For discussion on
6 June 2017

Paper FC 12/2017

Family Council

Progress of the Pilot Scheme on On-Site Pre-school Rehabilitation Services

PURPOSE

This paper provides background information to facilitate Members' discussion of the presentation to be made by the Labour and Welfare Bureau (LWB) on the progress of the Pilot Scheme on On-Site Pre-school Rehabilitation Services (Pilot Scheme). A copy of LWB's paper is at **Annex A**.

BACKGROUND

2. The Family Council (the Council) discussed the issues of pre-school rehabilitation services at its meetings on 20 February 2014 and 26 November 2015 (extract of meeting minutes is at **Annex B**). On the basis of Members' views expressed at the meeting of 20 February 2014 and supplementary written comments, a letter setting out the views of the Council was issued to the Chief Secretary for Administration (CS) on 27 May 2014 (**Annex C**). In response, CS wrote to the Chairman of the Council on 6 November 2015 to update the Council on the developments, in particular the planned launching of a two-year Pilot Scheme in the fourth quarter of 2015 (**Annex D**).

3. The Pilot Scheme was subsequently launched on 26 November 2015, through the Lotteries Fund, to invite non-governmental organisations with

experience in providing subvented pre-school rehabilitation services to provide on-site pre-school rehabilitation services for children with special needs, who are studying in kindergartens or kindergarten-cum-child care centres, as early as possible. Apart from providing on-site rehabilitation services to target service users, the Pilot Scheme also provides professional advice for teachers and child care workers in the participating kindergartens or kindergarten-cum-child care centres. Support for parents is also provided to enhance their acceptance and understanding of their children with special needs, so as to foster the overall development of their children.

4. The Chief Executive announced in the 2017 Policy Address that the Government had earmarked an annual recurrent expenditure of $460 million to convert the Pilot Scheme into a regular government subsidy programme after its conclusion, and increase the number of service places to 7 000 in phases. The Social Welfare Department has commissioned a consultancy team headed by the City University of Hong Kong to conduct an evaluative study on the Pilot Scheme and submit a report in March 2018, with a view to formulating the modes and standards of services to be regularised.

5. While the evaluative study is in the pipeline, the Council Secretariat received, in December 2016, a letter from Heep Hong Parents Association which provided some comments on the Pilot Scheme. In March 2017, two other identical letters were received from the Hong Kong Paediatric Foundation and "a group of Education, Health, Social Care Professionals, and parents" which proposed a "comprehensive whole-school support system" model for the way forward of the Pilot Scheme. Copies of the letters are at **Annex E** for reference.

ADVICE SOUGHT

6. Members are invited to note the content of LWB's presentation and provide views on the Pilot Scheme.

Family Council Secretariat
June 2017

二零一七年六月六日
資料文件

家庭議會
到校學前康復服務試驗計劃

目的

勞工及福利局及社會福利署（社署）曾於 2015 年 11 月 26 日到家庭議會簡介到校學前康復服務試驗計劃（試驗計劃），聽取委員的意見。本文件旨在向委員報告試驗計劃的推行進度。

背景

2. 政府在提供學前服務方面的政策目標，是為初生至六歲的有特殊需要兒童，提供有助身心發展和提升社交能力的早期介入服務，從而提高他們入讀普通學校和參與日常活動的機會，並協助家庭應付其特別需要。

3. 現時，社署為經診斷為有特殊需要的學前兒童提供一系列的資助學前康復服務，包括：

(a) 「早期教育及訓練中心」為初生至六歲經評估有特殊需要的兒童提供早期介入服務，並特別著重兒童家庭的照顧及訓練角色；

(b) 「幼稚園暨幼兒中心兼收弱能兒童計劃」為年齡介乎兩歲至六歲經評估有輕度殘障的兒童提供訓練和照顧，並特別著重協助他們將來融入主流教育；及

(c) 「特殊幼兒中心」為年齡介乎兩歲至六歲經評估有中度至嚴重殘障兒童提供特別服務和照顧，並特別著重基本體能和智力、感官肌能、認知、溝通、社交和自我照顧等能力的發展。

4. 截至 2016 年 12 月，社署就上述資助學前康復服務共提供 6 903 個名額，而輪候人數為 7 641 人（當中包括正接受到校學前康復服務的學前兒童 2 221 人及正領取學習訓練津貼的學前兒童 912 人）。視乎服務種類，2016-17 年度的平均輪候時間約為 13.5 至 18.2 個月。鑑於資助學前康復服務的需求殷切，政府一直多管齊下透過各項措施，讓有特殊需要的學前兒童可以盡快獲得所需服務。

學習訓練津貼

5. 政府於 2011 年 12 月透過關愛基金推行「為輪候資助學前康復服務的兒童提供學習訓練津貼」的援助項目，為已經診斷為有特殊需要並正在輪候資助學前康復服務的學前兒童，提供經入息審查的學習訓練津貼，讓他們可盡早在認可服務機構獲得自負盈虧的學前康復服務。有關援助項目已於 2014 年 10 月納入政府恆常資助內。政府亦已由 2016 年 10 月起提高輪候特殊幼兒中心的合資格兒童的學習訓練津貼，由每月 3,867 元提高至每月 5,995 元，以增加他們可以獲得的訓練時數，由每月四節增加至每月六節。由 2017/18 學年起，正在輪候特殊幼兒中心的兒童毋須經過入息審查便可獲得學習訓練津貼。為此，學習訓練津貼的服務名額將會增加約 1 500 個。

