

# Early Childhood Intervention in China

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## Abstract

With rapid economic development and increasing awareness of the importance of early childhood intervention (ECI), China is re-examining its social and educational practices for young children with disabilities. This re-examination may have a significant impact on young children with disabilities in China. It may also set an example for other developing nations. This article discusses ECI in China including relevant policies, laws, and practices. Currently, the current policies and laws related to ECI are rarely implemented in China and ECI is facing immense problems. In order to help promote the re-examination of ECI in China, the authors suggest areas of improvement for policies and practices in China in order to better support children, families, and service providers.

Key Words: China, Early Childhood Intervention, Families, Laws, Policies

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Early childhood intervention (ECI) refers to the educational or therapeutic services provided to children under the age of 6 years or their families (Bruder, 2010). For the purpose of this paper, ECI is used to describe the services and supports for very young children with disabilities and their families in China. Numerous studies have shown positive impact of ECI on young children, including helping them have a greater likelihood of reaching their full potential, reducing the need for special education at school age, increasing families' capacity to meet their needs, and helping them become more independent in later life (Bruder; Hebbeler, 2009; Hebbeler et al., 2007; Ward, 1999). Around the world, ECI is legislatively driven by many countries such as the United States (Zheng, Maude, Brotherson, & Merritts, in press).

In the past few decades, China has grown and developed as an economic leader regionally as well as globally. With development of its fiscal infrastructure and increasing awareness of the importance of ECI, China also is re-examining its social and educational practices for young children with disabilities. China has issued a series of laws and policies to address the development of ECI. It has also established different programs to promote the development of ECI.

In recent years, there has been an increasing interest in ECI in China. Diverse topics have been covered to address

ECI in China including the definition of ECI, the importance of ECI, ECI policies and legislation, ECI practices, and challenges in ECI (Chiang & Hadadian, 2010; X. Y. Hu, 2011; X. Y. Hu & Yang, 2013; Liu & Raver, 2011; Pang & Richey, 2006; Trube, Li, & Chin, 2013; Zhang & Yang, 2011; Zheng et al., in press). Most recently, X. Y. Hu and Yang used the key components and principles of Guralnick's developmental systems model (Guralnick, 2001) to examine the current ECI practices in China. They found that the present ECI practices have addressed some of the major components of the model; for example, early identification is clearly addressed in the laws. However, there is still a long way for China to go to reach the quality standards of the model due to many implementation problems (X. Y. Hu & Yang). There is a lack of empirical research in ECI conducted in China. However, the few empirical studies that have been conducted show that the immense problems facing ECI in China are closely related to the legislation and the implementation of laws and policies (B. Y. Hu, 2010; Zheng et al.). For example, Zheng et al. interviewed families of young children with disabilities to understand how they experienced ECI in China. One of the serious problems indicated in that study was that laws and policies related to ECI were in place, but their implementation was problematic.

Laws and policies related to ECI are very important because they provide guidance on how to develop and implement ECI practice in a country (International Disability Alliance, 2012). This article aims to provide an overview of the current laws, policies, and practices related to ECI in China to better help promote the re-examination of early intervention in China. Specifically, the authors describe the prevalence of disabilities among young children in China, review China's history of special education, China's legislation related to early childhood intervention, China's history of ECI, and discuss the current situation and challenges for ECI practices in China. The authors also suggest areas in which the policies and practices in China might be improved in terms of support of children, families, and service providers. It is hoped that this review may have a significant impact on young children in China. It also may have implication on other developing countries which have been developing ECI or are planning to develop.

### YOUNG CHILDREN WITH DISABILITIES IN CHINA

According to the Law of the People's Republic of China on the Protection of Disabled Persons, a person with a disability is defined as "one who suffers from abnormalities or loss of a certain organ or function, psychologically or physiologically, or in anatomical structures, and who has lost wholly or in part the ability to perform an activity in the way considered normal" (China Disabled Persons' Federation [CDPF], 2008a). This law further designates specific categories under "disabled persons" including "visual, hearing, speech or physical disabilities, mental disability, mental disorder, multiple disabilities and/or other disabilities" (CDPF). These categories are driven from a medical perspective, which has led to a small number of people identified as being disabled, leaving many individuals unidentified (International Disability Alliance, 2012).

