CHAPTER 5 - SERVICES FOR AUTISTIC PERSONS

INTRODUCTION

5.1 Autistic disorder is a pervasive developmental disorder and frequently co-exists with a variety of other disabilities. In Hong Kong, children suffering from autistic disorder are diagnosed under the following criteria as laid down in the World Health Organization’s International Classification of Diseases, 10th edition (ICD-10) -

(a) qualitative impairments in reciprocal social interaction;
(b) qualitative impairments in verbal and non-verbal communications;
(c) restricted, repetitive and stereotyped patterns of behaviour, interests and activities; and
(d) developmental abnormalities which are apparent in the first three years of life.

Similar diagnostic criteria are also adopted by the American Psychiatric Association in the Diagnostic and Statistical Manual, fourth edition, 1994 (DSM-IV). The classification of autistic disorder adopted in the Plan, ICD-10 and DSM-IV and the conversions are set out in Table 5.1 below.

Table 5.1 - Classification of Autistic Disorder

<table>
<thead>
<tr>
<th>The Plan</th>
<th>ICD-10</th>
<th>DSM-IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Core autism</td>
<td>● Childhood autism</td>
<td>● Autistic disorder</td>
</tr>
<tr>
<td>● Autistic features</td>
<td>● Atypical autism</td>
<td>● Autistic disorder</td>
</tr>
<tr>
<td>● Rett’s syndrome*</td>
<td>● Rett’s disorder*</td>
<td></td>
</tr>
<tr>
<td>● Other childhood disintegrative disorder*</td>
<td>● Childhood disintegrative disorder*</td>
<td></td>
</tr>
<tr>
<td>● Overactive disorder associated with mental retardation and stereotyped movements</td>
<td></td>
<td>● Autistic disorder</td>
</tr>
<tr>
<td>● Asperger syndrome</td>
<td>● Asperger syndrome</td>
<td></td>
</tr>
<tr>
<td>● Other pervasive developmental disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Pervasive developmental disorder unspecified</td>
<td></td>
<td>● Pervasive developmental disorder not otherwise specified</td>
</tr>
</tbody>
</table>

Notes: * Rett’s syndrome and other childhood disintegrative disorder under ICD-10, and Rett’s disorder and childhood disintegrative disorder under DSM-IV may at times reach the severity of core autism. Medical practitioners are required to state the administrative diagnosis in these cases when making referrals for rehabilitation services.
5.2 All levels of intellectual functioning can occur in association with autistic disorder, but mental handicap occurs in some 70% of cases. However, the two mental incapacities are not simply additive and service provisions for these two mental incapacities are addressed separately.

5.3 A Working Group on Services for Autistic Persons (the Working Group) was formed in October 1991 to examine the conceptual models of autistic disorders and necessary improvements to the existing services for autistic persons in Hong Kong. The Working Group, chaired by the Commissioner for Rehabilitation with members from relevant government departments and non-governmental organisations (NGOs), published a report in January 1994 with a number of recommendations as summarised in Appendix 1.8. About half of these recommendations have financial implications and resources have been secured for a phased implementation of the majority.

5.4 In endorsing the report of the Working Group, the former Rehabilitation Development Co-ordinating Committee (RDCC) (now Rehabilitation Advisory Committee) advised to conduct an overseas study visit to look into issues related to autistic disorder. The overseas study visit, led by the Chairman of the former RDCC, was conducted in January 1995. The delegation visited several service establishments in Japan and the TEACCH (Treatment and Education of Autistic and Related Communications Handicapped Children) Division of the University of North Carolina in the United States. The report of this overseas study visit was endorsed by the former RDCC in April 1995. Major findings and recommendations are listed in Appendix 1.9. All the recommendations were in line with those made by the Working Group, except for the recommendation that there is no need to conduct surveys or engage consultants (Item 3 of Appendix 1.9).

ESTIMATED NUMBER OF AUTISTIC PERSONS

5.5 Based on the demand of mentally handicapped children [intelligence quotient (IQ) level of 70 or below] with autistic disorder for services under the Education Department in 1990 and 1993, and the estimation of about 70% of autistic children having IQ of less than 70, the Working Group recommended that the prevalence for long-term service planning should be set at 0.1%. According to the findings of the overseas study visit, this planning ratio corresponds to the trend aboard and there is no need to conduct a prevalence survey. The estimated number of autistic persons in Hong Kong between 1998 and 2002 is set out in Table 5.2 below.

