Chapter 2  Rehabilitation Services

Policy Objective

2.1 The overall objective of the rehabilitation policy in Hong Kong is to prevent disabilities; to help persons with disabilities develop their physical and mental capabilities as well as their ability to integrate into the community; and to create a barrier-free physical environment through a comprehensive range of effective measures, with a view to ensuring that persons with disabilities can participate in full and enjoy equal opportunities both in terms of their social life and personal growth. To achieve the above objective, the RPP features a list of direct services and measures for the rehabilitation of persons with disabilities, along with recommendations on service development in meeting the changing needs of the community and service users.

Service Areas

2.2 Major service areas covered under the RPP include:

(a) prevention and identification;
(b) medical rehabilitation;
(c) pre-school training;
(d) education;
(e) employment and vocational rehabilitation;
(f) residential care;
(g) day care and community support;
(h) development of self-help organisations;
(i) access and transport;
(j) application of information and communications technologies;
(k) recreational, sports, cultural and arts activities; and
(l) public education.
Categories of Disability Requiring Rehabilitation Services

2.3 On the targets of the rehabilitation programme, the Working Group decided to continue to adopt the eight categories of disability set out in the 1998/99–2002/03 RPP, with the addition of two new categories, namely Attention Deficit/Hyperactivity Disorder and Specific Learning Difficulties. These categories of disability are listed below (1):

(a) Attention Deficit/Hyperactivity Disorder;
(b) Autism;
(c) hearing impairment;
(d) intellectual disability;
(e) physical disability;
(f) mental illness;
(g) Specific Learning Difficulties;
(h) speech impairment;
(i) visceral disability; and
(j) visual impairment.

2.4 Whilst persons with different disabilities require different rehabilitation services, persons with disability of the same category may also require different rehabilitation services due to different individual capabilities and circumstances. It is of note that the major rehabilitation services required for each category of disability listed below are made available only for reference. The actual situation may vary from one person to another (2). With this “person-oriented” principle in mind, people from various sectors of the community can help by developing diversified rehabilitation programmes to cater to the different needs of individuals, thereby facilitating full integration of persons with disabilities into the community.

(1) In alphabetical order of the English titles of these categories.
(2) Service users of various rehabilitation services and social welfare are required to fulfill established criteria and fall within the service scope of such services/welfare benefit.
(1) **Attention Deficit/Hyperactivity Disorder (AD/HD)**

2.5 It is common for children and adolescents with AD/HD to have the following three symptoms: inattentiveness, hyperactivity and weak impulse control. These lead to chronic difficulties in social life, learning and work. These symptoms cannot be explained by any other objective factors and psychiatric conditions and are not meeting with the standards expected for a child’s intellectual ability or stage development. They are generally regarded as being related to brain dysfunction.

2.6 As symptoms of AD/HD are most noticeable at the formal schooling stage, healthcare professionals in this field usually provide diagnosis on children suspected of suffering from AD/HD at this stage. In light of the importance of early intervention, we will also provide these children with appropriate pre-school training.

2.7 Major service requirements of persons with AD/HD may include:

(a) identification and assessment;
(b) pre-school training;
(c) education services; and/or
(d) medical rehabilitation.

(2) **Autism**

2.8 Autism is a pervasive developmental disorder and frequently co-exists with a variety of other disabilities. In Hong Kong, children suffering from autistic disorder are diagnosed under the following criteria as laid down in the World Health Organisation’s *International Classification of Diseases*, 10th edition:

(a) qualitative impairments in reciprocal social interaction;
(b) qualitative impairments in verbal and non-verbal communications;
(c) restricted, repetitive and stereotyped patterns of behaviour, interests and activities; and
(d) developmental abnormalities which are apparent in the first
three years of life.

2.9 Major service requirements of autistic persons may include:

(a) identification and assessment;
(b) pre-school training;
(c) education services;
(d) medical rehabilitation;
(e) day care and community support; and/or
(f) employment services and vocational training.

