



**Integrating the Disabled
into the Community:**

A UNITED EFFORT

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October 1977

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FOREWORD

In July 1976, a Programme Plan for Rehabilitation Services was prepared by an inter-departmental Working Group. The Plan covers the ten-year period from 1975 and was prepared in consultation with Government departments providing rehabilitation services and with the Joint Council for the Physically and Mentally Disabled of the Hong Kong Council of Social Service. The services recommended in the Plan were intended to cater for the needs of the deaf (and partially hearing), the blind (and the partially sighted), the mentally ill, the mentally retarded, slow learning and maladjusted children, the physically disabled and those with multiple disabilities.

2. A summary of the main findings and recommendations contained in the Plan was tabled in the Legislative Council on 13th October, 1976 as a Green Paper entitled "The Further Development of Rehabilitation Services in Hong Kong".

3. Comments on the Green Paper were received from many individuals and from interested organisations. Reports of comments on the Green Paper made at two seminars organised by the Hong Kong Council of Social Service were presented to the Government. A number of suggestions and ideas about the further development of rehabilitation services in Hong Kong were put forward. These comments and suggestions have been considered and the possibility of reducing the shortfalls of services identified in the Green Paper in a shorter period of time than proposed has been examined.

4. This White Paper sets out the Government proposals for the further development of rehabilitation services up to 1985-86. It is Government's intention to implement the proposals as quickly as possible. The objectives and targets listed in this paper, the progress of implementation, and the adoption of other proposals put forward by the public in their comments on the Green Paper, will be reviewed annually. The first such review will begin in 1978.

Chapter 1

PAST DEVELOPMENT AND PRESENT SERVICES

Early development of rehabilitation services

1.1 Rehabilitation began over 100 years ago in Hong Kong. In general, medical rehabilitation services were provided in hospitals and clinics as these were established. The first home for the blind was built in 1863 by the Canossian Sisters; the first school for the deaf was established by local missionaries in 1935. In 1938, a camp was set up at Ma Tau Chung, Kowloon, to provide temporary accommodation and relief for the disabled. The Medical Social Service was introduced in 1939.

1.2 In the years immediately following the Second World War, development continued on a modest scale while the Hong Kong Government attended to the enormous problems of rebuilding the territory and dealing with a heavy influx of refugees.

Development during the '50s

1.3 The late 1940s and early 1950s witnessed an increase in the pace of development. Specialist services, such as occupational therapy and prosthetics, were introduced in 1949 to complement the physiotherapy service which had been started earlier. A number of recreational and training centres and social clubs were established for the physically disabled, the blind and for mentally retarded children. In 1954, the Social Welfare Office provided counselling services for the disabled. The first sheltered workshop for the blind was set up in the late 1950s.

The '60s

1.4 During the 1960s, the main expansion was in special education. A new section was established in the Education Department in 1960; in-service training courses for teachers of handicapped children began in 1961. In 1964, a school for mentally handicapped children and a residential special school for physically disabled children were opened. In 1966, a Speech and Hearing Centre was established for the detection of speech and hearing defects. In 1967, screening programmes in primary schools were introduced on a limited scale; in the late '60s, a screening programme for vision defects and a group testing programme for slow learning children were instituted. Special classes for slow learning children in primary schools were opened during the late 1960s. Two medical rehabilitation centres were established in 1962 and 1963. Additional day care and residential centres for the mentally retarded, further sheltered workshops and social and recreation clubs for the disabled and a job placement unit were provided. Many of these facilities were developed in the new housing estates which were established in the various districts of Hong Kong.

The '70s

1.5 New services and facilities introduced since 1970 have included a hospital for the severely mentally retarded, special and resource classes (in which children with learning difficulties are given diagnostic teaching or extra tutorial guidance) for slow learning children and the maladjusted and a Special Education Services Centre in Kowloon. A number of sports and recreation associations for the disabled were formed to co-ordinate and provide a variety of sporting and recreational activities, initially on a local basis but later expanding to include regional and international competitions.

Development by the voluntary sector

1.6 Much of the burden of rehabilitation during this remarkable period of development has been carried by voluntary agencies. The small nucleus of organisations in existence before the War has grown into a network of about 90 agencies, providing a wide range of services for the disabled. The role played by the voluntary organisations in this field needs to be stressed, for it is their devotion and commitment which were largely responsible for the development and expansion of many of the services available to the disabled.

Present services

1.7 By the end of 1976, Hong Kong had acquired a sound foundation of rehabilitation services on which future developments can be built. These included:-

- (a) identification and assessment services, provided by the Medical and Health Department and by the Special Education Section of the Education Department

- (b) medical treatment and rehabilitation facilities at 38 hospitals, 3 hospitals for psychiatric patients and for mentally retarded persons, 5 rehabilitation centres with in-patient and out-patient services, and 54 general and specialist clinics and health centres;
- (c) educational and training services at 35 special schools, 287 special and resource classes and 12 vocational and pre-vocational training centres;
- (d) social welfare services at the district offices of the Social Welfare Department and of voluntary organisations, 29 recreation and social clubs, 23 residential hostels, and 12 sheltered workshops; and
- (e) financial assistance for the disabled, including public assistance (designed to ensure that no eligible disabled person or his family has less than an adequate means of support) and the disability and infirmity allowances which assist the severely disabled and the elderly infirm, who are regarded as being the least able to support themselves.

1.8 Both the scope and standard of rehabilitation services provided in Hong Kong compare favourably with those of neighbouring territories. However, there are gaps in them. Demand has increased and is increasing, both because of the growth in the size of the population and because many disabled persons, who would in the past have been cared for by their families, are prepared to seek the professional help, advice and services provided by Government and voluntary agencies.

Chapter 2

OBJECTIVES

Overall policy objective

2.1 Although a sound basic infrastructure of rehabilitation services exists in Hong Kong and there are development plans for some services, which are related to the rehabilitation of the disabled, no overall objective has been formulated for rehabilitation. It is considered that overall objectives should be adopted, so that the necessary services for the disabled can be clearly identified. Therefore, having regard to the recommendations of the Working Group and to the comments of the public, the Government adopts the following policy objective for rehabilitation:—

"To provide such comprehensive rehabilitation services as are necessary to enable disabled persons to develop their physical, mental and social capabilities to the fullest extent which their disabilities permit."

The attainment of this objective will require improvement of many existing services and the introduction of new ones and entail the strengthening of the links and co-ordinating machinery between the Government departments and voluntary agencies which are providing services for the disabled.

Improvement of Co-ordination

2.2 The Government believes that co-ordination must be improved both at policy-making level and at working level, between the large number of Government departments and voluntary organisations providing rehabilitation services.

