資料文件
二零零五年二月十八日

文件第 4/2005 號

26 JAN 2005

跨代脫貧：長遠策略建議

（一）信念：

(1) 貧困家庭的下一代，要在知識型社會立足，一定要接受足夠的教育；香港需要一個普及各階層的「知識型人口」。

(2) 經濟拮据可能是其中一個障礙，但是這些兒童及青少年面對其他挑戰；要進行較全面的「需要評估」，才能針對貧窮的根源作出回應。

(3) 教育系統及職業培訓要走向多元化才能配合新一代「多元智能」、各有所長的實況；務求每個青少年都不會被淘汰，覺得自己是失敗者，將貧困延續。

(4) 本地就業的結構要多元化；旅遊業、文化創意產業、康體專業、環保工業都是值得拓展的路向。同時，不能忽視北上及海外就業的開拓。

(5) 貧困家庭需要得到關懷與支援，家長也需要接受合宜的教育，盡量減低下一代在家庭中經歷創傷，阻礙他們的成長。

（二）需要評估（Need Assessment）：

這是釐訂長遠政策的起點 ——

(1) 經濟需要：包括接受教育過程中的需要。

(2) 培訓需要：政規教育及職業培訓的需要。

(3) 就業需要：評估青少年的「多元智能」、及職業性向，就業市場的結構重新評估。

(4) 特殊需要：學習障礙（例：讀寫障礙、過度活躍症）

- 身體殘障（包括長期病患者）
- 心理障礙（主要是家庭問題造成）
- 康復工作（濫藥、精神、犯罪）

（需要跨專業的合作，發展評估工具及機制）

（三）適切的介入點：（按成長階段進行評估及培訓）

（1）學前兒童：母嬰健康中心 ── 需要評估、家長教育
（0-5）（結合衛生署、社會福利署、 家庭支援
NGO 的力量）

（2）在學兒童：小學及初中 ── 需要評估，按因才施教，
（6-14）（老師、家長、社工合作） 多元化教育模式

（3）離校少年：外展社工 ── 信心與關係重建
（15-19）（N.G.O V.T.C 合作） 提供另類職業培訓

（4）待業青年：勞工局，NGO ── 多元職訓、在職培訓
（20-24）（工商界合作）

（「社區投資共享基金」，「持續教育基金」，「青少年持續發展及就業基金」等
可作出貢獻）

（四）就業結構：

（1）本地就業：
青少年對下列行業有興趣：
旅遊、康體事業、文化創意產業、廚藝等。

（2）北上就業：玩具、鐘錶、珠寶、紡織品、眼鏡業等工業仍有空間吸納青少年，
但要在培訓、醫療、居住、閒暇活動各方面有足夠配套，才能讓青少年有興
趣北上。

（3）海外就業：
香港工商、金融等界別加強全球接軌，亦會為新一代開拓海外就業機會。（政
府的長遠發展政策影響就業結構）

蔡元雲
「青年事務委員會」主席

附件：

(1) 《The myth of laziness》Mel Levine, M.D., 2003
（有關學習障礙的圖表）

(2) "Report on Continuing Development and Employment Opportunities for Non-engaged
Youth." Commission on Youth, 2002. (Job creation)

