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Department of Sports Science and Physical Education
Faculty of Education
The Chinese University of Hong Kong

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2022 ACTIVE HEALTHY KIDS

Hong Kong Report Card on Physical Activity for
Children and Adolescents with Special Educational Needs

INTRODUCTION

The Hong Kong Report Card on Physical Activity for Children and Adolescents with Special Educational Needs (here after referred to Hong Kong Para Report Card) is an evidence-based synthesis of physical activity behaviors for children and adolescents with special educational needs (SEN) in Hong Kong.

The **2022 Hong Kong Para Report Card** is the second report card for Hong Kong children and adolescents with SEN. It was developed using a systematic process provided by the Active Healthy Kids Global Alliance (AHKGA; www.activehealthykids.org). The Department of Sports Science and Physical Education of The Chinese University of Hong Kong (CUHK) has played a fundamental role in the development of the **2022 Hong Kong Para Report Card**, with the collaboration with the Department of Sport, Physical Education and Health of Hong Kong Baptist University, and the Jockey Club School of Public Health and Primary Care of CUHK.

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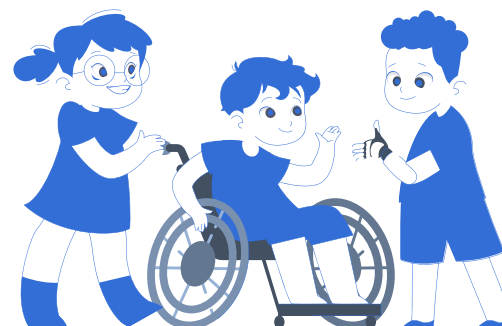
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What is the 'Hong Kong Para Report Card'?

The **Hong Kong Para Report Card** provides an evidence-based synthesis of physical activity behaviors and associated influencing factors in children and adolescents with special educational needs (SEN) in Hong Kong. The **Hong Kong Para Report Card** aims to consolidate existing evidence, facilitate international comparisons, encourage evidence-informed physical activity and health policies, improve surveillance of physical activity, and facilitate opportunities for physical activity among children and adolescents with SEN. Following its debut in 2019, the **2022** edition marks the second **Hong Kong Para Report Card** specifically tailored for children and adolescents with SEN in the region.

Adopting a systematic approach provided by the AHKGA, the **2022 Hong Kong Para Report Card** evaluates the most pertinent evidence across nine indicators regarding the physical activity of children and adolescents with SEN. These indicators encompass Overall Physical Activity and its elements, including Organized Sport Participation, Active Play, Active Transportation, and Sedentary Behaviors, alongside influential settings and sources related to physical activity participation, including Family & Peers, School, Community & Environment, and Government Strategies & Investments. The evidence is evaluated and interpreted by an expert consensus panel (research work group, RWG), resulting in the assignment of a letter “grade” for each indicator.

The target population for the **2022 Hong Kong Para Report Card** is the children and adolescents aged 6–17 who have SEN (i.e., hearing impairment [HI], visual impairment [VI], physical disability [PD], intellectual disability [ID], attention deficit/hyperactivity disorder [ADHD], autism spectrum disorders [ASD], speech and language impairments, specific learning difficulties [SpLD], mental illness, and social development issues). This is consistent with the SEN definition provided by the HKSAR government. It is also noted that a dual-track mode is adopted for special education in Hong Kong. Students with SEN may attend regular schools, while those with more severe or multiple disabilities could be referred to special schools for intensive support services. Since 2021, the HKSAR government has launched a one-stop website “SENSE”, which aims at supporting students with SEN. The latest information and online resources related to integrated education and special education in Hong Kong can be accessed at: sense.edb.gov.hk.

Following the 2019 Hong Kong Para Report Card, the **2022 Hong Kong Para Report Card** provides an updated evidence-based assessment that helps inform research and practice. The indicators of the Para Report Card provide a comprehensive assessment of physical activity for children and adolescents with SEN, which allow for cross-cultural comparisons and temporal trend analysis.

