

**For discussion on
14 January 2019**

Legislative Council Panel on Welfare Services

**Evaluative Study on the Pilot Scheme on
On-site Pre-school Rehabilitation Services**

Purpose

This paper briefs Members on the major findings and recommendations of the evaluative study on the Pilot Scheme on On-site Pre-school Rehabilitation Services (Pilot Scheme).

Background

2. Recognising the importance of early intervention for pre-school children with special needs, the Social Welfare Department (SWD) launched the Pilot Scheme from November 2015 onwards to provide on-site pre-school rehabilitation services (OPRS) for children with special needs in kindergartens (KGs) or KG-cum-child care centres (KG-cum-CCCs) through inter-disciplinary service teams coordinated by non-governmental organisations (NGOs), with a view to enabling pre-school children with special needs to receive necessary training early in their prime learning period. Given the positive results of the Pilot Scheme and full recognition by parents and KG teachers, the OPRS has been regularised since October 2018 with the number of service places increased from about 3 000 to about 5 000, which will be further increased to 7 000 in October 2019.

Evaluative Study

3. The Government commissioned a Consulting Team led by the City University of Hong Kong to carry out an evaluative study on the Pilot Scheme and review the service models of different NGO service operators,

with a view to formulating the modes and standards of services to be adopted upon service regularisation. The preliminary observations of the evaluative study were reported to the Legislative Council Panel on Welfare Services at its meeting on 12 February 2018 vide LC Paper No. CB(2)812/17-18(03). The final report of the evaluative study was completed and uploaded onto SWD's website (website address: https://www.swd.gov.hk/oprs/index_en.htm). Effectiveness of the Pilot Scheme and recommendations for the OPRS, as well as enhancement measures to be introduced by the Government are set out below.

Effectiveness of the Pilot Scheme

4. The effectiveness of the Pilot Scheme assessed through an analysis of 400 samples from the longitudinal studies conducted by the Consulting Team is as follows:

- (a) steady and continuous improvements were observed in five developmental domains (i.e. gross motor skills¹, fine motor skills², social and emotional, cognition and language) during the study period (with age controlled)³;
- (b) significant time effect was found between Time 1 (T1)⁴ and Time 2 (T2) in five developmental domains, i.e. significant improvements were observed in five domains with the passage of time;
- (c) significant improvements in mean were found between T2 and Time 3 (T3) in the domains of gross motor skills, social and emotional skills and language skills, but improvements in the domains of fine motor skills and cognition skills were less

¹ Gross motor skills refer to fundamental movement skills, including walking, running, racing, leaping, jumping, step-hopping and hopping.

² Fine motor skills refer to delicate movement coordination skills, i.e. skills to control the movements of fingers and wrists, including writing, turning pages, stringing beads and tying shoelaces.

³ Children of the same age were included in a control group for comparison purpose during data analysis.

⁴ T1 refers to baseline assessment conducted at the start of the studies; T2 refers to assessment conducted around one month prior to case discharge; and T3 refers to assessment conducted around three months after completion of service.

significant;

- (d) a longer period of training was needed to achieve significant improvements in social and emotional and language skills;
- (e) the greatest improvements were observed in the age group of two to three (with length of training controlled)⁵; and
- (f) improvements in children's performance were found to be sustainable three months after case discharge (i.e. during T3 assessment).

Key Success Factors

5. According to the Consulting Team, the following elements should be retained upon regularisation of the OPRS:

- (a) Inter-disciplinary service teams to provide comprehensive assessment and training for children with a monitoring system to track their progress;
- (b) A tripartite collaboration approach to integrate the essential social environments of children (i.e. home, school and community) into a comprehensive model;
- (c) A family-focused approach to encourage active parental involvement so as to enhance parents' understanding of the developmental issues and training needs of their children as well as their knowledge of the relevant community resources;
- (d) Identification of suitable intervention options and solutions to specific problems by inter-disciplinary service teams, through collaboration with schools and teachers, with a view to eventually achieving intervention goals for individual children; and
- (e) Effective coordination to facilitate liaison and communication

⁵ Children receiving the same length of training were included in a control group for comparison purpose during data analysis.

between parents and teachers, between inter-disciplinary service teams and teachers, and between parents and inter-disciplinary service teams to meet the needs of children with special needs.