It was estimated that there were 85 million individuals with disabilities in China by the end of 2010, including 25 million individuals with physical disabilities, followed by those with hearing, multiple, visual, mental, intellectual and speech disabilities (CDPF, 2012a). Individuals with disabilities constitute the "largest minority" in China (Human Rights Watch, 2013).

Unfortunately, the Chinese government has never taken any full census of children under the age of 6 years with disabilities due to multiple reasons including a big population base, lack of awareness of the importance of ECI, and limited financial resources in the past. However, in recent years, there have been a few different sampling surveys on disabilities in children under the age of 6 years. According to the Sampling Survey on Disability in Children 0–6 Years Old in China in 2001, which is the latest survey specifically about children under the age of 6 years (Zhong Guo Gu Du Zheng Wang, 2005), it was estimated that that

approximately 1,395,000 children met the criteria of having a disability, which constituted 0.11% of the whole population. This survey identified five major categories of disabilities: hearing, visual, intellectual, physical, and mental. Among children identified in this survey, 1,071,000 children (0.08%) were identified with a single type of disability (e.g., hearing impairment) and 324,000 (0.03%) children were identified as having multiple disabilities (e.g., hearing and vision disabilities). Additionally, there was a higher prevalence of disabilities in children under the age of 6 years found in rural areas, within families who had low educational levels, and in divorced families (Zhang et al., 2006).

The China Second National Sample Survey on Disabilities in 2006 estimated that between approximately 0.8 to 1.2 million children with disabilities are born each year (CDPF, 2012b). It is estimated that the actual number of children under the age of 6 years with disabilities may be much larger than the number reported in this study. This is partly due to differences in the identification of and terminology used for disabilities between China and Western countries such as the United States (Ellsworth & Zhang, 2007). Some disability categories, such as learning disabilities and autism, have a longer history of definition and use in the United States but are not recognized in China (Deng, Poon-McBrayer, & Farnsworth, 2001).

Moreover, there is a lack of diagnostic assessments and professionals experienced in the identification of disabilities in China, which makes survey numbers somewhat suspect (Deng et al., 2001). Most diagnostic instruments used in China were translated from the West and were applied without considering cultural understanding and biases (Deng et al.). Stratford and Ng (2000) estimated that a child with a disability is born every 40 seconds, and thus, 2,160 new children with disabilities are born daily in China. Regardless of the exact number of young children with disabilities in China, given the country's extensive population base, it is a major challenge for China to provide services and support to such children (Chiang & Hadadian, 2010).

### HISTORY OF SPECIAL EDUCATION IN CHINA

Education in China is a public system run by the Ministry of Education. China's education system consists of four levels including early childhood care and education (birth to age 6), primary education (ages 6 to 12), and secondary education (ages 13 to 15, including a 3-year junior middle school). This can be followed by a 3-year senior middle school or a 3-year vocational school (ages 16 to 18) and then higher education (ages 19 to 23). China has adopted a free 9-year compulsory education system, which includes 6 years of primary and 3 years of middle school education (Ministry of Education of the People's Republic of China, 1995). Children usually start primary school at 6 years of

age, but some start at the age of 7 years depending on the location (urban or rural) or the child's abilities (Ministry of Education of the People's Republic of China, 2006).

With development of its fiscal infrastructure and international influence, China has made great strides in education. By 2012, 99.7% of the population was reported to have received 9 years of compulsory education and more than 20 million people were enrolled in higher education (China Education Center Ltd, 2012). In special education, China has issued a series of laws and regulations to safeguard the rights of people with disabilities including the Compulsory Education Law of the People's Republic of China (Ministry of Education of the People's Republic of China, 2006), the 1990 Law of the People's Republic of China on the Protection of Disabled Persons (CDPF, 2008a), and the Regulations on the Education of Persons with Disabilities (CDPF, 2008b). Internationally, China supported and adopted the Convention on the Rights of Persons with Disabilities (CRPD) in 2008, which is the most recent international human rights treaty that aims to make mainstream education accessible for children with disabilities through inclusion (Human Rights Watch, 2013). China reported that around 80% of school-aged children with disabilities were included in regular education settings by 2012. However, inclusion often refers to "learning in a regular classroom" (LRC) in China. LRC is regarded as an "innovative form" or "primary stage" of inclusion, which has been developed and applied to address education for people with disabilities based on specific challenges in China such as lack of special education teachers (Yu, Su, & Liu, 2011). LRC is quite different from inclusion advocated by CRPD. Inclusion requires the education system make modifications to the education content and methods, and provide support to meet the diverse needs of all children with or without disabilities so that all learners can receive high-quality education (Human Rights Watch). However, LRC is a form of integration in China, which means children with disabilities "literally find themselves sitting in classrooms without being able to follow the curriculum" (Human Rights Watch, p. 4).