Physical Inactivity among Children and Adolescents with SEN: Global and Local Situations

It was estimated that more than 1.5 billion people live with some form of disability, and approximately 240 million of them are children and adolescents.¹ Disability is a global public health issue and the total burden of disability associated with non-communicable diseases (NCDs) has increased by 52% over the past three decades.² Physical inactivity is associated with premature mortality from NCDs and huge global healthcare costs.³ The World Health Organization (WHO) Global Disability Action Plan 2014–2021 indicates that the burden of disability can be lessened by addressing reduced physical inactivity.⁴

Despite the known health benefits of physical activity that can lessen disability and the associated secondary or chronic conditions, evidence indicates that people living with disabilities are 16% to 62% less likely to meet the physical activity guidelines and face more barriers to physical activity participation than those with typical development.⁵ The situation is further intensified by the impact of the COVID-19 pandemic.⁶ It is therefore imper-

ative to empower persons with disabilities, including children and adolescents with SEN, to be physically active so as to gain health benefits.

It appears that few national, regional, or global surveillance systems collect data from people with disabilities or report data by disaggregation on disability status.^{5,7} There is a call to action to overcome this knowledge gap by establishing surveillance systems that can help researchers and policymakers to monitor the current state of physical activity among children and adolescents with SEN.⁸ In line with the WHO and the United Nations Conventions on the Rights of Persons with Disabilities and on the Rights of the Child, effective interventions are needed to meet the WHO recommendations and the United Nations Sustainable Developmental Goals (SDGs), including good health and well-being (SDG3) and reduced inequalities (SDG10) in children and adolescents with SEN.⁹



Guidelines on Physical Activity for Children and Adolescents with SEN

In November 2020, the WHO¹⁰ released the Guidelines on Physical Activity and Sedentary Behavior, which emphasized the importance of physical activity for specific groups and the general population. The guidelines carry forward the ethos of “Every Move Counts” and “Let’s be Active, Everyone, Everywhere, Everyday”. More importantly, in addressing children and adolescents living with disabilities, the guidelines provide tailored recommendations:

- Do at least an average of 60 minutes per day of moderate-to-vigorous intensity, mostly aerobic, physical activity, throughout the week.
- Incorporate vigorous-intensity aerobic activities, as well as those that strengthen muscle and bone, at least 3 days a week.
- Limit the amount of time spent being sedentary, particularly the amount of recreational screen time.

Methodology

Evidence Search and Synthesis

The systematic development process of a report card provided by AHKGA was used. The **2022 Hong Kong Para Report Card** consists of nine indicators including Overall Physical Activity and its subcomponents (Organized Sport Participation, Active Play, Active Transportation, and Sedentary Behaviors) that have a known impact on physical activity participation (Family & Peers, School, Community & Environment, and Government Strategies & Investments).

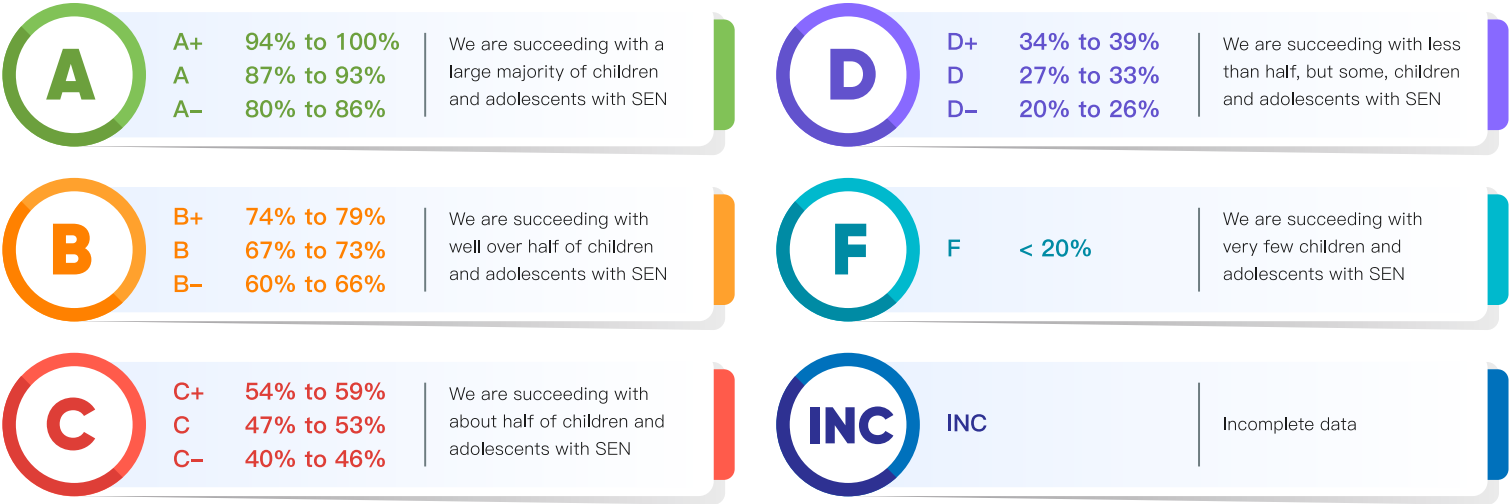
A comprehensive search of the most recent academic and non-academic literature on each indicator was conducted, including published journal articles, local relevant journals, governmental and organizational reports (including completion reports of funded grants), as well as personal sharing.