Stakeholder Consultation

6. We have briefed the Task Force on Special Needs under the Rehabilitation Advisory Committee and the Family Council on the major findings and observations of the evaluative study. The Consulting Team has also held engagement sessions for service operators, parents and teachers. Given the full recognition of the results of the Pilot Scheme by parents and KG teachers, stakeholders unanimously supported the regularisation of the OPRS and proposed further promotion of such services among KGs and parents. To facilitate smooth service implementation on a sustainable basis, stakeholders considered that the Government should ensure sufficient supply of allied health professionals. Some considered that the manpower of inter-disciplinary service teams (especially the establishment of speech therapists) should be further strengthened; others opined that the enhancement of coordination and communication by dedicated school-based staff could further improve the effectiveness of the OPRS. On measures to overcome environmental constraints, some service operators hoped that the SWD could strengthen support in providing office and training venues for them or subsidising their rental of these venues. It was pointed out that mobile training centres should be able to provide additional space for such activities as speech therapy and fine motor skills training. Nevertheless, the SWD should consider specifying in the schedule of accommodation (SOA) the provision of training rooms when providing office bases for service operators in future. Parents benefitting from the OPRS have expressed worries about their children's adaptation problem when they proceed to Primary One. In the long run, stakeholders hoped that the Government should look into the interface issues between the OPRS and other existing pre-school rehabilitation services.

Recommendations

7. The evaluative study has shown that the performance of children receiving the OPRS had been significantly improved, and service operators,

parents and teachers were highly satisfied with the OPRS. To ensure the provision of more effective services upon regularisation of the OPRS, the Consulting Team has made some recommendations in such areas as adjustment of output standards, enhancement for staffing of inter-disciplinary service teams, overcoming environmental constraints, strengthening parental support, strengthening support for teachers, as well as introduction of a continuous support mechanism. The Consulting Team has also put forward recommendations on enhancing the overall pre-school rehabilitation services. After considering the recommendations of the Consulting Team and listening to the views of stakeholders, the Government plans to introduce a series of enhancement measures as follows:

Enhancement Measures for the OPRS

(a) Adjustment of Output Standards

8. The Consulting Team has proposed to adjust some of the output standards under the Pilot Scheme upon regularisation of the OPRS:

(i) *Optimal Number of Centre-based Training Hours*

9. The findings of the Consulting Team's study have revealed that children's needs for centre-based training⁶ are subject to individual developmental conditions and it is not practical to impose a certain number of centre-based training for every child. Considering that service operators spent an average of about ten hours of centre-based training per child per year under the Pilot Scheme, the Consulting Team has proposed that service operators should continue to spend around the same average number of training hours overall but the inter-disciplinary service teams should assess and decide on the number of centre-based training hours that each child should require, based on the child's developmental condition.

(ii) *Number of Consultation Sessions Provided for Teachers in*

6 Centre-based training includes (i) specific training for children that must be performed in centres with required facilities (e.g. gross motor training and sensory integration training); and (ii) training for children that must be performed in centres (other than those mentioned in (i) above) to meet children's needs (e.g. group training/social training).

KGs/KG-cum-CCCs

10. Under the Pilot Scheme, service operators are required to provide 10 consultation sessions (at least two hours per session) for teachers for each KG/KG-cum-CCC every year. Given the busy schedules of these teachers and the variations in the number of children with special needs in different KGs/KG-cum-CCCs, some service operators failed to provide the target number of training hours for teachers. In the light of this, the Government will adopt the recommendation of the Consulting Team to relax the requirement on the duration of each consultation session for teachers by service operators. The duration of each consultation session will be reduced from two hours to half an hour but the total number of consultation hours will remain unchanged (i.e. at least 20 hours per year); and the average consultation hours for KGs/KG-cum-CCCs will be counted (instead of counting the number of training hours for each KG/KG-cum-CCC) when calculating whether the output standard has been met. In addition, the Government will adopt the recommendation of the Consulting Team to increase flexibility in the provision of consultation sessions, e.g. telephone consultation.

