

EXECUTIVE SUMMARY

Direct Investigation on Assessment of Children with Specific Learning Difficulties

Background

Specific learning difficulties (“SpLD”) are a class of condition, occurring in a child of average or above average intelligence and characterized by a significant delay in one or more areas of learning. Over the years, we have received a number of complaints about the assessment of children with SpLD and the lack of support services for them. Many parents are ignorant about what services are available for such children, who provide them or how and how far they are delivered.

2. Concerned whether Government has systems and procedures in place to ensure timely identification of these children and adequate assistance for them, The Ombudsman declared this direct investigation under section 7(1)(a)(ii) of The Ombudsman Ordinance, Cap. 397 on 1 September 2005, to examine:

- (a) assessment services by Education and Manpower Bureau (“EMB”) and Department of Health (“DH”) for identifying children with SpLD from kindergarten to primary six;
- (b) the respective roles of EMB and DH in such services;
- (c) co-ordination of assessment services –
 - (i) within Government; and
 - (ii) between Government and non-government organizations (“NGOs”);
- (d) efficiency and effectiveness of the current mechanism; and
- (e) action by Government to enhance public awareness of SpLD, particularly among parents and teachers.

3. In addition to studying documents provided by EMB and DH, we also interviewed parents and personnel of primary schools and NGOs.

What is SpLD?

4. EMB and DH define SpLD similarly. Characteristically, despite normal intelligence and education opportunities, children with SpLD have problems with one or more of the basic processes used in understanding or using spoken or written language, such as:

- Listening

- Speaking
- Reading
- Writing
- Reasoning
- Mathematical calculations

5. Some different types of SpLD are listed in the **Annex A1**, with a few real life examples from our case studies.

Assessment Services: from Birth to Primary School

Department of Health

6. **Family Health Service** conducts routine interviews for all children from birth to the age of five. Any child suspected of having developmental or learning problems is referred to the Child Assessment Service (“CAS”) for further evaluation.

7. **Child Assessment Service** provides multidisciplinary services for assessing children up to age 12 with developmental problems. Upon referral from registered doctors or psychologists, a nurse will conduct a preliminary interview. A team conference then decides on the kind of assessment to be given. CAS gives parents, at the first appointment, a pamphlet “Rainbow Book” to explain the general assessment process; and on completion of assessment, a summary assessment report.

8. **Student Health Service** provides free annual health assessment in Student Health Service Centres for all primary and secondary school students joining the Service. For suspected cases of SpLD, further psychosocial health and psychological assessments are conducted in Special Assessment Centres.

Education and Manpower Bureau

9. Schools and teachers have an important role in identifying students with SpLD. EMB has developed an Observation Checklists for Teachers (“OCT”). This has been in use since September 2004 for primary one students. Identification and intervention are conducted by a process of “**Assessment through Teaching**” in seven stages, some with designated time frames as outlined in paragraphs 10-11.

10. Every year, in September, teachers observe students’ performance. Between December and January, teachers complete the OCT. After mid-January, a special team in the school analyses result of the OCT and identifies students with learning difficulties:

- (a) For those assessed to have mild learning difficulties, the school will provide support, including adaptation of teaching strategies and curriculum. Students who continue to show severe learning difficulties, despite intervention for one term, will be referred to educational psychologists for assessment.
- (b) Those assessed to have marked learning difficulties are referred to educational psychologists for further assessment.

- (c) Those assessed to have SpLD will receive additional funding and professional support for their special needs and have their responses reviewed regularly.

11. Teachers also assess other students who have not been covered by the OCT exercise but suspected to have SpLD.

Our Observations and Opinions

Statistics of SpLD

12. Statistics from both EMB and DH show a rising trend of cases for children assessed to have SpLD:

*EMB statistics on **primary one** students of mainstream public sector schools¹ identified with learning difficulties in the OCT exercises conducted in school years 2004/05 and 2005/06:*

	Total covered by OCT exercise	Number subject to completion of OCT	(A)	(B)	(C)	SpLD among those with marked learning difficulties
			Number with no learning difficulties	Number with mild learning difficulties	Number with marked learning difficulties	
2004/05	54,123	11,551	7,672	2,068	1,811	297
2005/06	50,362	11,081	6,277	2,493	2,311	497

Number of students in all mainstream public sector schools newly assessed to have SpLD from 2002/03 to 2005/06 (with breakdown for primary one):