Inclusion criteria were (1) the target population was Hong Kong children and adolescents (6–17 years) with SEN; (2) relevant to at least one of the indicators; and (3) representative sample (e.g., diversity of disability types, sample size). The best available data from January 2012 to December 2021 were consolidated and reviewed by the RWG. The search yielded 41 sources of evidence.

Grading Scheme

The RWG considered which source was the most appropriate for grading and considered: (1) characteristics of the sample (e.g., how recent/representative/relevant was the sample on which the measure was based?); and (2) measurement of the indicators (e.g., was there any evidence that the measurement was relatively unbiased such as the use of validated questionnaires and objective measures such as accelerometer?). Out of the 41 sources of evidence that the search brought forth, 16 were chosen to assign preliminary letter grades for indicators, keeping predefined international benchmarks as a reference point (details are provided in “indicators”).

The letter grades were assigned based on the proportion of children and adolescents with SEN meeting the predefined benchmark(s) for each indicator (details of benchmarks are shown in “Summary of the benchmark of all indicators”). A notable change in the Global Matrix 4.0 is the introduction of annotations to the grades: adding “*” to a grade indicates it is based on mixed data, both device-measured and self-reported, while adding “**” specifies the grade is exclusively based on device-measured data.



During 2021–2022, the RWG held two meetings to assess sources of evidence and assign initial letter grades to the nine indicators. An online platform was set up to solicit views and comments on initial letter grades from 50 stakeholders, including representatives of schools, higher education institutions, national sports associations, professional organizations and non-governmental organizations, between March and April 2022. Approximately 95% of stakeholder members who offered written feedback concurred with the initial grades, with consensus on individual grades spanning between 88% and 100%.

Indicators

In the **2022 Hong Kong Para Report Card**, nine indicators related to physical activity were evaluated including Overall Physical Activity and its subcomponents (Organized Sport Participation, Active play, Active Transportation, and Sedentary Behaviors), and settings and sources of influence (Family & Peers, School, Community & Environment, and Government Strategies & Investments).

Summary of the benchmark of all indicators

Overall Physical Activity



% of children and adolescents with disabilities who meet the physical activity guideline of 60 minutes of MVPA daily

Organized Sport Participation



% of children and adolescents who participate in organized sport at least once per week

Active Play



% of children and adolescents who participate in nonorganized sport at least once per week

Active Transportation



% of children and adolescents who use active transportation

Sedentary Behaviors



% of children and adolescents who sit continuously less than 60 min/day

Indicators

Family & Peers



% of parents who facilitate physical activity and sport opportunities for children and adolescents

% of friends/peers who encourage and support physical activity for children and adolescents

School



% of schools where the majority of students are offered at least 70 min of PE per week

% of schools with students who have regular access to facilities and equipment that support physical activity

% of schools that offer PA opportunities to the majority of their students in addition to PE

Community & Environment



% of communities/municipalities that report they have infrastructure specifically geared toward promoting physical activity

Government Strategies & Investments



Evidence of leadership and commitment in providing physical activity opportunities for all adolescents

Allocate funds and resources for implementation of physical activity promotion strategies

Demonstrate policy-making progress

a “*” is added to the grade if it is based on mixed data: device-measured and self-reported.
a “***” is added to the grade if it is based on device-measured data exclusively.

