

**Funding and Service Agreement<sup>1</sup>**

**On-site Pre-school Rehabilitation Services (OPRS)**

**I. Service Definition**

**Introduction**

On-site Pre-school Rehabilitation Services (OPRS) are one of the subvented pre-school rehabilitation services providing a spectrum of on-site rehabilitation training and support for children under the age of six attending the participating kindergartens (KGs)/kindergarten-cum-child care centres (KG-cum-CCCs) who have been assessed to have mild disabilities (i.e. Tier 2 children) and having early signs of special needs (i.e. Tier 1 children) through a school-based and integrated approach. The OPRS Service Team also provides training and support to parents/carers and teachers/child care workers of the target children.

**Purpose and Objectives**

2. The objectives of OPRS are to deliver on-site rehabilitation services for children with different levels of disabilities and special needs who are attending KGs/KG-cum-CCCs through –

- (a) early identification and intervention, training and support to children assessed with disabilities and special needs;
- (b) training and support for teachers/child care workers on knowledge and skills in working with children with disabilities and special needs; and
- (c) support for parents/carers on positive attitude and effective skills in nurturing their children with special needs.

**Service Nature and Content**

3. The services provided by an inter-disciplinary service team of Service Operator under a school-based and integrated approach shall include but not limited to the followings –

For children with different levels of disabilities/special needs

- (a) screening/assessment for children with early signs of special needs;
- (b) on-site individual/group training and support;
- (c) class-based observation/assessment and support; and
- (d) centre-based training.

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<sup>1</sup> This Funding and Service Agreement is a sample document for reference only.

For teachers and child care workers

(e) professional consultation/talks/workshops/seminars, class-based support/assessment/demonstration and case review conference.

For parents/carers

(f) consultation/training/talks/workshops/seminars on knowledge and skills in nurturing children with disabilities/special needs.

**Target Service Users**

4. The Tier 2 service users of OPRS are children who are attending the participating KGs/KG-cum-CCCs and have mild disabilities. It may also admit children with moderate to severe disabilities and on the waiting list of Special Child Care Centre (SCCC) service as a transitional arrangement until SCCC places become available. Children on the waiting list for OPRS will be served with support services upon their registration of wait-listing to the Central Referral System for Rehabilitation Services – Subsystem for Disabled Pre-schoolers (CRSRehab-PS).

5. The service users of Tier 1 Support Services are children studying in the participating KGs/KG-cum-CCCs awaiting assessment by Child Assessment Centres (CACs), or assessed by CACs to have borderline developmental problems, or assessed by the OPRS Team as having special needs with reference to the standardised checklist. Tier 2 children with notable progress under OPRS may receive Tier 1 training/ support commensurate with their actual needs and having assessed by the inter-disciplinary service team at the case review meeting.

6. Teachers and child care workers and parents/carers of the children with special needs mentioned in paragraphs 4 and 5 are also target service users of OPRS and Tier 1 Support Services.

**Eligibility Criteria**

7. Children who are attending the participating KGs/KG-cum-CCCs, under the age of six and with mild disabilities as assessed by paediatricians, clinical psychologists, educational psychologists or other qualified professionals as recognised by the Social Welfare Department (SWD) can apply for OPRS; children who are on the waiting list of SCCC service can apply for OPRS as a transitional arrangement; and children on the waiting list for OPRS can receive OPRS support services when they are waitlisted under CRSRehab-PS.

8. Children who are attending the participating KGs/KG-cum-CCCs and awaiting assessment by CACs, or assessed by CACs to have borderline developmental problems, or assessed by the OPRS Team as having special needs with reference to the standardised checklist can be served by OPRS Team.

9. Referrals to OPRS may be made by social workers of medical social service units, integrated family service centres, family and child protective services units, adoption unit,

social work service units for pre-primary institutions or designated service units through the CRSRehab-PS.

10. Application for Tier 1 Support Services can be made by parents/carers and teachers/child care workers to Service Operators of OPRS with appointment slip or assessment report of CAC. Service Operators can also provide Tier 1 Support Services for children who are assessed to have special needs and in need of Tier 1 support services with reference to the standardised checklist.

11. SWD reserves the right to determine the placement of special or marginal case on individual case merits.

### **Capacity**

12. Each service team of OPRS has a capacity of at least 100 service places for Tier 2 children and has to provide OPRS support services for children on the waiting list of OPRS under school-based approach. To offer comprehensive and timely assistance to Tier 1 children, each service team of OPRS has to provide Tier 1 Support Services for not less than 100 Tier 1 children under a school-based and integrated approach.

## **II. Performance Standards**

13. The Service Operator is required to achieve the performance standards in accordance with different team size and performance as pledged by the Service Operator. Where applicable, the agreed level is drawn up on a pro-rata basis.