「到校學前康復服務試驗計劃」

6. 政府透過獎券基金撥款，於 2015 年 11 月起分階段推行為期兩年的「到校學前康復服務試驗計劃」（試驗計劃），由 16 間有經驗推行資助學前康復服務的非政府機構統籌共 29.25 隊跨專業團隊（成員包括職業治療師、物理治療師、言語治療師、臨床／教育心理學家、社工、以及特殊幼兒工作員），為就讀於超過 480 間幼稚園或幼稚園暨幼兒中心（接近全港總數的一半）的有特殊需要兒童提供約 3 000 個康復訓練名額。此外，試驗計劃為幼稚園老師／幼兒工作員及家長提供支援，由跨專業團隊透過到校專業諮詢服務和示範、講座、工作坊及研討會等方式提供專業意見，讓幼稚園老師／幼兒工作員明白有特殊需要的兒童的需要，以及向有關家長提供支援，使他們以正面的態度及有效的技巧培育有特殊需要的兒童。在試驗計劃下，正接受到校學前康復

服務的兒童仍然可以繼續輪候現有各項資助學前康復服務，家長在其子女獲分配服務名額時，才需要作出選擇。

計劃進度

7. 參與試驗計劃的 16 間服務機構於 2015 年 11 月至 2016 年 1 月期間陸續展開服務。由試驗計劃開展至 2017 年 4 月 30 日，曾接受試驗計劃服務的兒童總人數達 4 127 人。

8. 為確保有關到校學前康復服務的質素，社署透過實地評估等方式，持續監察服務機構的表現，包括檢視用作訓練活動場地的環境及設施、跨專業團隊的表現，以及核實服務內容、訓練時數及審查相關紀錄和檔案等。總括而言，有關幼稚園或幼稚園暨幼兒中心的校長及負責人對服務質素表示支持及肯定。此外，服務機構會向已經離開試驗計劃或已接受試驗計劃服務超過 1 年的學前兒童的家長進行意見調查，在已經收回的 1 025 份意見當中，1 021（99.6%）名家長表示滿意機構提供的服務。

評估研究

9. 政府已於 2016 年 8 月委託以香港城市大學應用社會科學系為首之顧問團隊為試驗計劃進行評估研究，包括檢視及評估不同機構的服務模式，以助確立常規化時的服務模式。評估研究的內容及方法包括：

(a) 為兒童進行追蹤研究及個案研究，以評估兒童的發展狀況及服務效能；

(b) 邀請各服務機構同工填寫問卷及出席焦點小組訪問，以了解各機構的服務模式及成效；

(c) 邀請家長填寫問卷及出席焦點小組訪問，以了解及分析家長選擇是次試驗計劃的考慮因素及服務體驗；

(d) 邀請校長及教師填寫問卷及出席焦點小組訪問，以了解他們對試驗計劃的意見；

(e) 為服務恆常化建議有效可行的服務模式及服務指標；及

(f) 進行文獻探討，比較海外不同地方的學前康復服務政策。

10. 顧問團隊已完成所有機構問卷及機構專職人員之焦點小組訪問，並已完成大部份追蹤研究個案的基線評估及完成部份家長問卷調查。為加強與各持份者的溝通，顧問團隊於 2016 年 10 月至 2017 年 4 月期間，舉辦了 4 場分享會，為參與試驗計劃之服務機構、幼稚園或幼稚園暨幼兒中心的校長及教師、家長組織代表介紹評估研究的設計及進展。顧問團隊將於 2017 年 6 月向政府提交中期報告，並於 2018 年 3 月提交最終報告。

未來路向

11. 政府已預留每年 4 億 6 千萬元經常開支，讓試驗計劃完結後納入政府的恆常資助，並且分階段提供 7 000 個名額。政府會參考顧問團隊的報告，訂定常規化服務的模式及標準，並最快於 2018/19 學年起把試驗計劃常規化及逐步擴展服務名額。

12. 政府會繼續積極增加資助學前康復服務的名額，於未來 5 至 10 年已經計劃增加的名額及透過「私人土地作福利用途特別計劃」預計可以增加的名額合共約 5 000 個。政府會繼續密切留意各項服務的需求，適時採取措施，讓有特殊需要的兒童均能盡早獲得所需服務。

13. 此外，政府一直關注專職醫護人員的人手需求。香港理工大學（理大）自 2012 年 1 月起開辦自負盈虧 2 年制職業治療學碩士課程及 2 年制物理治療學碩士課程，社署向非政府福利機構提供撥款，為被機構取錄的學生提供學費資助。受資助的畢業生必須於有關的非政府機構工作最少 2 年。第一屆及第二屆課程分別有 59 及 56 名學生參與培訓資助計劃。畢業生已於 2014 年 1 月及 2016 年 1 月相繼投入就業市場。理大已於 2017 年 1 月推行第三屆職業治療學碩士課程及物理治療學碩士課程，而社署亦繼續推行培訓資助計劃，受資助的 68 名學生畢業後必須在有關的非政府機構工作最少 3 年。此外，政府將於 2017-18 年度提供額外資源予學前康復服務單位，以提高合資格特殊幼兒工作人員的薪酬，以協助解決特殊幼兒工作員的招聘和人手流失問題。

14. 社署會繼續密切留意各康復服務專業人員的需求，並會適時與相關政策局及部門溝通，以作長遠人手規劃。

徵詢意見

15. 請委員備悉本文件的內容。

勞工及福利局
社會福利署
二零一七年六月

Extract of Minutes of 21st Family Council meeting
on 20 February 2014

Item 4 – Rehabilitation Services for Pre-School Children (Papers FC 5/2014 and 6/2014)

11. Upon the invitation of the Chairman, Dr Catherine LAM of Department of Health (DH) and Mr LAM Bing-chun of the Social Welfare Department (SWD) briefed Members on the provision of child assessment services by DH and rehabilitation services for pre-school children by SWD respectively, particularly on prevailing situation and relevant statistics.