Benchmark

Percentage of children and adolescents who meet the physical activity guideline of 60 minutes of moderate-to-vigorous physical activity (MVPA) daily

What's New in the 2022 Para Report Card

- It is the first time that this indicator was graded derived from mixed data sources (i.e., device-measured data and self-report data).
- Among the four included references, one reporting data source was newly added.¹⁶

Major gaps and recommendations

- Only one new reporting source was located, which was not reported in the 2019 Para Report Card.
- Significant variability exists among sub-groups, with children having different disabilities showing different rates of adherence to the physical activity guidelines.

Top priorities to improve the grade

- Organize awareness campaigns targeting different stakeholders including school teachers and parents to support children with SEN to be physically active.
- Strengthen partnerships among schools, sports organizations, NGOs, and SEN advocacy groups to create more physical activity opportunities for children with SEN.

Key Findings

Four sources of evidence met the benchmark for this indicator. Three studies utilized objective accelerometers as the measurement tool,^{11–16} while another study used a self-report questionnaire.¹⁷ This indicator was graded based on 12.3% of children and adolescents with SEN meeting the benchmark.

- 0.2% of children with five disability types (mean age=13.04±4.45 years) accumulated at least 60 minutes of MVPA daily based on valid device-measured data (n=259).^{11,12}
- 2.7% of children with developmental coordination disorder aged 6–10 years met the benchmark based on valid device-measured data (n=88).^{13–15}
- 40.2% of children with ID (mean age=12.8±2.8 years) met the benchmark based on the baseline data of a non-randomized intervention (n=203).¹⁶
- 6.1% children with ID (mean age=12.1±3.9 years) met the benchmark based on self-reported data (n=524).¹⁷

It is worth noting that four additional data sources were not included for grading due to not aligning the benchmark, including the limitations in specifying total MVPA time and irrelevance to overall physical activity level.^{18–21}

2 Organized Sport Participation

2022 Grade: INC
2019 Grade: INC

Benchmark

Percentage of children and adolescents who participate in organized sport at least once per week

What's New in the 2022 Para Report Card

- Ten data sources including four studies and six annual school reports were newly added,^{12, 16, 22–29} with the latter representing an updated continuation from data initially introduced in the 2019 Para Report Card.
- Due to the outbreak and prevention policy of COVID–19, several organized sports mentioned in the data were conducted online.^{24,25}
Due to limited evidence including not aligning with the benchmark and focusing on a specific type of SEN, this indicator was the same as in the 2019 Para Report Card.

Top priorities to improve the grade

- Provide extracurricular and community–based programs for children and adolescents with SEN based on their developmental needs and interests.
- Implement training programs for coaches and instructors to effectively support and engage children and adolescents with SEN in organized sports.

Key Findings

Ten significant data sources were located, which included four studies and six annual school reports. Among four studies, one study examined physical activity during school time and break intervals for children with SEN, but it did not meet the benchmark.¹²

- Three studies reported organized sports participation in children with a specific type of SEN, leading to the lack of specificity in the sports involved.^{16,22,23}
- Additionally, school reports came from six special schools for students with ID.^{24–29} Given the constraints across the data obtained, this indicator could not be graded.

Major gaps and recommendations

- Some data sources were available for this indicator. However, the outcome measures did not align with the benchmark.
- While some annual reports from special schools were analyzed, the focus was primarily on a single disability type.



Benchmark

Percentage of children and adolescents who participate in organized sport at least once per week

What's New in the 2022 Para Report Card

- A new data source was included.¹²
- Due to limited evidence aligning with the benchmark, this indicator remained the same as in the 2019 Para Report Card.

Top priorities to improve the grade

- Educate parents, caregivers, and educators on the importance of active play for children and adolescents with SEN and provide them with strategies to encourage and facilitate such activities.
- Design and implement inclusive play areas in schools and communities that are accessible to children and adolescents with SEN, thereby fostering an environment conducive to active play.

Key Findings

Three studies were identified to explore leisure activities or physical activity in unstructured school settings among children and adolescents with SEN.^{11,12,21}

Although these studies provided valuable insights into their physical activity patterns, the outcome measures did not align with the benchmark, making it difficult to assign a grade to this indicator.

