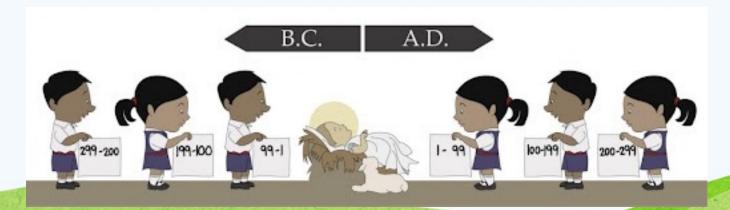


1500 B C - 475 A D

- Tried to explore the world
- Nature is ruled by GOD
- Philosopher began to ponder what is LIFE
- 1552 B C the use of the term of Intellectual disability in (Therapeutic Papyrus of Thebes)
- Idiot : Idiotos

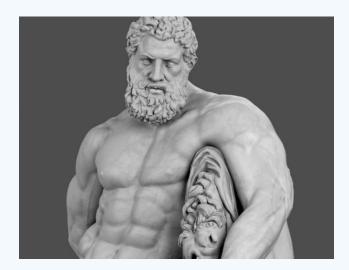


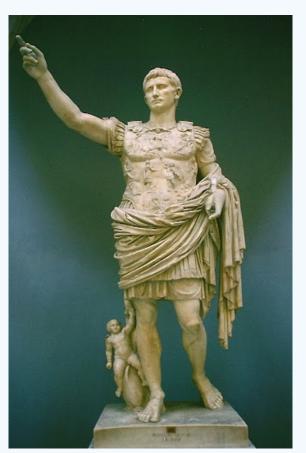
Ancient Greeks' and Romans' Standard of perfect Human Being

Appearance

• Physique

Olympics





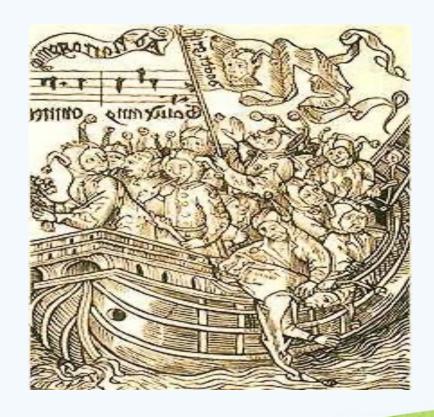


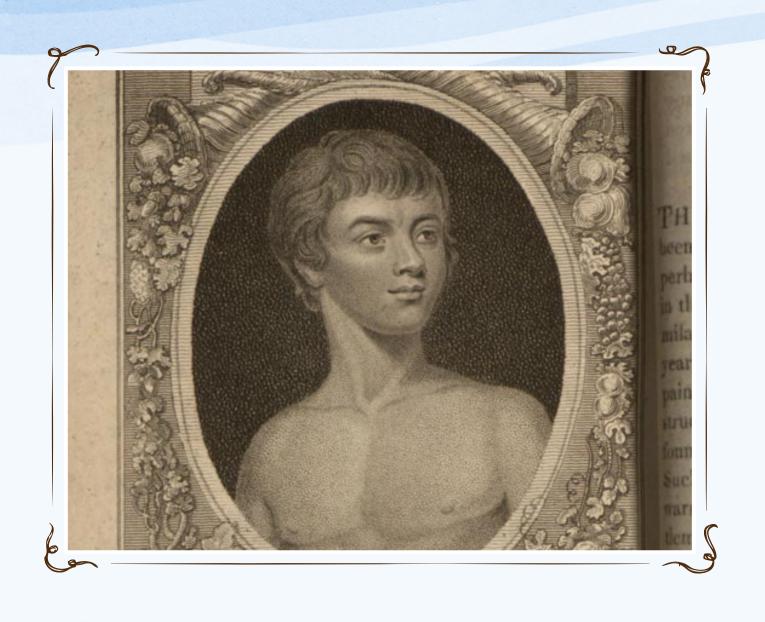
Not of Standard...