Establishment of the Rehabilitation Development Co-ordinating Committee

2.3 To achieve the first objective, a Rehabilitation Development Co-ordinating Committee will be established, with the following terms of reference: —

- (a) to advise on the development and phased implementation of rehabilitation services in Hong Kong;
- (b) to advise on the principles of subvention applicable to such services;
- (c) to co-ordinate rehabilitation services in Government departments and voluntary organisations and to ensure that available resources are put to the best use;
- (d) to advise on the respective roles of Government, voluntary organisations and other bodies providing rehabilitation services; and
- (e) to make recommendations on the training of rehabilitation workers.

The Committee will be presided over by a Chairman to be appointed by the Governor. It will comprise of about 12 members, including representatives of the Government Secretariat and the major Government departments involved in the provision of different rehabilitation services, and members of the public with knowledge and experience of rehabilitation.

A new unit in the Social Services Branch

2.4 The Social Services Branch will be responsible for co-ordinating the development of rehabilitation services and for supervising the activities of the departments and organisations involved.

Future review

2.5 The following chapters in this Paper list the specific objectives for the various rehabilitation services and targets for future development. These targets represent the level of services which the Government is confident of achieving in the coming decade, having taken into consideration the availability of suitable sites, building industry and design capacity, and the time needed for planning, construction and staff recruitment and training. However, it is important to note that these targets reflect the position as it is seen in 1977; in future planning and implementation, a flexible approach must be adopted.

Chapter 3

PREVENTION AND EARLY DIAGNOSIS

The importance of prevention

3.1 Although prevention is not itself a form of rehabilitation, it has an important effect on the level of rehabilitation services required. Therefore Government believes that efforts must be made to reduce the incidence of disability by preventive measures.

Specific objectives for preventive activities

3.2 The principal preventive measures in the next decade will be: —

- (a) to improve health education, so that the public understands how to prevent disabilities;
- (b) to adopt further measures to reduce accidents at work, on the road, at home or during recreation; and
- (c) to improve preventive activities, such as immunization programmes against tuberculosis, poliomyelitis and other communicable diseases.

The Central Health Education Unit

3.3 An important step which will be taken by Government to improve preventive health services is to develop health education activities. For this purpose, a Central Health Education Unit will be established within the Medical and Health Department in 1978. This Unit will provide professional advice on health education to Government departments and other organisations which are interested in carrying out health education programmes in their special fields. Among such health education programmes will be that of the prevention of disabilities.

Increasing public awareness and promotion of industrial and road safety

3.4 Efforts will be made to increase public awareness of the importance of preventive measures and of the abilities and the needs of disabled people. Simple principles of rehabilitation, the importance of prevention, the need to seek early professional help in the event of accident or illness and the importance of understanding the problems of the disabled will be included in the curriculum of primary and secondary schools and post-secondary educational institutions. Activities intended to promote road and industrial safety will be expanded, in the hope of reducing the number of resultant disabilities.

Specific objectives for identification and assessment services

3.5 Government will seek to improve and expand existing identification and assessment services, so that disabling conditions can be identified as early as possible and appropriate treatment and rehabilitation services can be promptly provided. In the coming decade, Government's specific objectives for the development of identification and assessment services will be: —

- (a) to improve screening services for both children and adults, so that disabling conditions are discovered as early as possible;
- (b) to expand maternal and child health services into a Comprehensive Observation Scheme for all children aged 0 to 5;
- (c) to introduce new screening and testing services and to expand and improve existing services;
- (d) to extend the coverage of, and the attendance rate at, centres providing screening services;
- (e) to establish a Central Registry for the Disabled to be administered by the Director of Social Welfare;
- (f) to establish two multi-disciplinary assessment centres, one on Hong Kong Island and the other in Kowloon; and
- (g) to improve existing specialist assessment centres.

Screening services

3.6 There are a number of occupations or trades in which workers are exposed to special risks, such as ionising radiation, dusts, high-intensity noise etc. Screening programmes are necessary for the detection of any early functional impairment in these workers. Biological monitoring of radiation workers has been practised for a number of years. Consideration is being given to the introduction of screening services for those

working in a dusty environment (screening for silicosis and asbestosis) and for those working in an unusually noisy environment or under conditions which might adversely affect their vision.

The Comprehensive Observation Scheme

3.7 A Comprehensive Observation Scheme provides routine observation for all infants from birth to the age of five. Special observation is provided for infants who are considered to have a greater than average risk of developing disabling conditions. The main objective is to ensure that all congenital or acquired defects are discovered, and remedial action taken as early as possible, in order to increase the chances of restoring full function. The Medical and Health Department will introduce such a scheme in 1978-79. Coverage will be gradually extended until all children in this age group are included.

Developmental screening services

3.8 Additional staff will be recruited to provide developmental screening services in 17 part-time centres which do not at present provide such services. By 1981, developmental screening services will be provided in all maternal and child health centres. The Medical and Health Department will increase publicity to encourage mothers to bring their children forward for screening.

Observation of children over the age of five and the School Medical Service

3.9 Children, whose disabling conditions have been confirmed, will be referred to the appropriate agency or unit for expert medical treatment or rehabilitation. Others with unidentified defects or borderline impairment will be re-assessed periodically at the assessment clinics. In this way, it is unlikely that any disability will escape notice.

Screening services for school children

3.10 For those over the age of five, screening programmes organised by the Education Department will be available in the schools. Those children who participate in the School Medical Service Scheme will be provided with regular medical surveillance.

3.11 Since a disability may occur to a child of school age, the Education Department will extend the coverage of the existing audiometric, vision and speech screening and group testing programmes so that, eventually, all primary students will be provided with screening services at the appropriate age. The tests used during the screening and testing sessions will be standardized and improved.

3.12 *Audiometric screening.* The Education Department aims to extend this to all primary 1 students by 1981. The practicability of introducing a second screening thereafter for primary 6 students will be considered later.

3.13 *Vision screening.* The Department aims to extend the services to all primary 1 students in 1978. The need for a second screening thereafter will be considered later.

3.14 *Speech screening.* The aim is to extend the service to all primary 3 students as soon as possible, the main constraint being a lack of qualified staff for conducting the tests. The Education Department will train and employ additional staff in order to expand the screening programme from 1978. By 1985, the screening services should cover all primary 3 students.

3.15 *Group testing programmes,* which are needed to ensure that children with learning difficulties are detected as early as possible, will be extended to primary 1 students in 1978. The possibility of extending the existing test at primary 3 level will be considered later.

Multi-disciplinary assessment

3.16 The earlier a disability is identified and treatment is administered, the greater is the prospect of successful rehabilitation. On the detection of the onset of a disabling condition, a comprehensive assessment of the nature of the handicap, the potentials of the disabled and of possible treatment must be conducted as soon as possible. A multi-disciplinary approach will be adopted in the assessment of the disabled at all institutions where assessment services are provided, including hospitals, clinics, rehabilitation centres and educational assessment centres. In addition, two multi-disciplinary assessment centres, the first one in Kowloon and the second on Hong Kong Island, will be established within five years. The centres will provide a comprehensive assessment for anyone suffering, or suspected to be suffering, from any disability who is referred to the centre by a doctor, a teacher, a social worker or a rehabilitation worker. The assessment team will consider all the possible needs of the disabled person and draw up a tentative programme for his rehabilitation. A disabled person who needs further assessment or observation will be referred to an appropriate specialist assessment centre. The progress of his development will be monitored at the multi-disciplinary assessment centres and reassessment will be arranged where necessary.

