

Appendix III Environmental Scan

Background

To facilitate the review of the Hong Kong Rehabilitation Programme Plan (RPP), the Working Group responsible for the review has taken stock of the number of rehabilitation service users and examined the factors affecting the service development. A summary of the data/factors examined by the Working Group is set out in this annex.

Summary

(a) Number and Prevalence Rate of Service Users

2. A territory-wide survey on persons with disabilities and chronic diseases was conducted by the Census and Statistic Department (C&SD) throughout the entire year of 2000 to gauge the total number and prevalence rate of persons with selected types of disability and chronic diseases. The data from this survey have been published in the Special Topics Report No. 28 on Persons with Disabilities and Chronic Diseases.

3. At the time of enumeration, it was estimated that there were 269 500 persons with disabilities. The overall prevalence rate of persons with disabilities was 4 %. For the number of persons with individual types of disability, please refer to Table 1. The survey also estimated that the total number of mentally handicapped persons in Hong Kong was about 62 000 to 87 000, representing a prevalence rate of some 0.9% to 1.3%.

Table 1: Number and Prevalence Rate of Service Users

Types of Disability	Number of Persons	As % of the total population of Hong Kong
Restriction in body movement	103 500	1.5
Seeing difficulty	73 900	1.1
Hearing difficulty	69 700	1.0
Mental illness	50 500	0.7
Speech difficulty	18 500	0.3
Autism	3 000	<0.05
Total:	269 500	4.0

Note:

(1) Classification and definitions of disabilities adopted by the *Special Topics Report No. 28 on Persons with Disabilities and Chronic Diseases* are as follows:

- “Persons with restriction in body movement” were defined as those who had been diagnosed as being physically handicapped under medical assessment tests (such as spasm, paraplegia and quadriplegia, and loss of limbs) or perceived themselves as having long-term difficulty in movement of upper/lower limb or other parts of the body;
- “Persons with seeing difficulty” referred to those who had been diagnosed as being blind or having low vision under medical assessment tests or perceived themselves as having long-term difficulty in seeing with one eye or both eyes whether with or without correcting glasses/contact lenses. Nevertheless, nearsightedness, farsightedness, astigmatism and presbyopia were excluded;
- “Persons with hearing difficulty” were defined as those who had been diagnosed as having hearing impairment under medical assessment tests or perceived themselves as having long-term difficulty in hearing. Based on the information collected in the survey, they were classified into three categories: (i) unable to hear at all; (ii) required a specialised hearing aid in order to be able to hear well; and (iii) not required a specialised hearing aid;
- “Persons with speech difficulty” referred to those who had been diagnosed as having

speech impairment under medical assessment tests or perceived themselves as having long-term difficulty in speaking and being understood by others. They were classified into three categories in the survey: (i) unable to speak at all; (ii) required a specialised aid in order to be able to speak and be understood by others; and (iii) not required a specialised aid;

- “Mentally ill persons” were defined as those who had been diagnosed as being mentally ill under medical assessment tests (including ex-mentally ill) or had been/were being treated by psychiatrists or had received/were receiving some form of rehabilitation services provided for ex-mentally ill persons (such as psychiatric clinics, private psychiatrists, halfway houses and community psychiatric nursing services) at the time of enumeration;
 - “Autistic persons” referred to those who had been diagnosed as being autistic under medical assessment tests; and
 - “Mentally handicapped persons” referred to those who had been diagnosed as being mentally handicapped (or with intellectual disabilities) under medical assessment tests. Down's syndrome was included.
- (2) A service user may have more than one type of disability and hence the overall number of persons with disabilities is smaller than the sum of the number of persons with individual types of disability.
- (3) The survey also collected information on persons with intellectual disabilities residing in institutions and in domestic households. However, there was strong indication of under-estimation in respect of the number of persons with intellectual disabilities in domestic households as derived from the survey findings. Hence, the analysis of survey findings pertaining to the persons with intellectual disabilities has been separated from that of persons with other types of disability in this report. A crude statistical assessment indicated that the total number of persons with intellectual disabilities in Hong Kong was likely to be in the region of 62 000 – 87 000, representing a prevalence rate of some 0.9%-1.3% for persons with intellectual disabilities in Hong Kong.
- (4) Statistical data on persons with visceral disability in Hong Kong is not available for the time being. However, the survey estimated that there were some 882 700 persons reporting their requirement for long-term (i.e. lasting at least six months) medical treatment, consultation or medication (referred to as “persons with chronic diseases”). The prevalence rate of persons with chronic diseases was 13.0%. Among these 882 700 persons, 731 600 indicated that

they did not have any selected type of disability as shown in Table 1.

