



中華人民共和國香港特別行政區政府總部教育局  
Education Bureau

Government Secretariat, The Government of the Hong Kong Special Administrative Region  
The People's Republic of China

香港添馬添美道2號政府總部東翼5樓506室 特殊教育及幼稚園教育分部  
Special Education and Kindergarten Education Division, Room 506, 5/F, East Wing,  
Central Government Offices, 2 Tim Mei Avenue, Tamar, HK

本局檔號 Our Ref.: EDB(SE&KG)/13-30/3

電話 Telephone: 3509 8520

來函檔號 Your Ref.: CB4/PS/1/12

傳真 Fax Line: 2119 9061

11 February 2014

Hon Fernando CHEUNG  
Chairman, Subcommittee on Integrated Education  
Panel on Education  
Legislative Council Complex  
1 Legislative Council Road  
Central, Hong Kong

Dear Dr CHEUNG

Panel on Education  
Subcommittee on Integrated Education

Thank you for your letter of 22 November 2013 to the Chief Secretary for Administration. I am authorized to reply on her behalf.

As requested, we are providing in the Annex an information paper on early identification of pre-school as well as school-age children with special educational needs and early intervention. The English version of the paper will be sent to you as soon as possible.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Hera'.

(Ms Hera CHUM)

for Secretary for Education

Encl

**Legislative Council Panel on Education  
Subcommittee on Integrated Education**

**Early Identification and Early Intervention of Children with Special Educational Needs**

**Purpose**

This paper sets out the Government's response to issues deliberated at the Subcommittee meeting on 20 November 2013 and the letter from the Chairman of the Subcommittee dated 22 November 2013 requesting the Government to provide early identification and early intervention of children with special educational needs (SEN) as soon as possible and shorten the waiting time for assessment and support services.

**Response to Views Raised by Members**

**Early Identification and Early Intervention of Children with SEN**

2. The Government has all along been committed to providing early identification and assessment of children with developmental disorders through the collaborated efforts of various Government departments, including the Department of Health (DH), Hospital Authority (HA), Social Welfare Department (SWD) and Education Bureau (EDB). Efforts have been made to refer and arrange these children to appropriate services and enhance their learning effectiveness.

**Services provided by the DH**

3. The DH offers an Integrated Child Health and Development Programme for children from birth to five years old through its 32 Maternal and Child Health Centres (MCHCs) across the territory. Through conducting physical examination for newborn children, periodic monitoring of growth parameters and development, automated otoacoustic emission hearing screening for newborn babies and vision screening tests for pre-school children at the age of four, the Programme facilitates early identification of developmental problems that are inborn or developed at an early age so that specialist assessment and services for the children concerned can be arranged as soon as possible. At the specified critical ages of the child (usually when the child receives vaccination), healthcare professionals at the MCHCs will discuss with the child's parents and observe the behaviours of the child in various aspects, thereby monitoring the child's development. Apart from the scheduled visits mentioned above, should parents have any concerns, they can always make

appointments with the MCHCs for special follow-up. The MCHCs also offer relevant guidance and information to parents, carers and child related professionals through various channels (such as booklets on child development and parenting) to facilitate all parties concerned in monitoring children's growth and development.

4. Furthermore, the DH, HA, EDB, SWD and non-governmental organisations (NGOs) have jointly launched the Comprehensive Child Development Service (CCDS) by phases since July 2005. The CCDS provides teachers of pre-primary institutions with a convenient mechanism to refer pre-primary children with physical, developmental or behavioural problems to the MCHC of their respective districts for preliminary assessment. In general, the MCHC will arrange for the children suspected to have developmental problems a preliminary assessment by the doctor within one to two months. If necessary, the children will be referred to the Child Assessment Centres (CACs) under the DH or HA for comprehensive multi-disciplinary team assessment and arrangement of rehabilitation services.

5. To assist teachers to identify as early as possible children with special needs, enable them to have a better understanding about the CCDS referral system and enhance their knowledge in handling common developmental problems in the classrooms, the DH, EDB and SWD jointly produced in 2008 the "Pre-primary Children Development and Behaviour Management - Teacher Resource Kit", which was distributed to all pre-primary institutions in Hong Kong for teachers' reference. Every year, the DH also distributes the leaflet on "Understanding Your Child's Development" to parents of children entering kindergartens to alert them of possible developmental warning signs for children of these ages, and encourage parents to approach teachers for assistance if necessary. The DH also collaborates with the EDB to provide regular seminars and workshops for kindergarten teachers on related subjects.

