

**Panel on Education
Subcommittee on Integrated Education**

Meeting on 20 November 2013

**Existing mechanism for early and timely identification of
students with special educational needs and early intervention**

Introduction

To facilitate the Subcommittee's consideration of issues related to the existing mechanism for early and timely identification of students with special educational needs and early intervention, Dr Hon Fernando CHEUNG, Subcommittee Chairman, has instructed that a composite table should be prepared listing the views/concerns of deputations and members, as well as the responses provided by the Administration in respect of the meetings held on 30 April, 27 May, 18 June, 8 July and 3 October 2013, and members' visits to two ordinary schools on 18 and 21 March 2013.

Advice sought

2. Members are invited to note the attached table setting out the aforesaid information (position as at 18 November 2013).

**Panel on Education
Subcommittee on Integrated Education**

**Existing mechanism for early and timely identification of students with special educational needs ("SEN students")
and early intervention**

Difficulties in implementing integrated education ("IE") with respect to students with :			
(a) Specific Learning Difficulties; (b) Attention Deficit and Hyperactivity Disorder ("AD/HD"); (c) Autistic Spectrum Disorders ("ASD"); (d) Emotional and Behavioural Difficulties ("EBD"); and (e) Communication Difficulties.			
	Existing arrangement	Views of deputations/members	Administration's responses
	LC Paper No. CB(4)824/12-13(01)		LC Paper No. CB(4)952/12-13(01)
1	The Comprehensive Child Development Service ("CCDS") [a referral mechanism developed by the Hospital Authority ("HA"), Education Bureau ("EDB") and Social Welfare Department ("SWD")] assists pre-primary institutions in early identification of pre-schoolers with physical, developmental and behavioural problems for referral to the Maternal	(a) The deputations opined that kindergartens were not provided with effective and adequate support in identifying children with SEN; and (b) the deputations deplored the long waiting time required before the pre-school age children could receive assessment at MCHCs, not to mention further referral or placement of the children in relevant education and training services. They were	Paragraphs 3 to 7

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	LC Paper No. CB(4)824/12-13(01)		LC Paper No. CB(4)952/12-13(01)
	and Child Health Centres ("MCHCs") of the Department of Health ("DH") in the respective districts for assessment.	concerned that young children would miss the prime time for effective assistance. The promulgated objective of early identification and timely intervention was defeated.	
2	Under the existing arrangements, three months after the start of a school year, primary school teachers use the norm-referenced "Observation Checklists for Teachers" developed by EDB to identify Primary 1 ("P1") students with learning difficulties for referral to specialists, notably educational psychologists ("EPs") for consultation and individual assessment.	<p>(a) Some deputations reported that due to the shortage of EPs, students had to wait for at least six months or even up to two years for assessment by EPs. It was noted that the assessment report was vital for the provision of support such as adaptation measures by schools;</p> <p>(b) parents were only provided with a summary report of the assessment which did not contain sufficient information on the development needs of their children;</p> <p>(c) the Administration was urged to take active steps to increase the number of professionals including medical doctors and EPs with a view to shortening the waiting time for consultation and assessment; and</p>	Paragraphs 8 to 12

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	LC Paper No. CB(4)824/12-13(01)		LC Paper No. CB(4)952/12-13(01)
		(d) a standardized format for assessment reports should be adopted and parents should be provided with a copy of the detailed assessment report.	
3	Currently, the Child and Adolescent Psychiatric Services of HA provide early identification, assessment and treatment of children with AD/HD.	As reported by some deputations, the waiting time for new cases of AD/HD was two years or more while that for old cases was no less than one year. Children were unable to receive early diagnosis and timely treatment. Excessively long waiting time, insufficient psychiatrists and the short time spent on consultation and assessment were of grave concern.	Paragraphs 13 to 16
4	For students with ASD, their symptoms are generally apparent before they reach the age of three. In most cases, their disability is diagnosed before P1, and they should have received the pre-school rehabilitative services provided by SWD with a view to enhancing their communication and social skills, as well as behavioural performance	According to some deputations, due to inadequate training and over-emphasis on academic performance, teachers often focused on correcting children's behaviour and pushing for better school results, missing the developmental needs of children with ASD, Speech and Language Impairment and EBD.	Paragraph 17

	Existing arrangement	Views of deputations/members	Administration's responses
	LC Paper No. CB(4)824/12-13(01)		LC Paper No. CB(4)952/12-13(01)
	through early intervention. Subject to the consent of parents, students with both ASD and intellectual disability are placed in special schools while students ASD having average intelligence will study in ordinary schools.		
5	According to EDB, School-based Educational Psychology Service ("SBEPS") will be progressively extended to cover all public-sector primary and secondary schools by the 2016-2017 school year. Besides, school professionals including resource teachers and school social workers also provide support and guidance services for SEN students.	<p>(a) The deputations shared a general view that the current SBEPS was grossly insufficient to meet the current demand for service at the student, teacher and school levels;</p> <p>(b) as reflected by some parents, it appeared that there was no regulation over the level of fees charged, neither was there any accreditation/quality assurance for the service provided by non-government organizations ("NGOs") and private-sector service providers;</p> <p>(c) according to the Division of Educational Psychology of the Hong Kong Psychological Society, the prevailing ratio</p>	<p>Paragraphs 25 to 26</p> <p>Paragraph 27</p> <p>Paragraph 28</p>

