

**SURVEY ON OBSTACLES TO PERSONS
WITH A DISABILITY IN NON-EMPLOYMENT FIELDS
IN HONG KONG
1998-1999
(FULL REPORT)**

**SURVEY ON OBSTACLES TO PERSONS WITH A DISABILITY
IN NON-EMPLOYMENT FIELDS IN HONG KONG 1998-1999**

Executive Summary

Background

The Equal Opportunities Commission (EOC) contracted with the Health & Health Care Behaviour Group of the Department of Community Medicine and Unit for Behaviour Sciences, the University of Hong Kong to carry out a survey of non-employment obstacles to persons with a disability (PWDs) living in Hong Kong in April 1998. The objectives of this study were two-fold:

- (1) to identify key obstacles or discrimination faced by PWDs in their daily life in respect of education; provision of goods, services and facilities; housing and accommodation; sports and community activities participation; and people's attitudes towards them;
- (2) to identify the degree and manifestation of hindrance posed by obstacles or discrimination to persons with different types of disability: physical handicap with mobility problems; visual impairment; hearing impairment; mental handicap; mental illness; and chronic illness.

Methods

The present study was divided into two phases:

- (1) In-depth study: The purpose of this phase was to formulate questions for the questionnaire of the study. Two types of qualitative research methods were adopted to explore the experience of PWDs in non-employment fields, i.e., in-depth interview and focus group interview. Between May and July 1998, we recruited and qualitatively explored the issues among 71 persons with a disability, or their proxies, to construct the questionnaire which was subsequently administered in the survey research;

- (2) Survey research: The second phase of this study was a survey. The information was collected by means of the structured questionnaire through face-to-face interview.

After piloting the questionnaire in August 1998, the main survey took place from September 1998 to August 1999. In total, 1,348 PWDs or their proxies were interviewed. These people were proportionally sampled to represent as closely as possible the six categories of disability: visual impairment (7%), hearing impairment (7%), physical handicap (15%), mental handicap (30%), mental illness (12%) and chronic illness (29%). Twenty-six percent of the respondents were proxies. Nearly 43% of the sample had more than one type of disability. About 55% of the entire sample was male. The average age of the respondents was 35. Nearly 60% of all respondents fell into the age range between 20 and 49. About two thirds (66%) of the respondents were single, 26% were married, 3% widowed and 3% divorced. Almost one fifth (19%) of all the respondents were working. About 18% of PWDs were living in a hostel. Many respondents (44%) were living in public housing, and nearly a quarter (24%) lived on their own property. Most respondents were living with their spouse, children or parents. Excluding respondents who were living in hostels, the number of persons in each household ranged between one and ten, with a mean of four. Approximately a quarter of the respondents (27%) lived on Comprehensive Social Security Assistance, a quarter (25%) supported themselves, and one fifth (22%) were dependent on their spouse's financial support. Twenty-three percent of all respondents reported that their income was not enough for their daily expenses.

Study Instruments

The in-depth interviews and focus group interviews were guided by a set of questions derived from the case study protocol. From these interviews, specific locally relevant themes were generated for constructing the questionnaire for the main survey. The EOC requested coverage of education; access to premises; provision of goods, services and facilities; disposal and management of premises; consent for assignment or sub-letting; clubs and sports activities; and government services. Respondents of the in-depth and focus group interviews were asked about these areas, and arising from this, the questionnaire of the main study was formulated addressing education, provision of goods, services and facilities, housing and accommodation, participation in sports and community activities, and people's attitudes towards and treatments of PWDs.