12. The Chairman thanked Dr LAM and Mr LAM for their presentations and informed the meeting that Dr Maggie KOONG had prepared a submission on "Early Childhood Education and Rehabilitation Service Model" which had been tabled to Members for information. In light of the presentations, Members made the following comments –

(a) the Government's endeavour in providing additional 1,471 places in the coming five years (from 2013-14 to 2017-18) for children with special education needs (SEN children) was noted. This notwithstanding, the additional places might not be able to meet the growing demand. Given early identification and assessment helped enhance the rehabilitation progress of SEN children, there was a genuine need for the Government to step up its efforts in increasing pre-school rehabilitation places;

(b) while waiting for rehabilitation places, SEN children were usually enrolled in ordinary kindergartens. Consideration should be given to further enhancing in-service teachers' understanding of the SEN children and capability in catering for learning diversity;

(c) as Early Education and Training Centres (EETCs) targeted to disabled children from birth to the age of six with a view to providing early intervention programmes with particular emphasis on the role of the disabled child's family, the Government should consider setting up more EETCs with a view to making them one-stop community resource centres for needy families;

(d) to address the concern of different stakeholders, relevant Government departments should adopt a holistic approach by further strengthening their collaboration in establishing an inter-departmental mechanism for formulating a policy on rehabilitation of pre-school children;

(e) taking the experience of overseas countries into account, the Government should consider empowering parents of the SEN children through collaboration with the non-governmental organisations as well as exploring the option of "peer counsellor", so that better home-based support could be provided to families of SEN children; and

(f) the Government should explore with the non-governmental organisations (NGOs) on how to make better use of the land owned by NGOs through re-development or in-situ expansion with a view to providing more pre-school rehabilitation places. Manpower shortage of professional staff was also a matter of concern. It was desirable for the Government to formulate a long-term manpower planning strategy to cope with the steady growing demand for rehabilitation places.

13. Principal Assistant Secretary (Special Education & Kindergarten Education) (PAS(SE&KE)) of EDB provided further supplementary background information on the harmonization of pre-primary services and added that rehabilitation services for children

under six, including Integrated Programme[1] in KG-cum-CCCs were funded under the ambit of SWD. EDB would take note of Members' views on improving the training for kindergarten teachers and continue to organize professional development programmes to enhance kindergarten teachers' capacity in catering for the diverse learning needs of their students. On a related note, EDB had set up the Committee on Free Kindergarten Education (the Committee) in April 2013 to make specific proposals on how to practicably implement free kindergarten education. A sub-committee with representatives from DH and SWD had been set up under the Committee to study how to enhance the support of SEN students in kindergartens.

14. The Chairman thanked PAS(SE&KE) of EDB for her supplementary information and Members' comments. On the basis of the deliberations made at this meeting, the Council Secretariat was invited to prepare a submission to the Chief Secretary for Administration (CS) setting out the views of the Council on the provision of pre-school rehabilitation services. Members were also welcome to give further comments to the Secretariat, so that a consolidated submission could be made to CSO in due course.

(Action: Council Secretariat)

[1] The programme provides training and care to children aged between two and six with mild disabilities with a view to facilitating their future integration into the mainstream education as well as in the society.

Extract of Minutes of 27th Family Council meeting
on 26 November 2015

Item 3 – Pilot Scheme on On-site Pre-school Rehabilitation Services (Papers FC 21/2015 and FC 22/2015)

4. The Chairman briefed the meeting that the Chief Secretary for Administration (CS) had written to the Council on 6 November 2015 regarding the rehabilitation services for pre-school children, particularly on the Pilot Scheme on On-site Pre-school Rehabilitation Services (the Pilot Scheme) in response to our letter dated 27 May 2014 setting out the views of the Council on pre-school rehabilitation services. Both letters were included in the background paper FC 21/2015.

5. The Chairman introduced the background and invited Mr David Leung, the Commissioner for Rehabilitation (C for R) and Mr Fong Kai-leung, Assistant Director (Rehabilitation & Medical Social Services) of the Social Welfare Department (SWD) to give an overview of the Pilot Scheme.

6. C for R briefed the meeting on the salient features of a two-year pilot scheme to provide on-site rehabilitation services for children with special needs studying in kindergartens (KGs) or kindergarten-cum-child care centres (KG-cum-CCCs) as set out in paper FC 22/2015. He advised that 16 non-governmental organisations (NGOs) were allocated a total of 29.25 inter-disciplinary teams comprising occupational therapists, physiotherapists, speech therapists, clinical/educational psychologists, social workers and special child care workers to provide 2 925 children service places.

7. Deliberations of the meeting were summarised as follows –

(a) the implementation of the Pilot Scheme would provide valuable experience and insights in formulating future mode of delivery of pre-school rehabilitation services. Noting that a consultant would be engaged to evaluate the Pilot Scheme, a Member suggested that a scientific framework should be devised to assess the effectiveness of the Pilot Scheme;

(b) in view of the shortage of allied health professionals in the welfare sector and increasing demand for pre-school rehabilitation services, it was important for the Government to devise a long-term manpower plan;

(c) empowerment of parents and teachers were considered important in the context of rehabilitation services for pre-school children. Through empowerment of parents, better home-based support could be provided to families of children with special needs. Empowerment of teachers would also enhance their understanding and capabilities in catering for learning diversity. This notwithstanding, the Government should, at the same time, explore how to strengthen education to general public to avoid discrimination and labelling effect; and

(d) while fully recognising the need of formulating a long-term manpower plan, Members considered that it was essential to change the mindset of the health professionals, so that they would be more ready to share their knowledge and experience with parents and other stakeholders.

