

3. COUNTRY REPORT
ON
REHABILITATION FOR THE MENTALLY RETARDED/HANDICAPPED IN
HONG KONG
BY
ANTHONY CHOY MAN BIU

INTRODUCTION:

'Each country is urged to prepare a comprehensive national rehabilitation plan.'

Rehabilitation International
Charter for the 80s

The main objective of H.K. Govt.'s Rehabilitation services is to integrate the disabled into the community. Services in this area are therefore aimed at enabling the disabled develop their physical, mental and social capabilities to the fullest extent which their disabilities permit.

There are estimated about 223,000 disabled persons requiring rehab. services. This includes 108,000 mentally handicapped and other disabled. These figures are derived from the 75,000 known cases in the computerized Central Registry of the Disabled (CROD) and international prevalence rates.

Hong Kong's adopted definition for Mentally Handicapped children and adults—persons who are mentally handicapped do not develop in childhood as quickly as other children nor attain the full mental capacities of normal adults. The handicap may be slight or severe. In the most severe cases, development does not progress even in adult life beyond the mental capacity of a young child; such severe handicap is much less common than milder degrees of handicap covering a wide spectrum ranging up to and merging into the 'Normal.'

The follow chart indicates no. of cases of mentally handicapped persons registered with the CROD:-

<u>Age Range / Degree</u>	<u>Severe</u>	<u>Moderate</u>	<u>Mild</u> (<u>& Others</u>)	<u>Total</u>
0-19	1688	3548	2651	7887
20-49	1524	2894	1721	6139
50 and above	52	91	112	255
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Total	3264	6533	4484	14281

COORDINATION OF SERVICES

The Commissioner for Rehab. is responsible to the Secretary for Education and Manpower (SEM) for the formulation of policy on rehab. matters, and for coordinating the planning and executive action of all Govt. departments and voluntary agencies (VAs). SEM is advised by the Rehab. Development Coordinating Committee (RDCC) which is consulted on all important aspects of rehab. through its 3 subcommittees—education and personnel, access and transport, and employment. All 4 committees are chaired by Unofficials. They are supported by a committee on public education (COMPERE) which informs the public about integration, equal opportunities, mental health and employment, etc.

Rehab. policy is contained in the 1984 Rehab. Programme Plan, which presents a comprehensive picture of the current provision of rehab. services, and forward projection of services until 1993. The plan is a working document monitored annually by a joint Govt./VAs review committee, which reports through the RDCC to SEM, 12 Govt. depts. and 58 VAs provide services under the Plan.

The Education Department has assumed full responsibility for all aspects of the education, training and care of disabled children. The Technical Education and Industrial Training Dept. has also taken up the responsibility for vocational training of disabled young persons and adults to prepare them for open employment. The Selective Placement Service of the Labour Dept. has full responsibility for the job placement of all disabled. While the Social Welfare Dept. provides counselling services, day and residential care for disabled adults, sheltered work and sport, social and recreational activities.

Voluntary agencies provide a very wide range of services under the Plan. They are coordinated by the Joint Council for the Physically and Mentally Disabled (HK Council of Social Services, Rehab. Dvs.) and funded mostly by Govt. subvention. In 1985/86 \$877 million was allocated by the Govt. to rehabilitation. Programmes for the mentally handicapped are planned from birth as follows:-

PREVENTION AND EARLY IDENTIFICATION

Prevention of diseases, disabilities and accidents has an important effect on the incidence and severity of disabilities and can therefore directly reduce the amount of rehab. services required. The main aim is to prevent disability by (a) improving health education within the community; (b) establishing neo-natal screening programmes for common treatable congenital disorders; (c) introducing immunisation programmes

for controlling common communicable diseases; (d) controlling usage of medicines hazardous to health; (e) improving environmental living conditions by prohibiting usage of chemicals, such as some insecticides; and (f) holding annual campaigns on road, industrial, home and recreational safety.

The comprehensive observation scheme in the 44 Family Health Centres of the Medical and Health Dept. provides five routine assessments for all infants between birth and the age of five, normally at six weeks, nine months, and once a year thereafter. The main objective is to ensure that all congenital or acquired defects are identified or treated as early as possible. Special attention is given to infants who have a greater risk of developing mental disability. When a mentally retarded child is identified, he is referred to a multi-disciplinary child assessment centre for detailed assessment of the extent of disability and treatment. One child assessment centre exists at present and seven more will be established by 1988.

Observation of children above the age of five is conducted in Primary schools by the Education Dept. A combined Screening Programme provides all P.2 pupils with audiometric, vision and speech screening and group ability tests covering the lowest-rated 25 per cent of P.2 pupils, to detect children with learning difficulties.

SPECIAL EDUCATION AND TRAINING

The policy objective is to provide all children with 9 years free general education. Vocational training for disabled children will be provided beyond normal school-leaving age, to help them to achieve their potential.

For pre-schoolers, 484 places were available in March 1985 for mildly disabled children in ordinary child care centres, and 480 places for moderately and severely disabled children in special child care centres subvented by the Social Welfare Dept. Following recommendations in the report by the Working Party on Preschool Care, Education and Training of Disabled Children, the Social Welfare Dept. is responsible for developing 1330 places in early education and training centres which will provide early intervention programmes for children below the age of two who have been identified as having difficulties or developmental delays, and to give support to their parents.