Although China is still facing challenges in providing education for children with disabilities, with the strong legislative support, special education has become an important part of the formal education system in China, and social attitudes toward people with disabilities have begun to shift (New & Cochran, 2007). By the end of the 11th Five-Year Plan (2006–2010), the enrollment rate of children with disabilities into compulsory education had further increased, with the average enrollment rate of children with visual impairment, hearing impairment, and intellectual disability rising to 80% (CDPF, 2011). However, in comparison, special education for young children under the age of 6 years is not so promising, as these legislative and administrative actions have not been

specifically applied to address education for children under school age (New & Cochran).

## EARLY CHILDHOOD INTERVENTION IN CHINA

### Legislation Related to Early Childhood Intervention

The importance of ECI has not been well recognized by Chinese national laws or policies (X. Y. Hu & Yang, 2013). Since 1979, China has issued a series of laws, policies, and strategies to address the education issue for children with disabilities focusing on compulsory education for school-aged children with disabilities (Deng et al., 2001). ECI had not been addressed at all until the passage of the Law of the People's Republic of China on the Protection of Disabled Persons in 1990 (CDPF, 2008a). Table 1 provides detailed information about legislation related to ECI in China. Although the focus of the Law of the People's Republic of China on the Protection of Disabled Persons was still on compulsory and vocational education for school-aged children with disabilities, it was the first law to mention educational supports for very young children and to specify who was responsible for providing such services. The Regulations on the Education of Persons with Disabilities from 1994, the only education law for children with disabilities, states in Chapter I, Article 3, "Priority shall be given to compulsory education and vocational education, while efforts shall be made to carry out preschool education and gradually develop education beyond senior middle school level" (CDPF, paragraph 2). ECI was "encouraged" and advocated for young children with disabilities; however, it was not mandated by national laws and policies (X. Y. Hu & Yang).

ECI has been further addressed through a series of Five-Year Plans enacted by China beginning with the Outline of the Work for Persons with Disabilities During the 9<sup>th</sup> Five-Year Development Program Period (1999–2000) and through the Outline of the Work for Persons with Disabilities During the 12<sup>th</sup> Five-Year Development Program Period (2011–2015; hereafter referred to as the 2011–2015 Outline). These plans further specified ECI services and supports for young children under the age of 6 years with disabilities (CDPF, 2001). Most recently, China has started to place more emphasis on establishing a system to support preschool children with disabilities after achieving increased infrastructure in compulsory education for school-age children with disabilities. In 2010, the Chinese government first announced the promotion of the development of ECI programs in inclusive settings (State Council, 2010). The 2011–2015 Outline initiated the Children 0–6 Years Old with Disabilities Free Rescue Rehabilitation programs (in Chinese: "Qianq jiu xing kang fu"), attempting to establish a system to support children through early identification, screening, and reporting, as