### **Outputs**

#### **For one service team serving 100 OPRS children and 100 Tier 1 children**

<b>Output Standard</b>	<b>Output Indicator</b>	<b>Agreed Level</b>
1.	Rate of completing developmental assessments for each child in a period of six months <i>(Note 1)</i>	95%
2.	Rate of achieving individual training plans in a period of six months <i>(Note 1)</i>	95%
3.	Rate of completing case review conference on child progress for tier movement for each child in a period of six months <i>(Note 1)</i>	95%
4.	Rate of providing monthly average 3-training hours for a child on OPRS waiting list in a year <i>(Notes 2 &amp; 3)</i>	90%
5.	Total number of training hours provided to i) children, ii) parents/carers, and/or iii) teachers, child care workers and/or teaching personnel in	8 000

**Service-specific Sections****Funding and Service Agreement**

	a year ( <i>Notes 3 to 7</i> )	
5a.	Out of Output Standard (OS)5, minimum number of individual/ group/ class-based training hours delivered for children in a year ( <i>Notes 3 to 6</i> )	OPRS
		5 000
		Tier 1
		1 250
5b.	Out of OS 5, minimum training hours provided by therapists [Clinical Psychologist (CP)/ Educational Psychologist (EP)/ Occupational Therapist (OT)/ Physiotherapist (PT)/ Speech therapist (ST)] for children in a year ( <i>Notes 3 to 6</i> )	OPRS
		2 580
		Tier 1
		172

**Outcomes**

<b>Outcome Standard</b>	<b>Outcome Indicator</b>	<b>Agreed Level</b>
1.	Rate of parents/ guardians/ carers being satisfied with the overall services delivered to the children in a year ( <i>Note 8</i> )	80%
2.	Rate of teachers/ school personnel considering the services enhanced their capabilities in handling the diverse needs of children ( <i>Note 8</i> )	80%

**Essential Service Requirements**

14. The Service Operator is required to comply with the essential service requirements as follows:

- the opening hours of individual service teams shall be not less than 48 hours per week;
- individual service teams shall comprise essential staff for the service (including registered social worker, physiotherapist, occupational therapist, speech therapist, clinical/educational psychologist and special child care worker); and
- individual service teams have to comply with the latest CRSRehab-PS and relevant guidelines and procedures.

**Quality**

15. The Service Operator shall meet the requirements of the 16 Service Quality Standards (SQSs).

**III. Obligation of SWD to Service Operator**

16. SWD will undertake the duties set out in the General Obligations of SWD to the

Service Operator as specified in the Funding and Service Agreement (FSA) Generic Sections.

17. In addition, SWD will meet the following service-specific standard of performance. The actual performance of the department in relation to this obligation is expected to affect the ability of Service Operator to meet its required standards of performance:

- To provide a referral from the CRSRehab within **28 days** of written notification of a vacancy, provided that there is a referral with updated and complete information in hand. Should a referral not be in hand, SWD will negotiate with the Service Operator as appropriate.

#### **IV. Basis of Subvention**

##### **Funding**

18. The basis of subvention is set out in the offer and notification letters issued by SWD to the Service Operator.

19. An annual subvention will be allocated on a Lump Sum Grant (LSG) mode to the Service Operator based on existing time-defined period. This lump sum has taken into account the personal emoluments, including provident fund for employing essential staff including special child care workers, registered social workers, occupational therapist, physiotherapist, speech therapist, clinical/educational psychologist and supporting staff, and other charges (covering all other relevant operation expenses including employees' compensation insurance, public liability insurance and training allowance) applicable to the operation of the service. Subject to SWD's prior approval, Rent and Rates in respect of premises recognised by SWD for delivery of the subvented activities will be reimbursed separately on an actual cost basis.

20. In receiving the LSG, the Service Operator is accorded flexibility in the use of the grant but required to observe the guidelines set out in the latest LSG Manual, LSG Circulars, management letters and correspondence in force as issued by SWD on subvention policies and procedures. The LSG will be subject to adjustments including salary adjustments in line with civil service pay adjustments and other charges in line with the price adjustment factor, currently the Composite Consumer Price Index. The Government will not accept any liabilities or financial implication arising from the services beyond the approved funding.

##### **Payment Arrangement, Internal Control and Financial Reporting Requirements**

21. Upon the Service Operator's acceptance of the FSA, payment of the LSG subventions will be made on a monthly basis.

22. The Service Operator is responsible for maintaining an effective and sound

financial management system, including budget planning, projection, accounting, internal control and auditing. It should maintain proper books and records and supporting documents on income and expenditure relating to the service teams and make them available for inspection by the Government representative.

23. The Service Operator shall submit the Annual Financial Report (AFR) as reviewed and the annual financial statements of the non-governmental organisation (NGO) as a whole as audited by a certified public accountant holding a practising certificate as defined in the Professional Accountants Ordinance (Chapter 50) and signed by two authorised representatives of the NGO, i.e. Chairperson/ NGO Head/ Head of Social Welfare Services in accordance with the requirements as stipulated in the latest LSG Manual. The AFR should be prepared on a cash basis and non-cash items such as depreciation, staff leave accrual etc. should not be included in the AFR.