Improvement of assessment services

3.17 In addition to the establishment of the multi-disciplinary assessment centres, specialist assessment facilities located in the various general and psychiatric hospitals,

specialist clinics, rehabilitation centres or special education services centres will be improved to enable them to deal with new cases which are likely to be referred from the multi-disciplinary assessment centres as well as with their existing cases.

Central Registry for the Disabled

3.18 A Central Registry for the Disabled will be established in 1978-79, probably in the Social Welfare Department. The Registry will take over and maintain such existing records of disabled persons as are kept by Government departments and voluntary organisations. It will be informed of the results of assessments carried out at the multi-disciplinary and specialist assessment centres. The individual records of disabled persons kept at the Registry will be graded as restricted information which will be made available only to those who are directly involved in the provision of rehabilitation services for the disabled person concerned. The general statistical information kept by the Registry will be used for long-term projections of demand and supply of services; such projections will be of value in the annual review of the Rehabilitation Programme Plan.

Size of the disabled population

3.19 The Green Paper estimated that at least 8% of Hong Kong's population need rehabilitation services of one kind or another. Some of those commenting on the Paper pointed out that this figure is low compared with the percentage of disabled in other countries. Unfortunately, there is at present little relevant statistical information on the size of the disabled population in Hong Kong. The expansion of existing screening programmes, and the establishment of a Central Registry, will provide the information essential for planning purposes. Until such information is available it is impossible to judge the accuracy of the present estimate.

Chapter 4

EDUCATION AND TRAINING

Existing services

4.1 In April 1977, 12,165 special education places were available for students with disabilities, made up of 3,805 places in special schools, 4,095 places in special classes in ordinary schools, 3,840 places in resource classes in ordinary schools and 425 places in hospital schools. In addition, there were 1,756 places at children's training centres and 732 places at pre-vocational and vocational training centres run by the Social Welfare Department or by voluntary organisations.

Specific objectives for future development

4.2 A comparison between the present and foreseeable demand and the planned supply of school places indicates that sufficient places will be available for the deaf, the blind, the physically disabled and, in the more distant future, the maladjusted. But there will be significant shortages of places for the mentally retarded and for slow-learning children. However, until the size of the disabled population becomes clearer, it would be prudent to plan educational services on the basis of present estimates of needs. As more reliable statistics become available, the rate of development can be adjusted. The objectives for the development of education services are: —

- (a) all disabled children will be provided with 9 years of subsidized general education and some will receive a longer period of such education; thereafter facilities will be provided in accordance with the general expansion of senior secondary education for those disabled children who are capable of receiving it. Vocational training for disabled children will be provided beyond normal school-leaving age, to help them to achieve their potential;
- (b) early education is of particular value to the disabled. Special pre-school education and training will be given to certain categories of disabled children (mainly the more severely disabled);
- (c) disabled children will be encouraged to receive education in ordinary schools. However, for those children who, because of their disabilities, cannot benefit from education in an ordinary system, special schools and classes, resource classes and peripatetic services will be provided; and
- (d) the present division of responsibility for providing services for the mentally retarded between three departments, on the basis of an I.Q. level, will be abandoned. The objective is to provide education and training for all mentally retarded persons, irrespective of the degree of retardation. This will be the responsibility of the Education Department, which will assume the responsibility from 1st April, 1978 for subventing voluntary organisations, which are providing education and training for the mentally retarded.

Staff training

4.3 Development of educational services for the disabled, based on the adoption of the above objectives (for example, the number of special education places will be increased from 12,165 on 1st April, 1977 to 50,800 by 1985-86) will require an increased output of trained staff at pre-school, primary, secondary, tertiary, pre-vocational and vocational levels. At present, most teaching staff for special education are trained on a part-time basis, though specialist staff and some teaching staff are sent overseas for specialist training. With the very big increase in the need for trained staff, all existing methods of training will be expanded. Training will also be provided for staff who are involved in the education of pre-school disabled children in ordinary nurseries, in special pre-school training centres and in other children training centres. Consideration is being given to the possible establishment of full-time training courses for teachers in the special education field and of courses in Hong Kong on specialised subjects, for which training is at present only available overseas.

Pre-school education and training

4.4 Early training can help a disabled child to form good habits and to learn better during the early formative years of his development. In the coming decade, pre-school training will be developed in two ways.

4.5 Firstly, nurseries will be encouraged to accept children with minor disabilities, so that they can benefit from pre-school care in an integrated setting. Nurseries would be selected on a district basis and staff working in them will be provided with training on how to care for disabled children. The ratio of staff to children will have to be increased and financial assistance will be given for physical alterations of the premises to suit the needs of disabled children.

4.6 Secondly, for children who cannot benefit from pre-school training in an ordinary setting, special pre-school training facilities will be provided. Some facilities are at present available for children with impaired hearing, for blind children, for mentally retarded children, for the severely physically disabled and for those with multiple disabilities. These services will be improved and the number of places available will be increased on a district basis. The quality of training provided at the special schools or centres will be improved. Assistance will be provided in the form of staff training; cash grants for structural alterations and for the installation of special equipment needed for the disabled.

Children's training centres

4.7 The Education Department will provide special training for staff employed in children's training centres run by the Social Welfare Department and by voluntary organisations. The adequacy of facilities at such centres will be reviewed and steps will be taken to improve them where necessary. To cater for the many mentally retarded children who do not receive any training or education at the moment, additional centres will be opened on a regional basis. In the coming decade, it is anticipated that 3,300 additional places will be provided.

4.8 The total number of places to be provided at pre-school training centres, nurseries and children's training centres will rise from 1,776 in 1977 to 6,840 in 1986.

Development of special schools

4.9 For the education of children with severe disabilities, including those with multiple disabilities, special facilities have to be provided. The class size for such children is normally smaller than that in ordinary schools. These special schools will provide education for the deaf, the blind, the mentally retarded, the maladjusted with severe behavioural problems and the physically disabled, at the pre-primary, primary and junior secondary levels. At senior secondary, tertiary and higher education levels, many of the severely disabled can receive education in an ordinary setting, with the provision of additional services to enable them to overcome their special difficulties.

4.10 In the coming decade, it is anticipated that there will be sufficient places in special schools for blind children, deaf children, maladjusted children and physically disabled children. In these four types of special schools the quality of services provided will be improved. Consideration will be given to the provision of social work services in special schools and training centres.