8. In response to Members' views, Permanent Secretary for Labour and Welfare (PSLW) and C for R made the following remarks –

(a) given that on-site rehabilitation services was a new concept, the evaluation would assess the Pilot Scheme in terms of the cost-effectiveness and operability of the projects under the Pilot Scheme, so as to help the Government consider the service model(s) and essential output indicators to be adopted if the Pilot Scheme was to be regularised;

(b) with a view to alleviating the manpower shortage of allied health professionals in the welfare sector, SWD had been working closely with a tertiary institution and relevant stakeholders in developing relevant blister programmes. The Hong Kong Polytechnic University (PolyU) had launched two cohorts of two-year Master in Physiotherapy programme and Occupational Therapy programme respectively since January 2012 on a self-financing basis. To encourage graduates from these two programmes to join the welfare sector, SWD at the same time implemented a Training Sponsorship Scheme to provide funding support for NGOs to sponsor the tuition fees of students enrolled in

these two porgrammes with undertaking to serve the sponsoring NGOs for no less than two consecutive years immediately after graduation. SWD was now negotiating with PolyU to run the third programme in 2016;

(c) the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development, chaired by the Secretary for Food and Health, was conducting a strategic review of healthcare manpower planning and professional development in Hong Kong;

(d) to avoid duplication of services, children with special needs receiving services from Early Education and Training Centres (EETC) or training subsidies under the Training Subsidy Programme (TSP) would be allowed to join the Pilot Scheme if they withdrew from the EETC or TSP. If children receiving services from the Pilot Scheme were selected for entry to EETC, Integrated Programme in Kindergarten-cum-Child-Care-Centres (IP) or Special Child Care Centres (SCCC), their parents might choose for their children to remain in the Pilot Scheme or to opt for EETC, IP or SCCC; and

(e) recognising the need of empowerment of parents and teachers, the inter-disciplinary teams would strengthen their professional support for parents and teachers through consultation, demonstrations, workshops, talks and seminars.

9. Member (2) of the Central Policy Unit (CPU) supplemented that LWB could enlist the support of CPU in the course of evaluation if deemed necessary.

10. The Chairman thanked representatives of the Labour and Welfare Bureau (LWB) and SWD for their presentation and Members for their comments. He concluded that it was of paramount importance for LWB and SWD to devise a long-term manpower plan with a view to addressing the manpower shortage of allied health professionals in the long run. The Chairman also remarked that the views of Members were very useful for the Government to work out the parameters of the Pilot Scheme and showed appreciation of LWB's readiness to embrace challenges in providing services to children with special needs and their families.

家庭議會
Family Council
關心家庭運動 Happy Family Campaign
www.familycouncil.gov.hk

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27 May 2014

Mrs Carrie LAM CHENG Yuet-ngor, GBS, JP
Chief Secretary for Administration
25/F, Central Government Offices
2 Tim Mei Avenue
Tamar, Hong Kong

Dear Carrie

Rehabilitation Services for Pre-School Children

As a cross-sector and cross-bureau platform to study and address family-related issues, the Family Council (the Council) has recently deliberated on the rehabilitation services for pre-school children at its meeting held on 20 February 2014. On the basis of Members' views expressed at the meeting and supplementary written comments, I am writing to set out the views of the Council as well as our suggested way forward.

At the abovementioned Council meeting, the Department of Health (DH) and the Social Welfare Department (SWD) were invited to brief the Council on the provision of child assessment services and rehabilitation services for pre-school children respectively, particularly on prevailing situation and relevant statistics. The Education Bureau (EDB) also briefed the Council on the roles and responsibilities of the respective government departments upon the harmonization of pre-primary services.

Noting the Government's existing efforts and services on the rehabilitation services for pre-school children, Members of the Council have the following views and suggestions:

(a) the Government's endeavour in providing additional 1,471 places in the coming five years (from 2013-14 to 2017-18) for children with special education needs (SEN children) is noted. While this is a welcomed arrangement, the additional places are definitely not able to meet the growing demand. Given early identification and assessment help enhance the rehabilitation progress of SEN children, there is a genuine need for the Government to step up its efforts in increasing pre-school rehabilitation places;

(b) while waiting for rehabilitation places, SEN children are usually enrolled in ordinary kindergartens (KGs). Consideration should be given to further enhancing in-service teachers' understanding of the SEN children and capability in catering for learning diversity;

(c) as Early Education and Training Centres (EETCs) targeted to disabled children from birth to the age of six with a view to providing early intervention programmes with particular emphasis on the role of the disabled child's family, the Government should consider setting up more EETCs with a view to making them one-stop community resource centres for needy families;

(d) while it is vital to provide support services to SEN children and teachers in KGs, services provided by the existing Special Child Care Centres (SCCCs) and EETCs should be better utilized;

(e) to address the concern of different stakeholders, relevant Government departments should adopt a holistic approach by further strengthening their collaboration in establishing an inter-departmental mechanism for formulating a policy on rehabilitation of pre-school children;

(f) while SWD should continue to provide subvention to EETCs, SCCCs and Integrated Programme[1] in Kindergarten cum-Child Care Centres, EDB might consider acquiring professional services from EETCs/SCCCs so that SEN students in KGs could benefit from the

[1] The programme provides training and care to children aged between two and six with mild disabilities with a view to facilitating their future integration into the mainstream education as well as in the society.

services. The rate should be no less than SWD's current subsidy to each child receiving EETC services;

(g) taking the experience of overseas countries and successful experience of "Home Care Service for Persons with Severe Disabilities" into account, the Government should consider (i) empowering parents of the SEN children through collaboration with the non-governmental organisations (NGOs) as well as exploring the option of "peer counsellor" and (ii) assisting the SEN children who have difficulties in commuting to the centres, so that better home-based support could be provided to families of SEN children;