(3) "A Needs Assessment Report of Children 0 – 5 Years", Committee on Promoting Holistic
Development of Preschool Children, 2004. (Recommendations)
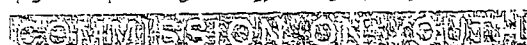
青 年 事 務 委 員 會
COMMISSION ON YOUTH
香港灣仔軒尼詩道一百三十號修頓中心三十一樓
31st Floor, Southorn Centre, 130 Hennessy Road, Wanchai, Hong Kong.
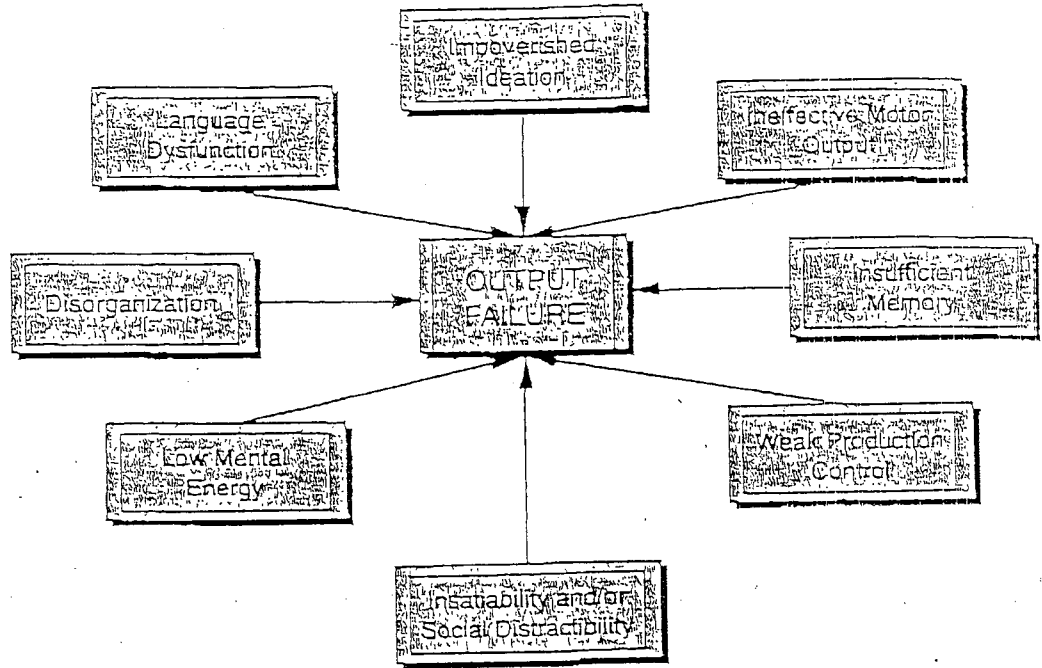
《The Myth of Laziness》, Mel. Levine, M.D.

Figure 9-1.   Eight common neurodevelopmental breakdowns that may thwart productivity.
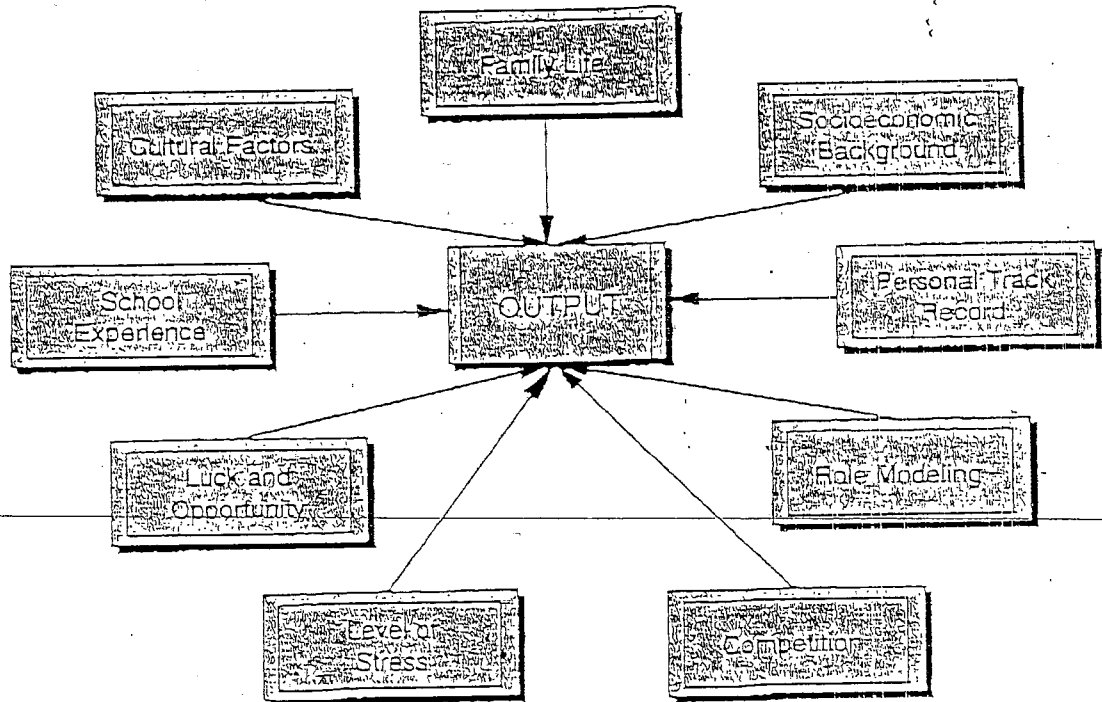
Figure 9-2.   Nine external influences on output, as discussed in this chapter.