Major gaps and recommendations

- There is a lack of clarity in studies regarding a clear definition and time allocated to "active play" among children and adolescents with SEN.
- Standardizing a definition for active play, perhaps as fun, unstructured, and freely chosen activities, would enhance the comparability and utility of studies.



Benchmark

Percentage of children and adolescents who use active transportation

What's New in the 2022 Para Report Card

This indicator was graded for the first time due to the inclusion of a new data source that aligned with the benchmark.

Top priorities to improve the grade

- Enhance the safety and accessibility of walking and cycling routes to and from schools and community centers, specifically tailored for children and adolescents with SEN.
- Encourage parents and caregivers to facilitate and accompany children and adolescents with SEN in active commuting methods like walking or cycling.

Key Findings

The grading was based on active transportation among students with disabilities from the Census and Statistics Department.³⁰

- 23.8% (16,500 of 69,400) of students with seven SEN types (PD, HI, VI, speech difficulty, mental illness/mood disorder, ASD, and ADHD) walked to their schools or training centers.
- Another study was considered but did not contribute to the grading as it focused on the active transportation habits of children with a single type of SEN.¹⁷

Major gaps and recommendations

- Active transportation was limited to school commuting.
- It is suggested that research could move beyond school-centric travel, encompassing active transportation patterns of children and adolescents with SEN to various destinations, especially during non-school hours.



5 Sedentary Behaviors

2022 Grade: D** (29.3%)
2019 Grade: D+

Benchmark

- Percentage of children and adolescents who sit continuously <60 min/day
- This indicator underwent some changes. The benchmark diverged from the one used in the 2022 Hong Kong Report Card³¹ and the Global Matrix 4.0.³², primarily due to the lack of data on screen-based sedentary behaviors for children and adolescents with SEN in Hong Kong and the prevailing guidelines advocating for minimizing prolonged sitting durations.³³

What's New in the 2022 Para Report Card

- Two new data sources^{13,16} were considered, with one being included in the grading.¹⁶
- Compared to 2019, approximately 5.7% fewer children and adolescents with SEN met the benchmark, resulting in a downgrade trend.
- The grading was based on device-measured data. Double asterisks (“**”) were assigned to the grade.

Top priorities to improve the grade

- Develop and implement school policies that limit excessive screen time and promote regular physical activity breaks throughout the day.
- Encourage the use of adaptive and interactive technology that promotes physical activity, especially for children and adolescents with SEN who may have limited mobility.

Key Findings

Three data sources using accelerometer data indicated that, on average, about 29.3% of children and adolescents with SEN met the benchmark.

- 25.3% (50 of 198) of 6- to 23-year-olds with five SEN types (PD, VI, HI, ID, social development issues) did not have any prolonged sitting periods (i.e., one hour at a time).¹¹
- 43.8% (32 of 73) of 6- to 10-year-olds with developmental coordination disorder did not have any prolonged sitting periods.¹³⁻¹⁵
- 18.9% (21 of 111) of students with ID did not have any prolonged sitting periods.¹⁶

Three other relevant data were located but not incorporated into the grading because their methods or outcome measures did not align with the benchmark.^{12,17,21}

Major gaps and recommendations

- No data are available about screen-based sedentary behaviors in children and adolescents with SEN in Hong Kong. This grade may not be comparable with that assigned for children and adolescents with typical development.
- There is a need on the dose-response relationship between the amount and types of sedentary behaviors and health outcomes in children and adolescents with SEN.

Benchmark

- Percentage of parents who facilitate physical activity and sport opportunities for children and adolescents
- Percentage of friends/peers who encourage and support physical activity for children and adolescents

What's New in the 2022 Para Report Card

- A new data source was included.³⁴
- Due to limited evidence that aligned with the benchmark, this indicator remained the same as in the 2019 Para Report Card.

Top priorities to improve the grade

- Foster peer mentorship and buddy systems in school and community settings, where children and adolescents with SEN engage in physical activity alongside their peers with typical development.
- Develop family-centered physical activity programs that encourage active participation and support from family members, thereby creating a more inclusive and supportive environment for children and adolescents with SEN to be physically active.

Key Findings

Two data sources were located for this indicator.