Results

1. Education

- 1.1 This section examined PWDs' experience in the course of education with special reference to the effect of the disability on studying and learning, changing schools, and the difference between mainstream and special schools.
- 1.2 About 55% of the respondents (744 out of the 1,348) had a disability at the time they were in school. When they were asked whether they had experienced any problem in school due to their disability, about one-third reported no problems. Problems reported by the other two-thirds tended to concentrate on curriculum or supports from teachers (25% of those who had a disability while in school), social problems (18%) and individual problems (25%). There was variability in the problems which were more likely reported by the respondents depending on their disability types. For example, curriculum or supports from teachers were more frequently reported as problems by the hearing impaired (55%), mentally handicapped (30%) and mentally ill (32%) groups. Social problems were more common encountered by the mentally ill (29%) and hearing impaired (22%) groups. The mentally ill (50%), chronically ill (56%) and visual impaired groups (27%) were more likely to reported problems related to individual factors than other groups.
- 1.3 The majority of respondents in the mentally ill group were not currently in school. Those having a mental illness while in school reported more frequently problems than any other disability group. Only 15% of them reported no problems. About half indicated individual problems, and almost a third each indicated problems of curriculum or supports from teachers (32%), and social problems (29%). The mental ill students may have particular difficulties in receiving education.
- 1.4 Only 163 respondents were currently studying in special schools. Among them, 39% experienced no problems in the course of study. About 28% of those attending special schools reported problems in curriculum or supports from teachers. Individual problems such as emotion, lack of motivation and learning difficulties were present in about one in four of the current attendees in both regular and special schools. For those who were currently attending special

schools, the needs of mentally handicapped group were least well catered for when comparing to the other disability groups; only 29% of the 79 respondents with mental handicap reported no problem in the course of studying. This group expressed more problems in the areas of curriculum or supports from teachers (34%) and in dealing with personal problems (32%).

- 1.5 About 71% of those aged 18 and below changed schools mainly because of problems related to curriculum or supports from teachers. The majority of individuals indicating this reason for change were from the mentally handicapped group. The change of schools could be from a regular school to a special school, or vice versa. But, overall, most of the respondents who changed schools were currently studying in special schools.
- 1.6 Around 60% of respondents aged 18 and below studying in special schools were satisfied with their school facilities and environment as compared to facilities and environment in regular schools. The mentally handicapped group tended to rate these two aspects lower than other disability groups.
- 1.7 From the point of view of PWDs and their families, programmes, teachers and facilities that were more closely matched to the needs of PWDs would improve their education opportunities.

2. Provisions of goods, services and facilities

- 2.1 This section investigated the problems relating to provisions of goods, services and facilities experienced by PWDs. The issues explored were drawn from the concerns raised by the focus group and in-depth interview respondents, namely transportation, community facilities and services in both private and public sectors, and medical services.
- 2.2 For transportation, problems faced by PWDs in the use of public buses and minibuses, Mass Transit Railway/Kowloon-Canton Railway (MTR/KCR), the Light Rail Transit (LRT) system, trams, taxis, ferries and the Rehab Bus service were explored. It was common for PWDs to use public buses, MTR/KCR, and taxis rather than LRT, trams, and ferries. Generally, respondents, who used public transport, reported few problems (below 10%), with the exception of either problems of access or getting on/off for those with

physical handicap, visual impairment and chronic illness. However, between one third and 50% of users required assistance or companion while using transport. By far the most common problem seemed to be the passengers' and drivers' attitudes towards PWDs. Respondents of the physically handicapped and mentally handicapped reported more of these problems. Booking of Rehab Bus service was a prevalent concern, especially by physically handicapped persons. For those who did not use the public transport, some reported that they had no need to take certain types of transport listed. However, the most common reasons for not using transport included: 1) the transport facilities were not disabled friendly, and 2) they had experience of discrimination by drivers and passengers.

2.3 With regard to community facilities, respondents were asked about their utilization of public libraries, public swimming pools, stadia and sports centres, parks and playgrounds, city halls and museums, country parks and BBQ areas, cinemas, shopping malls, public washrooms and public washrooms for PWDs. These facilities were generally used by the respondents. Less than 10% of the respondents who used these facilities experienced problems of some kinds, such as difficulty in getting readers' rights from libraries and problems with the use of swimming pool changing rooms, with the exception of problems related to the use of public washrooms and washrooms for PWDs. Between a quarter and 70% of the disability groups who used community facilities required assistance or were accompanied. More respondents reported problems related to hygiene and facilities than other problems while using public washrooms. Washrooms for PWDs were either found to be locked or filled with sundries inside at the time they wanted to use it. For respondents of physically handicapped, visually impaired and chronically ill groups, access and use of facilities were frequently problematic. Other users' negative attitudes towards PWDs while they were using those community facilities were also frequently reported. For those who did not use such facilities, some reported that they were not interested or had no need to use those facilities. A few indicated that the disability presented a barrier against use.