6. For children studying in primary and secondary schools, health assessment is provided annually for primary one to secondary six students enrolled in the Student Health Service of the DH. These services, which are designed for students to meet the health needs at various stages of their development, include physical examination (such as screening for health problems related to growth, nutrition, blood pressure, vision, hearing, spine, psychological health and behaviour), individual health counselling and health education. Healthcare professionals would understand the status and needs of the students through physical examinations, interviews with the students and parents as well as results of questionnaires on psychosocial health and student behaviours. Students found to have health problems will be referred to the special assessment centre or specialist clinics for detailed assessment and follow-up.

7. Meanwhile, the Child Assessment Service (CAS) of the DH provides comprehensive multi-disciplinary team assessment for children who are under 12 years of age

with developmental disorders, and arranges rehabilitation services for them as necessary. If schools, teachers, parents or any other persons suspect that a child under 12 years of age has developmental disabilities, behavioural problems or SEN, they may refer the case to the CAS for a comprehensive assessment via registered medical practitioners or psychologists. In the past three years, nearly all new cases referred to the CAS for assessment were seen within three weeks, while assessments for over 90% of newly registered cases were completed within six months.

8. The multi-disciplinary assessment team in the CAS consists of paediatricians, clinical psychologists, medical social workers, audiologists, speech therapists, optometrists, physiotherapists, occupational therapists, public health nurses and other auxiliary personnel, who would collaborate to provide assessments and diagnosis for children with developmental disabilities as necessary. Depending on the children's individual needs, the assessment team would evaluate the children's physical, cognitive, intellectual, language, social and other development, and arrange rehabilitation services (e.g. treatment by the multi-disciplinary team of the HA, rehabilitation training, special educational support services, etc.) for them as necessary according to their individual needs and family circumstances.

9. While the children are waiting for placement in respective education and training services, the CAS also provides interim support, such as talks, workshops and training groups, to parents so as to enhance their understanding of the children concerned and facilitate care and early intervention for the children. The CAS would also provide appropriate assessment reports of the children to their parents and relevant service units, so that appropriate intervention and follow up can be planned and delivered.

### **Services provided by the HA**

10. To enable timely assistance to babies with hearing impairment, Universal Newborn Hearing Screening has been implemented for all newborns in the eight hospitals which provide obstetric services under the HA since 2007. Newborns failing the screening will be referred to the Ear, Nose and Throat (ENT) Department for further assessment and follow up. The number of referrals in each year remains largely stable at around 100 for the last few years. For those identified as having hearing impairment, they will be referred to ENT surgeon specialised in cochlear implant (CI) for further assessment for need of CI. Currently, all suitable patients who reach one year old (which is the best timing for surgery) are arranged to receive unilateral CI. There is no waiting time for such surgery. Within the current resource capacity, the Queen Elizabeth Hospital, Queen Mary Hospital and Prince of Wales Hospital also provide bilateral CI for some suitable patients.

11. Following preliminary assessment by the CAS of the DH, children with mental health problems will be referred to the specialist out-patient clinics of the HA for further assessment and treatment.

12. HA's multi-disciplinary team comprising healthcare professionals of various disciplines including doctors, clinical psychologists, occupational therapists, speech therapists and nurses will provide early identification, assessment and treatment to children with mental health problems. Services provided include in-patient and specialist out-patient services, day training and community support, etc.

13. The professional team will provide appropriate treatment and training for children with mental health problems having regard to their individual circumstances. Training will be conducted on individual or group basis to help them develop their speech and communication skills, improve interpersonal relationships and social skills, problem solving skills, behaviour adjustment and emotional management, so as to help them communicate and get along with others in daily life. The multi-disciplinary team will also provide appropriate support for parents and carers to enhance their understanding of the disorders and the treatment needs. In addition, the professional team will also maintain close collaboration with related service units such as schools and early training centres so as to make appropriate referrals and provide support according to the developmental needs of the children.

14. Like elsewhere in the world, Hong Kong observes a rising incidence of mental health problems in children and adolescents, due partly to the enhanced awareness and improved assessment tools. The HA provided support to around 22 960 children and adolescents with mental health problems in 2012/13, which represented a 41% increase as compared to the figure in 2010/11. To ensure the more urgent and severe cases are followed up promptly, new cases received at specialist out-patient clinics (SOPCs) will be triaged into priority 1, priority 2 and routine cases according to their severity and urgency. The HA seeks to keep the median waiting time for first appointment at SOPCs for priority 1 and priority 2 cases within two and eight weeks respectively. This service pledge has been met.