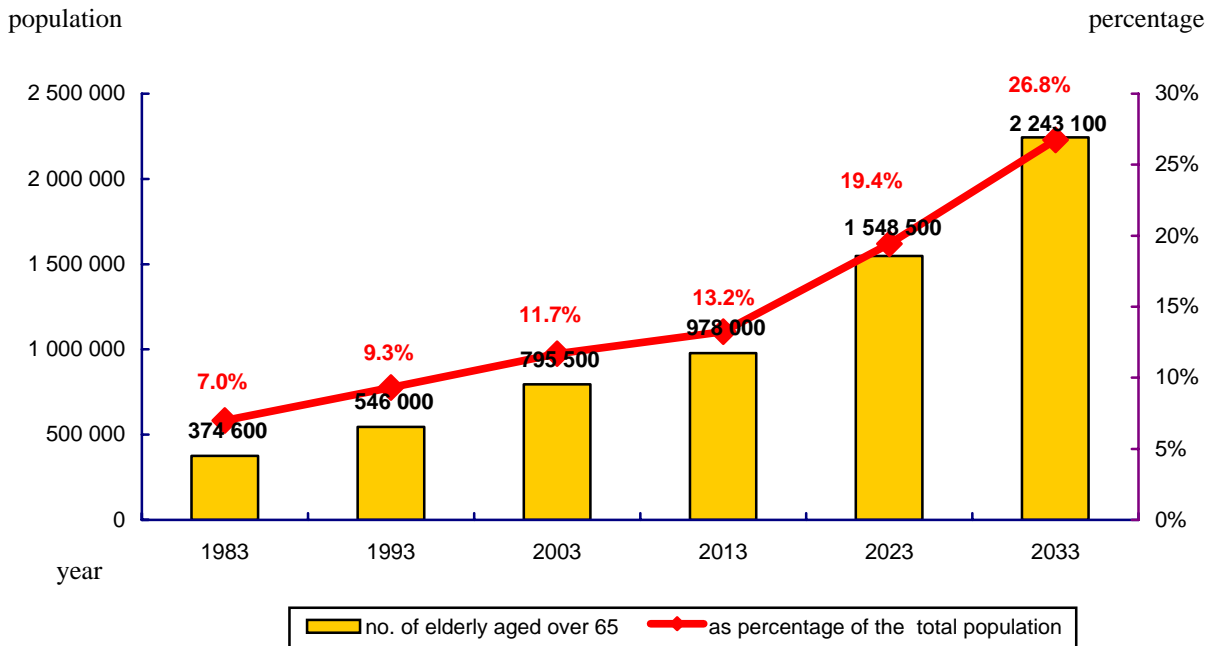
- (5) The C&SD will conduct another survey in 2007/08 with a view to updating the related figures and information.

(b) Social Factors Affecting the Number of Service Users

(i) Elderly Population

4. Hong Kong has the lowest birth rate among the 225 countries and places in the world, with only 7.63 new births per 1 000 population. The fertility rate is only 0.91 birth per woman. This, coupled with the increase in average life expectancy, means that the ageing of our population will become more pronounced. According to the Hong Kong Population Projections 2004-2033 published by the C&SD in 2004, it is estimated that people aged 65 and above will account for 26.8% of the territory’s total population by 2033, representing a remarkable growth as compared with 7% in 1983 (Table 2). It is also estimated that the number of service users with mobility difficulty, visual impairment and hearing impairment will be on the rise as such disabilities are common to the aged.

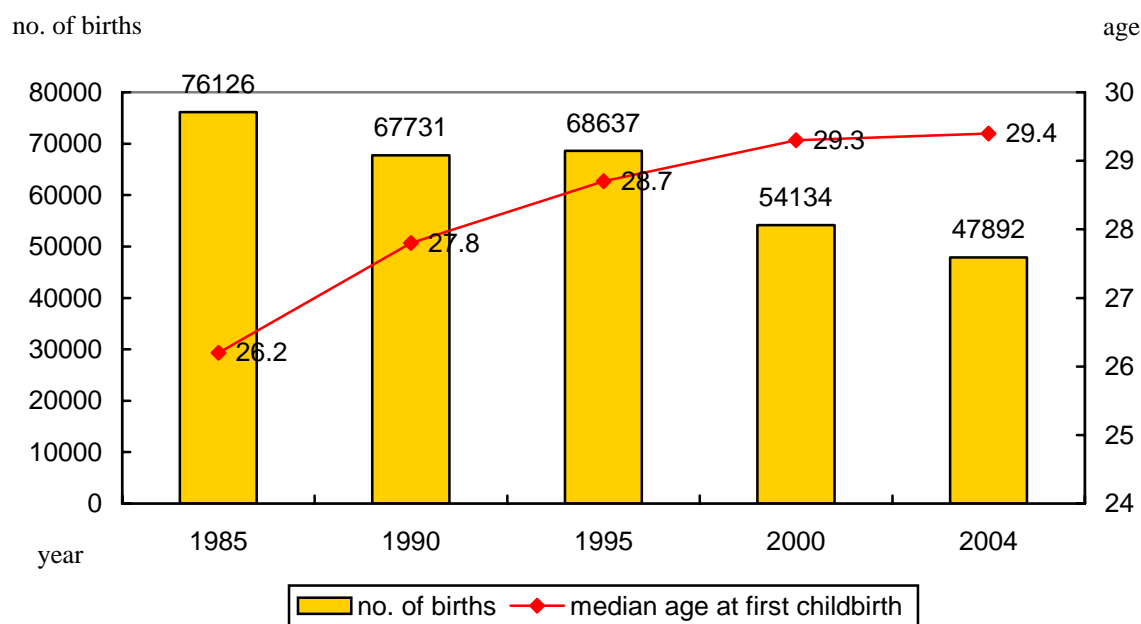
Table 2: Elderly Population



(ii) Median Age at First Childbirth

5. Infants with congenital defects are often born to older mothers. According to the findings of a survey conducted by the C&SD in 2004, there was a rising trend in the median age of Hong Kong women at first childbirth (Table 3), from the age of 26.2 in 1985 to 29.4 in 2004. Nevertheless, with the increasing popularity of premarital/antenatal check-ups, the rising trend in the median age of these mothers does not necessarily translate into a higher birth rate of infants with congenital defects.

