations for the purpose.