(iii) Number of Training and Educational Programmes Provided for Parents/Guardians/Carers

11. The actual number of training and educational programmes provided by most service operators for parents/guardians/carers under the Pilot Scheme far exceeded the output standard of two sessions per year (two hours per session), ranging from three to 82 sessions per year. In view of this, the Government will require service operators to increase the number of training and educational programmes for parents/guardians/carers to six sessions per year (two hours per session).

(b) Enhancement for Staffing of Inter-disciplinary Service Teams

12. The inter-disciplinary service team, comprising physiotherapists, occupational therapists, speech therapists, clinical/educational psychologists, social workers and special child care workers, is a key success factor of the OPRS. Based on the findings of the study conducted

by the Consulting Team, the Government will strengthen the establishment of these inter-disciplinary service teams as follows:

- (i) With about 58% of children participating in the longitudinal studies diagnosed as having speech impairment, the number of speech therapists will be increased for inter-disciplinary service teams.
 - (ii) In view of the role of social workers who not only act as a bridge among members of inter-disciplinary service teams but also support families and parents in need, the number of social workers will be increased for these service teams so as to provide appropriate support for the inter-disciplinary service teams as well as for parents.
 - (iii) Programme assistants and drivers (for mobile training centres) will be provided for inter-disciplinary service teams so as to facilitate the daily operation of the OPRS.
 - (iv) Professional supervision will be enhanced on an agency basis to support front-line occupational therapists/physiotherapists in inter-disciplinary service teams so as to enhance service quality.
- (c) Measures to Overcome Environmental Constraints

13. To address the problem of not being able to effectively provide centre-based training due to the lack of training space in schools, the Government will adopt the recommendation of the Consulting Team to establish mobile training centres with adequate equipment for inter-disciplinary service teams. Meanwhile, the SWD will liaise with the Education Bureau (EDB) on the provision of basic space, furniture and equipment under practicable circumstances for inter-disciplinary service teams. In the long run, when preparing the future schedule of accommodation (SOA) for the OPRS, the Government will consider specifying in the SOA, the provision of training rooms for service operators, in addition to the provision of office space.

- (d) Strengthening Parental Support

14. According to the findings of the Consulting Team's study, family support and parenting styles are essential to children's improvement. Hence, starting from the first quarter of 2019, the Government will progressively increase the number of parents/relatives resource centres (PRCs) from six to 19 for strengthening the support for parents and relatives/carers of persons with disabilities. Moreover, in order to strengthen the support for ethnic minorities (EMs) with disabilities or special needs, the Government will set up specialised EM units in some of the PRCs for persons with disabilities with the aim of stepping up community support for EM families.

(e) Strengthening Support for Teachers

15. According to the Consulting Team, training for teachers should be strengthened as they have the most frequent contacts with children at schools. Such training may cover instructional strategies, evidence-based best practices for managing problematic behaviours, and skills to coach parents to enhance positive parent-child interaction. The aim is to enable teachers to early identify children with special needs so that they can adjust their teaching methodology accordingly. The Consulting Team believes that through the tripartite collaboration of service teams, parents and teachers, family-focused, school-based and community-based approaches can be adopted to provide focused training with maximum effectiveness in promoting children's learning and development.

(f) Continuous Support Mechanism

16. When the waiting time for pre-school rehabilitation services is substantially shortened, the Government will consider developing a continuous support mechanism that is commensurate with the actual training needs of the children who have made significant progress under the OPRS. Inter-disciplinary service teams will, after completing assessment and consulting school teachers, decide on the services for children according to their actual training needs. The advantages of the mechanism are that training can be targeted for the most needed domains of the children concerned and that OPRS places can be released for other children on the waiting list. To ensure that children who have made

significant progress are provided with sufficient and appropriate level of intervention, case conferences by inter-disciplinary service teams with school teachers should be held periodically to review the progress of these children. A step-up or re-entry path should also be established to enable children with special needs to receive the most suitable training.