Table 3: Number of Births and the Median Age at First Childbirth

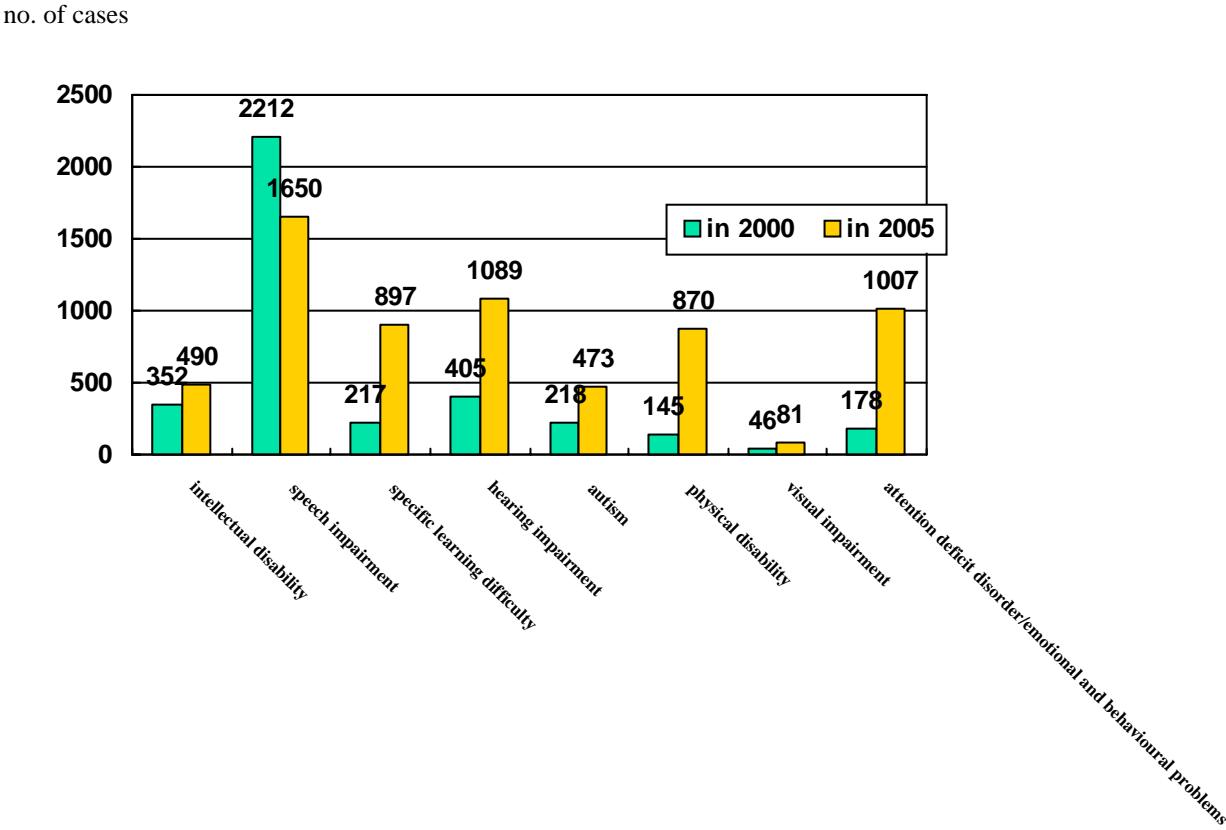


(iii) Number of Cases Receiving Child Assessment Service (for Children Aged 0-11) and Student Health Service (for Students from Primary 1 to Form 7) from the Department of Health

6. With the enhancement of child assessment service and student health service under the Department of Health (DH), the continuous improvement in impairment/disease detection and prevention technologies, as well as the increased awareness of the importance of early intervention among parents, there is a general rising trend in the number of cases receiving child assessment service and student health service from the DH (Table 4). This will facilitate

early prevention and intervention, thereby preventing the development of impairments/diseases into disabilities and helping to reduce the prevalence rate of rehabilitation service users.

Table 4: Total Number of Cases Receiving Child Assessment Service (for Children Aged 0-11) and Student Health Service (for Students from Primary 1 to Form 7) from the Department of Health



(iv) Number of Injuries Caused by Occupational, Industrial and Traffic Accidents

7. With the sustained improvement in the occupational, industrial and traffic safety legislation and measures, a downward trend in the number of injury cases caused by occupational, industrial and traffic accidents is detected as shown in Tables 5 to 8. This will help reduce the number of adults using rehabilitation service.