4.11 Much more will have to be done for the mentally retarded. In addition to the provision of new places, parents of mentally retarded children need help and guidance if the children are to be given the best possible chance of development. Therefore a parent guidance service will be set up, based at the various special schools for the mentally retarded. Groups of parents from the areas served by the school will meet regularly to discuss their problems and experiences among themselves, and with the teachers and staff of the Education Department and social workers. Special schools will be provided with additional teaching staff, whose task would be to give guidance to parents whose children cannot attend the school or a training centre.

4.12 On 1st April, 1977, there were 3,805 places in special schools. By 1985-86, the number of such places will increase to 12,230 (Appendix 1).

Development of special classes, resource classes and places in hospital schools

4.13 For children with less severe handicaps, including the partially hearing, the partially sighted, slow-learning and maladjusted children, attendance at special schools may not be necessary. These children can receive education in an ordinary school, so long as it contains specialist services.

4.14 During the next decade, sufficient special class places should be available for partially hearing and partially sighted children. There will, however, be a shortfall of special or resource class services for slow-learning and maladjusted children, although they will still be provided with places in ordinary schools. However, in considering the rate of future development, it must be noted that the estimate of demand for services for both slow-learners and maladjusted children in the Green Paper was based on overseas prevalence rates. No accurate figures exist in Hong Kong; it will not be until the testing programmes organised by the Special Education Section of the Education Department have been fully expanded that a true picture will emerge. However, it is Government's intention to expand services at the maximum rate considered practicable and to expand testing programmes so that the demand can be determined accurately.

4.15 On 1st April, 1977, there were 4,095 places in special classes, 3,840 places in resource classes and 425 places in hospital schools, i.e. 8,360 in all. By 1985-86, the number of such places will be 13,950, 23,940 and 685 respectively (Appendices 2 to 4)-a total of 38,575.

Responsibility for development

4.16 In view of the scale of development of special education, the responsibility for developing different services will have to be shared between the Education Department, the aided schools and the private non-profit making schools. It is envisaged that special schools and special classes will be provided by both the Education Department and the aided sector. The private non-profit making sector will be encouraged to develop special and resource classes for slow-learning children, for maladjusted children, and possibly for partially sighted and partially hearing children.

Aid for the voluntary sector

4.17 To assist the aided sector to take part in the provision of rehabilitation services, the Code of Aid for special schools and special and resource classes will be revised. In particular, manning scales for teaching and ancillary staff, allowances for teaching staff and sizes of classes will be improved. Consideration is also being given to assisting private non-profit making schools to take part in the development of special education.

Pre-vocational and vocational training

4.18 Having received junior secondary education, many disabled persons will want to find employment; others may want to continue studying at senior education or higher levels. However, some disabled students will not be able to seek employment without vocational training. There will also be a demand for such training (or re-training) of adults, who have newly acquired a disability. Existing vocational services will need to be expanded and new training courses opened.

4.19 There will also be a demand for pre-vocational training, which will be of special value to those disabled persons who have received no formal education because of a lack of places at special education institutions.

4.20 The Education Department will gradually assume responsibility for the planning and development of pre-vocational and vocational training. It will revise existing courses and develop new courses to suit the needs of the various groups of disabled persons, having regard to the kind of employment available. During the next five years, the Education Department will take over (in stages) from the Social Welfare Department the latter's responsibility for running pre-vocational and vocational training centres for the disabled. The Kowloon Tong Technical Institute (which is planned to open in September 1979) has been designed to accommodate a limited number of disabled students.

Improvement of supporting services

4.21 Certain categories of disabled persons, with the provision of special educational facilities during school hours, can cope with the work expected of an ordinary student. But some disabled children require assistance in addition to those services provided in special schools, special classes or resource classes. Blind students, for instance, require, among other aids, braille textbooks and the help of resource teachers; also, partially hearing pupils in ordinary classes require advice and assistance from peripatetic teachers.

4.22 Braille textbooks in Chinese are at present provided by the Education Department; textbooks in English have been transcribed into braille by a group of voluntary braillists who have been providing this invaluable service for many years under the auspices of the American Women's Association. Since 1976, the Hong Kong Society for the Blind has assumed responsibility for the supervision and co-ordination of these services. In view of the growing demand for braille textbooks, the Education Department will, as from 1st April, 1978, provide textbooks in both English and Chinese. The Society, with the help of the voluntary braillists, will then concentrate its efforts on the braille of other educational or cultural reading material for students. The Education Department will improve the quality and coverage of the existing resource teaching services for blind students.

Children with multiple disabilities

4.23 A number of children have two or more disabilities. They may require extra attention to enable them to derive the maximum benefit from special education and to develop their full potential. Placement for these children is generally based on their major disability, but special classes or units will be provided for them within the special schools to which they have been admitted.

Chapter 5

MEDICAL TREATMENT AND REHABILITATION SERVICES

Present services and planned development

5.1 A wide range of medical treatment and rehabilitation services for the disabled already exists in Hong Kong. For the mentally ill, in addition to the Castle Peak Hospital, the Lai Chi Kok Hospital and psychiatric units in general hospitals for in-patients, a network of psychiatric day centres and clinics provide day and out-patient services throughout the territory. The psychiatric wing of Princess Margaret Hospital will be completed in 1979-80, increasing the number of psychiatric beds from 2,400 to 3,700. There are at present over 200 beds for severely mentally retarded patients; this number will increase to over 500 in 1978, on the completion of the extension of the Caritas Medical Centre, and to 700 in 1984, on the completion of the Tuen Mun Hospital. Treatment for acute physically disabled cases is provided in the major hospitals and specialist clinics; there are two out-patient rehabilitation centres on Hong Kong Island, one out-patient and one in-patient rehabilitation centres in Kowloon and a fourth out-patient rehabilitation centre in the West New Territories. Additional rehabilitation facilities are planned for East Kowloon, East New Territories and the Tuen Mun New Town.

Specific objectives for development

5.2 There will, however, still be a shortage of beds for both psychiatric patients and for the severely mentally retarded. Taking account of projects being planned and of future demand, the objectives for the development of medical treatment and rehabilitation services for the disabled during the next decade will be:-

- (a) to provide as comprehensively as practicable treatment and rehabilitation services in hospitals, day centres, out-patient clinics and half-way houses for the mentally ill;
- (b) to provide additional services in hospitals, residential centres and day centres for the severely mentally retarded;
- (c) to provide additional intensive in-patient, day-patient and out-patient rehabilitation programmes in rehabilitation centres; and
- (d) to improve the training of medical and para-medical staff in rehabilitation.