Table 1  
*Legislation Related to Early Childhood Intervention in China*

Time	Legislation	Content
1990	Law of the People's Republic of China on the Protection of Disabled Persons	<p>Article 22                      Admit disabled children to ordinary institutions of preschool education, if they are able to adapt themselves to the life there.</p> <p>Article 23                      Provide preschool education of disabled children through preschool education institutions for disabled children, classes for disabled children attached to ordinary preschool education institutions, preschool classes of special education schools, and welfare institutions.</p>
1994	Regulations on the Education of Persons with Disabilities	<p>Article 10                      Carry out preschool education for children with disabilities by preschool educational institutions for children with disabilities, ordinary preschool educational institutions, welfare institutions for children with disabilities, institutions of rehabilitation for children with disabilities, and preschool classes of ordinary primary schools and preschool classes of special education schools.</p> <p>Families shall be responsible for the preschool education of their children with disabilities.</p> <p>Article 11                      Provide the education of children with disabilities in combination with child care and rehabilitation.</p> <p>Article 12                      Health care institutions, as well as preschool educational institutions for children with disabilities and their families, shall pay attention to early detection of childhood disabilities, and provide consultation and guidance in respect to early detection of their disabilities, early rehabilitation and early education.</p>
1996	The Outline of the Work for Persons with Disabilities during the 9th Five-year Development Program Period (1996-2000)	<p>Provide training to 60,000 deaf children with hearing and speech disabilities, and 60,000 children with mental disabilities.</p> <p>Enrich and improve hearing and speech training system for children with disabilities; provide professional technical training for multi-level personnel to establish a stable teaching staff; develop, produce and supply economical hearing aids, language training equipment and test equipment; conduct and strengthen training for parents; conduct newborn baby hearing screening and promote early intervention gradually; if possible, build rehabilitation centers for children with mental disabilities in counties or cities; establish preschool classes in special education schools for children with mental disabilities; build partnership between ordinary preschool institutions and families to provide self-care and cognitive skills training for children with mental disabilities based on the number of those children; ordinary preschools and primary schools with preschool classes actively recruit children with disabilities; and if needed, establish special classes, special schools, and preschools in child agencies to conduct early education and early rehabilitation.</p>

Table 1, *continued*

Time	Legislation	Content
2001	The Outline of the Work for Persons with Disabilities during the 10th Five-year Development Program Period (2001-2005)	Strengthen and improve the rehabilitation network for deaf children with hearing disabilities; provide hearing and speech training for 80,000 children with hearing disabilities; establish schools to train parents and conduct community-based rehabilitation; establish a Beijing Institute of Hearing and Speech Rehabilitation and bring rehabilitation personnel training into the national education plan; improve training methods research, and improve speech training quality, and enable 25% of trained children to enter ordinary preschools and ordinary primary schools; promote economical high-quality hearing aids and provide them free language training programs for children with disabilities from poor families.
2006	The Outline of the Work for Persons with Disabilities during the 11th Five-year Development Program Period (2006-2010)	Provide training for 80,000 deaf children and 100,000 children with mental disabilities; improve the Children with Hearing Disabilities Rehabilitation Network; strengthen the China Deaf Children's Rehabilitation Research Center, develop provincial rehabilitation centers for children with disabilities, and consolidate grassroots rehabilitation agencies for children with disabilities at the grassroots level; guide communities and families to carry out rehabilitation; support children with hearing disabilities from poor families to receive rehabilitation training; classify the work of hearing and speech rehabilitation training; gradually apply cochlear implant technology; and broaden hearing and speech rehabilitation services. Implement comprehensive rehabilitation services for intellectual disability by promoting cooperation of community, family, kindergarten, special schools, community service agencies and public institutions; motivate family members and friends of children with disabilities and provide self-care skills, cognitive skills, and speech training. Further develop preschool education for children with disabilities.
2011	The Outline of the Work for Persons with Disabilities during the 12th Five-year Development Program Period (2011-2015)	Implement free rescue rehabilitation programs for child aged 0-6 years; establish a multi-sectoral system of screening of children aged from 0-6 years; encourage and support kindergartens, special education schools, rehabilitation and welfare institutions to implement preschool rehabilitation education; implement a "Sunshine Grant Program" to support children with disabilities receiving rehabilitation; gradually further popularize preschool rehabilitation; and emphasize rehabilitation education for children with disabilities from 0-3 years old.

well as through early rehabilitation and education (CDPF, 2011). The 2011–2015 Outline also established the Sunshine Grant Program, specifically developed to fund services and supports for young children with disabilities who are from families with low-income status.

The 2011–2015 Outline is highly significant in the history of the ECI system in China as this was the first time that China specified services and supports for children with disabilities from birth through the age of 6 years

(CDPF, 2011). In accordance with this central government policy, local governments have initiated similar programs. Shandong province, located on the eastern coast of China, has issued a policy stating that preschool children with disabilities shall receive free "rescue rehabilitation" training in assigned institutions and may continue to receive this training until the age of 9 years, if needed. It also provides funds for families, ranging from RMB 500–700 (US\$ 81–113) in monthly stipends, for rehabilitation



training for 4 year-olds continuously up to the age of 7 years (Shandong Government, 2011).