Table 5: Number of Occupational Injury Cases

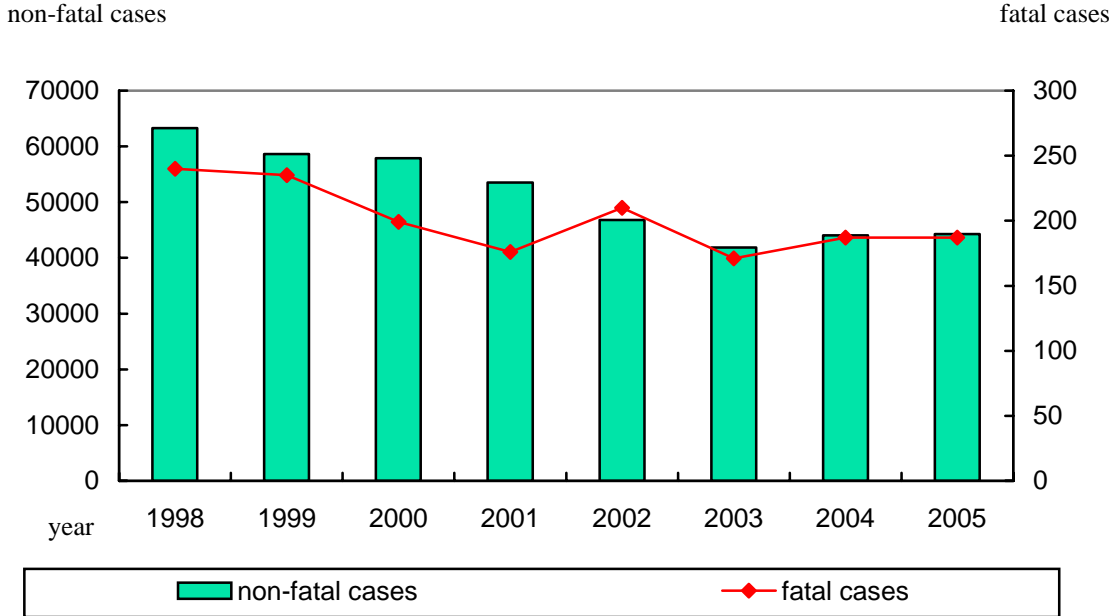


Table 6: Number of Industrial Accidents

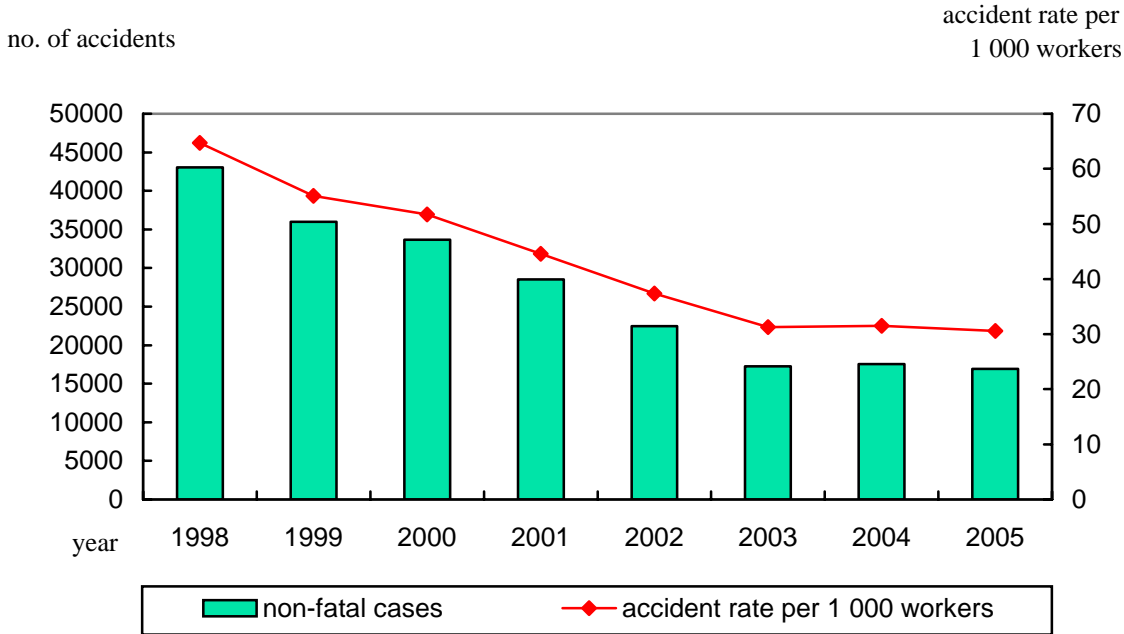


Table 7: Number of Cases Assessed as Permanent Loss of Earning Capacity under the Employees' Compensation Ordinance

