#### **Panel on Education**

## **Subcommittee on Integrated Education**

## Difficulties in implementing integrated education with respect to students with intellectual disability and mental derangement

## Summary of views/concerns raised at the meeting on 3 October 2013

Intellectual disability ("ID") is a developmental disorder which is manifested before the age of 18. Most children with ID are diagnosed at preschool stage. They are usually assessed to have an intelligence quotient ("IQ") at about 70 or below. At present, assessments are generally conducted by trained professionals such as educational psychologists ("EPs") or the Child Assessment Service ("CAS") of the Department of Health ("DH")/Hospital Authority ("HA").

2. Mental derangement ("MD") covers a range of conditions such as depression, anxiety and psychosis, each with different symptoms. Students with MD are mainly attended by psychiatrists and followed up by healthcare professionals.

#### **Identification and assessment mechanisms**

- 3. DH, HA, EDB, Social Welfare Department ("SWD") and non-governmental organizations have jointly launched the Comprehensive Child Development Service ("CCDS") by phases since 2005 to step up early identification of pre-primary children with developmental disorders. Under CCDS, pre-primary institution teachers can refer children in need to the Maternal and Child Health Centres of their respective districts for preliminary assessment and treatment. At the primary school level, teachers can make use of the Observation Checklist for Teachers for early identification of primary one students with learning difficulties, including those who may have ID, and arrange for them prompt professional assessment by EPs and follow-up services. The multi-disciplinary assessment teams at DH and HA comprising paediatricians, clinical psychologists, speech therapists etc. provide early identification and assessment for children with ID and MD.
  - (a) Given that MD is not regarded as an SEN in the implementation of IE, some deputations were concerned about the lack of a systematic and well-established framework for the early identification of students suffering from MD and early

intervention by professionals, thereby delaying the provision of timely support and assistance.

#### **Support services**

- 4. For pre-school children, subject to the consent of their parents, they will be referred by CAS to the pre-school rehabilitation services under SWD's subvention. For school-aged children, assessment reports of CAS will be sent to EPs of EDB to inform them of the assessment findings and needs of the children concerned. CAS will also provide an assessment summary to parents for onward submission to schools to draw their attention to the educational needs of the children and hence, provide them with timely support.
- 5. There are currently a total of 6 230 pre-school rehabilitation places. SWD anticipates that about 607 additional places will come on stream in 2013-2014. The Community Care Fund launched an assistance programme on "Training Subsidy for Children who are on the Waiting List of Subvented Pre-school Rehabilitation Services", the purpose of which is to provide training subsidy at a maximum of \$2,615 (starting from 1 May 2013) a month for pre-school children from low-income families to procure services from non-governmental organizations.
  - (a) Some deputations drew the Administration's attention to the need to provide support services to families of SEN students, including those with ID and MD.
  - (b) Referring to the study commissioned by the Equal Opportunities Commission in 2010 to 2011, the deputations considered it necessary for the Administration to take the lead to conduct comprehensive researches on SEN students and IE in order to provide an informed basis for formulating appropriate policies and support measures.

#### **Education services**

6. EDB will, subject to the assessment and recommendations of specialists and the consent of parents, refer school-aged children with mild, moderate, severe ID or multiple disabilities-cum-ID to special schools where intensive support services are available. As for some students with mild ID who are relatively more capable, their parents may choose to send them to ordinary schools so that they can benefit from an adapted ordinary curriculum. To cater for the needs of students with ID, additional resources

provided by EDB to ordinary schools include the Learning Support Grant, provision of additional teachers under the IE Programme/Intensive Remedial Teaching Programme, Enhanced Speech Therapy Grant, top-up Fund for procuring special furniture and equipment or carrying out minor conversion works etc.

- (a) Some deputations pointed out that students with ID and MD were often victims of bullying in schools, similar to other SEN students. There was a suggestion that the role of school social workers should be strengthened.
- (b) To help foster a spirit of integration, some deputations suggested that consideration might be given to requiring regular students to assist or support their counterpart SEN students, including those with ID and MD, as part of their "Other Learning Experience" under the New Senior Secondary curriculum.

### **Professional support**

- 7. According to EDB, it has been working closely with HA to review and discuss ways to strengthen the existing notification and support mechanism to ensure effective cross-disciplinary collaboration and communication. Schools may call the seven district centres of the Early Assessment Service for Young People under HA direct for expert advice and support, including assessment, thematic seminars/workshops.
- 8. Based on the information of HA, the number of students aged 18 or below receiving psychiatric service from HA (including those with Autism Spectrum Disorders, Attention Deficit/Hyperactivity Disorder and MD) rose from 13 300 in 2010-2011 to 17 000 in 2012-2013. In reply to members, EDB advised that according to its available information, about 130 students were suffering from disorders including psychosis, depression or Obsessive-compulsive Disorder.
  - (a) On the marked difference in the number of young persons with MD as reported by HA and EDB respectively, members urged HA and EDB to strengthen communication and cooperation with a view to compiling a comprehensive and reliable database on students diagnosed with MD, while observing the need to comply with privacy and confidentiality obligations.
  - (b) Members considered that to facilitate an informed discussion on the problems faced by students with MD and the formulation of effective and timely support measures, an accurate and systematic

database on the number of students with MD and the nature of their respective conditions should be available.