Less severely disabled children are integrated whenever possible into ordinary classes in Govt. and aided schools. They are provided with supportive services—peripatetic teaching at schools, or remedial teaching/treatment at resource teaching centres and adjustment units. Children who, because of their disabilities, cannot fully benefit from ordinary education are provided with places in special schools or special education classes in ordinary schools. The territory has 68 special schools; out of which 34 for the mentally handicapped—10 mild, 16 moderate, 7 severe, 1 mild and moderate.

In addition, there are 501 special education classes in ordinary schools; out of which 463 for children with learning difficulties.

A 2 years in-service training course for teachers of children with special education needs is operated at Sir Robert Black College of Education. The Hong Kong Polytechnic also offers various courses for the training of paramedical staff including two 3 years full time professional diploma courses, one on physiotherapy and the other on occupational therapy; as well as other full time and part time certificate courses on the caring for the mentally handicapped and residential service for disabled young persons.

VOCATIONAL REHABILITATION

There are 2 Govt. and 4 subvented vocational training centres for the disabled, with 616 places, increasing to 1100 by 1988. The TEITD also provides for other supporting services through its Vocational Assessment Centre and Technical Aids and Resource Centre. The former evaluates a disabled person's aptitude, potential and ability in order to develop an individual vocational plan. The latter is used to carry out work, training adaptation, designs and to produce technical aids for the disabled in order to improve their job prospects.

Govt. also assists disabled persons to find employment. The Labour Dept. operates a Selective Placement Service for all disabled persons. From August 1984 to July 1985, the SPS received 134 applications from the mentally handicapped and successfully placed 54 (holding employment over 3 mths.). Additionally there are 24 sheltered workshops with 2360 places (9 SWD, 15 VA). There are also 15 work activity centres for the moderately and severely mentally handicapped; with 675 places.

MEDICAL REHABILITATION

Services are available in hospitals, day centres, out-patient clinics and infirmaries. But, no provision is required for the mildly or moderately handicapped. For the severely handicapped, it is assumed that 1/3 of them require hospital care. Now, there are 500 hospital beds for the severely mentally handicapped. This will increase to 804 in 1988 and further to 1204 by 1994.

Training of para-medical staff is carried out by the Medical and Health Care Institute at the Hong Kong Polytechnic. Altogether 171 students are enrolled in the occupational therapy course and 211 in the physiotherapy course. Speech therapists and orthoptists and audiologists are not at present trained locally, receiving training overseas.

SOCIAL REHABILITATION SERVICES

These services embrace counselling, housing, residential care, transport, access, sport and recreation, and welfare grants. A disability allowance of \$510.- per month is provided without means tests to some

44,000- severely disabled persons, including the mentally handicapped. A disability supplement equivalent to 50% of the disability allowance assists persons with disabilities receiving public assistance allowance (also \$510.) In general, anyone whose income and savings are not enough to match the level set by the public assistance scheme is eligible for the public assistance allowance.

The mentally handicapped who are in accommodation unsuited to their disabilities may be eligible for public housing under the compassionate rehousing scheme of the Housing Authority, which meets the costs of modifying flats, provides easier access and special toilet facilities, and allocates accommodation near the person's place of work or next-of-kin to whom he/she can solicit social support and assistance.

For mentally handicapped who cannot look after themselves, residential services are available :- a) Residential care for the moderately mentally handicapped children is provided in the form of boarding facilities attached to special schools. The present provision of residential places for the children in boarding sections of special schools is 84; a great shortfall of 244, b) Residential care is provided for the moderately mentally handicapped adult who have inadequate family background and those who live remote from training centres or place of work. It is provided in the form of home; size from 50-100 persons. The present provision of residential places for them is 402; a great shortfall of 1810, c) Severely mentally handicapped children require residential care either because they are in need of care or because their home background is inadequate. About 47% of these school children will require residential care. The present provision of residential places for these children in boarding section of special schools is 268; a shortfall of 124, d) About 1/3 of severely mentally handicapped adults require residential care because they are in need of nursing care or because their home background is inadequate. The present provision of residential places for them is 146; a shortfall of 577.

Mentally handicapped persons have the same need for social life and recreation as non-handicapped persons. The merits of these lie in developing their poise and social deportment and in encouraging them enter into meaningful group relationships. There are two composite clubs providing social and recreational services for persons with different handicaps, either together or separately, in the same premises.

Free or subsidised social transport is provided where the need is demonstrated for pre-school assessment, treatment and care, special education and vocational training, employment, day and residential care, and sport and recreation. There is a scheme operating 19 Rehab buses.

The Govt. has approved the Revised Code of Practice on Access for the Handicapped to Buildings. A bill to amend to Building Ordinance has been passed to make the revised code mandatory for new buildings, obliging builders to provide initial access to a building such as ramps, handrails, dropped kerbs, lifts, corridors and doors adapted for use by the disabled.

A special unit under the Recreation and Culture Department provides professional advice and technical assistance to agencies promoting the integration of the able-bodied and the disabled through sport, recreation and leisure activities.

CONCLUSION

The mentally handicapped do not subject to their fate. They wish their community to accept that every human society has its special minority. Hence, the social worker should facilitate and enable the bridging of this sophisticated world and the mentally handicapped in which it possesses. Since the implementation of its White Paper in 1977, Hong Kong Government and the community have altogether shouldered up this challenge. Though with limited resources, the Govt. and Voluntary Agencies aim at upgrading the provision and tapping resources for the mentally handicapped both in quantity and in quality.