Services for the mentally ill

5.3 The following measures will be taken to improve facilities for psychiatric patients:-

- (a) the basis for estimating the number of psychiatric beds and places in day centres and half-way houses will be re-examined. It is likely that the existing methods of calculation are inadequate and a new basis for estimating the demand will have to be worked out. The rate of development of the psychiatric beds and places in day centres and half-way houses will also be reviewed. It may, for instance, be more practical to increase facilities in day centres and half-way houses at a faster rate than it is at present envisaged;
- (b) additional psychiatric hospitals may have to be built and it may be necessary to increase the number of beds planned for the East Kowloon Hospital and the Shau Kei Wan Hospital. It might be advantageous to have small units of 60 to 200 psychiatric beds incorporated in the major general hospitals which are now being planned. By 1985-86, it is expected that the number of psychiatric beds will increase to 4,900 (Appendix 5); further demand will be met by the use of day centres and half-way houses;
- (c) by 1986, 425 day hospital places will be made available, but more may be needed;
- (d) by 1986, twelve out-patient centres will be provided for psychiatric patients; and
- (e) by 1984, 386 places will be available in half-way houses for discharged psychiatric patients.

Services for the severely mentally retarded

5.4 There is a long waiting list at the Siu Lam Hospital; even with the foreseeable increase in the provision of beds in similar hospitals, the shortfall by 1984 will still be about some 330 beds. The use of places in day centres in public housing estates has been considered

and a centre will be established on an experimental basis. In addition, two residential centres will be set up to meet the needs of those who can only benefit from residential care. The basis of estimating the demand will be examined and additional residential or day centres will be proposed to meet regional requirement at the annual review of the Rehabilitation Programme Plan.

Medical rehabilitation centres

5.5 The principle which will be adopted for the provision of medical rehabilitation centres is that one fully-equipped centre should be attached to each of the regional hospitals. The centres will be specifically designed to provide an intensive in-patient rehabilitation programme. Out-patient services will also be provided. Based on this principle, three additional rehabilitation centres will have to be established. The first centre would be built in West Kowloon, the second centre as part of the development of medical services at Sha Tin and the third at Tuen Mun. These three centres will be completed in 1981-82, 1982-83 and 1985-86, thus providing a complete network of medical rehabilitation services for the physically disabled. In addition, the out-patient facilities on Hong Kong Island will be improved.

Services for other categories of disabilities

5.6 The services for other categories of disabilities caused by cancer, heart and chest conditions etc. will be expanded and improved in accordance with the recommendations of the Medical Development Advisory Committee.

Staff training

5.7 The running of the additional facilities required will necessitate considerable expansion in the staff training programmes. Staff who will have to be trained include doctors, nurses, clinical psychologists, physiotherapists, occupational therapists, speech therapists, prosthetists and orthotists, and medical social workers. The aim will be to provide local training. New courses will be established as soon as possible, making full use of all local training facilities, including the two Universities and the Polytechnic, in order to meet the demands of a fast expanding rehabilitation programme.

Establishment of the Orthoptic Unit

5.8 Some children may develop conditions of defective eye-movement for which treatment services need to be provided at an early stage, to prevent serious effects on their eye-sight. To provide services for such children, an Orthoptic Unit will be established in the Medical and Health Department in 1978.

Chapter 6

SOCIAL REHABILITATION SERVICES

Introduction

6.1 Rehabilitation aims to restore a disabled person to his fullest physical, mental and social capabilities. Its major components: identification, assessment, medical rehabilitation, education, training and social rehabilitation, require different techniques and facilities. But all are indispensable if the disabled is to be fully integrated into the community.

Present services

6.2 A variety of social rehabilitation services are already provided by the Government and the voluntary sector. These include counselling, job placement, sheltered work, residential care and recreational facilities. In addition, over 70,000 persons are receiving disability and infirmity allowances.

Specific objectives for future development

6.3 In the coming decade, the following broad objectives will be adopted, for the development of welfare and other services for the disabled:-

- (a) the disabled will be helped to find suitable accommodation;
- (b) the disabled will be assisted in finding gainful employment so that they can lead a useful working life;
- (c) the disabled will be helped to enjoy their leisure time; and
- (d) special services will be provided to help the disabled overcome the additional problems they face in the home, at school, at work or in public places.

Housing and residential services

6.4 A large proportion of the adult disabled population can live independently. They will be encouraged to do so and Government will help them to find suitable accommodation, if there is a clear housing need. Proper housing for the disabled is one of the most important factors in successful rehabilitation and the Housing Authority has made special arrangements for them in public housing estates. Ideally, homes for the disabled should be located near their places of work, shopping centres, social and recreational facilities and should be accessible by public transport. However, it must be recognised that there are practical difficulties in meeting all individual needs. Disabled persons who are in accommodation which is so unsuitable that it might have serious detrimental effects on the individual or on other members of the families may be eligible for direct public housing under the Authority's special quota known as the Compassionate Rehousing Scheme. Wherever possible, the Authority modifies flats, provides easier access and special toilet facilities, allocates accommodation near to the place of work and, in the case of the physically disabled, provides accommodation on floors with a lift stop.

6.5 The Authority already provides accommodation for the Social Welfare Department and voluntary organisations for the running of services for persons with a disability. This will continue to be the Authority's policy. Accommodation will be reserved in new estates for organisations providing these services.

6.6 Whilst disability in itself should not be considered a basis for placement in an institution, residential care must be provided for those disabled persons who are unable to look after themselves and to function independently. Different types of residential facilities, such as transit centres, hostels for the young disabled and residential institutions for ex-mental patients will be provided to cater for the needs of the different groups of disabled persons. The aim will be to provide services which will enable the residents to live as far as possible as if they were in a normal home environment. By the end of 1985-86, the number of places available at such centres will be increased from the present number of 1,260 to a minimum of 3,400. It is possible that, with the establishment of additional assessment and registration services as envisaged in Chapter 3, a larger number of disabled persons needing residential services may be identified and the demand for such services will therefore be reviewed annually.

Employment for the disabled

6.7 Most disabled persons have more abilities than disabilities. With suitable training and education, many of them will be able to secure and maintain remunerative employment

in the open commercial and industrial sector and in the Civil Service. The Government will provide services to enable as many disabled persons as possible to find employment in the Civil Service and in commercial and industrial undertakings.

6.8 The Government's policy is to place disabled persons in appropriate jobs in the Civil Service wherever possible. Disabled persons applying for Government posts are considered on equal terms with other applicants and their disability is not a bar to their employment. The Social Welfare Department watches advertisements for Government vacancies and, if there are registered disabled persons who can do the jobs involved, refers their particulars to the recruiting department for consideration with other applications received. Where recruitment is not by advertisement, as in the case of Model Pay Scale 1 posts, and if the recruiting department considers that the duties of such posts can be done by disabled persons; details of the vacancies are notified to the Social Welfare Department, which refers particulars of suitable registered disabled persons to the recruiting department for consideration. If a disabled candidate so referred is not selected, the Social Welfare Department is informed of the reasons. The policy and procedure for the employment of disabled persons in the Civil Service are set out in Civil Service Regulations and heads of departments are required to forward to the Secretary for the Civil Service on 1st April each year an updated list of names, appointments and terms of service of the disabled persons currently employed in their departments. They are periodically reminded by circulars that Government, being the largest employer in Hong Kong, should continue to give a lead in placing the disabled in appropriate jobs. The present policy for the employment of disabled persons in the Civil Service will continue in future.