		2002/03	2003/04	2004/05	2005/06
All Primary Levels					
(a)	Student population	436,023	423,235	402,652	381,428
(b)	Number of students newly assessed to have SpLD	980	922	1,065	1,658
(c)	$(b) \div (a) \times 100\%$	0.22%	0.22%	0.26%	0.43%
Only Primary One					
(d)	Student population	63,774	60,497	54,123	50,362
(e)	Number of students newly assessed to have SpLD	149	215	297	497
(f)	$(e) \div (d) \times 100\%$	0.23%	0.36%	0.55%	0.99%

¹ Including Government, aided and direct subsidized schools.

DH statistics on number of cases for children assessed to have SpLD from 2003 to 2006:

Year	Children assessed to have SpLD		Total
	Student Health Service	CAS	
2003	106	602	708
2004	98	616	714
2005	106	730	836
2006	152	976	1,128
Total	462	2,924	3,386

13. According to some research², the percentage of school population with dyslexia (which accounts for over 80% of SpLD cases) in some countries, are as follows:

Italy	1.3 to 5%
Singapore	3.3%
Japan	6%
UK	6%
USA	8.5%

The available figures may not represent the real prevalence rate of SpLD in Hong Kong. There are studies on SpLD in Hong Kong, with some work on prevalence rate. We consider that EMB should, in consultation with DH, liaise with experts and stakeholders in this field to come to more realistic and accurate data for overall planning and provision of assessment and support services for children with SpLD, their parents and schools.

Parental Awareness

14. It is most important that parents are aware and have some understanding of SpLD, especially when it is a latent disorder and complicated by other disabilities. Parental awareness will facilitate early detection of SpLD. This is particularly important for preschool children and those who somehow “slip through” the OCT exercise (e.g. if they join the Hong Kong school system after primary one). Parents can be alerted to help their children instead of criticising (and worse, punishing) them for “misbehaviour”. The longer the delay in identification, the more serious will be the children’s learning difficulty. Correspondingly they may need more time for, and different types of, remedial services.

15. Parents need to know where to seek help. As SpLD may vary in seriousness and co-exist with other disabilities, assessment may have to be by different specialists and remedy with different services.

16. From our case studies, submissions from the public and our interview with a service institute, we find that parents in general lack awareness of SpLD and knowledge about the

² Hong Kong Specific Learning Difficulties Research Team website, http://web.hku.hk/~hksld/homepage_e/Dyslexia_e3.html searched on 22 September 2005.

assessment services available.

EMB Assessment Service

Educational Psychology Service

17. EMB provides its Educational Psychology Service (“EPS”) either through its own staff or since 2002/03 by outsourced members. In the school year 2005/06, one educational psychologist on average served 30 schools and had a caseload of 218 cases. Meanwhile, the average outsourced educational psychologist to school ratio is one in six with an average of 106 cases each. EMB monitors the performance of outsourced EPS through periodic progress reports and statistics on their services rendered to schools and students. EMB also conducts regular co-ordination meetings with outsourced educational psychologists and random inspections of schools served by them to ensure consistency in professional practice.

18. The number of educational psychologists in EPS has decreased:

School year	Number
2003/04	30
2004/05	27
2005/06	28
2006/07	27

There is an imbalance of workload in terms of number of schools and the average caseload they carry when compared with an outsourced educational psychologist.

Performance Pledge

19. EMB explains that “Assessment through Teaching” is a continuous process. It is, therefore, difficult to determine a time frame for the whole process. However, as there are already specific time frames in some stages (para. 10), we see no reason for not setting target time frames for the remaining stages.

20. For specialist assessment, there is no pledge for commencement and completion of the assessment by the educational psychologist after referral by a school. We also see no reason for not setting the pledge.

Assessment Reports

21. EMB provides parents with either an assessment report or a summary on request, at a fee for photocopying as the report is meant to facilitate communication between the educational psychologist and the school providing appropriate educational support to students with SpLD. Parents’ understanding of their children’s condition is crucial for their proper care and support. They have good reasons and the right to be fully informed of the result of assessment in layman terms, even if at a higher fee.

Transparency of Process

22. EMB does not tell parents what, and how, psycho-educational assessment will be conducted. Parents are kept completely in the dark. We believe that parents should be properly informed of the process.