### **Corruption Prevention and Probity Requirements**

24. It is the responsibility of the Service Operator to ensure that its management, board members and staff comply with the Prevention of Bribery Ordinance (Cap. 201) and the relevant requirements. The Service Operator shall prohibit the members, staff, agents, and contractors from offering, soliciting or accepting advantages when discharging their duties under the FSA. With regard to the provision of the subvented services, the Service Operator shall avoid and declare any conflict of interest.

25. The Service Operator should also make reference to the relevant guidelines on corruption prevention and probity requirements to uphold integrity in every aspect, including but not limited to the governance structure, internal control, financial/fund management, procurement, staff administration, delivery of services/activities, management of maintenance works as set out in the “Best Practice Checklist on Governance and Internal Control in Non-Governmental Organisations” and the “Integrity and Corruption Prevention Guide on Managing Relationship with Public Servants” issued by the Independent Commission Against Corruption.

### **V. Validity Period**

26. This FSA is valid for a time-defined period. Should the Service Operator be in breach of any terms of condition of this FSA and fail to remedy the same in such manner and within such time as shall be specified in a written notice from SWD, SWD may, after expiry of such notice, terminate this FSA by giving 30 days’ notice in writing to the Service Operator.

27. Where there is any change to the performance standards within the agreement period, SWD will seek mutual agreement with the Service Operator and the Service Operator will be required to achieve new requirements in accordance with the specified implementation schedule.

28. Continuation of service for the next term will be subject to the relevant

considerations such as the prevailing policy directive, service needs and the performance of the Service Operator. SWD reserves the right to reallocate the service.

29. The SWD may immediately terminate the FSA upon the occurrence of any of the following events –

- (a) the Service Operator has engaged or is engaging in acts or activities that are likely to constitute or cause the occurrence of offences endangering national security or which would otherwise be contrary to the interest of national security;
- (b) the continued engagement of the Service Operator or the continued performance of the FSA is contrary to the interest of national security; or
- (c) the SWD reasonably believes that any of the events mentioned above is about to occur.

**VI. Other References**

30. Apart from this FSA, the Service Operator should also comply with the requirements/commitments set out in the respective Service Specifications, the Service Operator's proposals and supplementary information, if any. Where these documents are in conflict, this FSA shall prevail. The Service Operator's compliance with all these documents will be closely monitored by SWD.

**Notes and Definitions**

1. Rate of completing developmental assessment/ achieving individual training plans/ completing case review conference for each service user of OPRS and Tier 1 (hereafter OPRS user and Tier 1 user respectively) in a period of six months
  - (i) Developmental assessment refers to an evaluation of each service user's performance in concerned skill areas. An assessment conducted by more than one specialists for OPRS children and by at least one specialist for Tier 1 user respectively should be in place.
  - (ii) Achieving individual training plans refers to completion of plans which should include objectives, specific goals, process of service delivery, programme content and time frame for achieving or reviewing goals.
  - (iii) Case review conference conducted by at least two professionals (including special child care worker, registered social worker, occupational therapist, physiotherapist, speech therapist, clinical/educational psychologist, etc.) should be incorporated for each service user.
  - (iv) Calculation:
$$\frac{\text{Total number of developmental assessments / individual training plans / case review conference completed in the period}}{\text{Total number of developmental assessments / individual training plans / case review conference required in the period}} \times 100\%$$
2. Service users on OPRS waiting list should not include the service users of subvented or subsidised pre-school rehabilitation service such as transitional service of EETC or TSP and special cases (such as offer of long-term places within one month, or cases not ready for service, e.g. temporary away from Hong Kong, and etc).
3. Hours of training by all modes including individual, group, programme, class-based should exclude preparation and/ or travelling time. Each session of group/ programme/ class-based training/ consultation/ case review conference should not last less than 30 minutes. A maximum of 4 hours would be counted for each session.
4. OS5, OS5a and OS5b are calculated on pro-rata basis and the numbers will be rounding up to an integer.
5. Training should be educational. Training hours delivered by psychologist, SCCW and therapist in a group session is to be calculated by the actual training hours received by the child irrespective of the number of personnel who deliver the training (e.g. for a group training session of 2 hours to 5 children, total training hours = 10).
6. Class-based training refers to integration with classroom routine providing in-class support to children with direct treatment.
7. Support for parents/ carers refer to the transfer of knowledge and skills that providing support to parents and/or carers of Tier 1 and/ or OPRS users. Support for teachers includes consultation for advice and demonstration given to the teachers, child care workers and/or teaching personnel of the connected KGs/KG-cum-CCCs. Telephone consultation with record provided to teachers, child care workers and/or teaching personnel would be counted.



8. The percentage of users indicating satisfaction to be counted on the basis of the total number of parents/guardians/carers/ teachers/ child care workers / teaching personnel having completed the “User Satisfaction Form” (服務使用者意見調查問卷).