(3) **Hearing Impairment**

2.10 For the purpose of the RPP, the following classification of hearing impairment is adopted:

<table>
<thead>
<tr>
<th>Degree of Hearing Impairment</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profound</td>
<td>Hearing loss greater than 90 dB</td>
</tr>
<tr>
<td>Severe</td>
<td>Hearing loss from 71 to 90 dB</td>
</tr>
<tr>
<td>Moderately Severe</td>
<td>Hearing loss from 56 to 70 dB</td>
</tr>
<tr>
<td>Moderate</td>
<td>Hearing loss from 41 to 55 dB</td>
</tr>
<tr>
<td>Mild</td>
<td>Hearing loss from 26 to 40 dB</td>
</tr>
<tr>
<td>Normal</td>
<td>Hearing loss up to 25 dB</td>
</tr>
</tbody>
</table>

2.11 Major service requirements of hearing impaired persons may include:

(a) identification and assessment;
(b) pre-school training;
(c) education services;
(d) medical rehabilitation;
(e) community support;
(f) use of hearing aids;
(g) barrier-free information and communication technological equipment; and/or
(h) employment services and vocational training.
(4) Intellectual Disability

2.12 Intellectual disability, in accordance with the definition in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition, 1994 (DSM-IV), is a condition with the following features:

(a) significantly sub-average intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgement of significantly sub-average intellectual functioning);
(b) concurrent deficits or impairments in present adaptive functioning (i.e., the person’s effectiveness in meeting the standards expected for his/her age by his/her cultural group) in at least two of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety; and
(c) onset before the age of 18.

In addition, four degrees of severity can be specified, reflecting the level of intellectual disability:

(a) mild - IQ level 50-55 to approximately 70;
(b) moderate - IQ level 35-40 to 50-55;
(c) severe - IQ level 20-25 to 35-40; and
(d) profound - IQ level below 20-25.

2.13 Major service requirements of persons with intellectual disability may include:

(a) identification and assessment;
(b) medical rehabilitation;
(c) pre-school training;
(d) education services;
(e) residential care;
(f) day care and community support; and/or
(g) employment services and vocational training.

(5) Mental Illness

2.14 For the purpose of the RPP, persons with mental illness are defined as:

“Persons who suffer from a range of disorders due to their predisposition and/or physical, psychological and social factors. These lead to acute or chronic disturbances which are emotional, intellectual and/or behavioural and are accompanied, when the illness is serious, by distortions of personality and social relationships.”

2.15 Such psychiatric disorders may be classified broadly into three main categories:

(a) Psychoses - these are serious disorders in which impairment of mental functioning has developed to a degree that interferes grossly with insight, ability to meet some ordinary demands of life or to maintain adequate contact with reality. Schizophrenia, which is perhaps the most disabling of all forms of mental illness, starts usually in the teens or early adulthood. Another common group of psychoses, the affective psychoses, tends to occur later in life. These two groups are together included in a group of mental illness known as functional psychoses which may lead to prolonged residence in mental hospitals. They dominate the current provision of specialised psychiatric service. The other group of psychoses is the organic psychoses which includes common conditions such as acute confusional states and dementia, with the latter occurring mainly in the elderly.

(b) Neuroses - these are mental disorders without any demonstrable organic basis in which insight and reality testing is intact. Behaviour may be greatly affected
although usually remaining within socially acceptable limits and without any disorganisation of personality. The severe cases of neuroses can be fairly disabling and there is considerable distress on the part of the patients.

(c) **Others** - these include personality disorders, psychophysiological disorder, alcohol dependence, drug dependence, etc.

2.16 The needs of persons with psychiatric disabilities depend on a number of factors such as age, home environment and personality. A wide range of closely related services are needed to avoid unnecessary in-patient admission and to help discharged patients to re-adjust to life in the community. Major service requirements of persons with psychiatric disabilities may include:

(a) medical and community psychiatric rehabilitation;
(b) residential care;
(c) day care and community support; and/or
(d) employment services and vocational training.

(6) **Physical Disability**

2.17 Having regard to the advice of the Hong Kong Medical Association in 1994, the RPP adopts the following definition for a person with physical disabilities:

“A person with physical disabilities is defined as a person who has disabilities of orthopaedic, musculoskeletal, or neurological origin which mainly affect locomotor functions, and constitute a disadvantage or restriction in one or more aspects of daily living activities.”