Imprisoned



Abandoned





1800: The beginning of Special Education:

Wild Child Itard

1700-1900: Big Sheltered Homes, Institutions

- 1752: The Quakers in Philadelphia were the first in America to make an organized effort to care for the mentally ill.
- 1845 Dorothea Dix helped to create the first asylum for people with mental disabilities in Trenton ,New Jersey





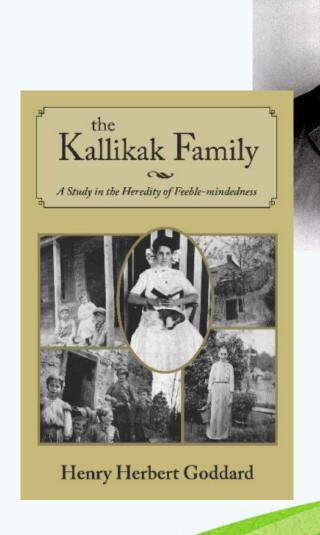


Service Development of Persons with Intellectual Disabilities

• 1910: IQ Assessemnt: A.Binet (France)

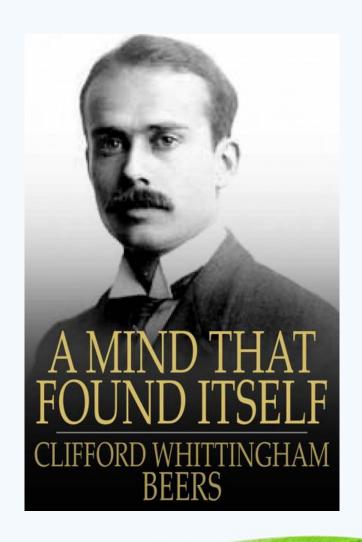
• 1912: 'Kallikak'Family: Dr.H.Goddard

• 1912-1950: Eugenics



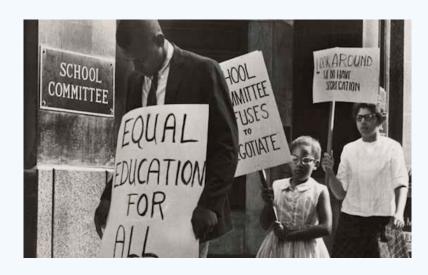
Early 20th Century Society

- In 1908, the mental health movement in the US began after Clifford Beers published a book about his experience in an asylum.
- The National Committee for Mental Hygiene was founded.
- The eugenics movement began and created laws that forced sterilization, institutionalization, and immigration for people with disabilities.



1930-1960s: Human Rights Movement / Parents' Movement

- 1930s, fighting for employment during the Great Depression.
- 1940s a group of psychiatric patients came together to form We Are Not Alone.
- 1950, several local groups came together and formed the National Association for Retarded Children (NARC).
- 1960, NARC had tens of thousands of members, most of whom were parents. They were dedicated to finding alternative forms of care and education for their children.



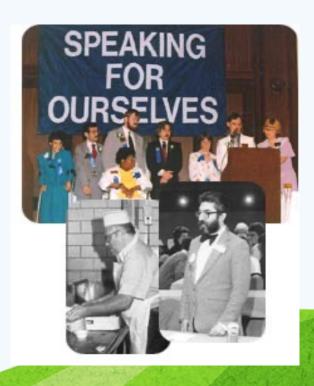


1970s: De-institutionalization / Normalization

- The idea of deinstitutionalization became popular in which closing large institutions was promoted.
- Normalization was part of this movement, in which the community would be the central provider of services of people with disabilities.







