

家庭議會

「到校學前康復服務試驗計劃」評估研究

目的

勞工及福利局(勞福局)提交文件講解「到校學前康復服務試驗計劃」(「試驗計劃」)的評估研究，而本文件旨在提供背景資料，讓委員就該文件進行討論。勞福局所提交文件的副本載於附件 A。

背景

2. 家庭議會(議會)曾於二零一四年二月二十日的會議上，討論有關學前康復服務的事宜(有關該會議記錄的摘錄載於附件 B)。議會根據委員在二零一四年二月二十日會議上發表的意見及其後委員提交的書面補充意見，把議會的立場詳述於信中，然後於二零一四年五月二十七日把該信交予政務司司長(附件 C)。政務司司長在二零一五年十一月六日函覆議會主席，告知議會有關服務的最新發展情況，尤其是有關擬於二零一五年第四季推出兩年期「試驗計劃」的進展情況(附件 D)。議會其後於二零一五年十一月二十六日(即正式推出該「試驗計劃」的日期)，獲告知該「試驗計劃」的內容(有關該會議記錄的摘錄載於附件 E)。

3. 政府透過獎券基金推出該項「試驗計劃」，並邀請一些在提供資助學前康復服務方面具備經驗的非政府機構，及早為就讀

於幼稚園或幼稚園暨幼兒中心而有特殊需要的兒童提供到校學前康復服務。除了向使用服務的對象提供到校康復服務外，該「試驗計劃」亦為在參與計劃的幼稚園或幼稚園暨幼兒中心工作的教師和幼兒工作人員提供專業意見。該計劃曾為家長提供支援，協助他們多點接納和了解自己那些有特殊需要的子女，以便協助這些子女作全面發展。

4. 行政長官在二零一七年的《施政報告》中公布，政府已預留每年 4.6 億元的經常開支，讓該項「試驗計劃」在完結後轉作政府的恆常資助項目，並會分階段把服務名額增加至 7 000 個。社會福利署已委託一個由香港城市大學帶領的顧問團隊為「試驗計劃」進行評估研究，以便為準備轉作常規化的服務制訂推行的模式與標準。議會曾於二零一七年六月六日的會議上討論有關檢討工作的進展情況(有關該會議記錄的摘錄載於附件 F，而勞福局文件內提及夾附於第 FC12/2017 號文件的附件 A 則載於附件 G)。

5. 上述顧問團隊已完成該項評估研究，有關該項研究的結果和建議載於本文附件 A 的文件內第 4 至 21 段。

徵詢意見

6. 請委員備悉勞福局所提交文件的內容，並就該「試驗計劃」提供意見。

家庭議會秘書處

二零一八年十一月

二零一八年十一月二十二日
討論文件

家庭議會第 FC 13/2018 號文件

家庭議會

到校學前康復服務試驗計劃評估研究

目的

本文件旨在向委員簡介到校學前康復服務試驗計劃評估研究的主要結果和建議。

背景

2. 鑑於及早介入對有特殊需要的學前兒童的重要性，社會福利署(社署)由二零一五年十一月起推行到校學前康復服務試驗計劃(試驗計劃)，透過非政府機構統籌的跨專業服務團隊，為就讀於幼稚園或幼稚園暨幼兒中心的有特殊需要兒童提供到校康復服務，讓有特殊需要的學前兒童可在學習黃金期盡早獲得所需的訓練。試驗計劃成效顯著，並獲家長和幼稚園教師充分肯定。政府已由二零一八年十月起把有關服務常規化，並把服務名額由約 3 000 個增加至約 5 000 個，以及於二零一九年十月進一步增加至 7 000 個。

評估研究

3. 政府委託以香港城市大學為首的顧問團隊為試驗計劃進行

評估研究，並檢討提供服務的非政府機構的不同服務模式，以助確立服務常規化後所須採用的服務模式和標準。試驗計劃的推行進度及評估研究的內容及方法已於二零一七年六月六日的家庭議會會議上匯報，詳情請參閱 FC12/2017 號文件附件 A。評估研究的最終報告已於二零一八年十一月完成，試驗計劃的成效及建議；以及政府計劃推出的改善措施如下。

試驗計劃成效

4. 根據顧問團隊的縱向追蹤研究 400 個樣本進行的分析，試驗計劃成效如下：

- (a) 兒童在五個發展範疇(即大肌肉活動¹、小肌肉活動²、社交、認知、語言)於研究期內(年齡已作對照)³均有穩定及持續的進步；
- (b) 第一時段(T1)⁴與第二時段(T2)之間的比較發現，在五個範疇均有顯著的時間效應，即隨著時間過去，兒童在五個發展範疇均有顯著的進步；
- (c) 第二時段(T2)與第三時段(T3)之間的比較發現，在大肌肉活動能力、社交和語言範疇的表現平均值有顯著進步，但在小肌肉活動能力及認知能力範疇的進步則較不明顯；