(h) the possibility of introducing a voucher system is worth exploring, so that parents of SEN children have the flexibility to obtain individual or group training services from NGOs through the voucher system;

(i) the Government should explore with NGOs on how to make better use of the land owned by NGOs through re-development or in-situ expansion with a view to providing more pre-school rehabilitation places. Vacant KG premises are possible alternative premises for establishing SCCCs;

(j) manpower shortage of professional staff is also a matter of concern. It is desirable for the Government to formulate a long-term manpower planning strategy to cope with the steady growing demand for rehabilitation places;

(k) providing a block grant through Lotteries Fund to the self-financed units and EETC/SCCC cum Resource Centres for the set up as well as maintenance costs is worth exploring; and

(l) caution should be taken in labelling the children as suffering from "Attention deficit hyperactivity disorder" (ADHD) and "Oppositional defiant disorder" (ODD). In dealing with cases in which the children concerned are assessed as ADHD and ODD but making no significant improvement after undergoing various treatments and medication, "family therapy" [2] is an alternative approach worth considering.

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[2] It adopts a systematic perspective to approach the problem by examining not only the individual, but the child in the context of family. Dr Lee Wai-yung of the Academy of Family Therapy has developed a family assessment protocol and treatment model which has proven to be more cost-effective in helping parents deal with their children in problem.

As the Chairman of the Family Council, I would like to raise my personal concern on the collaboration between EDB and SWD in reviewing the policy on rehabilitation of pre-school children and providing timely service and assistance to such children and their families. The current situation is undesirable because the parents concerned have strong perception that their children are "human balls" within the bureaucracy. Looking ahead, whilst the Family Council will continue to work with relevant Bureaux and departments in taking forward the above suggestions, the CS may wish to take note of our views on the rehabilitations services for pre-school children.

Yours faithfully,

(Prof Daniel Shek)
Chairman of Family Council

c.c. Secretary for Education (Attn: Mr Kevin Yeung)
Secretary for Labour and Welfare (Attn: Ms Doris Cheung)
Director of Health (Attn: Dr Florence Lee)
Director of Social Welfare (Attn: Mr Lam Bing-chun)

中華人民共和國
香港特別行政區政府
政務司司長辦公室

CHIEF SECRETARY
FOR ADMINISTRATION'S OFFICE
Government of the Hong Kong
Special Administrative Region
of the People's Republic of China

6 November 2015

Prof Daniel Shek Tan-lei, SBS, JP
Chairman, Family Council
c/o Hong Kong Polytechnic University
Department of Applied Social Sciences
Room HJ 407, Core H
The Hong Kong Polytechnic University
Hung Hom
Kowloon, Hong Kong

Dear Daniel,

Rehabilitation Services for Pre-School Children

Thank you for your letter of 27 May 2014 sharing with me the views on the rehabilitation services for pre-school children as expressed by members of the Family Council at its meeting held on 20 February 2014.

Let me assure you that the Government fully agrees with members of the Family Council on the need for early provision of pre-school rehabilitation services to children with special needs. Since receipt of your letter, I have been convening inter-bureaux/departmental meetings attended personally by the Secretary for Labour and Welfare, the Secretary for Education and the Secretary for Food and Health with a view to addressing the issues in an integrated and coordinated manner. I am pleased to say that after more than a year's efforts and full support from the relevant non-governmental organisations (NGOs), we are making significant progress. I am therefore writing to provide the Family Council with an update on the developments.

On 14 January 2015, the Chief Executive reaffirmed in his Policy Address that the Government would strengthen the support for children with special needs and their families through, among others, early intervention. The Chief Executive announced that the Government would launch a pilot scheme (the Scheme) through the Lotteries Fund (LF) to invite operators of subvented pre-school rehabilitation services to provide on-site rehabilitation services so as to benefit children with special needs who were studying in kindergartens (KGs) or kindergarten-cum-child care centres (KG-cum-CCCs) as early as possible. To better understand the potential of this service mode, the Secretary for Education and I visited a KG providing such on-site services with back-up support by EETC and received feedback from NGO operators, KG principals, teachers and parents.

On 29 April 2015, the Labour and Welfare Bureau (LWB) and Social Welfare Department (SWD) convened a consultation session to collect views of relevant stakeholders, including principals and teachers of KGs/KG-cum-CCCs, representatives of parent associations and NGOs providing the Government subvented pre-school rehabilitation services. The stakeholders generally supported the Scheme, and urged the Government to make an early start. Most NGOs now providing subvented pre-school rehabilitation services showed interest in participating in the Scheme, stressing that they should be allowed to experiment slightly different models under the Scheme to test viability and effectiveness. The stakeholders also exchanged views with LWB and SWD on the service content of the Scheme.

In the light of this exchange of views and having regard to the relevant operational considerations, SWD, on 17 July 2015, issued the invitation to NGOs operating subvented pre-school rehabilitation services to submit projects for consideration. A cross-departmental vetting committee, including LWB, SWD, the Education Bureau (EDB) and the Department of Health (DH), was set up to examine the proposals submitted by NGOs. The vetting committee notified the applicant NGOs of the vetting results on 22 October 2015. The projects will commence from the fourth quarter of 2015 to January 2016, providing about 2 900 places for children with special needs in some 450 KGs or KG-cum-CCCs. This LF-funded Scheme will span over two years and regularisation will be positively considered in light of its effectiveness.

This Scheme will have the following key features :

(a) On-site rehabilitation services will be provided to children with special needs who are studying in those KGs or KG-cum-CCCs participating in the Scheme. The NGOs concerned will also provide centre-based services to support the outreaching teams offering on-site rehabilitation services at KGs and KG-cum-CCCs;

(b) the service will be delivered by inter-disciplinary teams (comprising occupational therapists, physiotherapists, speech therapists, clinical/educational psychologists, social workers and special child care workers) under the supervision of NGOs concerned through different modes, including on-site individual or group training, professional consultation workshops and seminars etc; and

(c) apart from children with special needs, professional support and assistance will be provided by the NGOs concerned for teachers/child care workers and parents of participating KGs or KG-cum-CCCs.