The movement in Hong Kong

- Before 1970'the rehabilitation service is Charity-based.
- 1976, the Government published the first Hong Kong Rehabilitation Program Plan (RPP).
- 1977, the first White Paper on Rehabilitation entitled "Integrating the Disabled into the Community: A United Effort" 《康復政策白皮書: 群策群力,協助弱能人士更生》

1980s: Community living, Legislation, Citizenship









The movement in Hong Kong

- The Rehab-bus and the Selective Placement Division of the Labour Department (勞工處展能就業科) have been put into service in 1980'.
- 1981, the Health and Welfare Division established the Commissioner for Rehabilitation to coordinate the formulation of rehabilitation policies and the provision of rehabilitation services.
- 1985, the Buildings Ordinance (Chapter 123) began to compulsorily require various types of buildings to provide barrier-free access and facilities for people with disabilities.

The movement in Hong Kong

- 1995, the second White Paper on Rehabilitation—Equal Opportunities and Full Participation 《康復政策白皮書:平等齊參與,展能創新天》
- Draw up the Disability Discrimination Ordinance (Chapter 487) to ensure that people with disabilities have equal opportunities in employment, education, housing, and daily life in society.
- 1997, Mental Health Ordinance (Chapter 136) to provide people with mental disorders, intellectual disabilities, and their careers with the necessary legal protection. In the same year, the government also began to implement the "Inclusive Education Policy" and the new design standard of "Design Manual: Barrier-Free Access 1997".
- 1999, to review the Hong Kong Rehabilitation Program Plan: Towards a New Rehabilitation Era (香港復康計劃方案:群策群力同創新紀元)

2000s: Human Rights Movement (2) Community Living







The movement in Hong Kong

- 2005-2007, the working group (Rehabilitation Advisory Committee) review RPP
- 2006, over 80 of Social Enterprise have been developed.
- 2008, update the "Design Manual: Barrier-Free Access 2008".
- The <u>United Nations Convention on the Rights of Persons with Disabilities</u> has entered into force for the People's Republic of China, including the Hong Kong Special Administrative Region on 31 August 2008. (聯合國殘疾人權利公約)
- 2017, The RAC has adopted the following three guiding principles in the formulation of the new RPP: abiding by the purpose of the United Nations Convention on the Rights of Persons with Disabilities.
- The RAC formally submitted the new RPP to the Government in June 2020. The Government accepts in principle the strategic directions and recommendations in the RPP, and will arrange for the implementation of the recommendations.

關於我們 最新消息 政策文件及立法會事務 局長網誌 重點項目 諮詢委員會 服務台 無障礙事宜 聯絡我們

主頁 > 重點項目 > 《殘疾人及康復計劃方案》

政府長者及合資格殘疾人士公共交 通票價優惠計劃

長者牛活津貼

法定最低工資制度的殘疾僱員生產能力評估

在職家庭津貼

安老服務計劃方案

《殘疾人及康復計劃方案》

一站式資訊平台提供殘疾人士就業 支援服務

// ナケトナ ロロナ // ナオ // コ ナニ・11001年 ==

聯合國《殘疾人權利公約》

持續進修基金

香港人才清單

《殘疾人及康復計劃方案》

背景 ^

- 《殘疾人及康復計劃方案》(《方案》)就殘疾人士的各種服務需要闡述策略性方向及措施。行政長官在2017年《施政報告》宣布委託康復諮詢委員會 (康諮會) 開展制定新《方案》的工作。
- 康諮會在制定新《方案》時,採用了三個指導原則:恪守聯合國《殘疾人權利公約》的宗旨;以貫穿人生歷程的方式檢視殘疾人士不同人生階段各方面的需要;以及推動跨界別、跨部門的協作,共同為殘疾人士建構傷健共融的社會。
- 制定新《方案》的工作分為「訂定範疇」、「制訂建議」及「建立共識」三個階段,每階段均有安排公眾參與活動。三個階段的公眾參與活動在2018年3月至2020年1月期間進行。康諮會於2020年6月正式向政府提交新《方案》。政府原則上同意《方案》提出的策略方向和建議,並會就落實各項建議作出跟進。

《方案》報告全文 ^

起生全文中

https://www.lwb.gov.hk/tc/highlights/rpp/index.html

UNITED NATIONS: Guiding Principles of the Convention

There are eight guiding principles that underlie the Convention and each one of its specific articles:

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons 尊重固有尊嚴和個人自主
- Non-discrimination不歧視
- Full and effective participation and inclusion in society 參與和融入社會
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity尊重差異及接受殘疾人士是人類多樣性的展現
- Equality of opportunity機會均等
- · Accessibility無障礙
- Equality between men and women 男女平等
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities 尊重殘疾兒童逐漸發展的能力及其獨特身份

UN CRPD: New thinking in the international community

社會模式 Social Model

模式

Diversity Model

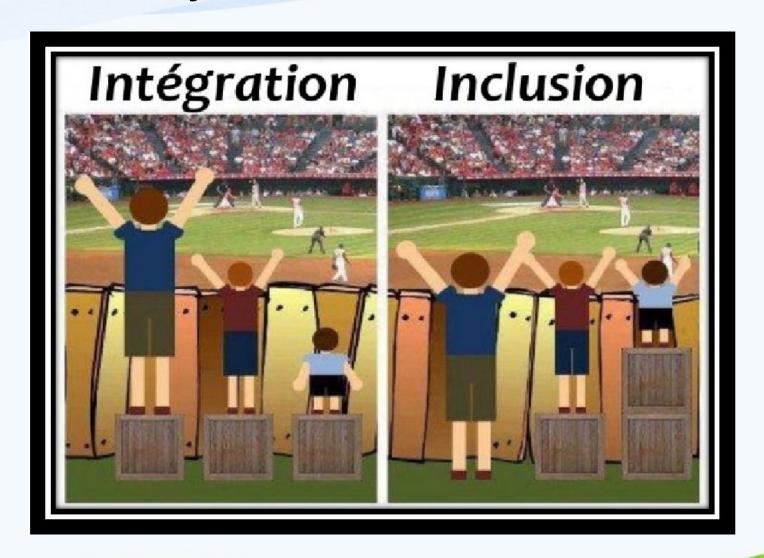
多元全納

權利模式 Rightsbased

慈善 Charity approach 醫療模式

Medical Model

With inclusion, everyone benefits from what he /she needs



What is Intellectual Disability?

- The people who are Intellectual Disability, they are below-average intelligence or mental ability and have difficulties in adapting to independent living functioning, such as learning, communication, self-care, social and practical adaptive skills.
- Those people could learn new skills, but they learn them more slowly and need to learn with a small step. There are varying degrees of intellectual disability:

Child Assessment Service, Department of Health, 2019

How Common is Intellectual Disability?

According to international statistics, ID occurs in approximately <u>about 1</u> in 100 persons in the general population, with a male to female ratio of 1.5 to 1. Amongst them, about 85% fall within mild grade, 10% within moderate grade, and the remaining within the severe (around 4%) or profound (around 1%) range.

香港特別行政區政府統計處2014年發佈的《從綜合住戶統計調查搜集所得的社會資料:第62號專題報告書》統計評估顯示,全港智障人士的總數約為71,000人至101,000人(佔全港人口1.0%至1.4%),即代表約100人便有一名智障人士。

Intellectual Assessment

Accredited assessor:

- ✓ Doctor (Pediatrics / Psychiatry)
- ✓ Clinical psychologist
- ✓ Educational psychologist

Most common recognized intelligence tests in Hong Kong, such as Wechsler Intelligence Scales and Stanford-Binet Intelligence Scales (Stanford-Binet Intelligence Scale) etc..



The varying degrees of Intellectual Disability

There are numerous ID classification levels, and the standard varies from country to country. In Hong Kong, The average IQ is 90-110, and the ID persons are categorized as follows:

Category	IQ	Proportion	Characteristics
Mild	50-69	85%	 Can generally learn in reading and writing Could understand abstract concept May have jobs and live independently
Moderate	25-49	10%	 Can learn basic reading and writing Able to learn functional skills: self-care Need to be supervised or assist
Severe	25 or below	5%	 May learn some self-help skills and routines Need supervised the daily activities and living environment. Some needed intensive support. Ongoing nursing and therapy

The cause of Intellectual Disability?