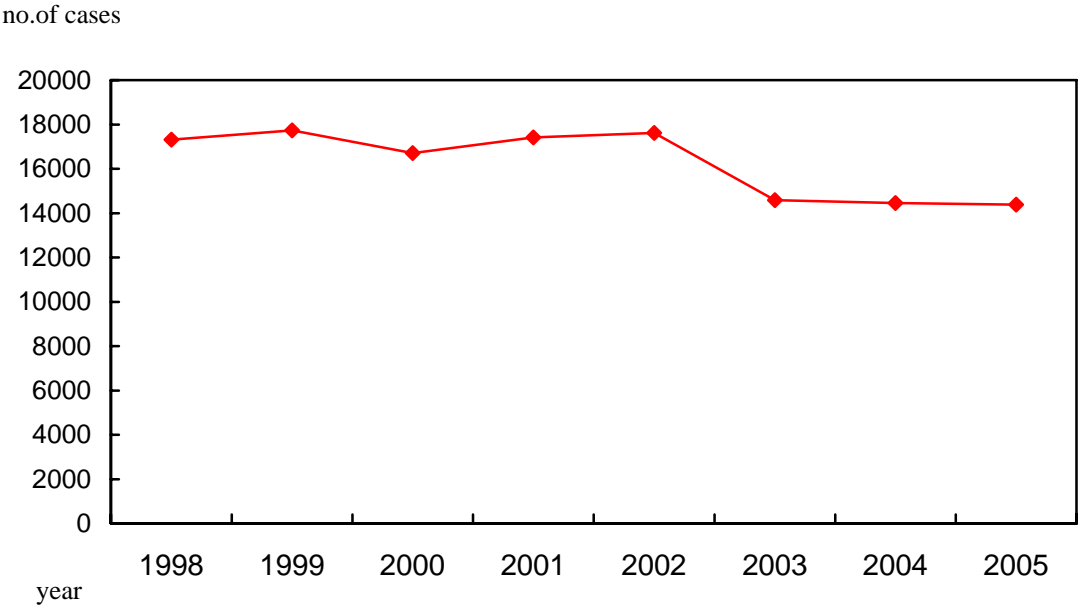
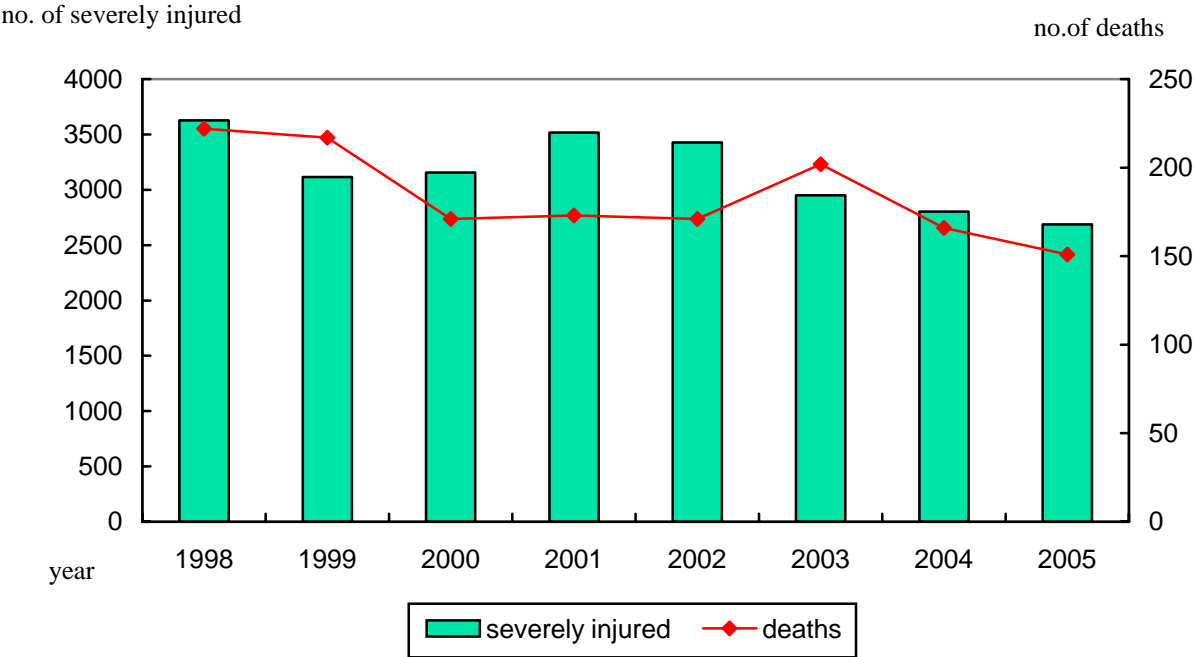


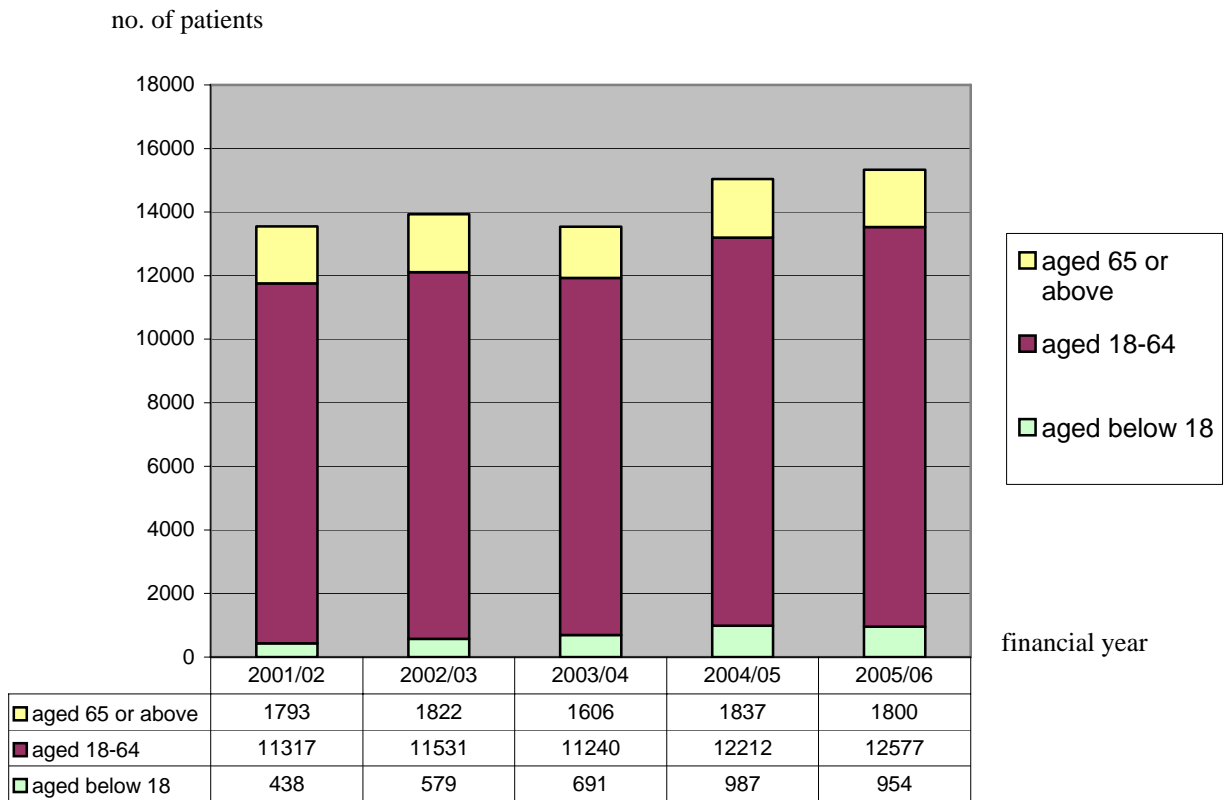
Table 8: Number of Injuries/Deaths Caused by Traffic Accidents