2.4 Problems faced by respondents in utilizing restaurants, banking, retail outlets, supermarkets and other markets, and in joining activities and interest groups held or organized by the then Regional or Urban Councils were also investigated. Generally, between a quarter and 50% of respondents required

assistance or were accompanied in the course of using these community services. Less than 10% of them reported problems. Access difficulties and negative attitudes of staff, other users and shoppers were problems commonly encountered by PWDs. Respondents of the physically handicapped, visually impaired, hearing impaired and mentally handicapped groups reported more of these problems than the other disability groups. For those who did not use these services, some reported that they were not interested or had no need to use these services. A few indicated that their disability and lack of user-friendliness of the services were reasons for not using such services.

- 2.5 Problems of access and utilisation of medical services for a range of public and private health care providers were examined. In the use of medical services, the respondents encountered similar problems as able-bodied users, namely long queues and waiting when using Government out-patient and specialist clinics. A major complaint with government medical facilities related to the attitudes of the doctors and, to a lesser extent, nurses, though these were reported less with private medical facilities. A similar range and prevalence of problems was reported with government dental clinics. Of concern is that 10% of respondents reported problems with nurses' attitudes and 8% with doctors' attitudes when hospitalized. With regard to physiotherapy and/or occupational therapy services, the utilisation rate was at 10%. Only 5% or less of users reported problems such as the use and booking of facilities. The use of traditional Chinese medical treatment was low at 9%, and very few problems were reported. The same proportion of respondents used Accident & Emergency services; they reported that waiting for services was a major problem, followed by doctor's attitudes. Almost one in six reported that, over the past six months, their doctor gave them few opportunities to voice their concerns. Eighty-five percent felt that their doctor was very (17%) or somewhat (68%) helpful. Sixty-five percent of the respondents reported that nursing staff attending them showed caring attitudes. Compared with other disability groups, the mentally ill, hearing impaired, mentally handicapped and chronically ill groups experienced more problems with doctor's negative attitudes.

3. Housing and accommodation

- 3.1 This section delineated the prevalence of problems in application, rental or purchase of a public, private or hostel accommodation, the types of problems encountered and the outcome of the application by PWDs.
- 3.2 The majority of respondents experienced few problems relating to housing. The most common problems experienced were in the area of the public housing.
- 3.3 Physical access was reported by some respondents as a major problem, particularly for those who had a disability after they lived in specific premises. This problem was most frequently reported by visually impaired and physically handicapped groups.
- 3.4 Poor relationship with neighbours/hallmates was reported as another major problem. This was most frequently reported as a problem by mentally handicapped and mentally ill groups.
- 3.5 Improved access and adaptation to equipment such as elevators, ramps, widen exists and flashing fire alarms to make them usable by wheelchair users or people with sensory impairments were suggested.
- 3.6 Respondents suggested that a less cumbersome application process for public housing and more spacious apartments would improve the housing situation for PWDs.

4. Sport activities and community activities participation

- 4.1 This section reported PWDs' level of participation in sport activities and community activities organised in the public and private sectors.
- 4.2 The overall participation rate in sport activities was over 50%. Of those participating in sports, 62% did so at least weekly. The nature of the disability influenced their choice of sport activities.
- 4.3 Over one third of the respondents who did not do any sport revealed that the prime reason for non-participation was due to their disability. The second

common reason for non-participation was “no interest” in sport activities. Only a small portion (4%) of the respondents indicated that lack of facilities for PWDs to participate was the reason for nonparticipation. Over half of the physically handicapped group, and near half of the visually impaired and chronically ill groups reported that non-participation was due to their disability.

- 4.4 For those who played sports, nearly 40% indicated they usually played with other PWDs. A quarter of the respondents stated that they played alone. Compared with other disability groups, the visually impaired and mentally handicapped groups had a higher degree of involvement in sports activities with other PWDs.
- 4.5 A quarter of the respondents did not participate in public sector community activities mostly because they had no interest in those activities, were too busy, or the nature of the disability hindered their participation. Among those who participated, only a very small proportion (3% or less) reported problems in transportation, communication with other people, and resources. A majority of the respondents joined activities organised by organisations for PWDs.
- 4.6 About one tenth participated in those activities offered by the private sector. The nature of the disability was again one of the prominent reasons for not participating.