In clinical settings, clear organic or biological causes can be identified in approximately 25 to 50% of cases. The causes of intellectual disability can be categorized into prenatal and postnatal.

- Prenatal causes include those that are caused before birth including:
 - Abnormal genes
 - Foetus infected by virus
- Postnatal causes refer to the ones after a baby was born including:
 - Abnormal labour and delivery of the baby
 - Appropriate treatment is not received during sickness

Normalization 常態化/正常/平常化

- 1. A normal rhythm of the day (eating, sleeping) 日常生活節奏(飲食/休息)
- 2. A normal routine (living, work, school) 日常作息(生活/工作/上學)
- 3. A normal rhythm of year (holidays) 平常周年節慶(假期)
- 4. Normal developmental experiences 成長經歷
- 5. The chance to make choices 有選擇的機會
- 6. The right to live heterosexually (not segregated into "men only" or "women only" accommodations) 有權體現個人性別的生活
- 7. A normal economic standard。有一般的經濟水準
- 8. The right to live, work and play in normal communities。有權在社區居住/工作/娛樂

Central Referral System for Rehabilitation Services (CRSRehab)

It manages the central waiting lists of the day and residential services for people with disabilities who are **over 15-year-old**.

It is to ensure uniformity in referral procedure and service admission criteria. With the exception of community support service to which applicants may approach directly for service, all applications for day or residential services for people with disabilities, unless otherwise specified, have to be made by **social workers** to this System for registration.

- Day Service
- Residential Service

Intellectual disability Services under SWD

The target group is mentally handicapped persons aged 15 or above. The services include:

- Day Training or Vocational Rehabilitation Service
- Residential Service
- Community Support Service

https://www.swd.gov.hk/en/index/site_pubsvc/page_rehab/sub_list
ofserv/id_sermentalhandi/

Day Training or Vocational Rehabilitation Service

- 1. Day Activity Centre
- 2. Sheltered Workshop
- 3. Integrated Vocational Rehabilitation Services Centre
- 4. Integrated Vocational Training Centre
- 5. Integrated Rehabilitation Services Centre

The new trend of the Vocational Rehabilitation Service

《香港康復計劃方案》檢討工作小組「制訂建議」階段報告

公開就業

(例:社會企業、私人企業)

視乎公開就業的可能

潛能/才華栽培

(例:藝術創作、手工藝制作、 資訊科技應用)

視乎公開就業的可能性

支援就業 輔助就業 殘疾人士在職培訓計劃 陽光路上培訓計劃

視乎公開就業的可能

性

基本內容

按能力及才能

(A) 生活技能培訓

(例:情緒管理、社交技巧、個人 理財、自我照顧及生涯規劃)

(B) 模擬職業訓練/實習

按能力及才能

工作訓練

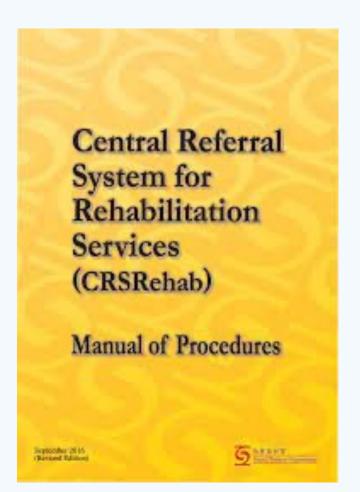
(例:店務、後勤、倉務、行政 支援)

Residential Service

- 1. Care and Attention home for Severely Disabled Persons
- 2. Hostel for Severely Mentally Handicapped Persons
- 3. Hostel for Moderately Mentally Handicapped Persons
- 4. Supported Hostel
- 5. Integrated Vocational training Centre- Residential Service