Resilience

Social
Distractibility

Mood

Initiative

OUTPUT

Flexibility and
Adaptability

Motivation

Career
Wisdom

Strength
Utilization
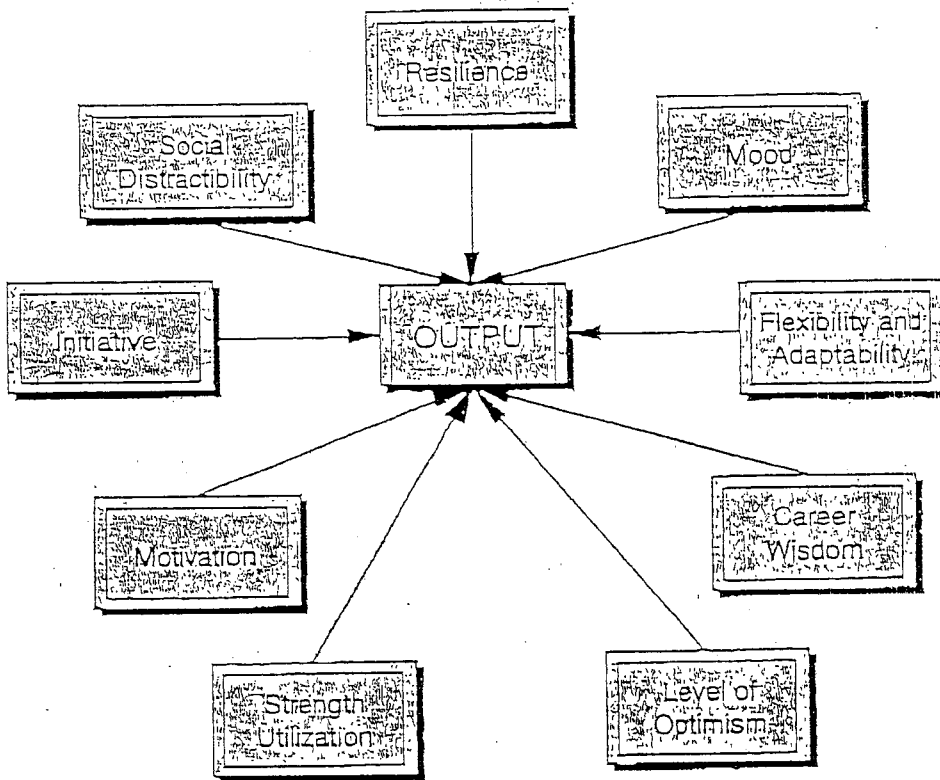
Level of
Optimism

Figure 9-3.   The internal factors that either foster or deter output in children and adults.

附件(2)

"Report on Continuing Development and Employment Opportunities for Non-engaged Youth"
Commission on Youth, 2002.

FORMAL EDUCATION

- Tertiary and Post-secondary Education
- F.6 – F.7
- F.4 – F.5
- 9 years of Basic Education

SERVING THE COMMUNITY

Motivated N.E.Y.

Unmotivated N.E.Y.