**Table 5.2 - Estimated Number of Autistic Persons**

<table>
<thead>
<tr>
<th>Age Group (Year:Month)</th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>0:0 - 15:11</td>
<td>1 238</td>
<td>1 240</td>
<td>1 235</td>
<td>1 231</td>
<td>1 230</td>
</tr>
<tr>
<td>16:0 or above</td>
<td>5 421</td>
<td>5 529</td>
<td>5 625</td>
<td>5 720</td>
<td>5 810</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6 659</td>
<td>6 769</td>
<td>6 860</td>
<td>6 951</td>
<td>7 040</td>
</tr>
</tbody>
</table>
TYPES OF SERVICES

5.6 The major rehabilitation services required by autistic persons include -

(a) medical rehabilitation;
(b) pre-school training;
(c) education;
(d) social rehabilitation;
(e) allied health services;
(f) vocational training; and
(g) identification and assessment services, other vocational rehabilitation services, housing as well as recreation and sports which are covered in other chapters.

MEDICAL REHABILITATION

5.7 Autistic persons, like other people with disabilities, are identified through the Comprehensive Observation Scheme and contact with private medical practitioners, public hospitals and clinics or education and welfare units. Suspected cases are referred to child assessment centres of the Department of Health or psychiatric service units of the Hospital Authority for assessment and follow-up. Children assessed by child assessment centres may also be referred to psychiatric service units of the Hospital Authority for further assessment and intervention. Autistic persons may receive the following services from the Hospital Authority -

(a) Out-patient services - Out-patient services are available in all psychiatric centres of the Hospital Authority. Apart from continuous assessment and treatment services, special consultation sessions are available for autistic persons in some centres. Each psychiatric centre is staffed by a multi-disciplinary team, comprising personnel from psychiatry, clinical psychology, social work, occupational therapy and nursing disciplines. As at December 1998, the Hospital Authority operated 18 out-patient psychiatric centres for mental patients including autistic persons.

(b) In-patient services - In-patient services are provided in various public hospitals. As at December 1998, the Hospital Authority provided 5,068 hospital beds for mental patients including autistic persons.

(c) Day hospital services - Each day hospital unit is staffed by personnel of psychiatry, clinical psychology, social work, occupational therapy and nursing disciplines. Teaching support is also provided by a hospital school to the psychiatric units of the Yaumatei Child Psychiatric Centre, Prince of Wales Hospital and Queen Mary Hospital. Most treatment programmes in in-patient hospitals are also available in day hospitals. Patients receive treatment in the daytime and return home in the evening. As at December 1998, the Hospital Authority provided 599 day hospital places for mental patients including autistic persons.

5.8 Apart from therapeutic services for autistic persons, psychiatric service units of the Hospital Authority also provide psychological support to parents. Some centres, such
as the Yaumatei Child Psychiatric Centre, Hong Kong Psychiatric Centre, Tuen Mun/Yuen Long Child and Adolescent Mental Health Services Centre, Queen Mary Hospital and Prince of Wales Hospital, organise parent-child training programmes, parents’ groups and social skills training for pre-school and school-age autistic children. These units may also provide support services to special schools and NGOs in the form of a joint case conference when they are requested to provide confirmation or second opinion on diagnosis.

5.9 Previously, the Education Department and Social Welfare Department accepted only referrals by medical practitioners in the public sector, such as public clinics, hospitals and child assessment centres, in respect of autistic persons seeking service. In the light of a recommendation of the Working Group, the two departments now also accept referrals from other sources subject to certain conditions. The Education Department accepts assessment reports signed by private medical practitioners who are Fellows of the College of Psychiatrists or the College of Paediatricians of the Hong Kong Academy of Medicine, while the Social Welfare Department accepts assessment reports made by clinical psychologists and all medical practitioners. The Social Welfare Department will review this practice by taking into account professional advice.

PRE-SCHOOL TRAINING

5.10 In accordance with the recommendation of the Working Group, all children clinically assessed to be autistic are eligible for a special provision programme in special child care centres (SCCCs). Under this programme, each SCCC admitting six autistic children is provided with an additional Special Child Care Worker to offer extra care and training to these autistic children. In addition, an additional provision of 3.5 hours of clinical psychologist input per week is provided to every six autistic children in early and education training centres and SCCCCs. Details are provided in the chapters on services for disabled pre-schoolers and rehabilitation personnel.