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LC Paper No. CB(4)824/12-13(01)		LC Paper No. CB(4)952/12-13(01)
	<p>of EP to schools was 1 : 8 or 10, which was not conducive to quality service. It was suggested that (i) as a short-term goal, the ratio of EP to schools should be improved to 1 : 4 or 5, with a longer-term target of 1 : 2 or 3 as in the United States; (ii) School-based Educational Psychology should be extended to pre-primary levels; and (iii) to ensure the provision of professional service, the Administration should introduce legislation to govern and regulate the registration and practice of EPs in Hong Kong. On average, about four to five complaints relating to services provided by personnel who were not qualified EPs were brought to the attention of the Society each year;</p> <p>(d) according to a deputation, there were only 7.2 speech therapists in every population of 100 000 people, as compared to 41.4 speech therapists in 100 000 people in the United States. The Administration should increase funding for the professional</p>	Paragraph 29

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LC Paper No. CB(4)824/12-13(01)		LC Paper No. CB(4)952/12-13(01)
	<p>training of specialists;</p> <p>(e) there was a view that the Administration should collaborate with the NGO and private sectors in the provision of various professional services. Consideration might also be given to the issuance of vouchers to needy parents/SEN students for acquiring the necessary services; and</p> <p>(f) some deputations suggested that EDB should take steps to provide school-based occupational therapy service to cover all primary and secondary schools. According to them, occupational therapists could help identify SEN students at an early stage, and provide individual and group therapy. Based on their observations of individual SEN students, school-based occupational therapists could recommend suitable modifications to the teaching environment and pedagogy, as well as provide guidance and training to teachers and parents through seminars, workshops and case studies.</p>	<p>Paragraph 30</p> <p>Paragraph 21</p>

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	LC Paper No. CB(4)824/12-13(01)		LC Paper No. CB(4)952/12-13(01)
6	<p>According to EDB, it has engaged tertiary institutions in the development of screening/assessment tools and teaching materials for use by teachers and parents. EDB has also pointed out that the support and participation of various sectors, in particular the collaboration of the medical, social welfare and NGO sectors is important. It is noted that in 2005, EDB set up the Task Force on Integrated Education in Mainstream Schools comprising representatives from the education sector, tertiary institutions, other government departments, NGOs and parent groups.</p>	<p>(a) The deputations considered that the services and support for SEN students were currently taken up by different government departments/ agencies and there was a lack of a holistic and well co-ordinated approach to cater for the needs of SEN students at various stages; and</p> <p>(b) the Subcommittee passed a motion urging, amongst others, for the establishment of an interdepartmental body steered by EDB to take forward the implementation of IE in a holistic and well co-ordinated manner.</p>	Paragraphs 60 to 64

Difficulties in implementing IE with respect to students with :			
<p>(a) hearing impairment ("HI"); (b) visual impairment ("VI"); and (c) physical disabilities ("PD").</p>			
	Existing arrangement	Views of deputations/members	Administration's responses
	LC Paper No. CB(4)945/12-13(01)		LC Paper No. CB(4)1007/12-13(01)
7	The hearing assessment services provided by HA and DH include a territory-wide neonatal hearing screening programme launched by HA in 2007, the developmental surveillance for children aged five or below under the Integrated Child Health and Development Programme ("the Integrated Programme") offered by MCHCs of DH, as well as hearing screening for P1 and secondary two students conducted under the Student Health Service. Hearing assessment services are also offered by the Ear, Nose & Throat clinics of HA, the Child Assessment Service ("CAS") of DH and the Student Health Service	In general, deputations stressed the importance of early diagnosis in order that the students concerned would not miss the golden opportunity for treatment.	Paragraphs 2 to 7

	Existing arrangement	Views of deputations/members	Administration's responses
	LC Paper No. CB(4)945/12-13(01)		LC Paper No. CB(4)1007/12-13(01)
	<p>for early identification and referral of children suspected to have HI to relevant specialists for follow-up.</p> <p>The health and developmental surveillance component of the Integrated Programme includes physical examination of newborn children, periodic monitoring of growth parameters with a view to facilitating early identification of developmental disabilities. Furthermore, under CCDS jointly launched by DH, HA, EDB and SWD, a mechanism has been put in place to enable teachers of pre-primary institutions to refer at-risk children with physical, developmental or behavioural issues to MCHCs of their respective districts for assessment, appropriate treatment and support.</p>		