5. People’s attitudes towards PWDs

- 5.1 This section examined PWDs’ perception about the attitudes of different people towards them in the course of social interaction.
- 5.2 The respondents perceived that the attitudes of people towards them were in general friendly. However, as compared to classmates (4%), teachers (3%), coworkers at sheltered workshop or supported employment (9%), staff workers in workshop or training centres (5%), neighbours (6%) and hallmates (6%), attitudes of strangers on the street (22%), employers (13%), government officials (12%), service workers (12%) and coworkers (9%) were considered as more “unfriendly” and “very unfriendly”.

- 5.3 Among those respondents who experienced unfriendly treatments from others, slightly over 40% reported that they were stared or pointed at by people. Thirty percent reported that they were verbally insulted or discriminated against. Twenty-three percent indicated that they were purposely ignored.

Overall Assessment of the Survey

This survey, like many of this type, encountered some operational problems, primarily with recruitment of respondents. There were continuing problems identifying and gaining access to potential respondents, which were compounded by the Personal Data (Privacy) Ordinance. However, overall, the research team considers this survey to be a good representation and reflection of the prevalence and scope of problems faced by people living with disabilities in Hong Kong. As such, it provides a good baseline from which to promote and evaluate changes designed to reduce some of the problems identified.

Conclusion and Recommendations

The present study revealed problems experienced by the respondents in daily life. Overall, PWDs still encountered various problems in non-employment fields. The types and extent of the problems experienced were various depending on the types of disability. Although persons with different disabilities encountered different problems, the conclusion raised is the same in the study; i.e., more efforts should be made by considering PWDs' special needs in eliminating their daily life obstacles in order to include them as full members of the society.

Although some problems reported by a small proportion of PWDs especially in the area of provision of services and facilities, the extent of the problems encountered may be underestimated. Many respondents indicated that they required assistance or were accompanied while using public transport, community facilities (such as public libraries, public swimming pools) and community services (such as restaurants, banking, retail outlets). Undoubtedly, without assistance, daily life would be difficult for many PWDs. In addition, those who did not use public transport, community facilities or services had not reported their problems. However, responses from open-ended questions revealed that common reasons for not using public transport or community services were related to their disability, such as lack of friendliness of the facilities or services, or other users' negative attitudes towards them.

The additional inconveniences involved in venturing out of the home may result in a higher tendency to be homebound as a number of respondents did not use transport or participated in community activities. The physical environments make mobility difficult for PWDs. In the course of social interaction, the higher the degree of visibility of a disability, the greater attention it attracts. Some PWDs reported negative attitudes during encounters with public transport drivers, service users, government officials, and health care workers. The discrimination experienced also extended to education. Mainstream schools are perceived to have more resources than special schools. Moreover, integrative education is still a long way from achieving its goal.

Although Hong Kong society is becoming more receptive towards PWDs, it is not free from physical and social barriers. The following recommendations would enable PWDs to become fuller members of Hong Kong society.

1. Education

- 1.1 Allocate more resources to special schools so as to improve school facilities and the quality of teachers;
- 1.2 Provide in-service training to mainstream school teachers who teach students with a disability in class;
- 1.3 Improve communication between school authorities and parents of students with a disability so as to have a better understanding of the needs of the students and their parents.

2. Provision of goods, services and facilities

- 2.1 Public transport should be better designed to take care of the needs of PWDs, such as handrails, low entrance steps, and public address system;
- 2.2 Services and facilities must be accessible to PWDs;
- 2.3 PWDs must be treated without prejudice by service providers. Civic education in informing the general public about disability should be provided.

3. Housing and accommodation

- 3.1 Access to premises must be barrier-free for all. Ramps, leading paths, Braille identifiers for example are essential to improve accessibility;
- 3.2 The concept of barrier free housing for all should be a guiding principle when designing and building public or private housing. The needs of PWDs must be addressed to at the outset to save high modification cost.

4. Sport activities and community activities participation

- 4.1 Access to programmes, activities, and facilities must be barrier-free to PWDs;
- 4.2 Individual needs must be accommodated so as to promote participation and social integration;
- 4.3 More interaction between able-bodied and PWDs through participation in activities for both parties must be promoted.