- 9. To help schools support students with MD, EDB has laid down in its School Administration Guide a guideline entitled "How Schools can Help Students with Mental Health Problems" for schools' reference. In addition, schools will arrange multi-disciplinary case conferences when necessary for psychiatrists, medical social workers, EPs and school personnel to identify appropriate support measures for the students.
  - (a) Some members were concerned that since MD was not a type of SEN, there was a lack of structured support for students with MD. Query was raised as to whether multi-disciplinary case conferences had been arranged for any of the 130 MD cases known to EDB.
- 10. In the 2013-2014 school year, arrangements have been made for six secondary schools and eight primary schools to serve as resource schools. Ten special schools have been invited to serve as Special Schools cum Resource Centres ("SSRCs"). Furthermore, EDB also provides schools with School-based Educational Psychology Service to support SEN students at the student, teacher and school system levels. EDB is taking steps to extend the School-based Educational Psychology Service progressively to cover all public sector primary and secondary schools by the 2016-2017 school year. Generally speaking, students with ID have significant difficulties in acquiring academic, communication and social skills and tier-3 support is normally required. The school will invite parents and professionals to work out Individual Education Plans for students with ID.
  - (a) Some deputations reiterated concerns about insufficient EPs and psychiatrists to provide the necessary services to support SEN students and the schools admitting these students. It was pointed out that while the number of SEN students enrolled in mainstream schools was on the rise, there had not been a corresponding increase in the resources provided.
- 11. Subject to the assessment and recommendations of specialists and the consent of parents, EDB will refer school-aged children with mild, moderate, severe ID or multiple disabilities-cum-ID to special schools where intensive support services are available. As for some students with mild ID who are relatively more capable, their parents may choose to enroll them in ordinary schools so that they can benefit from an adapted ordinary curriculum. Where students with ID encounter persistent adaptive difficulties in ordinary schools and with the consent of the parents concerned, EDB will refer these students to the short-term attachment programmes run by SSRCs for intensive support.

Where circumstances warrant, EDB and the schools will discuss with parents concerned whether their children can benefit more from attendance at a special school or an ordinary school.

- (a) As highlighted by members and some deputations, students with limited intelligence attending ordinary schools often faced enormous difficulties. However, under the existing policy, these students might only be referred to a special school upon parental consent on an exceptional basis if they were also diagnosed with other types of SEN.
- (b) Members and deputations expressed concern about parental choice of the schools most suitable for their children. They urged the Administration to appreciate the predicament faced by these students and respect the choice of their parents to place these students into special schools.
- 12. According to the Administration, the number of students with an IQ above 70 but below 79 accounted for about 6% to 7% of the student population, while those with ID accounted for about 2% of the total student population. It was questionable as to whether all of them would benefit from the segregated learning environment in special schools. This move would also have resources implications on special schools. EDB nevertheless took note of the view of members and deputations for consideration.
  - (a) In the view of some members and deputations, the well-being of the children was of paramount concern. The Administration was urged not to place excessive emphasis on resources consideration.

### **Teacher training**

- 13. From the 2007-2008 school year onwards, EDB has been providing serving teachers with structured training courses pitched at Basic, Advanced and Thematic levels (BAT Courses). To support students with MD, EDB has commissioned annually a tertiary institution to run a 120-hour thematic course on Psychological Approach to Effective Strategies in Handling Students' Challenging Behaviour. In the 2011-2012 and 2012-2013 school years, EDB and HA jointly organized a number of regional thematic seminars on early psychosis for sharing of how to support students with MD.
  - (a) According to some deputations, frontline teachers were overburdened with an enormous amount of teaching and non-teaching duties. They did not have any spare capacity to undergo training,

- nor to give extra attention to support SEN students, including those with ID and MD.
- (b) Some members indicated that it was unrealistic to require each teacher to be familiar with each type of SEN. Instead, a more pragmatic approach might be the provision of intensive training to teachers on the types of SEN that they had to handle.

# Policy consideration of whether mental derangement should be included as a type of SEN

- 14. Currently, while ID is one of the SENs specified by EDB in the implementation of IE, disorders related to mental health (such as psychosis, depression, anxiety etc.) are not. According to EDB and HA, MD is not a form of developmental disorder like ID. Students suffering from MD stand a good chance of recovery after receiving appropriate medical treatment and rehabilitation services.
  - (a) Many members shared the deputations' view that the spate of suicides committed by mentally deranged students in recent years might have been averted if targeted and timely support had been rendered to these students. They were also gravely concerned that schools admitting students with MD would not be eligible for additional resources to cater for these students who required learning support not less than their counterparts assessed to have SENs.
  - (b) Some members shared the view that MD should be specified as a type of SEN, and that schools admitting students with MD should also be equipped with additional support and resources.

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