	Existing arrangement	Views of deputations/members	Administration's responses
	LC Paper No. CB(4)945/12-13(01)		LC Paper No. CB(4)1007/12-13(01)
8	<p>Subject to the consent of parents, the Child Assessment Centre ("CAC") will refer the children suffering from HI, PD and VI to waitlist for pre-school rehabilitation services subvented by SWD. For confirmed cases of HI, CAC of DH will deliver the assessment report to EDB for follow-up services such as hearing aid fitting. As for school-age children with PD and VI, CAC will deliver the assessment report, via EDB, to the special schools or mainstream schools to which the children are admitted so that the schools can provide the necessary educational support. An assessment summary will also be provided to the parents for onward submission to schools.</p> <p>According to the Administration, there are currently a total of 6 230 pre-school rehabilitation places</p>	<p>The deputations stressed the need for early assistance prior to the age of three in order that children with HI would not miss the golden opportunity for learning. The Subcommittee has noted the successful experience shared by some NGOs of rendering timely support to pre-school children preparing for their successful progression to P1.</p>	<p>Paragraphs 8 to 9</p>

	Existing arrangement	Views of deputations/members	Administration's responses
	LC Paper No. CB(4)945/12-13(01)		LC Paper No. CB(4)1007/12-13(01)
	<p>(including 179 places for children with HI). 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 (as at 1 May 2013) a month for pre-school children from low-income families to procure services from NGOs.</p>		
9		<p>Some parents highlighted the difficulties faced by them in supporting their children suffering from HI, VI and PD. The Administration was asked to strengthen support such as family counselling services, assisting parents to understand the characteristics and needs of their children, and providing information on the support services available.</p>	Paragraph 60

Difficulties in implementing IE with respect to students with :			
(a) intellectual disability ("ID"); and (b) mental derangement ("MD").			
	Existing arrangement	Views of deputations/members	Administration's responses
	LC Paper No. CB(4)111/13-14(01)		LC Paper No. CB(4)146/13-14(01)
10	DH, HA, EDB, SWD and NGOs have jointly launched 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 MCHCs 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 P1 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	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.	Paragraphs 2, 13 to 15 and 27

	Existing arrangement	Views of deputations/members	Administration's responses
	LC Paper No. CB(4)111/13-14(01)		LC Paper No. CB(4)146/13-14(01)
	assessment teams at DH and HA comprising paediatricians, clinical psychologists, speech therapists etc. provide early identification and assessment for children with ID and MD.		
11	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.	<p>(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; and</p> <p>(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.</p>	Paragraphs 3 to 9

	Existing arrangement	Views of deputations/members	Administration's responses
	LC Paper No. CB(4)111/13-14(01)		LC Paper No. CB(4)146/13-14(01)
	<p>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 NGOs.</p>		
12	<p>Currently, disorders related to mental health (such as psychosis, depression, anxiety etc.) are not one of the SENs specified by EDB in the implementation of IE. According to EDB and HA, MD is not a form of developmental disorder like ID.</p>	<p>(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</p>	<p>Paragraphs 16, 17 and 27</p>

	Existing arrangement	Views of deputations/members	Administration's responses
	LC Paper No. CB(4)111/13-14(01)		LC Paper No. CB(4)146/13-14(01)
	Students suffering from MD stand a good chance of recovery after receiving appropriate medical treatment and rehabilitation services.	<p>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; and</p> <p>(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.</p>	

Views and suggestions on the implementation of IE gathered by members during their visits to two ordinary schools on 18 and 21 March 2013

	Views	Administration's responses
	LC Paper No. CB(4)567/12-13(01)	LC Paper No. CB(4)683/12-13(01)
13	<p>Greater support should be provided to SEN students in their primary school years so that a more solid foundation is laid when these students progress to secondary level.</p>	<p>It is a long-standing Government policy to support children with SEN through early identification and early intervention. EDB implements the Early Identification and Intervention of Learning Difficulties Programme for Primary One Pupils in all public sector primary schools every year. Under the programme, teachers make use of the "Observation Checklist for Teachers" and the "Hong Kong Specific Learning Difficulties Behaviour Checklist (for Primary School Pupils)" to identify as early as possible P1 students with learning difficulties and arrange for early intervention. For students whose learning progress remain unsatisfactory after intervention or those who have severe learning difficulties, they will be further assessed and provided with support services by EPs. EDB has also provided the "Teachers' Observation Checklist for Identifying Speech and Language Impaired Students in Primary Schools" to facilitate teachers to early identify primary students with speech and language impairments and refer them to school-based speech therapists or EDB for assessment and treatment if necessary.</p> <p>Through the above mechanism, schools may refer students with severe or persistent learning difficulties to EPs or other professionals for assessment. For cases referred to EPs in the 2011-2012 school year, about 80% were assessed within two months and about 90% within five months. For the rest, more time was needed due to some specific circumstances. For example, there were cases whose parents requested to defer the assessment and cases in which</p>

		<p>the assessment was suspended as the students involved needed to undergo medical treatment. Starting from the 2008-2009 school year, EDB has been extending progressively SBEPS, so that more schools are provided with the comprehensive support service. In the 2012-2013 school year, 530 public sector primary and secondary schools are receiving SBEPS, covering about 60% of all public sector schools. It is anticipated that SBEPS will cover all public sector schools by the 2016-2017 school year.</p>
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Council Business Division 4
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