(v) Mental Health Problem

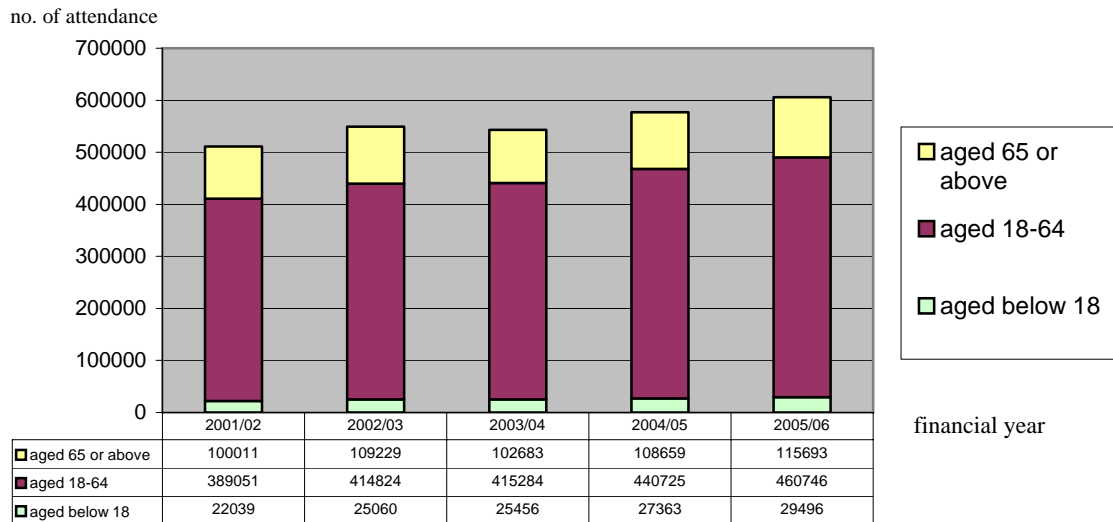
8. Tables 9 to 11 show an increase in the number of psychiatric inpatient, outpatient and day attendances at hospitals under the Hospital Authority in 2005/06 as compared with 2001/02, and in particular, there is a marked rising trend in the number of young service users aged below 18.

Table 9: Number of Discharges and Deaths of Psychiatric Inpatients and Day Patients of the Hospital Authority



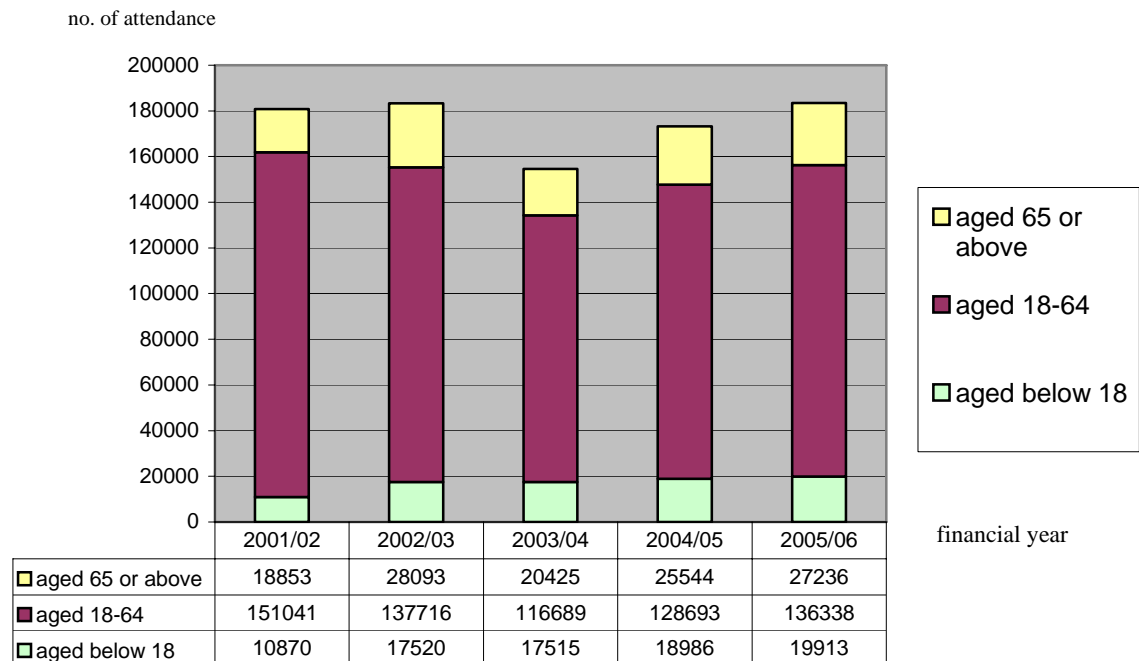
Note: Age refers to mid-year age
Patients whose ages are not identified are not included in the above data

Table 10: Number of Psychiatric Outpatient Attendances at Hospitals under the Hospital Authority



Note: Age refers to mid-year age
Patients whose ages are not identified are not included in the above data

Table 11: Number of Psychiatric Day Attendances at Hospitals under the Hospital Authority



Note: Age refers to mid-year age

(c) **Education Services**

9. The Working Group has also taken stock of the numbers of students with disabilities enrolled in special and ordinary schools respectively as well as the number of students referred from ordinary schools to special schools in the past few years. The number of students in special schools, the number of students with disabilities in ordinary schools, as well as the number of students referred from ordinary schools to special schools from 2001 to 2005 are shown in Tables 12, 13 and 14 respectively.