¹ 大肌肉活動能力指基礎移動能力，當中包括行、走、跑、跨、跳、踏跳、單腳跳等。

² 小肌肉活動能力指協調微細動作的能力，亦即手指及手腕的活動控制能力，當中包括寫字、翻頁、穿珠及綁鞋帶等。

³ 即在分析數據的過程之中，相同年齡的兒童會被安排組成對照組以作比較。

⁴ 第一時段(T1)指在研究開始時進行的基線評估；第二時段(T2)指在個案服務完結前約一個月進行的評估；以及第三時段(T3)指完成服務後約三個月進行的評估。

- (d) 社交和語言能力方面需要相對較長的訓練時間才達到顯著程度的進步；
- (e) 2 至 3 歲的年齡組別有最大的進步(訓練時間的長短已作對照)⁵；以及
- (f) 兒童進步表現於離開服務三個月（亦即是第三時段評估進行的時間）後仍得以維持。

成功要素

- 5. 顧問團隊認為，到校學前康復服務常規化後應保留以下元素：
 - (a) 跨專業服務團隊為兒童提供全面評估和訓練，並輔以監察系統以追蹤進度。
 - (b) 採用三方協作模式，融合兒童身處的基本社交環境(家庭、學校和社區)成為綜合一體的模式。
 - (c) 以家庭為本的模式，鼓勵家長積極參與，讓家長更了解子女的發展問題和訓練需要，更認識相關的社區資源。
 - (d) 透過跨專業服務團隊與學校和教師合作，藉着專業服務團隊提供識別介入方案，並與學校和教師從各種方案中作出選擇，繼而加強專業人員／教師／家長之間的互動，以找出解決問題的方法，最後達到個別兒童個案的介入目標。
 - (e) 透過有效協調，促進家長和教師之間、跨專業服務團隊和教師之間，以及家長和跨專業服務團隊之間的聯絡和溝通，以配合有特殊需要兒童的需要。

⁵ 即在分析數據的過程之中，接受訓練的時間相同的兒童會被安排組成對照組以作比較。

建議

6. 評估研究證明接受到校學前康復服務的兒童情況得到顯著改善，而營辦機構、家長和教師對到校學前康復服務也非常滿意。為了讓到校學前康復服務常規化後提供更有效的服務，顧問團隊在調整基本服務標準、加強跨專業服務團隊的人手、克服場地限制、加強支援家長、加強支援教師及引入持續支援機制等範疇提出了建議。顧問團隊也就整體學前康復服務提出了改善建議。政府會採納有關建議，並計劃推出一系列改善措施如下：

到校學前康復服務的改善措施

(a) 基本服務標準的調整

7. 顧問團隊建議到校學前康復服務在常規化時，試驗計劃下的部分基本服務標準應予以調整：

(i) *中心為本訓練的適當時數*

8. 顧問團隊的研究結果顯示，兒童對中心為本訓練⁶的需求取決於個人的發展狀況，因此規定每個兒童必須接受若干中心為本訓練的時數並不切合實際所需。考慮到試驗計劃之下，營辦機構平均每年為每個兒童提供約 10 小時的中心為本訓練，顧問團隊建議整體上應繼續提供相若的平均訓練時數，但跨專業服務團隊應根據兒童的

⁶ 中心為本訓練包括 (i) 需要在設施完備的中心進行之兒童特別訓練 (如大肌肉活動訓練、感覺統合訓練)；及 (ii) 為迎合兒童需要，必須在中心進行 (除 (i) 所列) 的訓練 (如小組訓練／社交訓練)。

發展狀況，評估和決定每個兒童所需的中心為本的訓練時數。

(ii) 提供予幼稚園／幼稚園暨幼兒中心教師的諮詢節數

9. 營辦機構在試驗計劃下需每年向每間幼稚園／幼稚園暨幼兒中心教師提供 10 節諮詢，每節最少兩小時。由於教師工作繁重，而且每間幼稚園／幼稚園暨幼兒中心的有特殊需要兒童的數目不一，因此部份營辦機構為教師提供的培訓時數未能達標。為此，政府會採納顧問團隊的建議，放寬營辦機構需為教師提供的諮詢節數，由每節兩小時縮減至每節 0.5 小時，但總諮詢時數維持不變（即每年最少 20 小時）；相關標準亦將以平均（而非每間幼稚園／幼稚園暨幼兒中心）數值計算。此外，政府會採納顧問團隊的建議，增加諮詢環節的彈性，例如接受電話方式的諮詢。