During the two-year implementation period, LWB/SWD will, together with EDB and DH, liaise with the participants to monitor the progress of the different projects. The NGOs concerned are encouraged to share their experience through informal sessions convened by LWB/SWD from time to time. An evaluative study will also be conducted and this would be useful to the Government when considering whether and how the Scheme could be regularised upon the completion of the Scheme.

I should also add that the implementation of the Scheme would not detract from our other effort in providing more subvented pre-school rehabilitation places. A total of 1 118 additional places of Government subvented pre-school rehabilitation services will be provided in the next five years through new service projects and in-situ expansion initiated by SWD. An additional 3 800 places will be provided through the Special Scheme on Privately Owned Sites for Welfare Uses from 2017-18 to 2022-23, based on the preliminary proposals submitted by the NGOs participating in that Special Scheme. In the meantime, those children with special needs from low income families not otherwise benefiting from the Government subvented pre-school rehabilitation services may acquire non-government subvented services under SWD's Training Subsidy Programme.

My colleagues in LWB and SWD will brief the Family Council further on the Scheme at its next meeting on 26 November 2015. Concurrently, we are looking into the adequacy of child assessment service, training for KG teachers, manpower supply, etc. I look forward to receiving feedback from the Family Council.

Yours sincerely,

Carrie Lam

(Mrs Carrie Lam)
Chief Secretary for Administration

c.c. Secretary for Labour and Welfare
Secretary for Food and Health
Secretary for Education
Permanent Secretary for Labour and Welfare
Director of Social Welfare

Annex E

家長會
Heep Hong Parents Association
培育幼苗助成長 你我同心結伴行

香港特別行政區政府
政務司司長
林鄭月娥女士

林太：

本人自年初起接任同心家長會主席一職，深感責任重大，尤其過去一年，學前復康服務有很大變化，喜見司長親自領帥，推動多個政策局和政府部門攜手合作，推出「到校學前康復服務試驗計劃」，家長間的反應非常正面，認為新服務能解決輪候問題，真正照顧學童需要，大大紓緩家長的壓力。

自去年 11 月參加計劃的啟動禮後，家長會一直留意有關發展，並經常透過不同網絡了解用家的意見。政府公布決定將之發展為恒常服務後，我們都十分關注服務內容，不少會員更主動表達意見，要求家長會代為向政府轉達。本會副主席和多位會員上周六 (12 日) 出席了在城市大學舉行的評估研究分享會，現場也有發言，並聽到其他家長的想法和政府代表的回應。由於家長乃此項計劃的主要服務使用者，作為全港最大的家長組織，本會感到有責任把這些意見整理起來，向政府如實反映，作為檢討計劃和制定長遠政策的參考。

新服務造福孩子和家長

我們最欣賞計劃能讓學童在就讀幼稚園的同時獲得復康服務，免卻輪候之苦，家長壓力大減。不少會員都表示參加計劃短短數月已見效果，有學童由只會說單字到能整句溝通，進步很大。有家長的兒子四歲時被評估有 ADHD，上課時走來走去，有很多行為、情緒問題，家長和老師用盡辦法都無能為力，今年 3 月加入試驗計劃後，得到職業治療、言語治療等多種訓練後，情況大大改善，由初時只能單獨訓練，到後來可以加入小組，9 月升上 K3 已能坐定專心上課，與從前判若兩人。

另一位上水的家長，其子剛滿 4 歲，輕度發展遲緩及有自閉症徵狀，言語能力十分弱，經常大叫大喊。今年 1 月加入試驗計劃，隨即獲安排言語治療、職業治療和幼兒導師訓練，很快便學懂表達，情緒變得平靜，不再哭喊，老師也讚進步大，比前「易教」得多。這些例子實在太多，不能一一盡錄。

同時，我們見到一個重大的變化，就是很多家長的態度有了一百八十度的改變：以往因為恐怕學校拒收或勸退，我們大多不願意透露孩子的特殊需要，甚至抗拒讓孩子接受評估；現在，為了能盡快加入計劃，很多都更願意正視孩子的問題，坦白將情況告知學校，主動要求評估，並就服務作出積極配合。

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被忽略的學童

不過，計劃推出後，也顯露了有真正需要但不被納入計劃的組群。試驗計劃只針對正在輪候社署服務的學童，其實還有不少有特殊需要的兒童在輪候醫管局服務。有些家長表示，孩子被評為只有一項特殊需要，情況不一定輕微，所輪候的服務也遙遙無期，目前全無支援，卻不符合資格參加試驗計劃，感到非常失望，尤其難以接受就讀同一幼稚園的其他孩子得到服務，自己的孩子卻被忽略，認為服務政策不公平。

有家長於2014年4月從母嬰健康院醫生得悉孩子有言語問題，輪候9個月至2015年初到屯門兒童體能智力測驗中心評估，後獲轉介醫管局言語治療，卻需排期至三年後2018年才有服務；家長去年知道試驗計劃開始後，12月自費安排孩子到非政府機構再次評估，証明有多於一項特殊需要，終能加入計劃，今年3月起接受服務。然而，不是每位家長也負擔得起或懂得此「捷徑」。

就我所知，不少處境相同的家長為求加入計劃，無奈要求兒童體能智力測驗中心為其子女重新評估。有住在筲箕灣的媽媽，其子五歲，原被評估為只有一項弱能類別，排期接受醫管局言語治療服務，今年一月申請加入試驗計劃遭拒，家長心有不甘，回到兒童測驗中心要求再評估，輪候至10月重評為合資格接受學前康復服務，可惜名額已滿，結果也未能參加。