2.18 Major service requirements of persons with physically disabilities may include:

(a) medical and community rehabilitation care;
(b) pre-school training;
(c) education services;
(d) residential care;
(e) day care and community support;
(f) employment services and vocational rehabilitation;
(g) barrier-free access and transport;
(h) barrier-free information and communication technological equipment; and/or
(i) use of assistive devices.

(7) **Specific Learning Difficulties (SpLD)**

2.19 SpLD generally refer to difficulties in reading and writing (dyslexia), motor coordination disorder, specific dysphasia, etc., and the most common type is dyslexia. Dyslexia is not caused by mental deficiency, sensory impairment or the lack of learning opportunities. It is generally regarded as something relating to brain dysfunction. As a result of persistent and serious learning difficulties in reading and writing, persons with SpLD are unable to read and spell/write accurately and fluently.

2.20 As symptoms of SpLD are most noticeable at the formal schooling stage, relevant professionals in this field usually provide assessment and diagnosis on children suspected of suffering from SpLD at this stage. In light of the importance of early intervention, we will also provide these children with appropriate pre-school training.

2.21 In general, dyslexia can be improved through appropriate accommodations in teaching methods, tests and assessments, as well as proper use of information technology. The findings of overseas researches indicate that early identification and intervention for children with dyslexia can effectively improve their literacy skills.

2.22 Major service requirements of persons with SpLD may include:

(a) identification and assessment;
(b) pre-school training; and/or
(c) education services.
(8) **Speech Impairment**

2.23 Speech impairment is usually affiliated with other disabilities. For the purpose of the RPP, speech impairment is defined as:

> “Persons with speech impairment are persons who cannot communicate effectively with others, or whose speech difficulty draws undue attention to their speech acts to such an extent that affects their academic, emotional and social developments.”

2.24 Major service requirements of persons with speech impairment may include:

(a) identification and assessment;
(b) medical rehabilitation; and/or
(c) education services.

(9) **Visceral Disability**

2.25 Visceral disability was covered under the category of physical disability as defined in the 1990 RPP. Upon the advice of the Hong Kong Medical Association in 1994, physical disability was re-defined to limit its application to disability affecting an individual’s locomotor function, and a new definition was drawn up for visceral disability as any other disabilities arising from diseases affecting the body’s organs.

2.26 For the purpose of the RPP, a person with viscerally disabilities is defined as:

> “A person with disabilities resulting from diseases or respective treatment. The disability, not being limited to locomotor functions in nature, constitutes disadvantages or restrictions in one or more aspects of daily living activities.”

2.27 Major services needed by persons with viscerally disabilities may
include:

(a) identification and assessment;
(b) medical rehabilitation;
(c) community support; and/or
(d) retraining and employment services.

(10) Visual Impairment

2.28 In view of the world trend in classifying visual impairment, the following definitions, which are based on the visual functioning of human being, are adopted for the purpose of the RPP:

(a) **Total blindness**: persons with no visual function, i.e. no light perception.
(b) **Low vision**:  
   - **severe low vision** - persons with visual acuity (refers to the visual acuity of the better eye with correcting glasses) of 6/120 or worse and persons with constricted visual field in which the widest field diameter subtends an angular subtense of 20 degrees or less, irrespective of the visual acuity; 
   - **moderate low vision** - persons with visual acuity from 6/60 to better than 6/120; and 
   - **mild low vision** - persons with visual acuity from 6/18 to better than 6/60.

2.29 Major service requirements of persons with visual impairment may include:

(a) identification and assessment;
(b) medical rehabilitation;
(c) pre-school training;
(d) education services;
(e) community support;
(f) employment services and vocational rehabilitation;
(g) barrier-free information and communication technological equipment;
(h) use of assistive devices; and/or
(i) barrier-free access and transport.

2.30 Fostering a caring and inclusive society through active public education to enhance community understanding and acceptance of persons with disabilities also serves as an integral part of the rehabilitation programme. In addition, we also need to strive to assist and support persons with disabilities to participate in recreational, sports and arts activities in order to facilitate their development of potentials, full participation in and integration into the community.

2.31 The following chapters give a detailed account of the current rehabilitation services provided to cater to the special needs of persons with disabilities as well as the directions of service development.