(iii) 提供予家長／監護人／照顧者的訓練及教育項目數量

10. 大部分營辦機構在試驗計劃下提供予家長／監護人／照顧者的實際訓練及教育項目的數量遠超基本服務標準的每年兩節(每節兩小時)，由每年 3 節至 82 節不等。因此，政府會要求營辦機構增加為家長／監護人／照顧者提供的訓練及教育項目，至每年六節(每節兩小時)。

(b) 加強跨專業服務團隊的人手

11. 到校學前康復服務的其中一個成功要素是由物理治療師、職業治療師、言語治療師、臨床／教育心理學家、社會工作者(社工)，以及特殊幼兒工作員組成的跨專業服務團隊。因應顧問團隊的研究結果，政府將增加跨專業服務團隊的編制如下：

- (i) 鑑於約 58% 參與縱向追蹤研究的兒童被確診有言語障礙，政府將為跨專業服務團隊增加言語治療師。
- (ii) 考慮到社工不但是跨專業服務團隊各成員之間的橋樑，亦需負責支援有需要的家庭及家長，因此政府會為跨專業服務團隊增加社工，以為跨專業服務團隊及家長提供合適的支援。
- (iii) 為促進到校學前康復服務的日常運作，政府會為跨專業服務團隊增加活動助理及司機(以 駕駛流動訓練中心)。
- (iv) 為支援跨專業服務團隊的前線職業治療師／物理治療師，政府會以營辦機構為單位加強職業治療師／物理治療師的專業監督，提升服務質素。

(c) 克服場地限制的措施

12. 為了克服學校訓練空間不足而未能有效提供中心為本訓練的問題，政府將會採納顧問團隊的建議，為跨專業服務團隊設立有足夠設備的流動訓練中心。同時，社署將與教育局合作，在可行情況下為跨專業服務團隊提供合適的基本空間、家具及設備。長遠而言，政府會考慮於日後制訂到校學前康復服務的設施明細表時，除指明為營辦機構提供辦公室外，應同時提供訓練室。

(d) 加強支援家長

13. 顧問團隊的研究結果顯示，家庭支援和家長的育兒方法是兒童進步的要素。為此，政府將於二零一九年第一季起，逐步將家長／親屬資源中心的數目由六間增加至 19 間，以加強支援殘疾人士的家長及親屬／照顧者。此外，為加強支援殘疾或有特殊需要的少數族

裔人士，政府會於部分殘疾人士家長／親屬資源中心設立少數族裔專屬單位，加強為少數族裔家庭提供的社區支援。

(e) 加強支援教師

14. 由於教師是在校最常與兒童交流的人，顧問團隊認為應加強教師培訓。培訓內容可包括：教學策略、實證為本的最佳應付問題行為方法、如何指導家長加強正面親子互動等，讓教師有能力及早識別有特殊需要的兒童，在教學上作調適。顧問團隊相信，透過專業團隊、家長及教師三方合作，以家庭為本、學校為本及社區為本集中訓練，便能發揮其最大效用，加強兒童學習及發展。

(f) 持續支援機制

15. 在學前康復服務的輪候時間大幅縮短的前提下，政府會考慮為在接受到校學前康復服務後取得顯著進步的兒童制訂與他們實際訓練需要相稱的「持續支援機制」。跨專業服務團隊會在完成評估和諮詢學校教師後，按兒童的實際訓練需要來決定所需服務。該機制的優點在於訓練能針對有關兒童最需要的範疇，而且可騰出到校學前康復服務名額予其他正輪候服務的兒童。為確保取得顯著進步的兒童能獲得充分和合適的介入服務，跨專業服務團隊與學校教師應定期舉行個案會議，以檢討有關兒童的進展，並設立加強支援或重啟支援的機制，讓有特殊需要的兒童獲得最合適的訓練。