Central Referral System for Rehabilitation Services

- 1. Nursing Care Need
- 2. Functional Impairment
- 3. Challenging Behavior
- 4. Family Coping



Community Support Service

- 1. District Support Centre for Persons with Disabilities
- 2. Day care service for Persons with Severe Disabilities
- 3. Social and recreational Center for the Disabled
- 4. Parents Resource Centre
- 5. Community- based Support Projects for People with Disabilities
- 6. Self-help Organizations of people with Disabilities
- 7. Residential Respite Service
- 8. Emergency Placement Service /Place of Refuge

現時的社區支援服務

中心為本服務

家居為本服務

社區網絡

康復及照顧 服務

獨立生活、 社交及職業 適應訓練

照顧者支援

社交及康樂 活動 残疾人士 地區支援 中心

[16間中心, 合共會員 人數約 5 900人。 將增加五 間中心至 21間]

家長/親屬資 源中心

[12間中心,平均每 月的家庭會員數目約 7 000個。終增加7間 中心至共19間。]

残疾人士社交 及康樂中心

[17間中心,合共 會員人數約 22 800人] 日間社區康復中心

[四間中心,每日 每間中心的平均 到訪人次約為120]

- · 嚴重殘疾人士 日間照顧服務 [約200個名額]
- 四肢癱瘓病人 過渡期護理支 援中心

[一間中心,22個 過渡性住宿及暫 顧住宿服務名額 以及20個日間訓 練名額] · 嚴重殘疾人 士家居照顧 服務

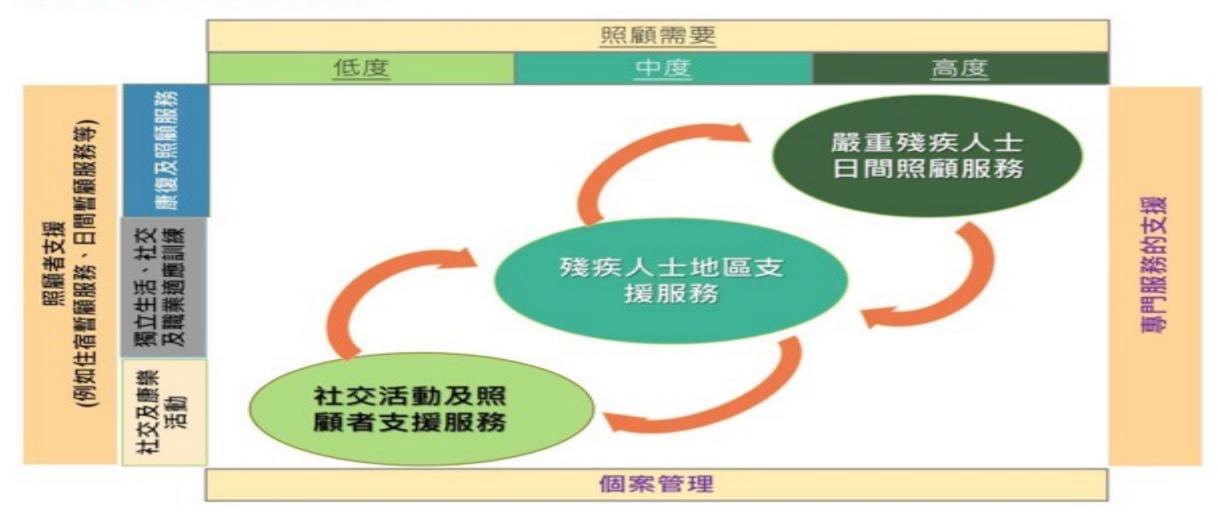
[六間機構, 約3 250個服 務名額]

 嚴重肢體傷 残人士綜合 支援服務 [兩間機構約 900個服務名 額] 社區復康網絡[6個服務單位]

《香港康復計劃方案》檢討工作小組「制訂建議」階段報告

The new trend of the Community Support Service

社區支援服務



Reference

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- Social Welfare Department
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- The New York Time, 2019
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