EDUCATION

Integrated Education in Ordinary Schools

5.11 Under the Education Department’s integration policy, autistic children are provided with opportunities to receive education together with their non-autistic peers. The aim is to train autistic children to function as effectively and independently as possible in social, educational and domestic environments.

5.12 Autistic children with normal intelligence are usually integrated in the mainstream education and supported with psychological service, adjustment programmes and speech therapy service as and when necessary. Educational psychologists of the Education Department regularly review these children’s learning and social adjustment in ordinary schools through contacts with parents and collaboration with teachers, student guidance officers and school social workers. Intensive professional support is provided especially during the transitional periods such as promotion from primary to secondary school and major developmental stages of growth. In the school year 1997/98, a total of 123 autistic pupils (30 with below average intelligence) in 110 ordinary schools received follow-up psychological services provided by the department. Besides, school-based psychological
support is available in some ordinary schools under the Schools Support Scheme. Regarding adjustment programmes and speech therapy service, they are provided for autistic children as and when necessary at special education services centres of the Education Department. In the school year 1997/98, 63 autistic pupils (five with below average intelligence) from 60 ordinary schools enrolled in adjustment programmes, and 25 autistic pupils from 23 ordinary schools received speech therapy services at these centres.

**Special Schools**

5.13 Autistic children with mental handicap normally receive education in special schools for mentally handicapped children. Formal special education provision for school-age autistic children was first started by the Education Department in 1983 as a pilot project and in the form of Resource Teaching Programme (RTP) in 1987.

5.14 In response to a recommendation of the Working Group, two levels of RTP have been provided since the school year 1993/94 to ensure effective use of resources and cater for the needs of children with different levels of autistic disorder. The Intensive Resource Teaching Programme is provided for children with “core autism” at a provision ratio of one resource teacher to eight autistic children. The Less Intensive Resource Teaching Programme is provided for children with “autistic features” at a provision ratio of one resource teacher to 16 autistic children.

5.15 The ultimate goal of RTP is to train and enable autistic children with mental handicap to participate fully in their own class, thus leading to full integration in the special school setting. Under the programme, resource teachers are provided to give extra help in behaviour management and training in communication and social skills for these children. The provision is incorporated in the staff entitlement of the special schools. In addition, an initial grant of $5,000 is provided for each programme for the purchase of furniture, equipment and resource materials required for the implementation of the programme.

5.16 In the school year 1997/98, all the 31 special schools for mildly/moderately mentally handicapped children operated RTP. The Education Department provided a total of 82 resource teachers to cater for the training needs of the 1 110 autistic children enrolled in these schools. Based on the average provision ratio of one resource teacher to 12 autistic children, the department plans to provide about 20 additional resource teachers by the end of the school year 1999/2000 to meet the demand. The department will monitor the service and review the provision regularly.

5.17 The Services Division of the Education Department organises intensive pre-service and consultation workshops regularly to enhance professional support for resource teachers and other specialist staff in developing programmes for autistic children. Moreover, it provides advisory service, school-based psychological service, support to special schools on teaching programmes, placement service and follow-up service.

5.18 The Education Department has been vigorously promoting the Whole School Approach to Guidance and Discipline in schools. The objective is to develop positive attitudes and a caring and accepting school ethos which will provide a facilitating environment for children’s learning and development, especially those with special needs.
**Hospital School**

5.19 Autistic children with severe behavioural problems may need to receive in-patient treatment or day hospital treatment. A hospital school attaching to psychiatric centres/units has developed training and treatment programme to train and prepare these children for early adaptation to special school environment. As at December 1998, there were 37 autistic children enrolled in the hospital school.

**SOCIAL REHABILITATION**

5.20 As a majority of autistic persons are also mentally handicapped, social rehabilitation services for autistic adults are mostly integrated with the services for mentally handicapped adults such as day activity centres, sheltered workshops and hostels. Apart from casework service at family services centres and medical social service units, special groups are also organised for autistic adults or their families as and when necessary. These groups usually have specific aims, such as preparing autistic adults for discharge from hospitals or helping families develop a better understanding of their autistic members.