Support to Teachers and Students

23. Teachers we interviewed have indicated problems in administering the OCT exercise. They need support in this. For the students, we are concerned that those assessed to have mild or marked learning difficulties but eventually not identified as having SpLD have adequate and suitable support for their effective learning at school.

DH Assessment Service

Performance Pledge

24. There is no performance pledge for the Student Health Service to complete assessment of new cases within a definite time frame.

Assessment Reports

25. The clinical psychologist's report to the educational psychologist is very informative. It should be provided to the parents and the school on request.

Inter-departmental Co-ordination

Clearer definition of responsibilities between EMB and DH

26. DH provides comprehensive health developmental surveillance services for children from birth to school age. It assessed 1,128 cases in 2006 (compared with 1,658 cases assessed by EMB in the school year 2005/06) comprising more than a third of the combined total. In this context, it is an important service provider and has a significant part to play.

27. Clearer definition of responsibilities between EMB and DH will enable parents and teachers to understand better what, and where, services are available. EMB already has a leading role in assessing all students from primary one onwards in public sector schools. Meanwhile, DH runs a comprehensive service for children before school age and has been diagnosing some with co-morbid condition. We consider that, ideally, identification of SpLD should cover all children of preschool age for early intervention.

Co-ordination in Assessment Services

28. The present co-ordination between EMB and DH ensures that assessment tests on the same child are not duplicated and the assessment reports are shared. Their half-yearly liaison meetings serve as a valuable forum to enhance inter-departmental co-ordination on operational matters. However, we suggest that the scope of these meetings be extended to cover such major matters as clearer delineation of responsibilities and measures for closer co-operation and collaboration.

Collation of statistics

29. At present, EMB and DH keep separate statistics on cases assessed to have SpLD. Moreover, they adopt different counting methods and reporting years. There is a strong case for EMB and DH to align their statistical compilation and consolidate common figures for public consumption and overall planning of services.

Co-ordination in publicity

30. Given the low level of awareness and even lower understanding of SpLD among parents (para. 16), and even in the school sector, greater efforts must go into publicity and public education. In view of the inter-disciplinary nature of SpLD, EMB and DH should join forces in this respect.

Co-ordination with NGOs

31. The burden of responsibilities for services rests on the two Government agencies, especially EMB. With the commitment and contribution of NGOs in their mission to help children with learning difficulties, this could and should be shared with NGOs.

Recommendations

32. We appreciate the efforts of both EMB and DH in implementing improvement measures since April 2005, as a positive response to our investigation. There is still considerable scope for further advances. In this context, The Ombudsman makes the following recommendations for EMB and DH with two for the central Administration:

Assessment Criteria

- (1) EMB, in consultation with DH, to liaise and work with experts and stakeholders in this field, to review the assessment criteria and to come to more realistic and accurate data.

Enhancing Parents' Awareness

- (2) To work more closely with NGOs to raise parents' awareness of SpLD.
- (3) To consider establishing a one-stop service to disseminate co-ordinated and comprehensive information to parents and teachers.
- (4) To conduct a survey on the level of general awareness of SpLD and the effectiveness of publicity.
- (5) To launch enhanced publicity to strengthen parents' awareness of the available assessment services.

Improving Inter-departmental Co-ordination

Co-ordination in assessment services

- (6) To extend the scope of the liaison meetings between the two departments.

Collation in statistics

- (7) To align in statistical compilation and consolidate common figures for public consumption.

Co-ordination in publicity

- (8) To join forces for a co-ordinated strategy to enhance awareness of SpLD and the various assessment services in the public sector.

Improving Co-ordination with NGOs

- (9) To review how best Government can foster and enhance co-operation with NGOs in identifying and supporting children with SpLD.

Improving EMB Service (For EMB action)

Performance Pledge

- (10) To set target time frames for –
- (i) the remaining three stages of the “Assessment through Teaching”; and
 - (ii) the commencement and completion of assessment by the educational psychologist after referral by school or others.

Educational Psychology Services

- (11) To review critically both the work and modus operandi of its EPS, including the scope for further outsourcing.
- (12) To review the adequacy of the current monitoring of the performance of outsourced EPS

Assessment Reports

- (13) To provide, on request, both the parents and the schools concerned with assessment reports in full in terms that can be understood by lay persons.

Transparency of Process

- (14) To inform parents properly about the assessment process.