- The first source was a direct observation study of 147 children with PD (mean age=13.5±2.5 years), focusing on the total MVPA time and the percentage of family or peer support.²¹ However, it did not specify the nature of family or peer support.
- The second study involved 14 children with ADHD (mean age=7.36 years) and their parents.³⁴ It did not examine the family influence on children's physical activity and thus did not align with the benchmark.

As such, this indicator was not graded.

Major gaps and recommendations

- Current research on the influence of family and peers on physical activity among children and adolescents with SEN is limited. Existing studies provide preliminary insights, but their scope is narrow and specific to certain SEN types.
- Comprehensive evaluation of different sources and types of social support is necessary to gain a holistic understanding of the roles of family and peers in promoting physical activity for children and adolescents with SEN.



Benchmark

- Percentage of schools where the majority of students are offered at least 70 min of PE per week
- Percentage of schools with students who have regular access to facilities and equipment that support Physical activity
- Percentage of schools that offer physical activity opportunities to the majority of their students in addition to PE

What's New in the 2022 Para Report Card

- Six data sources from different school reports were added.^{29,35–39}
- Due to limited evidence that aligned with the benchmark and the exclusion of data sources referenced in the 2019 Para Report Card, this indicator was not graded in the current report card.

Top priorities to improve the grade

- Integrate inclusive and adaptive physical education curricula in schools that cater for the diverse needs of students with SEN.
- Foster a school culture that values and promotes physical activity for all students, including those with SEN, through regular events, campaigns, and inclusive sports teams.

Key Findings

Multiple data sources including school annual reports were identified regarding the provision of physical activity in schools for children and adolescents with SEN.^{29,35–39} However, some details, such as the total PE hours, were not provided.

As the sources did not align with the benchmark, they were excluded for grading.

Major gaps and recommendations

- A major challenge identified is inconsistent reporting standards across special schools. While the special schools have made commendable efforts in promoting physical activity among children and adolescents with SEN, the varied nature of data available in their annual reports makes it challenging to have a universal grading system.
- In addition to special school reports, mainstream school reports could be explored.



Benchmark

Percentage of communities/municipalities that report they have infrastructure specifically geared toward promoting physical activity

What's New in the 2022 Para Report Card

- Two new data sources were included.^{40,41}
- Due to limited evidence that aligned with the benchmark, this indicator remained the same as in the 2019 Para Report Card.

Top priorities to improve the grade

- Raise awareness within communities about the importance of creating inclusive environments and promote active participation of children with SEN in community activities.
- Enhance accessibility and inclusivity of public parks, playgrounds, and recreational areas to ensure they are well-equipped to meet the needs of children and adolescents with SEN.

Key Findings

Evidence for the grade assignment of this indicator was limited. Two data sources that evaluated the accessibility of physical activity facilities in the community were located.^{40,41} However, these sources did not document the proportion of communities or municipalities with infrastructure specifically designed to promote physical activity for children and adolescents with SEN.

Major gaps and recommendations

- There is a knowledge gap concerning the impacts of community and environment on physical activity of children and adolescents with SEN in Hong Kong.
- Research on the infrastructure that supports physical activity for children and adolescents with SEN is recommended.



Benchmark

- Evidence of leadership and commitment in providing physical activity opportunities
- Allocated funds and resources for the implementation of physical activity promotion
- Demonstrate policy making progress

What's New in the 2022 Para Report Card

- Twelve new data sources from various government departments were included, with eight of them contributing to the grading.^{42-44,46-54}
- There was an improvement from a C- in 2019 to a C+ in the current assessment. This change reflected the introduction to new initiatives and reinforced policies aimed at enhancing physical activity and sports participation among children and adolescents with SEN.

Key Findings(1)

Three departments of the HKSAR Government, namely the Leisure and Cultural Services Department (LCSD), the Home Affairs Bureau (HAB), and the Education Bureau (EDB), have implemented strategic policies and initiatives to support and facilitate physical activity and sports participation in children and adolescents with SEN.