With the rapidly increasing needs of ECI in China but limited ability to meet those needs, the Chinese government is encouraging the development of private agencies or nongovernmental organizations (NGOs) to provide ECI (X. Y. Hu & Yang, 2013). Three types of NGOs are allowed to be developed under this policy: international foundations or charity organizations (e.g., Handicap International, Save the Children Fund UK, Right to Play, UNICEF); NGOs under the supervision of Chinese government (e.g., China National Committee for the Wellness of the Youth); and private organizations usually run by parents of children with disabilities (X. Y. Hu & Yang).

In the past decade, the Chinese government has issued policies to support local governments in developing basic ECI based on local conditions. However, there is no clear clarification on the meaning of some critical terms such as “basic” and “local conditions” (X. Y. Hu & Yang, 2013, p. 6). The unclear definitions of some key terms in the laws and policies, as well as “encouraging” instead of “mandating” of principles, have made it difficult to effectively implement these laws and policies in China. Furthermore, the central government does not provide the much-needed financial support to develop ECI and, thus, the local government is required to take on this responsibility. This leads to significant regional discrepancies in ECI, for example, in urban areas versus rural areas (International Disability Alliance, 2012).

### History of Early Childhood Intervention in China

Increasing attention on ECI for children with disabilities 0 to 6 years of age is still a recent phenomenon. ECI was not really implemented in China until the 1980s, when the Gesell Developmental Schedule and the Denver Developmental Screening tests were translated and revised to identify infants and children who may be at-risk for delays or disabilities. Since then, even though China mainly focused on the education for school-aged children with disabilities, parents, teachers and officials have started to widely accept early discovery, early diagnosis and early intervention (Deng et al., 2001). A great number of programs across the country have begun to be established and started providing ECI to young children with disabilities (Mu, Yang, & Armfield, 1993).

In 1983, the China Rehabilitation and Research Center for Deaf Children (CRRCDC) was founded. This center was the first, and is thus far the only, national center engaged in hearing and speech rehabilitation (<http://www.chinadeaf.org/EN/index.jsp>). The CRRCDC also serves as a technical resource center for practitioners and as an industry administration center. Similar institutions were subsequently established in several provinces, including Tianjin, Shandong, and Hubei (Deng, et al., 2001). In

1988, China Disabled Persons' Federation (CDPF) was established. It has been the sole official representative of persons with disabilities in the state party (International Disability Alliance, 2012). It has a nationwide network system of local branches to reach each community in cities throughout the country (X. Y. Hu & Yang, 2013). CDPF has been a driving force to develop, advance and provide ECI to young children with disabilities in China (X. Y. Hu & Yang).

At the same time, due to increasing awareness of the importance of ECI and limited government-sponsored early intervention services, a large number of private organizations and NGOs have been initiated and established mostly by parents of young children with disabilities in some big cities such as Beijing and Shanghai (X. Y. Hu & Yang, 2013). For example, in the early 1990's, Mao (1993) pioneered the first early intervention program for preschool children with intellectual disabilities in Beijing. In 1993, Beijing Stars and Rain Education Institute for Children with Autism was founded by a parent of a child with autism, which is the first non-government educational organization in China to serve children with autism and their families (McCabe & Tian, 2001).

In the past two decades, with more laws and policies being issued to address ECI, China has made some progress in ECI. The Sampling Survey in 2001 shows that 43.92% of children with disabilities aged 3 to 6 years old had received ECI. However, ECI is still facing a lot of challenges. Most ECI programs which were initiated in the 1990s have focused on a specific disability such as hearing impairment or autism (X. Y. Hu & Yang, 2013). ECI are mainly provided in big cities and almost no services exists in rural areas (Deng et al., 2001). Among children who had received ECI, 61.48% were from midsize cities, and only 26.41% were from rural areas (Zhong Guo Gu Du Zheng Wang, 2005). How to meet the need for ECI with this particular population in rural areas is a challenge facing China.