試驗計劃中分配予已排隊等候評估的懷疑個案名額只有不多於百分之十，遠不足以應付需求。有此等家長參加計劃後，索性推遲為孩子評估，因為恐怕評估後若孩子不符合資格，便要退出計劃，即時失去服務，不評估反為有利。雖然這些個案為數不多，但顯示了家長面對零和處境，為了孩子，千方百計也要得到服務。

家長會希望服務恒常化後能擴大服務對象，把現時被忽略的學童一併納入，讓輪候評估和醫管局服務的個案也能得到支援。

機構服務差別大 質素參差

已參加計劃的會員向我們反映不同機構提供的服務內容差別很大，質素參差，每個機構提供的小組和個別訓練時間、每項治療的時數、訓練地點和設施等都大相逕庭，現時也沒有諮詢途徑讓家長查詢學童應得的服務詳情，也沒法確定機構所提供的服務是否最合適。有家長表示獲得治療師時數很少，幾個月才預約到一次治療師服務，但臨時取消、換人的情況經常發生，有的服務人員年資淺、經驗少，未能就學童的情況提出有效的解法方法。

家長也反映機構和學校沒法安排合適的訓練場地，有家長埋怨有些服務機構沒提供適當設施，學校地方又不足，只能在學校大堂、茶水間，甚至洗手間門口進行學童訓練，安排甚不理想。有些中心訓練的地點離家很遠，住在東涌的要到九龍接受訓練，難為家長和學童長途跋涉，及負擔昂貴的交通費用。

因此，我們希望政府能在各區增設中心訓練場地，讓學童毋須跨區接受訓練；增加恆常化服務中的治療師時數；也建議提高服務標準的透明度，設立政府熱線和平台供家長查詢和反映意見，同時也盼望政府能為我們揀選有能力、質素高的服務機構，避免良莠不齊的情況。

試驗計劃銜接恆常服務

不少家長也關心服務銜接的問題。大家基本上很滿意這服務的理念和意義，但擔心恆常化後要轉換機構，孩子需要重新適應。另一方面，有些家長不滿意現時的服務，希望學校能換另一間機構。會員當中也有參加利希慎先導計劃的家長，他們憂慮計劃終結時，恆常服務未及推出，會出現服務真空期。現時家長的角色很被動，我們期望，未來學前復康服務若有任何重大改變，政府都可以先諮詢家長的意見，因為始終我們最清楚自己孩子的需要。

小兒雖然尚未受惠於試驗計劃，但歷經輪候之苦，實在感謝　司長排除萬難，破格推出革新性的服務，為弱兒家庭帶來曙光和希望，本會定必悉力向家長推介。誠盼政府推出恆常服務時，能優化現時的安排，並做到無縫銜接，確保政府未來每年投入4億多元的資源用得其所，讓更多有需要的學童和家長，得到更全面、更優質的支援。

另外，同心家長會喜獲贊助重印《童路同心》家長心聲集，此書於2007年初版，承蒙賜序，至今共派出逾萬本，甚獲家長好評。本會希望再次邀請　司長為第三版《童路同心》撰寫序言，附上第二版以供參考，如蒙答允，不勝感激。

預祝

聖誕快樂、新年進步！

同心家長會主席

畢百榮　謹上

二零一六年十二月十五日

副本呈：　家庭議會主席石丹理教授
　　協康會總幹事曾蘭斯女士

1 March 2017

Professor Daniel Shek
Chairperson
Family Council

Dear Professor Shek

We are excited about the launching of the Pilot On-site Pre-school Rehabilitation Service (OPRS) as this represents a big step towards timely support for preschool children assessed with special needs, provided in the context of a natural environment where children are engaged in learning activities along with their peers, instead of being removed from the mainstream preschool setting. However, there are various issues which cannot be adequately addressed under the current mode of OPRS operation.

Firstly, the long waiting time for assessment remains unresolved. Currently, children with a whole range of developmental problems, from mild to complex, are expected to be fully assessed by the Child Assessment Service (CAS) or other specialists to get a diagnosis before being considered for eligibility for services under the Central Referral System for Rehabilitation Services - Subsystem for Disabled preschoolers (CRSRehab-PS). This has stretched the capacity of the Child Assessment Service (which is a specialized service) beyond its limits. This also creates unnecessary delay in terms of both assessment and intervention for children with more severe problems, creating much stress for their families.

Secondly, after a long waiting time, those assessed to have milder problems and are not eligible for services under the CRSRehab-PS continue to struggle within the mainstream preschool system as there is no appropriate support available. Without such support, they are bound to experience increasing problems as the school curriculum becomes more demanding. Moreover, secondary behavioural problems will likely compound the learning problems, resulting in a vicious circle. It would be ideal if these children with milder problems can be monitored and supported early in the mainstream preschools, while full and comprehensive developmental assessment by specialized service (e.g. CAS) can be reserved for those with complex problems.

Thirdly, children with transient developmental problems are not given sufficient assistance in the mainstream classroom but are being unnecessarily referred for assessment. Children with transient developmental problems are likely to improve over time if given appropriate assistance. It is much more efficient and effective if these children are actively monitored within the mainstream classroom. However, under the present system, these children are being unnecessarily referred for assessment but are unlikely to be eligible for any services and aggravate the long waiting time for those in need.

Fourthly, for children who may be able to exit the OPRS, there is currently no follow-up support service for them to fall back on. It is important that these children are given support with intensity proportional to their needs throughout their preschool years such as regular monitoring of learning progress and providing additional support as appropriate. Without such support, parents are

reluctant to let their children leave the OPRS and this impedes those in the waiting list from receiving the OPRS promptly.