- The LCSD of Hong Kong launched a series of initiatives to support persons with disabilities and their carers:
 - The department offers half-rate concessions to PWDs and their carers, enabling them to participate in various sports programs.^{42,45}
 - Free-of-charge sports training programs are provided for PWDs, accompanied by the introduction of a one-stop website for relevant information.⁴³
 - The LCSD has expanded the School Sports Programs for Special Schools by increasing both the types of sports offered and the total hours of training.⁴⁶
 - For the estimates of expenditure in 2020-2021 by LCSD, overall expenditure on sports development and activities between 2015 and 2020 ranged from HK\$20.8 million to HK\$35.2 million, of which the proportion allocated specifically to persons with disabilities was 4.9% in 2015-2016, 4.9% in 2016-2017, 4.2% in 2017-2018, 5.4% in 2018-2019, and 6.0% in 2019-2020.⁵⁴

Key Findings(2)

- The HAB has been proactive in fostering sports inclusivity for persons with disabilities. As part of their Sports Policy 2021, the HAB launched pilot sports training programs benefiting around 430 persons with disabilities. They introduced 110 customized programs, reaching about 5,300 special school students. The Bureau also organized events for persons with disabilities during the Hong Kong Games, emphasizing their dedication to inclusivity.⁴⁴
- The EDB updated the Physical Education Key Learning Area Curriculum Guide, from Primary 1 to Secondary 6, emphasizing equal educational opportunities for children and adolescents with SEN to actively participate in PE.⁴⁹
- Both the HAB and EDB have collaboratively advanced to promoting physical activity and sports inclusivity among students with SEN:
 - The partnership manifested in the form of the Opening up School Facilities for Promotion of Sports Development Scheme since 2017–2018. This scheme not only opened doors for increased participation but also augmented the upper limit of subsidy for participating schools. As part of their ongoing efforts, they also expanded the list of eligible sports organizations.⁴⁸
 - The "Active Students, Active People" Campaign was jointly promoted by both bureaus. The primary goal of this campaign was to motivate children in special schools to achieve the MVPA 60 guideline, reinforcing the importance of an active lifestyle.⁵⁰

Several located evidence did not meet the benchmark because, despite detailing various initiatives and programs by LCSD and other departments, there was a lack of specific information or emphasis on children and adolescents with SEN.^{47,51–53}

Major gaps and recommendations

- Government is committed to providing physical activity opportunities and resources for the implementation of physical activity programs for persons with disabilities. More efforts in developing physical activity promotion strategies for children and adolescents with SEN are recommended.
- Prioritizing and maintaining research initiatives that assess the impact of physical activity programs in children and adolescents with SEN in Hong Kong are recommended.

Top priorities to improve the grade

- Monitor and evaluate the effectiveness of existing physical activity programs and strategies to inform future investments and policy decisions.
- Increase funding and allocate specific budgets for developing and implementing physical activity programs tailored for children and adolescents with SEN.

Comparison of the Grade Assignments for the 2019 and the 2022 Hong Kong Report Card on Physical Activity for Children and Adolescents with SEN

Indicators	Children and adolescents with SEN (2022)	Children and adolescents with SEN (2019)
Overall Physical Activity	F*	F
Organized Sport Participation	INC	INC
Active Play	INC	INC
Active Transportation	D–	INC
Sedentary Behaviors	D**	D+
Family & Peers	INC	INC
School	INC	B
Community & Environment	INC	INC
Government Strategies & Investments	C+	C–

In the 2022 Report Card only: a “*” is added to the grade if it is based on mixed data: device-measured and self-reported; a “**” is added to the grade if it is based on device-measured data exclusively.



The table provides a comparative overview of grade assignments for Hong Kong children and adolescents with SEN between 2019 and 2022. Compared with the 2019 Para Report Card, there were deteriorating trends in overall physical activity and sedentary behaviors. Similarly, more than half of the indicators were not graded due to lack of data or misalignment with the benchmarks. There is a pressing need to foster the school–family–government cross-sector collaborations and establish an evaluation system to enhance physical activity surveillance.

ABBREVIATIONS

ADHD	Attention deficit/hyperactivity disorder	PD	Physical disability
AHKGA	Active Healthy Kids Global Alliance	PE	Physical education
ASD	Autism spectrum disorders	RWG	Research work group
HI	Hearing impairment	SEN	Special educational needs
HKSAR	Hong Kong Special Administrative Region	SpLD	Specific learning difficulties
ID	Intellectual disability	TD	Typical development
INC	Incomplete data	VI	Visual impairment
MVPA	Moderate-to-vigorous physical activity	WHO	World Health Organization



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