6.9 To enable as many disabled persons as possible to be employed in the commercial and industrial sectors, the Government will improve the present placement services. New opportunities for employment will be explored and full advantage will be taken of the resources of both the Social Welfare Department and the Labour Department towards a co-ordinated approach to the placement of the disabled. Additional staff will be provided to the Placement Unit of the Social Welfare Department so that a larger number of cases can be handled.

6.10 It has been argued that legislation should be enacted to enforce the employment of the disabled. However, it has been objected that in the present circumstances of Hong Kong, it is undesirable to introduce compulsory legislation and that similar legislation introduced in some parts of the world has not been implemented successfully. It is not considered that introduction of such legislation would be warranted for Hong Kong.

Sheltered work

6.11 Some disabled persons, because of the nature of their disabilities, may not be able to enter into open employment. To enable them to carry on a useful working life, sheltered work should be provided for them. There are two main categories of sheltered work. Firstly, there are workshops which are planned to provide permanent employment for persons unable to enter into open employment. Secondly, there are home-work schemes, which offer industrial or craftwork for those who cannot travel or for whom a place in a sheltered workshop is not available. In the coming decade, both types of sheltered work will be developed. The number of places in sheltered workshops, for instance, will increase from 960 to a minimum of 2,600. The new workshops will be located at district level, as close as possible to the homes of the disabled, and the work will be adjusted as far as possible to suit the potential of the disabled.

Social and recreational activities

6.12 Recreation is essential to a balanced life and is of particular importance to the disabled. Organisations providing recreational activities for the disabled require understanding of the requirements and problems of the various types of disabled persons. In the coming decade, Government will continue to provide assistance to voluntary organisations which are prepared to provide social and recreational services for the disabled. The aim of such services is to encourage the integration of the disabled into the community; therefore, activities will be organised in such a way that the able-bodied and the disabled can participate together. Steps will be taken to ensure that the social and recreational activities in the community are accessible to the disabled as far as possible. It is anticipated that the number of disabled persons that can make use of organised recreational facilities will increase from 2,010 in 1977-78 to 5,200 by 1985-86.

Building design requirement

6.13 In 1974, a report on the Design Requirement for Handicapped People was prepared by a Government Working Group. The Report recommended that a Code of Practice for the design of buildings to encourage architects to cater for the needs of disabled persons, should be introduced. This Code is being applied by the Public Works Department, where possible, in Government building projects. The Housing Authority is considering the possibility of applying it to the design of public housing projects. The Director of Public

Works has issued copies of it to private architects and social welfare organisations for guidance.

Transport facilities

6.14 A Working Group was set up in 1974 to recommend to Government what steps might be taken to adapt surface transport to the needs of the disabled. A report was submitted in 1975 and a number of the recommendations contained in the report have been adopted. A sign indicating facilities for disabled has been designed and will be introduced wherever appropriate. The China Motor Bus Company Ltd. and the Kowloon Motor Bus Company (1933) Ltd. will put this sign in their buses to mark off two seats for disabled passengers. Some members of the staff of the two bus companies and the Hong Kong tramways have been briefed by the staff of the Social Welfare Department on the classification of disabilities, the practical difficulties which a disabled traveller faces and how he can be helped to overcome them. The Kowloon Canton Railway is providing assistance to disabled passengers in boarding, finding seats, etc., and has put up notices in all railway stations inviting the disabled passengers to contact the station masters for help. The Kowloon Canton Railway will include in all new stations toilets accessible to disabled people. The Transport Advisory Committee and the Social Welfare Advisory Committee have endorsed recommendations for the free issue of provisional driving licence, the remittance of fees for driving tests, early arrangement of driving tests for the disabled and the reduction of licence fees for vehicles owned by disabled persons. It is hoped to introduce these measures soon. An experimental minibus scheme for the disabled is being run in Kwun Tong by a voluntary agency for a trial period of six months beginning in March 1977 to determine the cost-effectiveness and the administrative implications of running such a scheme.

Counselling services

6.15 Many disabled persons face psychological problems, arising directly or indirectly from their disabilities, which may impede their rehabilitation. Such problems may arise out of the attitude of the disabled towards his own disability, fears about his future, strained family relationships, loss of status, financial difficulties, loss of earning power, dependency upon others or difficulty in finding employment or accommodation. The Social Welfare Department and voluntary organisations will continue to help the disabled to overcome these problems by providing counselling services (either in groups or on an individual basis), including guidance and referral to appropriate Government departments or organisations for assistance in housing, employment, medical care, school placement, institutional care, training and home help.

Chapter 7

FINANCIAL IMPLICATIONS

7.1 The implementation of the proposals described in this Paper will involve heavy additional capital and recurrent expenditure, though only a broad estimate of the total expenditure and its phasing is possible at this stage.

7.2 The capital expenditure during the decade, which includes construction of additional medical rehabilitation centres, modifications to school buildings, furniture and equipment, capital subventions and grants, would be about \$126 million, at mid-1977 prices. (This estimate does not include the capital cost involved of additional beds and clinic facilities for psychiatric patients, the cost of which (estimated at \$163 million) has been included in the 1974 White Paper on Medical and Health Services). The estimate is made up as follows: —

	<i>Year</i>									<i>Total</i>
	<i>1977-78</i>	<i>1978-79</i>	<i>1979-80</i>	<i>1980-81</i>	<i>1981-82</i>	<i>1982-83</i>	<i>1983-84</i>	<i>1984-85</i>	<i>1985-86</i>	
	<i>\$m.</i>	<i>\$m.</i>								
Identification and assessment services	0.29	0.47	-	0.13	0.01	0.01	0.06	-	0.05	1.02
Educational services	2.51	4.74	16.16	13.54	3.81	3.53	4.42	3.9	4.4	57.01
Medical services	5.0	7.5	2.5	0.6	8.0	6.0	8.15	0.15	-	37.9
Social welfare services	<u>5.59</u>	<u>6.74</u>	<u>6.14</u>	<u>3.31</u>	<u>1.94</u>	<u>1.34</u>	<u>1.89</u>	<u>1.4</u>	<u>1.75</u>	<u>30.06</u>
Total	<u>13.39</u>	<u>19.45</u>	<u>24.80</u>	<u>17.58</u>	<u>13.76</u>	<u>10.88</u>	<u>14.52</u>	<u>5.45</u>	<u>6.20</u>	<u>125.99</u>

7.3 It is estimated that, on completion of the capital projects and on the introduction of the new services recommended in the preceding chapters, recurrent expenditure from public funds would increase from about \$121 million in 1977-78 to about \$232 million in 1985-86. The build-up of recurrent expenditure is expected to be: —