Measures to Enhance Overall Pre-school Rehabilitation Services

17. Apart from the above enhancement measures for the OPRS, the Government also plans to introduce other enhancement measures, so that more children with special needs can receive suitable pre-school rehabilitation services as early as possible. The Government will also explore ways to ensure that children receiving such services will be provided with appropriate services when they proceed to primary education. The recommendations are as follows:

(a) Strengthening Transitional Support for Children from KGs to Primary One

(i) *Mechanism for Information Transfer*

18. In the 2018/19 school year, the SWD and the EDB have enhanced the mechanism for information transfer from pre-school rehabilitation service units to primary schools, so that children identified as having special needs would continue to receive special attention and appropriate services when they proceed to primary education. Under the new mechanism, the EDB will in each school year send letters and consent forms to parents of the children who are receiving the SWD's subvented pre-school rehabilitation services or on the waiting list of such services, and are of the right age for admission to Primary One in the next school year. Upon obtaining parental consent, the EDB will pass the information of the children to the Department of Health (DH) and the Hospital Authority so that the relevant Child Assessment Centres can deliver the assessment information of the children to the EDB. In June before the commencement of the new school year, the EDB will confirm with parents the public sector primary schools or Direct Subsidy Scheme (DSS) primary schools that their children will be attending. The EDB will then transfer the assessment information to the primary schools concerned before the

new school year begins. This mechanism enables schools to learn about the situations of those students as early as possible and provide appropriate support for them accordingly. Besides, pre-school rehabilitation service units will forward the progress reports of children to the EDB through the SWD before the new school year begins, so that the EDB can transfer these reports to the public sector primary schools or DSS primary schools that the children are going to attend before the start of the school year. This allows primary schools to have knowledge of the special needs of the children concerned, as well as their performance and progress made after receiving rehabilitation training in KGs, thereby ensuring delivery of continuous care upon their admission.

(ii) *Longitudinal Study*

19. Furthermore, the Government will explore ways to provide more appropriate bridging and support services for children with special needs when they proceed to Primary One. For example, a joint longitudinal study by the Labour and Welfare Bureau/SWD and EDB will be conducted on selected cases of different categories to track the developments of these children proceeding from KG to Primary One, with a view to ascertaining whether bridging and further support services need to be provided for these children, and if so, the appropriate form of such services.

(b) Providing Support for Children Showing Signs of Special Needs

20. Providing support for children in KGs or KG-cum-CCCs who show signs of special needs and are waiting for assessment can help promote their normal development and facilitate their early integration into mainstream education. In view of this, the Government will introduce a pilot scheme through the Lotteries Fund to try out different intervention approaches on the basis of school-based services, with a view to evaluating and identifying the most suitable mode of support.

(c) Enhancing Early Identification and Intervention

21. While the study findings have shown that the optimal age for early intervention is two to three years old, most of the children with special needs currently begin to receive pre-school rehabilitation services from the

age of four. To achieve the objective of early intervention, there is a need to speed up the assessment for children with special needs by the Child Assessment Service of the DH, so that more children can start to receive appropriate services as soon as practicable. In addition, when the waiting time for pre-school rehabilitation services is substantially shortened as a result of further expansion of the OPRS, the Government will explore refocusing early education and training centre (EETC) service on children below the age of three in order to strengthen intervention before their admission to KGs. The Government will also look into the interface issues between the OPRS and EETC service.

(d) Enhancement of School-based Social Work Support

22. The study findings have indicated that social workers play an important role in the OPRS, including identifying families in need of counselling and support, introducing and referring them for suitable assessment and welfare services in the community, and coordinating with inter-disciplinary service teams and school personnel on follow-up support. However, there is currently no provision under the OPRS for school-based professional social work support. Meanwhile, the SWD will launch a new pilot scheme under which social work service will be introduced by phases in all subsidised/aided KGs/KG-cum-CCCs/CCCs in order to ensure early identification of and assistance to pre-primary children and their families with welfare needs. Students with special needs will also be covered under the new scheme. In this regard, the Government will examine if the new pilot scheme can supplement the OPRS in this aspect, and will clearly define the role and duties of the social worker teams under the new pilot scheme to ensure coordinated service delivery between the two schemes.

Advice Sought

23. Members are invited to note the major findings and recommendations of the evaluative study.

Labour and Welfare Bureau
Social Welfare Department
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