### Current Situation and Challenges for Early Childhood Intervention Practice in China

As in Western countries, early detection and early screening are the first steps in the ECI system. These key early identification steps are effectively implemented for particular types of disabilities including Down syndrome and visual and hearing impairments. For example, early detection for Down syndrome often occurs during pregnancy. Although families have the choice to continue or terminate the pregnancy, “China's laws actively encourage abortion if a fetus appears to have an abnormality, something widely accepted throughout Chinese society” (International Disability Alliance, 2012, p. 11), thus leaving a family without a real choice. In recent years, China also has established the newborn hearing screening system. Although early identification and

screening occurs for those with established disabilities, such as Down syndrome or hearing/vision loss, it does not include detection and screening for other types of disabilities such as autism and cerebral palsy. Most children with these types of disabilities are diagnosed around the ages of 2 or 3 years. However, some children with autism are diagnosed much later, at around 5 years of age (Zheng et al., in press). This is mainly due to the fact that it is often the parents who initiate the detection and screening requests in China. However, due to limited education about children's typical and atypical development, even if a family suspects a delay they may perceive it as their child maybe just needing more time for growth and development and, therefore, they miss a key period for identification and ECI (Zheng et al.).

Diagnostic assessments of disabilities are conducted mainly by medical professionals, such as pediatricians, and primarily in hospitals located in China's urban cities (X. Y. Hu & Yang, 2013; Zheng et al., in press). Professionals focus on identifying the type and severity of a disability primarily from a medical perspective (X. Y. Hu & Yang; Zheng et al.). There is a lack of comprehensive assessment, which would include assessment of the child's behavior and abilities in other settings such as in the home, at school, or in their community (X. Y. Hu & Yang). The assessment often leads to "labeling the child" (X. Y. Hu & Yang, p. 9). If a child is diagnosed as having a disability, then he or she is entitled to apply for an identification card that provides information about the type and severity of the disability (CDPF, 2007). With this card, children with disabilities have authorized "permission" to enroll in certain ECI programs appointed and run by the Chinese government such as CDPF (X. Y. Hu & Yang).

After the diagnosis, families have choices regarding ECI. There is no integrated and coordinated system related to ECI in China; interagency connections are very limited. Due to the disconnect between hospitals, which take major responsibility for the diagnosis of disabilities, and agencies that provide ECI intervention programs, medical professionals are limited in what they can recommend to families outside of the hospital setting (Zheng et al., in press). Some families from rural settings choose to remain in the urban setting so that their child can receive intervention and primarily medical treatment due to the lack of services and professionals available in rural areas (Deng et al., 2001; X. Y. Hu & Yang, 2013; Zheng et al.). The government provides very limited financial support for medical treatment of certain disabilities such as cochlear implants (Zheng et al.). There is little or no financial compensation if a family chooses to receive treatment for the child in a hospital, which means that individual families bear the responsibility for the expenses incurred (X. Y. Hu & Yang; Zheng et al.). Those families with limited to no financial resources often keep their children with disabilities at home without receiving any services (Zheng et al.).

In urban areas, there are two general types of ECI providers: public agencies and NGOs. In recent years there has been an increasing number of ECI programs provided through these two types of agencies for children under the age of 6 years with disabilities (Deng et al., 2001). The biggest public ECI provider is CDPF, which provides services and supports to children with diverse disabilities including visual and hearing impairments, cerebral palsy, cognitive disabilities, and autism. With the disability card issued by the Chinese government, children with disabilities have access to ECI provided by CDPF until the age of 6 years (X. Y. Hu & Yang, 2013). CDPF usually provides one to three hours of ECI, which focuses on rehabilitation training to address functional skills such as physical therapy for children with cerebral palsy and language and auditory training for those with hearing impairments (X. Y. Hu & Yang; Zheng et al., in press). It also emphasizes the important role of the family in ECI. Often, CDPF requires families, especially those with young children, to accompany their children during the entire ECI session so that the caregivers can learn intervention strategies from the professionals and practice those strategies at home (Zheng et al.). CDPF also provides ECI through a home-based model, especially in some rural areas, which aims to provide knowledge about rehabilitation training to family members (X. Y. Hu & Yang; Yang, 2003). However, according to recent research about early intervention experiences of families with young children with disabilities in China, families are not satisfied with the ECI provided by CDPF due to the large number of children served there, the lack of qualified professionals, the limited duration of ECI each day, and the limited locations of CDPF facilities (Zheng et al.).