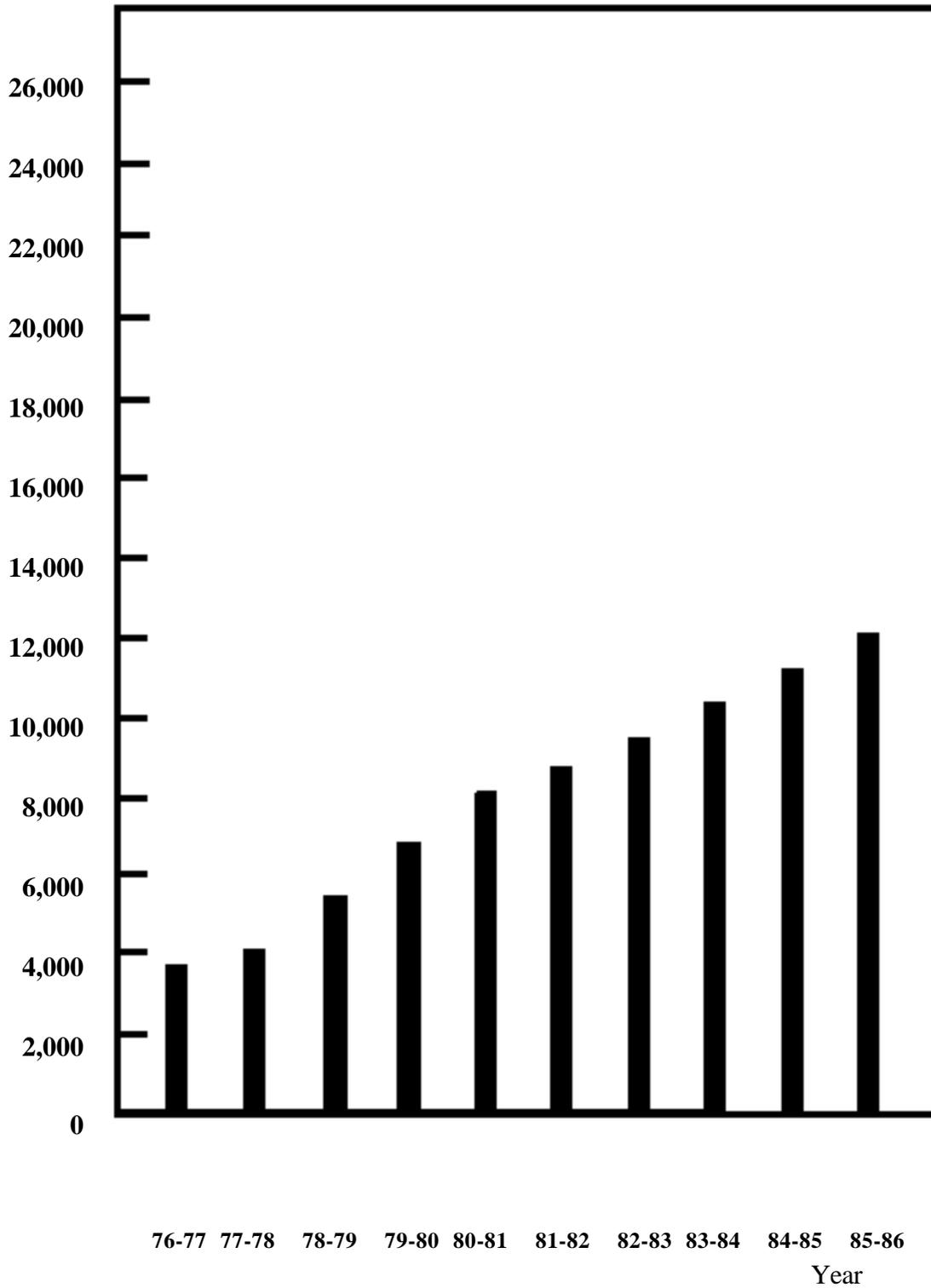
	<i>Year</i>								
	<i>1977-78</i>	<i>1978-79</i>	<i>1979-80</i>	<i>1980-81</i>	<i>1981-82</i>	<i>1982-83</i>	<i>1983-84</i>	<i>1984-85</i>	<i>1985-86</i>
	<i>\$m.</i>								
Identification and assessment services	7.88	8.7	8.85	9.14	9.43	9.9	10.25	10.88	11.15
Educational services	37.56	46.75	58.4	68.22	75.73	82.99	90.47	98.57	106.67
Medical services	49.29	49.3	49.3	49.3	49.3	52.7	54.8	57.3	57.3
Social welfare services	<u>26.55</u>	<u>35.58</u>	<u>41.77</u>	<u>46.14</u>	<u>49.57</u>	<u>51.63</u>	<u>53.53</u>	<u>55.48</u>	<u>56.73</u>
Total	121.28	140.33	158.32	172.80	184.03	197.22	209.05	222.23	231.85
Say	<u>121</u>	<u>140</u>	<u>158</u>	<u>172</u>	<u>184</u>	<u>197</u>	<u>209</u>	<u>222</u>	<u>232</u>

7.4 The expenditure listed above will be to a limited extent offset by income such as fees, public donations and funds raised by voluntary organisations for capital or recurrent projects. There may also be a small saving in the educational field, since the provision of places in special schools or special classes would lead to a corresponding reduction in the number of places in ordinary schools and classes. The exact figure, however, is difficult to forecast.

