

LCQ14: Child health assessment and rehabilitation services

Following is a question by the Hon Holden Chow and a written reply by the Acting Secretary for Food and Health, Dr Chui Tak-yi, in the Legislative Council today (May 23):

Question:

Regarding the child health assessment and rehabilitation services provided by the Government, will the Government inform this Council:

(1) given that the Maternal and Child Health Centres (MCHCs) of the Department of Health (DH) provide health promotion and disease prevention services for children from birth to five years old, of the average time elapsed between children having been suspected of having Attention Deficit/Hyperactivity Disorder (AD/HD) to their receiving initial assessments under such services in the past five years; whether the Government has any plan to shorten such time; if so, of the details;

(2) of the number of children in the past five years who were suspected of having AD/HD as initially assessed by MCHCs;

(3) given that the children mentioned in (2) will be referred to Child Assessment Centres (CACs) for further assessments, but some parents have criticised that the waiting time for children to receive further assessments is too long, whether the Government will introduce measures expeditiously to shorten such time; as DH has indicated that it has not compiled any statistical information on the average, median and longest waiting time for further assessments, whether the Government will compile the relevant statistics for a more accurate understanding of the problem of overly long waiting time with a view to introducing appropriate measures to address the problem;

(4) given that the Government introduced a Pilot Scheme on On-site Pre-school Rehabilitation Services (Pilot Scheme) in November 2015, under which interdisciplinary teams coordinated and arranged by non-governmental organisations provide outreaching on-site rehabilitation training services for children with special needs who are studying at ordinary kindergartens and kindergartens-cum-Child Care Centres (KG-cum-CCCs), of the number of kindergartens and KG-cum-CCCs currently taking part in the Pilot Scheme, as well as the number of children serviced by the interdisciplinary teams so far;

(5) given that the Government will regularise the Pilot Scheme starting from the next school year and increase the number of service places of the Pilot Scheme from 3 000 to 7 000 in two years, how the Government will ensure that the interdisciplinary teams will have adequate manpower to cope with the

additional workload; and

(6) of the number of members of the interdisciplinary teams who possess the relevant professional qualifications for handling AD/HD?

Reply:

President,

Having consulted the Labour and Welfare Bureau, my reply to the Hon Holden Chow's question is as follows:

(1) and (2) The 31 Maternal and Child Health Centres (MCHCs) of the Department of Health (DH) provide a range of health promotion and disease prevention services to children from birth to five years. The child health services include immunisation, health and developmental surveillance, and parenting education. Children with developmental concerns identified during developmental surveillance will be arranged for a doctor's preliminary developmental assessment by a doctor of MCHCs. In the past three years, waiting time for developmental assessment conducted by doctors ranged from one to eight weeks among MCHCs, the median waiting time in each year ranged from three to four weeks. DH will continue to monitor the service demand and arrange internal redeployment of resources, if needed.

After being assessed by doctors of MCHCs, children with suspected developmental problems would be referred to Child Assessment Service (CAS) under DH/the Hospital Authority (HA) for further management. The number of referrals to CAS by MCHCs in the past five years is listed below:

| Year | Total number of referrals to Child Assessment Service under DH and HA | Number of cases with suspected hyperactivity or attention problems |
|------|---|--|
| 2013 | 5 967 | 1 105 |
| 2014 | 6 458 | 1 228 |
| 2015 | 7 157 | 1 428 |
| 2016 | 7 434 | 1 600 |
| 2017 | 7 981 | 1 880 |

(3) In the past few years, the number of new referrals to the CAS of DH has been on an increasing trend. Nearly all new cases in CAS were seen within three weeks after registration. The assessment service will then be arranged according to needs. Due to the continuous increase in the demand for assessment service and the high turnover rate and difficulties in recruiting doctors, CAS was unable to meet the target for completion of assessment for 90 per cent of the new cases within six months in 2017. CAS has already adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. To meet increasing service demands, additional resources have been allocated in the

past few years to recruit additional manpower. Currently we are planning to recruit additional nurses and allied health professionals for the CAS to improve the waiting time and strengthen service.

CAS adopts a multi-disciplinary team approach for assessment. The assessment team comprises paediatricians, nurses, clinical psychologists, speech therapists, physiotherapists, occupational therapists, audiologists, optometrists and medical social workers. The team will seek information from the parent on the development, behaviour and learning of the child, and, with the application of assessment tools and clinical observation appropriate to the child's age and condition, conduct assessments on various developmental aspects of the child such as physical, cognition, language and communication, self-care and behaviour. The team will also arrange and coordinate follow-up and rehabilitation services in accordance with the child's individual needs and the family's circumstances.

The actual waiting time depends on the complexity and conditions of individual cases. While children await rehabilitation services, DH will provide support to their parents, such as organising seminars, workshops and practical training etc., with a view to enhancing the parents' understanding of their children and community resources so that the parents could provide home-based training to facilitate the development and growth of the children.

DH has begun the construction for a new Child Assessment Centre (CAC) to cater for the increasing number of referrals. Meanwhile, a temporary CAC has been set up in existing facilities in Ngau Tau Kok in January 2018 to cope with the demand during the construction period.

(4) to (6) The Government has implemented the Pilot Scheme on On-site Pre-school Rehabilitation Services (the Pilot Scheme) since November 2015. Under the Pilot Scheme, non-governmental organisations with experience in implementing subvented pre-school rehabilitation services coordinate and arrange for the provision of on-site pre-school rehabilitation services, through multi-disciplinary service teams comprising occupational therapists, physiotherapists, speech therapists, clinical/educational psychologists, social workers and special child care workers, for children with special needs (including those assessed as having attention deficit or hyperactivity disorder (AD/HD)) at participating kindergartens (KGs) and kindergarten-cum-child care centres (KG-cum-CCCs). Currently, there are 492 participating KGs/KG-cum-CCCs, which accounts for nearly 50 per cent of the total number of KGs/KG-cum-CCCs in Hong Kong. From November 1, 2015 to March 31, 2018, a total of 5 797 children received services.

The Government has earmarked an annual recurrent expenditure of \$460 million to regularise the Pilot Scheme in the 2018-19 school year and increase the service places from about 3 000 to 7 000 in two years. The Social Welfare Department (SWD) commissioned a consulting team headed by the City University of Hong Kong to carry out an evaluative study on the Pilot Scheme. The consulting team will put forward recommendations on the mode of the regularised services, including staffing establishment and the optimal mix of allied health professionals and other professionals in the multi-

disciplinary service teams, as well as standards of services. SWD will, taking into consideration the recommendations of the evaluative study, review the manpower required for the services.

Since there is no standard definition of the "professional qualification" for handling AD/HD cases, we do not have the number of interdisciplinary team members who possess such qualification.