Three types of NGOs are allowed by Chinese government to provide ECI to families of children with disabilities, as previously mentioned (X. Y. Hu & Yang, 2013). The development of these three types of NGOs in China varies in the number and location of organizations, the services provided, and the cost of services. For example, some NGOs provide screenings, services, and treatment for young children with no or little cost. Some private organizations charge families a relatively high fee for ECI, which is used only to help them pay the salaries of professionals and staff (X. Y. Hu & Yang). Some NGOs provide comprehensive ECI services to children with a variety of disabilities, whereas others focus on certain types of disabilities such as autism or hearing impairments (Zheng et al., in press). The government typically does not provide any compensation for families who choose to get ECI from NGOs, so these families have to pay all of the expenses themselves (X. Y. Hu & Yang). However, most recently, CDPF in Beijing and Shanghai issued a local policy to provide compensation for a portion of the expense of ECI from NGOs to families that choose to receive ECI through them versus through publicly funded

organizations. A recent study showed that families are usually satisfied with ECI provided by NGOs due to the small number of children served, the professionals' performance, and the high quality of services provided (Zheng et al.). The Sampling Survey in 2001 indicated that 67% of children with disabilities from birth to 6 years received certain types of rehabilitation services and only 43.92% of children with disabilities aged 3 to 6 years had received early childhood education. However, these percentages are still much lower than those for preschool children without disabilities who attended preschool programs and are also lower than the figures identified for school-age children with disabilities who receive compulsory education (Liu & Raver, 2011).

ECI in China aims to increase children's independent living skills and basic academic skills as well as their moral and cultural development (New & Cochran, 2007). The development of an Individual Education Program (IEP), borrowed from Western countries, is encouraged for each child as a supplement to the general curriculum; however, it is not implemented effectively by professionals and teachers (New & Cochran).

In China, there is no systematic monitoring and evaluation for ECI. Researchers in China have actively advocated that policies should be instituted to establish criteria to evaluate the ECI outcomes (X. Y. Hu & Yang, 2013; Yang, 2003; Zheng et al., in press). Currently, the yearly report submitted by the supervisor to the government is the primary and most widely used document used to monitor progress (X. Y. Hu & Yang). Furthermore, comprehensive supports focused on seamless transition planning for children remains an untouched topic in China. Limited to no assistance is provided to families (X. Y. Hu & Yang; Yang) on transitioning, yet many families do voice their concerns about their child's future (Zheng et al.). School-aged children with disabilities are entitled to a free compulsory education, yet many children are rejected by schools due to the severity and/or lack of professionals who specialize in that particular disability.

### POTENTIAL FUTURE DIRECTIONS FOR ECI IN CHINA

Recent social and cultural changes in China have led to increasing attention and significant progress in ECI. Yet much more needs to be done for the further development of ECI in China. First, discrimination against individuals with disabilities, any disability, should be effectively addressed. Attitudes toward people with disabilities have been evolving considerably; however, discrimination still widely exists (X. Y. Hu & Yang, 2013; International Disability Alliance, 2012; Liu & Raver, 2011; Yang, 2003; Zheng et al., in press). Although the prohibition of discrimination is embedded into laws, such as those in education, these laws do not explain clearly "what constitutes a discriminatory act, what legal recourse is available to victims of

discrimination, or what penalties can be imposed when such act is proven" (International Disability Alliance, p. 3). Disability is regarded as a "social burden to the whole society, which may influence the advancement of the society as a whole" (Zhang et al., 2006, p. 380). The continued use of inaccurate language when describing people with disabilities, such as the word *canjiren* (impaired and sick person), is still a widespread practice in China and is even found on important government official websites such as that of CDPF, which is the government body in charge of all affairs regarding disabilities nationwide in China (International Disability Alliance). By ratifying the CRPD, China made a commitment to the full inclusion as previously mentioned. However, children with disabilities are not benefited much by the initiative form of inclusion called LRC in China (Human Rights Watch, 2013). Inadvertently, LRC "leads to failing performance and declining confidence, which only reinforces the effects of existing discrimination" (Human Rights Watch, p. 4). Therefore, China needs to make efforts to clearly explain discrimination and avoid practice that possibly leads to discrimination.