15. The HA seeks to enhance its manpower to meet the rising demand for psychiatric services. The number of psychiatrists and nurses (including community psychiatric nurses) have increased from 317 and 1 944 in 2010/11 to 334 and 2 267 in 2013/14 respectively. The HA will continue to monitor the demand for and operation of child and adolescent psychiatric services, with a view to ensuring that service needs are duly addressed.

## **Rehabilitation Services provided by the SWD**

16. The policy objective of the Government in respect of the provision of pre-school rehabilitation services is to provide children with disabilities or at the risk of becoming disabled, from birth to the age of six years, with early intervention to enhance their physical, psychological and social development, thereby improving their opportunities to participate in ordinary schools and daily life activities and helping their families meet their special needs. At present, the Government provides a wide range of pre-school rehabilitation services for children in need, including Early Education and Training Centres (EETC), Special Child Care Centres (SCCC) and Integrated Programmes in Kindergarten-cum-Child Care Centres (IP in KG-cum-CCC). As at November 2013, there were 5 957 children with disabilities waiting for subvented pre-school rehabilitation services. The SWD estimates that the average number of new applications for pre-school rehabilitation services is about 4 200 per year. Discounting an average number of discharged cases of 3 400 per year, the net increase in demand is about 800 per year.

17. In addition to increasing the number of places and exploring alternative service options to meet rising demand, the SWD monitors the quality of subvented services through the Service Performance Monitoring System (SPMS). Under SPMS, operating NGOs are required to ensure that their subvented services comply with the requirements of Funding and Service Agreement, including essential service requirements, output/outcome standards and service quality standards, etc., and submit assessment reports on their performance to the SWD regularly. The SWD will also monitor service performance through review visits /surprise visits. Operating NGOs are required to work out action plans as required to improve the areas of under-achievement and report progress of follow-up actions to the SWD. Overall speaking, the performance of NGOs operating pre-school service is satisfactory. The SWD will continue to monitor such services to ensure their quality.

18. The SWD is mindful of the need to provide children with disabilities with pre-school training in a timely manner. Apart from making active efforts in identifying new sites for provision of additional places, the SWD has also been exploring alternative service options and other feasible measures, and making full use of resources available to facilitate early provision of services for children in need.

19. Over the past six years, the Government has allocated funding to provide about 1 500 additional places, representing an increase of nearly 30%. There are currently a total of 6 245 subvented pre-school rehabilitation places. The SWD has already reserved sites for providing over 1 400 additional places in the coming five years. The SWD will continue to actively identify additional sites and explore other feasible measures for provision of more places to meet the demand.

20. In this connection, the Community Care Fund has since December 2011 launched an assistance programme to provide training subsidy for pre-school children from low-income families who are in need of rehabilitation services, thereby enabling them to receive self-financing services operated by NGOs while waiting for subvented pre-school rehabilitation services and facilitating their learning and development. Starting from May 2013, the ceiling of monthly subsidy has been increased from \$2,500 to \$2,615. In view of the effectiveness of the programme and service demand, the Government has announced in the 2014 Policy Address that the programme will be incorporated into SWD's regular subvented services. This will help relieve the keen service demand, in particular those waiting for EETC service which takes up a major portion of the waiting list.

### **Services provided by the EDB**

21. As mentioned above, the DH, HA, EDB and SWD have jointly launched the CCDS since 2005. The MCHCs of the DH conduct assessments for pre-school children and facilitate identification and referral of children with physical, developmental or behavioural problems to the CACs or other specialist clinics for further assessment, diagnosis and follow-up through its Developmental Surveillance Scheme. When these children reach the school age for entering primary one, the EDB will, subject to parental consent, transfer their information to the primary schools or special schools concerned before commencement of the new school year so that the schools can learn about their special needs and arrange suitable support for them as early as possible.

22. The EDB also provides schools with tools and training on early identification of students with SEN. Currently, all public sector primary schools in Hong Kong implement the Early Identification and Intervention of Learning Difficulties Programme for Primary One Pupils (EII Programme) according to the guidelines issued by the EDB. Under the EII 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 primary one students with learning difficulties and arrange them for early intervention. Students whose learning progress remain unsatisfactory despite intervention and for those students who have severe learning difficulties will be further assessed and provided with support services by educational psychologists (EPs), or referred to other relevant specialists for assessment.

23. For students attending public sector primary and secondary schools who are suspected to have learning difficulties, such as difficulties in reading and writing, intellectual impairment, and speech and language impairment, they will be provided with assessment services by the Educational Psychology Service Section and Speech and Hearing Services Section of the EDB or school-based educational psychology service (SBEPS) and speech

therapy service funded by the EDB. For school-age children suspected to have developmental disorders such as Attention Deficit/Hyperactivity Disorder and Autism Spectrum Disorders, the CAS and specialist clinics under the DH or HA will provide them with assessment and treatment services. The professionals in schools will work closely with the medical staff with a view to arranging appropriate school-based support for these students.