Appendix 1

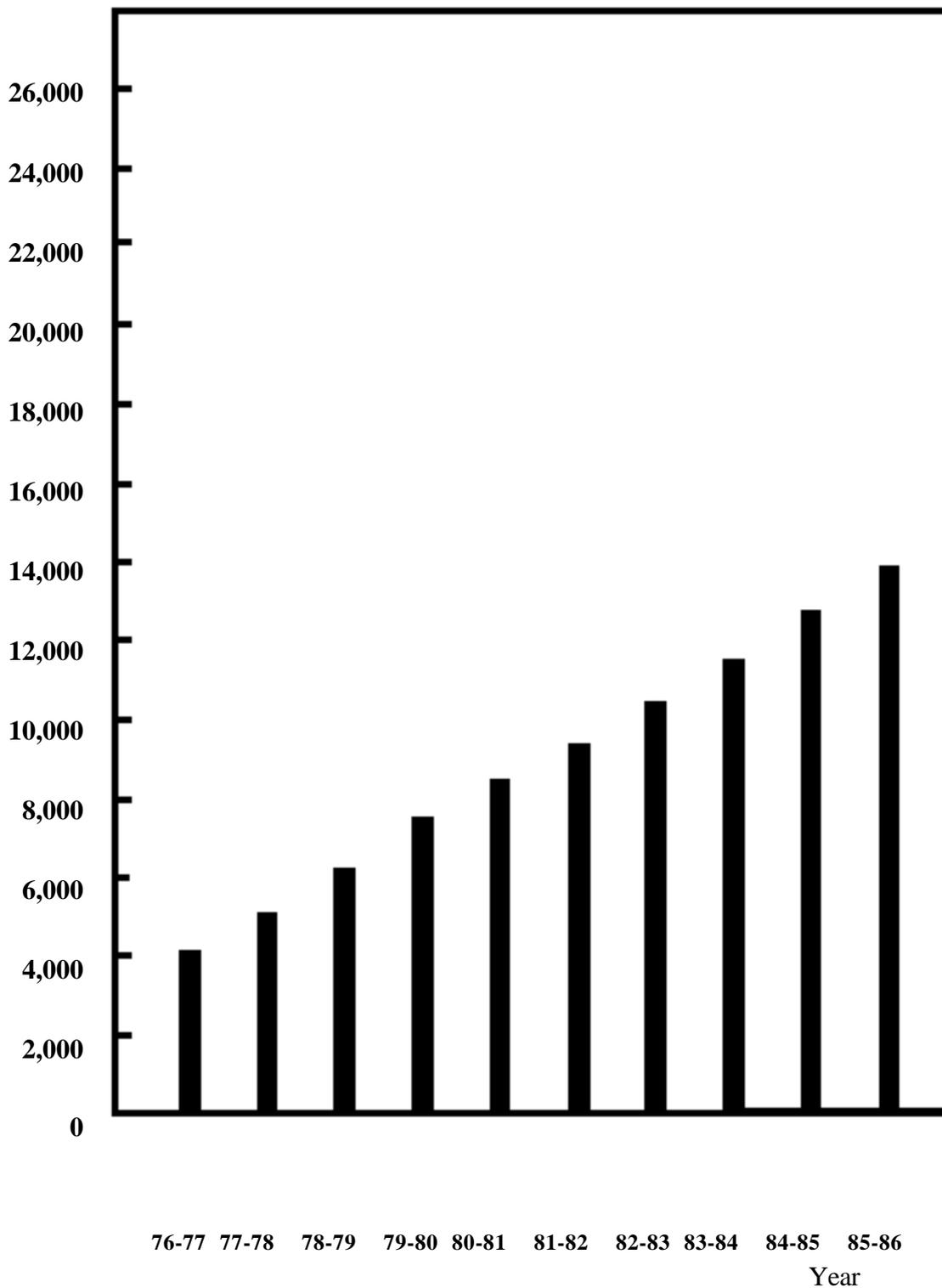
**PROVISION OF PLACES IN SPECIAL SCHOOLS
1976-77 TO 1985-86**

No. of Places



**PROVISION OF PLACES IN SPECIAL CLASSES IN ORDINARY SCHOOLS
1976-77 TO 1985-86**

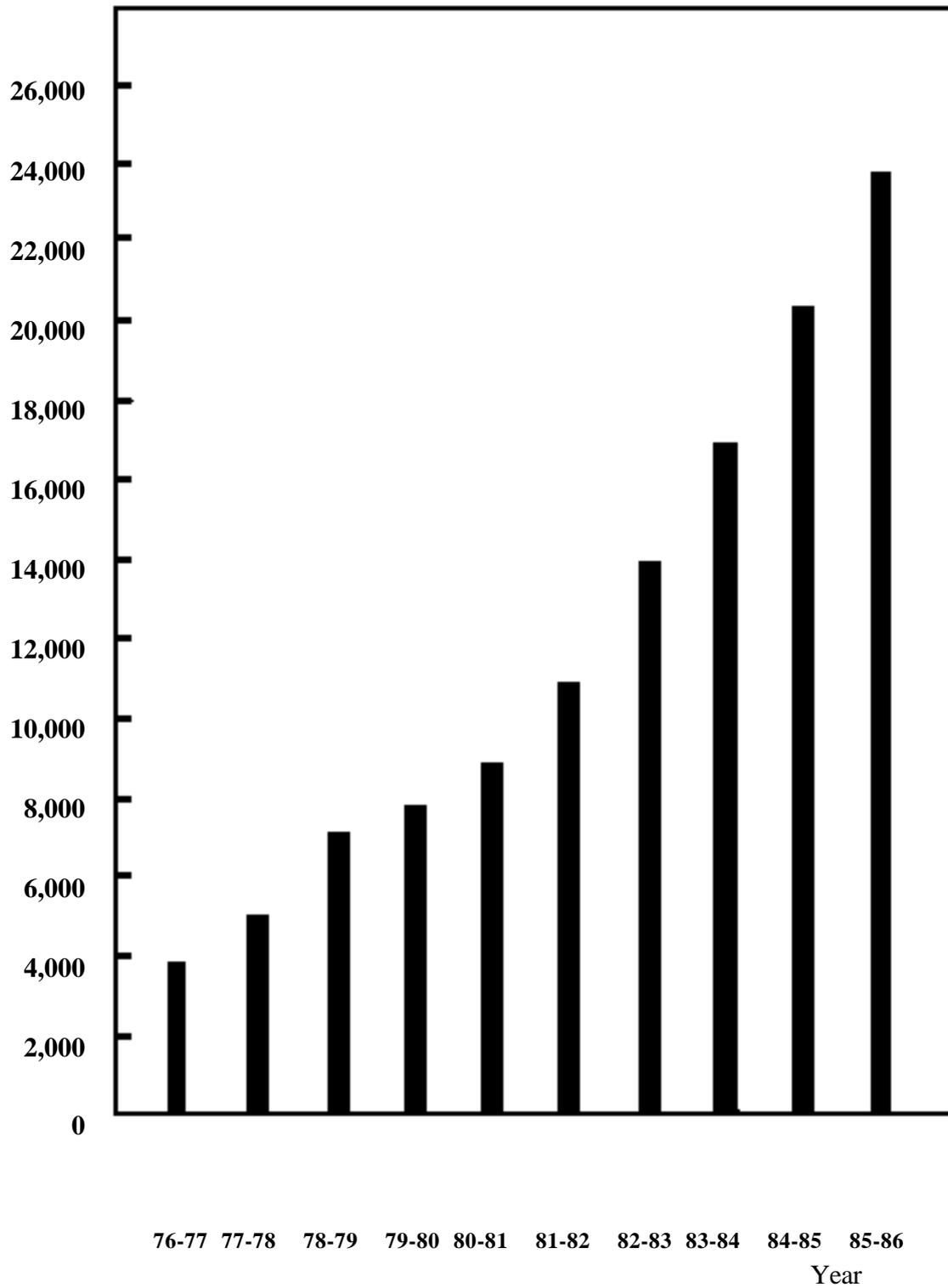
No. of Places



Appendix 3

**PROVISION OF PLACES IN RESOURCE CLASSES IN ORDINARY SCHOOLS
1976-77 TO 1985-86**

No. of Places



**PROVISION OF PLACES IN HOSPITAL SCHOOLS
1976-77 TO 1985-86**

No. of Places