Second, laws or policies specifically addressing ECI should be issued. Although more attention has been paid to ECI in recent years, the current laws, regulations, and policies still put their priorities on compulsory education for school-age children with disabilities. There is no law specifically addressing ECI in China. Currently, laws and policies related to ECI are scattered among different laws in which, as mentioned previously, some key terms are not clearly defined. This leads to the ineffective implementation of laws and policies for this young population. Therefore, key terms in the laws or policies should have clear definitions in order to ensure who is responsible for what. Additionally, more effectively strategies should be used to ascertain that current and future laws and policies are indeed implemented.

Third, an integrated and comprehensive ECI system should be established. A comprehensive screening system covering a wider range of disabilities should be established as the first step to ECI. The assessment should be broadened from a medical perspective to a more comprehensive model including health, education, social welfare, and the consideration of a child's abilities in different contexts such as home, community, and school. This would allow for a more accurate and functional assessment of a child's strengths and limitations. Interagency cooperation should be strengthened, especially the connection between agencies that share responsibility for early assessment and provide ECI. For example, medical professionals should be knowledgeable about a myriad of ECI resources so they can make appropriate referrals after a child's diagnosis. Efforts also should be made to increase public awareness of and connection to laws, policies, and resources related to ECI, especially in rural areas. Additionally, assistance should be



provided to families and professionals, especially during key transition periods such as between ECI and primary education. For example, teachers in non-segregated primary schools usually have limited knowledge about disabilities; therefore, transition assistance would be helpful to them in terms of their work with children with disabilities.

Fourth, the Chinese government should invest more money in ECI. More public organizations should be developed, especially in rural areas. More investments in professional development should be made to increase knowledge and skills to better serve children in ECI. Children could therefore be served with a better quality of ECI. NGOs, which provide ECI in China, should be further encouraged. The government could provide certain financial support to families if they choose NGOs or hospitals to receive ECI so that the financial burden placed on families can be reduced.

Fifth, ECI in China is focusing on the development of basic functional skills that are required by mainstream schools for inclusive learning. Based on CRPD, China is obligated to provide education for children with disabilities at all levels through inclusion, which requires the inclusive education system to focus on identifying and removing barriers to learning and to make modifications to meet the needs of individuals (Human Rights Watch, 2013). However, in practice within China, inclusion is often used interchangeably with integration (Li, 2011). Children with disabilities are required to adapt to the education environment. They have the opportunity to attend mainstream schools only if they are able to adapt themselves to study in ordinary classes (Human Rights Watch; Zheng et al., in press). Children with disabilities often are denied admission or “pressured to leave the schools” by the regular schools because the classroom is not physically friendly and/or is inaccessible and the teaching content and evaluations have not been adapted for them (Human Rights Watch). In order to have the opportunity to learn in an inclusive setting, ECI has focused on “fixing” the disability and trying to increase the basic functional skills required by the mainstream schools. China should have clearer ideas about inclusion and how to implement real inclusion. This is critical because it influences the focus of ECI. ECI promoting the overall development of a child should also be encouraged.

Finally, without question, families play a very important role in the lives of children with disabilities, especially at present in China due to the limited resources in ECI. It is usually the child’s family that requests the initial assessment. During ECI, most agencies adopt a family-focused model due to limited intervention time, which requires families to accompany their children during intervention and aims to instruct families through modeling, hoping that the families will continue the intervention at home. It is necessary and critical to first be sure to understand families’

concerns and priorities so that what is taught to the family is congruent with their priorities. This could lead to more follow-through at home with families effectively using these newly taught skills at home. Although the government has provided some financial support to the families in recent years, the support is very limited and families still bear the majority of the financial responsibility for ECI, especially families who choose to utilize NGOs. The family’s overall well-being should be considered and drive all services and supports.

## CONCLUSION

ECI is a recent phenomenon in China. China has been making great progress in ECI; however, it is facing immense problems. For a developing country like China, it is critical to ensure laws and policies related to ECI are in place, especially those which explain themselves clearly to provide guidance to practice, and are in accordance with the essence of international agreements like CRPD. However, it is also critical to ensure the laws and policies are effectively implemented. Minimal or ineffective implementation of laws and policies may not contribute to the development of ECI. Quite possibly, it may mislead the practice and leads to more problems like LRC. China still has a long way to provide quality of ECI to young children with disabilities in China.

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