Table 12: Number of Students in Special Schools

	2001/02	2002/03	2003/04	2004/05	2005/06
Intellectual Disability	5107	5178	5235	5111	5135
Visual Impairment	164	154	164	160	157
Hearing Impairment	427	394	362	332	292
Physical Disability	732	754	762	778	796
Total	6430	6480	6523	6381	6380

Table 13: Number of Students with Disabilities in Ordinary Schools*

	2001/02	2002/03	2003/04	2004/05	2005/06
Intellectual Disability	619	722	926	1012	974
Hearing Impairment	715	783	872	902	932
Visual Impairment	110	64	55	69	117
Physical Disability	220	209	200	214	205
Autism	202	318	509	601	662
Speech Impairment	#	1109	1159	1133	1356
Total	1866	3205	3721	3931	4246

Note:

* In September 2006, the numbers of students with specific learning difficulties and attention deficit/hyperactivity disorder were 5 960 and 431 respectively.

data not available

Table 14: Number of Students Referred by Ordinary Schools to Special Schools

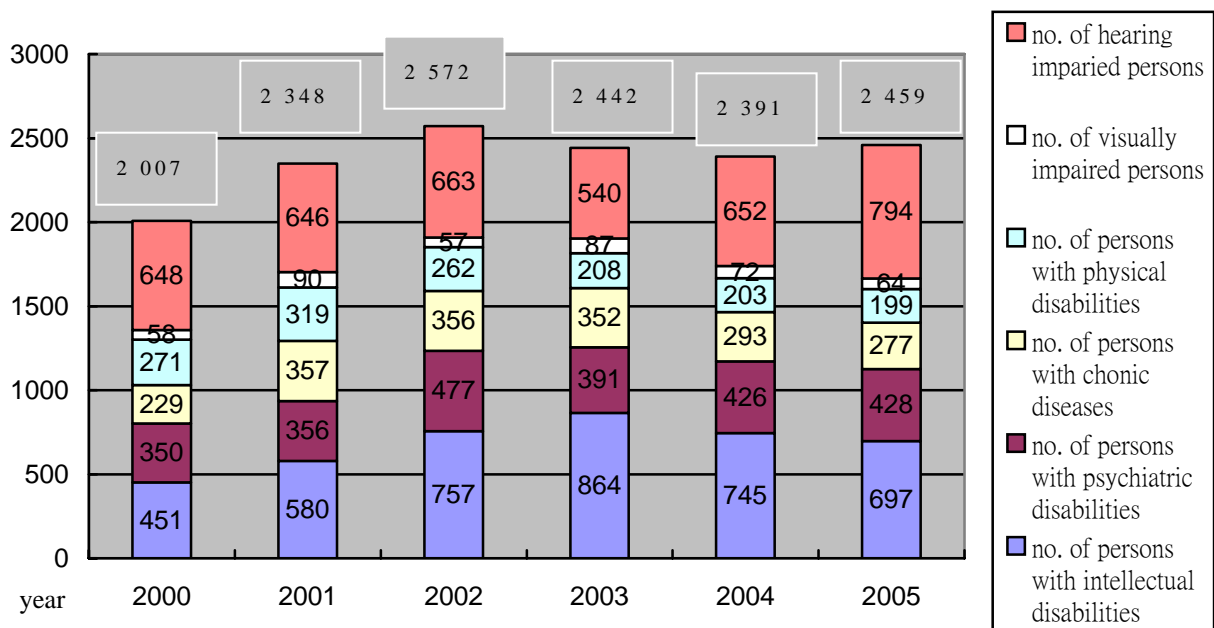
	2001/02	2002/03	2003/04	2004/05	2005/06
Intellectual Disability	95	97	129	119	123
Visual Impairment	1	1	1	7	0
Hearing Impairment	8	1	4	1	0
Physical Disability	15	9	13	12	13
Total	119	108	147	139	136

(d) Vocational Training and Rehabilitation

10. The Working Group has also reviewed the vocational training and rehabilitation service provided by the Labour Department (LD), Vocational Training Council (VTC) and Social Welfare Department (SWD). Table 15 shows that the number of people who successfully secured employment with the assistance of the LD's Selective Placement Division increased from 2 007 in 2000 to 2 459 in 2005. Among those who successfully secured employment, most of them are persons with intellectual disabilities and hearing impairment, while the employment level for those with visual impairment has persistently been on the low end.