Support to Teachers

- (15) To continue to collect views regularly from teachers for improvement and help them resolve their difficulties in the implementation of the OCT exercise.

Improving DH Service (For DH action)

Performance Pledge for Student Health Service

- (16) To work out a target completion date for assessment for SpLD by the Student Health Service.

Assessment Reports

- (17) To provide, on request, the parents and the schools concerned with a detailed assessment report.
- (18) To continue diagnosing preschool children with co-morbid condition.

Clearer definition of responsibilities between EMB and DH (for central Administration's action)

- (19) To work out clearer definition of responsibilities between EMB and DH to enable parents and teachers to have better understanding of what, and where, services are available.
- (20) To examine the feasibility of identifying SpLD among preschool and kindergarten children for early intervention.

Comments from EMB and DH

33. EMB and DH have commented on our draft investigation report. We have, where appropriate, incorporated their comments into this final report.

34. EMB considers that our investigation has examined the issue of assessment “in a narrow sense, i.e. assessment for diagnosis only”.

35. DH emphasizes that problems surface only in the process of learning. In this context, it is ready to provide professional support or advice to assist EMB in the timely identification of SpLD cases within the education setting.

Final Remarks

36. The focus of our investigation is to examine the initial assessment of children for SpLD. We acknowledge that the assessment process is a continuum, best to begin at home and be followed up in school.

37. We also agree that SpLD is first an education issue and that EMB should take a leading role in identifying and helping children with SpLD. The exact division of responsibilities between EMB and DH involves resource availability and allocation. This is a policy consideration and a matter for the Administration.

38. We will monitor the implementation of our recommendations and look forward to their continued cooperation to our further study into support service for these children.

Acknowledgements

39. The Ombudsman sincerely thanks those who have provided assistance in our investigation, including EMB and DH, personnel of primary schools and NGOs, and certainly parents of children with SpLD.

Office of The Ombudsman
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Some types of SpLD

- (a) Dyslexia, a problem in reading and writing caused by difficulty in seeing the difference between letter or character shapes.
- (b) Mathematics disorder whereby the individual has significant difficulties with concepts of number, quantities and computation not explained by general intellectual cognitive difficulties such as mental delay.
- (c) Specific language impairment³ whereby the individual exhibits linguistic deficits affecting different aspects of linguistic performance, such as phonology (speech sounds), semantics (meaning), grammar and so on.
- (d) Dyspraxia (developmental co-ordination disorder) whereby the individual has difficulties in gross and fine motor execution, in postural control and balance, and is often described as “clumsy”.
- (e) Visual spatial organization and perceptual disorders⁴ whereby the individual has difficulties in understanding spatial relations, left/right concepts, and in perceptual organization of nonverbal output (including for drawing and handwriting).
- (f) Central auditory processing disorder⁵ whereby the individual has difficulties in processing and remembering language-related tasks.

³ “Dyslexia and other Specific Learning Disabilities”, Dr Catherine Lam from DH, in the web (<http://www.fmshk.com.hk/hkmd/may2001/sf20010504.htm>) searched on 27 September 2005.

⁴ Ditto.

⁵ Learning Disabilities Association of America web, (http://www.lidaamerica.us/aboutld/parents/ld_basics/print_ld.asp) searched on 14 February 2006.

A few real life examples from case studies

- Visual and spatial weakness
The alphabet “b” is seen as “d”, “p” as “q”, “u” as “n”, “cousin” as “nisuoc”, 「醒」 as 「星酉」 and 「村」 as 「寸木」.
- Difficulties in differentiating phonologically similar words
A child makes mistakes in dictation with words phonologically similar to the target words such as 「評」 becomes 「平」, 「克」 becomes 「黑」 and 「鋒」 becomes 「風」.
- Difficulties in recognizing words
A child commits errors in reading with comprehension of words that are of associative or semantic type such as 「爭吵」 becomes 「爭嘈」, 「秩序」 becomes 「規矩」, 「痊愈」 becomes 「感染」, 「時候」 becomes 「時間」 and 「參加」 becomes 「比賽」.
- Difficulties in orderly reading
A child has difficulties in reading texts line by line. When he finishes reading the first line, he would jump to the third line.
- Difficulties in orderly writing
A child has difficulties confining a Chinese character within the grid.
- Difficulties in memory retention
A child has short memory recall for the written word, and can completely forget vocabulary thoroughly reviewed just a few days ago.