Furthermore, children with typical development will also benefit from quality assured preschool education, with a developmentally appropriate curriculum, quality teaching and good classroom management. Parents need school-based parenting training to empower them to promote the development of their children. These needs are currently not met.

To provide appropriate support for the whole range of needs in preschools, from the typically developing children to those with varying degrees of problems in the mainstream setting, we propose a comprehensive whole-school support system, which extends and incorporates the OPRS. Within this proposed system, there will be a preschool-based multi-disciplinary team with educational psychologist(s) working with teacher(s) with expertise in special needs, speech therapist(s), occupational therapist(s), and physiotherapist(s), some of these being members of the existing OPRS team. In addition to providing services to children under the CRSRehab-PS with support of the level equivalent to that currently offered by the OPRS, it aims to achieve the following:

(i) Using a systems approach, the educational psychologist(s) and the team support the school to adopt a *whole-school and inclusive approach* in providing a developmentally appropriate curriculum and quality education to meet the needs of children with a range of abilities.

(ii) The team provides coaching and consultation, *enabling teachers* to cater for children with diverse learning needs using various evidence-based strategies (e.g., differentiated instruction, intervention measures and accommodation). Through enhancing teachers' capacity, children with different needs (e.g., special needs, borderline/transient problems) are supported to learn effectively in the mainstream classroom.

(iii) The team also empowers parents through providing individual consultation or education to parents of children with diverse learning needs, as appropriate.

(iv) The educational psychologist(s) conduct(s) assessment and together with the team, provide(s) prompt support to *children with developmental and behavioural problems*. With a response-to-intervention approach, the progress of children is actively monitored. Parents who are reluctant to accept outside referral for assessment are more likely to do so within the preschool. Children assessed as in need of more intensive support are directly referred to the CRSRehab-PS. Those with medical / psychiatric or more complex issues are referred for further assessment at the Child Assessment Service (DH) or Child Psychiatric Clinics (HA). This prevents unnecessary referrals to specialist centres and shortens the waiting list for those with genuine needs.

(v) The progress of children with special needs and receiving intensive support (as in the current OPRS) is regularly monitored and those who no longer require such level of support may exit the service. Instead, they are provided with assistance of intensity appropriate to their needs.

We believe that this proposed model is consistent with the concept of proportionate universalism where universal services are delivered to benefit everyone, and at a scale and intensity proportional to the degree of needs. It is argued that the above approach for all children (including those with diverse learning needs) and their families is an effective and efficient strategy to promote the

developmental outcome and reduce inequality among the child population.

We sincerely urge the Family Council to consider and support this proposed model in the context of the newly launched free quality kindergarten education initiative and the pilot OPRS to better serve the needs of our young children and their families.

Your sincerely
A group of Education, Health, Social Care Professionals, and parents
(Please see a list of names at the Annex)

Mr CHAN CHUK WAN
CHAIRMAN HK Reed Foundation
28/Feb/2017

2 March 2017

Professor Daniel Shek
Chairperson
Family Council

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(i) Using a systems approach, the educational psychologist(s) and the team support the school to adopt a *whole-school and inclusive approach* in providing a developmentally appropriate curriculum and quality education to meet the needs of children with a range of abilities.

(ii) The team provides coaching and consultation, *enabling teachers* to cater for children with diverse learning needs using various evidence-based strategies (e.g., differentiated instruction, intervention measures and accommodation). Through enhancing teachers' capacity, children with different needs (e.g., special needs, borderline/transient problems) are supported to learn effectively in the mainstream classroom.

(iii) The team also empowers parents through providing individual consultation or education to parents of children with diverse learning needs, as appropriate.

(iv) The educational psychologist(s) conduct(s) assessment and together with the team, provide(s) prompt support to *children with developmental and behavioural problems*. With a response-to-intervention approach, the progress of children is actively monitored. Parents who are reluctant to accept outside referral for assessment are more likely to do so within the preschool. Children assessed as in need of more intensive support are directly referred to the CRSRehab-PS. Those with medical / psychiatric or more complex issues are referred for further assessment at the Child Assessment Service (DH) or Child Psychiatric Clinics (HA). This prevents unnecessary referrals to specialist centres and shortens the waiting list for those with genuine needs.

(v) The progress of children with special needs and receiving intensive support (as in the current OPRS) is regularly monitored and those who no longer require such level of support may exit the service. Instead, they are provided with assistance of intensity appropriate to their needs.

We believe that this proposed model is consistent with the concept of proportionate universalism where universal services are delivered to benefit everyone, and at a scale and intensity proportional to the degree of needs. It is argued that the above approach for all children (including those with diverse learning needs) and their families is an effective and efficient strategy to promote the

developmental outcome and reduce inequality among the child population.

We sincerely urge the Family Council to consider and support this proposed model in the context of the newly launched free quality kindergarten education initiative and the pilot OPRS to better serve the needs of our young children and their families.

Your sincerely
A group of Education, Health, Social Care Professionals, and parents
(Please see a list of names at the Annex)

Annex

Organizations which supported the submission

1. Department of Early Childhood Education, The Education University of Hong Kong
2. Division of Educational Psychology (DEP) Committee, The Hong Kong Psychological Society
3. Hong Kong Christian Service
4. Hong Kong Society For The Protection of Children
5. Hong Kong Society of Child Neurology and Developmental Paediatrics
6. Simon K Y Lee Foundation
7. Society for the Welfare of the Autistic Persons (自閉症人士福利促進會)
8. 明愛融合教育關注小組

Individuals who supported the submission

	Title	Surname	Other names	Qualification	Position	Sector
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