**ALLIED HEALTH SERVICES**

5.21 In response to the recommendation of the Working Group, an additional provision of 3.5 hours of clinical psychologist input per week is provided for every six autistic adults in day activity centres and sheltered workshops. The provision is implemented by phases through the Central Psychological Support Service Unit under the Social Welfare Department and the provision of agency-based clinical psychologists.

5.22 In addition, the provision of 10 hours of occupational therapy service per week per day activity centre and sheltered workshop with autistic adults has been implemented by phases through the Central Para-medical Support Service Unit and the provision of agency-based occupational therapists. The Central Para-medical Support Service Unit has also commenced pilot projects on TEACCCH, Snoezelen (therapeutic multi-sensory environment to stimulate primary senses of the autistic persons) and Sensory Integration Therapy for autistic adults, with a view to preparing an operational guidelines for the trainers concerned to run the programmes for autistic persons more effectively.

**VOCATIONAL TRAINING**

5.23 Vocational training services for autistic persons are integrated with those for other people with disabilities. The services provided by the Vocational Training Council (VTC) for autistic persons include vocational assessment, vocational training, independent living skills training, vocational guidance and casework service. In the school year 1997/98, 57 and 18 autistic persons received vocational assessment service and training in skills centre respectively from the VTC. In addition, a total of 17 autistic persons received vocational training in the two government-subvented skills centres operated by NGOs.

5.24 The VTC provides a systematic support service for autistic trainees. Individual training programmes, workshops and other training activities such as social skills training are provided to ensure adequate stimuli to improve under-developed behaviour and eliminate unwanted behaviour. To ensure adequate support for classes admitting trainees
with autistic features, one autistic trainee is considered as two trainees in the calculation of class capacity. Continuous counselling is also provided for the trainees and their parents.

5.25 In order to improve the social skills of autistic trainees, skills centres under the VTC regularly plan activities and group projects to enhance co-operation between autistic trainees and their peer groups. There are also social skills training programmes including sister centre scheme activities and industrial visits to encourage social interaction.

5.26 At the VTC, identification of autistic trainees is mainly based on the trainees’ past clinical records or social background reports and observations of the trainees’ behaviour by centre instructors and technical staff. Since most of the staff of the VTC do not have the expertise in making a diagnosis, those autistic persons who have no past record of the disability might not be able to receive special care and attention which is essential for their development. In the light of this, the VTC has organised training courses for its staff to enhance their understanding of autistic persons.

OTHER SERVICES IN THE COMMUNITY

5.27 Based on a recommendation of the overseas study visit conducted in 1995, an NGO has taken the lead to develop a training package in the TEACCH approach for local use and set up a demonstration unit modelling on the adapted TEACCH programme. The training package, comprising an assessment tool and a training curriculum, was developed by a professional team consisting of a psychologist, a speech therapist, an occupational therapist and a special child care worker of the NGO and published in 1997. The demonstration unit has been set up since September 1997 in an SCCC with a view to providing support to service units that have adopted the TEACCH approach. Over 100 autistic children in different pre-school centres have received TEACCH training and the NGO plans to carry out more extensive training with non-governmenatal resources. In addition, the NGO has organised a series of seminars and workshops for over 750 teaching personnel and parents on the principles of the TEACCH programme and the application of the training package.

5.28 A special training programme for autistic persons with mental handicap aged 15 or above was introduced by an NGO in April 1997. The programme aims to strengthen the self-management, work, communication and social skills of the target clients. With their own resources and non-governmenatal funding support, the NGO provides social work, occupational therapy and speech therapy services to the clients.

ISSUES OF CONCERN

5.29 In view of the unique characteristics of autistic persons, some NGOs are concerned about the provision of special training programmes for those autistic adults in rehabilitation service units for the mentally handicapped. The Social Welfare Department considers that the training could be conducted by those NGOs with special knowledge in dealing with autistic clients. The Central Para-medical Support Service Unit under the department could also offer professional input as and when necessary. In addition, there have been requests from NGOs for additional resources for running staff training courses to enhance the understanding and skills of the staff in pre-school centres and adult service units in taking care autistic clients.
5.30 At present, additional resources are provided for training of autistic children in pre-school centres, special schools, ordinary schools and skills centres. On ground of service parity, some NGOs requested that similar training should also be extended to autistic adults in rehabilitation service units. The Social Welfare Department would consider this request subject to the actual demand and availability of resources.

5.31 In addition, some NGOs expressed concern about the needs for respite service and after-school care service for autistic pupils to help reduce the burden of parents.