改善整體學前康復服務的措施

16. 除了上述有關到校學前康復服務的改善措施外，政府亦計劃推出其他改善措施，讓更多有特殊需要的兒童盡早接受合適的學前康

復服務，並探討如何讓接受學前康復服務的兒童在升讀小學後繼續獲得適當服務，有關建議如下：

(a) 加強幼稚園與小一的過渡支援

(i) *資料轉移機制*

17. 為了讓被到校學前康復服務或其他學前康復服務單位識別為有特殊需要的兒童能在升讀小學後，繼續獲得特別關注和適當服務，社署和教育局已於 2018/19 學年加強學前康復服務單位與小學之間的資料轉移機制。在資料轉移機制之下，教育局在每學年會向正在接受或輪候社署資助學前康復服務、並將於下學年適齡入讀小一的兒童的家長發出函件和意願書，在取得家長的同意後，教育局會把有關兒童的資料送交衛生署及醫院管理局，以便相關的兒童體能智力測驗服務中心把他們的評估資料送交教育局。在新學年前的六月，教育局會向家長確定其子女入讀的公營小學或直接資助計劃（直資）小學，並在新學年開始前把評估資料送交有關小學，以便學校及早知悉有關學生的情況，從而為他們提供適切的支援。此外，學前康復服務單位會在新學年前把兒童的進展報告通過社署送交教育局，以便教育局在開學前轉交有關兒童將入讀的公營小學或直資小學，讓小學在有關兒童入學時了解其特殊需要及在幼稚園接受康復訓練後的表現和進度，確保持續照顧。

(ii) *縱向追蹤研究*

18. 此外，政府會探討如何為有特殊需要兒童在升讀小一時提供更適切的銜接和支援服務，包括進行縱向追蹤研究，以跟進有關兒童由幼兒階段至升讀小一後的進展，以便確定是否須為他們提供過渡和支援服務，以及如有需要的話，研究相關服務的適當形式。

(b) 支援有特殊需要跡象的兒童

19. 考慮到為幼稚園或幼稚園暨幼兒中心有特殊需要跡象並正輪候評估的兒童提供支援，可促進他們的正常發展，盡早融入主流教育，政府將透過獎券基金推行試驗計劃，以學校為本的服務形式為基礎，透過參考其他本地經驗及試驗不同的介入模式，以評估最合適的支援模式。

(c) 加強及早識別和介入服務

20. 研究結果顯示，及早為兒童提供介入服務的最理想的年齡是兩至三歲，但現時大部分有特殊需要的兒童至四歲才開始獲得學前康復服務。為達至及早介入的目的，衛生署的兒童體能智力測驗服務須加快為有特殊需要的兒童提供評估，讓更多兒童能在可行的情況下盡早開始接受適切的服務。此外，當學前康復服務的輪候時間因進一步擴展到校學前康復服務而大幅縮減時，政府會探討是否把早期教育及訓練中心的服務重新聚焦於三歲以下的兒童，以期在他們入讀幼稚園之前加強介入支援。此外，政府會研究到校學前康復服務與早期教育及訓練中心服務之間的協調聯繫。

(d) 加強校本社工支援

21. 研究結果顯示，社工在到校學前康復服務中擔任重要角色，包括識別有需要輔導和支援的家庭、為他們介紹社區內合適的評估及福利服務並作轉介安排，以及與跨專業服務團隊和學校人員合作提供跟進支援。然而，到校學前康復服務目前並無提供校本專業社工支援。同時，為了及早識別和援助有福利需要的學前兒童及其家庭，社署將推出一項新的先導計劃，分階段為全港資助幼稚園／幼稚園

暨幼兒中心／幼兒中心提供社工服務，而有關服務也會涵蓋有特殊需要的學童。為此，政府將研究新的先導計劃如何能與到校學前康復服務計劃互為補足，並會清楚界定社工隊在新先導計劃下所擔任的角色和工作，以確保兩項計劃所提供的服務可互相配合。

徵詢意見

22. 請委員備悉評估研究的主要結果和建議。

勞工及福利局

社會福利署

二零一八年十一月

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 Programme¹ 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.



OUR REF : HAB/CR 7/15/775 Pt.20

YOUR REF :

TEL NO. : 2766 5652

FAXLINE : 2591 6002

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, SCCC and Integrated Programme¹ 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.

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

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 programmes 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.

Extract of Minutes of 33rd Family Council meeting
on 6 June 2017

Item 4 – Progress of Pilot Scheme on On-site Pre-school Rehabilitation Services (Paper FC 12/2017)

10. The Chairman invited Mr FONG Kai-leung, Assistant Director (Rehabilitation & Medical Social Services) and Miss CHAN Lai-chu, Chief Social Work Officer (Rehabilitation & Medical Social Services) 1 of the Social Welfare Department (SWD) to update the Council on the progress of the Pilot Scheme on On-site Pre-school Rehabilitation Services (Pilot Scheme).