Connection with Family

Connection with Support groups

Affirmation of Cultural Identity

SCREENING MECHANISM

VOCATIONAL TRAINING

Vocational and Pre-employment Training

ON JOB TRAINING MECHANISM

Overseas

Mainland CHINA

Existing Labour Market

Job Creation

28
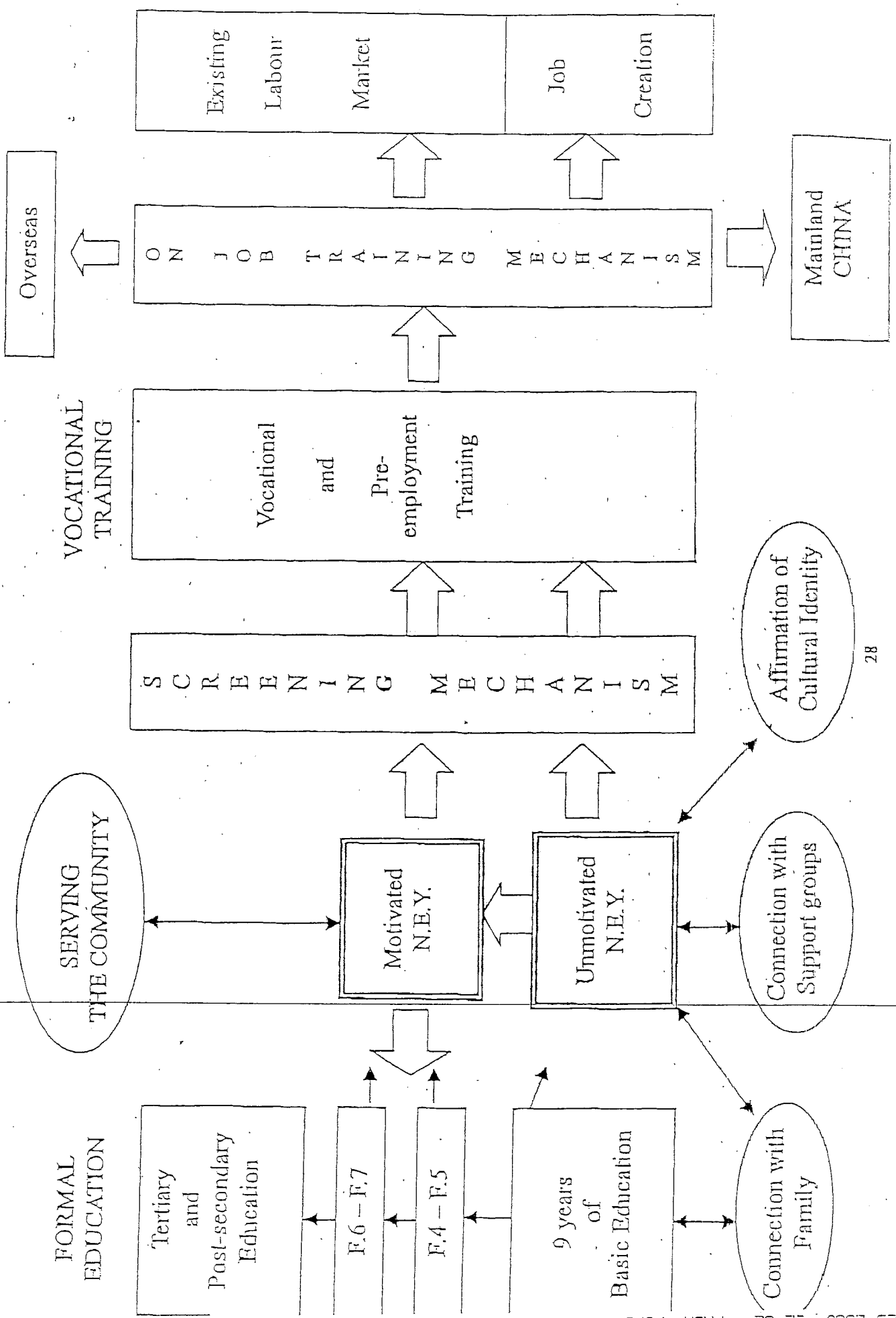
[Appendix 8]