24. In the 2012/13 school year, about 80% of the cases referred to EPs were assessed within two months and about 90% of them were assessed within five months. The few remaining cases with a longer waiting time were due to some specific circumstances, such as cases where parents requested to defer the assessment, or the assessment had to be held up pending the students' medical treatment. As regards cases with waiting time exceeding a year as indicated by some parents, it is possible that they may have mistaken the commencement date of the EII Programme procedure for the date of referral to EPs for assessment.

25. The EDB attaches great importance to early identification of students with SEN so that schools could provide students with early and appropriate intervention service. Based on the concept of "responsiveness to intervention", the EDB will determine students' needs for assessment by observing and evaluating their performance in learning with respect to the intervention they have received. To enable parents to have a better understanding of the workflow and timeline of early identification arrangements, the EDB distributes, through schools, to parents of all primary one pupils a leaflet on EII Programme every year.

26. The EDB has been providing ordinary primary and secondary schools with additional resources, professional support and teacher training to help them cater for students with SEN. In terms of resources, the EDB has provided schools with Learning Support Grant (LSG), Enhanced Speech Therapy Grant, additional teachers under the Integrated Education Programme and Intensive Remedial Teaching Programme, additional teachers to cater for secondary schools with academically low achievers, as well as Top-up Fund, etc. Schools may pool and flexibly deploy these resources to employ additional teaching staff or teaching assistants and procure professional services, so as to enhance the learning effectiveness of students with SEN.

27. On professional support, apart from the case assessment, consultation and professional support services provided for schools by EPs, audiologists and speech therapists, the professional staff of the EDB pay regular visits to schools to render professional advice on matters such as school policies, integrated education support measures, teaching strategies, resource deployment, home-school co-operation.



28. In recent years, due to the continuous improvement in assessment tools coupled with the increased awareness of SEN among teachers and parents, the number of students in ordinary schools identified to have SEN has been increasing constantly. In the 2012/13 school year, 31 390 students studying in public sector ordinary schools were identified to have SEN. In the light of service needs, the EDB has continued to enhance the support for schools, including extending the SBEPS progressively, raising the ceiling of the LSG for public sector ordinary secondary and primary schools to \$1.5 million per school and providing structured training courses for teachers, etc. In recent years, with the rise in the number of students with SEN and enhancements in the support measures, the annual expenditure incurred by the EDB on additional support and services under integrated education has risen from \$860 million in the 2008/09 school year to about \$1,076 million (estimate) in the 2013/14 school year, representing an increase of about 25%.

### **Cross-departmental and cross-sectoral collaboration**

29. The Government fully understands the concerns of the public and parents about the early identification and assessment of children with SEN as well as the waiting time involved. The Government is also aware of the importance of cross-sectoral collaboration. In fact, under the existing framework, different government departments will form various working groups/committees on issues that require cross-departmental collaboration, and representatives from other government departments and sectors will be invited to participate on a need basis. For instance, the Labour and Welfare Bureau (LWB) has established a cross-departmental and cross-sectoral Rehabilitation Advisory Committee (RAC) to advise on the development, implementation and resource allocation for rehabilitation services, and co-ordinate the rehabilitation services of government departments and NGOs to ensure that the existing resources are put to the best use. The RAC comprises the Commissioner for Rehabilitation, and representatives from the EDB, DH, SWD, HA and other sectors. For implementation of integrated education, the EDB has also formed the cross-departmental and cross-sectoral Task Force on Integrated Education in Mainstream Schools. Apart from EDB representatives, the membership of the Task Force covers school principals, NGOs, parents, the Hong Kong Council of Social Service (HKCSS), academics, and representatives from the SWD and HA. Furthermore, the Food and Health Bureau established the Review Committee on Mental Health in May 2013 to review the existing mental health services, with a view to promoting mental health and strengthening the support for the people with mental health problems. The Review Committee is chaired by the Secretary for Food and Health, with a membership covering the EDB, LWB, SWD, health care professionals, service providers, Legislative Council members, academics, HKCSS, Equal Opportunities Commission, patients and their families. The Review Committee will review the existing policies on mental health, including the mental health services for children and the youth, so as to map out the future development of mental health services in Hong Kong.

30. For the coming few years, different government departments, including the EDB, DH, HA and SWD, will continue to enhance their services through close collaboration with a view to early identifying, assessing and supporting children with SEN, and providing them with the necessary assistance.