11. Mr Fong briefed Members on the salient points of the paper as summarised below –

- (a) the pre-school rehabilitation services provided by SWD included Early Education and Training Centres (EETCs) which emphasised the caring and training roles of children's families; Integrated Programme in Kindergarten-cum-Child-care-centres (IP) which provided training to children with mild disabilities, and Special Child Care Centres (SCCC) which provided special training and care for children assessed to have moderate and severe disabilities;
- (b) as at December 2016, SWD provided a total of 6 903 pre-school rehabilitation service places while 7 641 children were on the waiting list for these services. The average waiting time, depending on the type of pre-school

rehabilitation services, ranged from 13.5 to 18.2 months in 2016-17. In addition, SWD had been providing a training subsidy for eligible children to acquire self-financing services under a means-tested Training Subsidy Programme (TSP). About 40% of children on the waiting list were now receiving other forms of subsidised services through TSP and the Pilot Scheme. Starting from the 2017/18 school year, the Government would provide non-means-tested training subsidy for children on the waiting list for SCCCs and increase 1 500 additional subsidy places, thereby providing interim services up to around 60% of children on the waiting list;

- (c) up to 30 April 2017, the Pilot Scheme, launched in November 2015, had served 4 127 children studying in kindergartens or kindergarten-cum-child care centres. Through on-site professional consultation, demonstration and seminars, the project operators provided support services to teachers and child care workers, equipping them with knowledge and skills in working with children with special needs. Response from children's parents was positive;
- (d) the Government had earmarked an annual recurrent funding of \$460 million for regularising the Pilot Scheme and providing 7 000 places in phases so as to reduce the waiting time. A Consultant Team led by the City University of Hong Kong had been engaged to review the Pilot Scheme with a view to identifying the appropriate mode of operation when the scheme was regularised. The review was expected to be completed in the second half of 2018; and

- (e) the Government would continue to increase the pre-school rehabilitation service places by phases in the next five to ten years. Supporting measures to ensure adequate manpower supply of professionals for pre-school rehabilitation services were also in place.

12. Mr David LEUNG, Commissioner for Rehabilitation, supplemented that due to parents' increasing awareness of the special needs of their children and the promotion of pre-school rehabilitation services since the launch of the Pilot Scheme, it was noticed that more and more parents were ready to come out for services in recent years. According to the feedbacks collected so far, parents generally preferred a model that would allow more flexibility in providing optimal number of training hours and centre-based training according to the specific needs of individual child. The Government would make reference to the Consultant Team's findings on the constraints and good practices regarding the various modes of provision of services under the Pilot Scheme in formulating the key parameters of regularising the services.

13. Deliberations of the meeting after the presentation were summarised as follows –

- (a) while appreciating the impressive progress made, a Member expressed concerns about the manpower supply to sustain the development;
- (b) a Member was of the view that there was an increasing number of children on the waiting list for pre-school rehabilitation service places and, as she observed, it was a condition for receiving speech therapy service. She also

considered the frequency of visits by occupational therapists and physiotherapists inadequate;

- (c) a Member enquired about the details of special needs of the children on the waiting list and continuity of services at primary school level including information disclosed to the schools to facilitate follow-up; and
- (d) a Member shared that she had heard about the difficulties encountered by children with special needs during the admission to kindergartens and asked about the current situation.

14. Mr Fong thanked Members for their comments and responded that the tertiary institutions would provide additional training places to increase the supply of manpower. The review underway would examine the need and feasibility of increasing and mandating the number of training hours for children under on-site rehabilitation services. According to the information available, about 40% of children on the waiting list were suffering from various degrees of autism and other associated problems. Appropriate services would be provided for children with respect to their disabilities and rehabilitation needs. At present, subject to parents' consent, there was a mechanism for sending the children's reports to the primary schools concerned for reference but such an arrangement was not mandatory. The issue of transition from kindergarten to primary school would be reviewed by the Consultant Team and parent education had to be strengthened. In general, the Maternal and Child Health Centres would conduct initial screening and referred potential cases to the Child Assessment Centre for follow up and the existing waiting time for admission to subvented pre-school rehabilitation services was over one year. It was hoped

that the waiting time could be shortened in future and appropriate support services would be available for the children on the waiting list. Mr Leung supplemented that the Pilot Scheme would be regularised from 2018/19 school year and the number of service places would increase by phases to 7 000 from 2019/20 school year onwards. Together with the provision of more places of subvented pre-school rehabilitation services in the next five to ten years, it was hoped that the waiting time for pre-school rehabilitation services could be shortened substantially.

15. The Chairman thanked Mr Fong for the presentation. He considered it important to address the issue of the children's adaption to primary schools and there was advocate for increasing resources in the provision of educational psychologists. The Council might discuss the subject later when the recommendations of the Consultant Team were available.

二零一七年六月六日
資料文件

Paper FC 12/2017 (Annex A)

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、以及特殊幼兒工作人員），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／幼兒工作人員及家長提供支援，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／幼兒工作人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人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