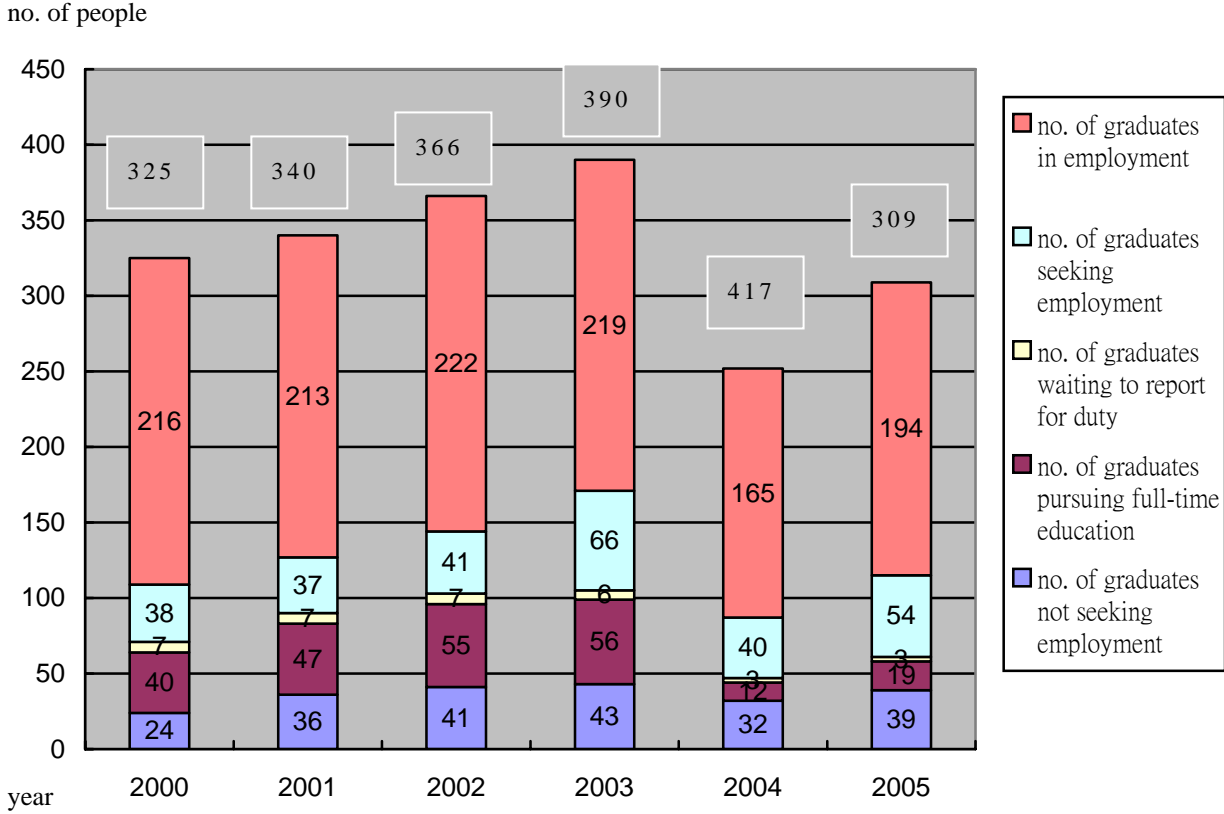
Table 15: Number of People Securing Job Placement with the Assistance of the Selective Placement Division of the Labour Department

no. of people



11. Table 16 shows the employment situation of graduates from the VTC’s skills centres. The number of graduates pursuing full-time education is on a downward trend while the number of those seeking employment is on a rising trend.

Table 16: Employment Situation of Graduates from Skills Centres



12. Regarding its vocational rehabilitation services, the SWD has initiated the process of reengineering some of its resources for sheltered workshops (SW) and supported employment (SE) since 2005 to provide one-stop vocational rehabilitation and training for PWDs through integrated vocational rehabilitation services (IVRS). Overall speaking, as shown in Table 17, the number of places for the SWD’s vocational rehabilitation services, including SW, SE and IVRS centres, has increased from 8 275 in 2001 to 9 647 in 2005.

13. Tables 18 and 19 show a rising trend in the number of people waitlisted for SW and the waiting time involved. The number of people waitlisted for SE generally remains below 250, whereas the average waiting time is less than 2.5 months.

Table 17: Vocational Rehabilitation Services of the Social Welfare Department

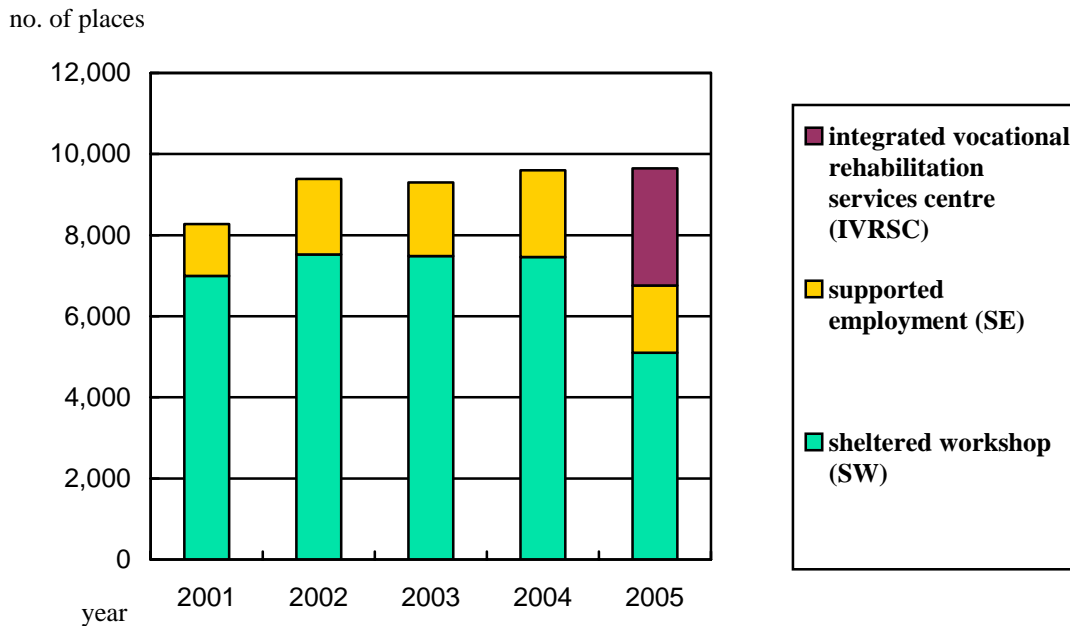


Table 18: Waiting Time and Number of People Waitlisted for Sheltered Workshop (SW)



Table 19: Waiting Time and Number of People Waitlisted for Supported Employment (SE)



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