Exploration of sectors with potential for job creation:

8.1 Training and employment opportunities in Hong Kong: sports, culture, arts, creative industries, information technology

    8.1.1 Sports
  - a. 青年體育工作計劃(Commission on Youth)
  - b. Sports Instructor Trainee Programme and Full-Time Instructors for School Outreach Coaching Programme (Leisure & Culture Services Department)
  - c. Employment Opportunities for Non-engaged Youth (Hong Kong Tennis Association)
  - d. HKLSS Special Employment Opportunity Scheme (The Hong Kong Life Saving Society)

    8.1.2 Arts & Culture
  - a. Hong Kong Arts Development Council
  - b. Creative Use of Public Space (Breakthrough)

    8.1.3 Creative Industries
  - a. Animation of McDull & McMug (Samuel Choy, Bliss Concepts Ltd.)
  - b. Daydreamer Cartoon Co-op Studio (Daydreamer Cartoon Academy Ltd.)

    8.1.4 Information technology
  - a. The Development of IT Skills for Hong Kong Youths (Gabriel Yu, iTVentures Ltd.)

    8.1.5 Manufacturing Industries
  - a. 香港鐘錶業培訓及就業計劃(香港表廠商會副會長)

8.2 Training and employment opportunities in mainland China and overseas

    8.2.1 Pilot Project for Youth Employment Training Scheme in Mainland China (Scarlett Pong, COY)

附件(3)

"A Needs Assessment Report of Children 0 – 5 Years" Committee on Promoting Holistic Development of Preschool Children, 2004.

Operational level recommendations

1. Child and family public health needs

As stated in chapter 2, "health needs assessment is a systematic method of identifying unmet health and health care needs of a population and making changes to meet these unmet needs" (Wright, 2001, p.38). In the previous chapters, we have identified problem areas (chapter 3) and examined the effectiveness of existing programmes in dealing with these problems (chapter 5). This was done through search of literature on the local situation, as well as local and overseas programmes, together with focus group discussion with stakeholders including preschool workers, health professionals, academics and parents. In the following section, the needs of preschool children and their families are discussed based on (i) the problem area identified (and the extent of the problem if possible); (ii) the availability of effective intervention; and (iii) the current provision of service. Recommendations will be made in respect of (i) identified gaps in information, (ii) identified gaps in service provision and (iii) identified gaps in the evidence-based interventions.

1.1 Clear indication of prevalence of problems, and availability of effective programmes

1.1.1 Child behaviour problems and parenting difficulties

Local surveys estimate that about 10% of preschool children are displaying behaviour problems. Stakeholders are unanimously concerned about the lack of social skills among preschool children. Closely related to the issue of child behaviour problems is the issue of parenting. From various surveys, it is quite clear that parents in Hong Kong are reporting difficulties in parenting and parenting stress. This issue has also been pointed out by stakeholders in focus groups. Parenting problems are seen as one of the major causes of child behaviour problems. However, the lack of valid local instruments on child social behaviour and the lack of local norms for parenting practices and difficulties make it difficult to get a clear picture of the prevalence of these issues among preschool children and their families.

Research evidence on overseas child behaviour programmes (working directly with children) demonstrates the effectiveness of such programmes in reducing child behaviour problems, including social difficulties. There is not much information on local child behaviour programmes. As many of the effective overseas programmes are implemented in classrooms, professional input and support for preschool teachers will be needed for their implementation in Hong Kong. With local kindergartens being privately owned, there might be considerable difficulties in funding the professional support and input needed for the success of these programmes, though this maybe more viable for kindergartens/day nurseries operated by NGOs with their

own team of psychologists.

Research evidence on overseas parenting education programmes has clearly demonstrated their effectiveness in terms of decreasing problem child behaviours and parental stress, among at risk groups (selective programmes), but there is less information on the effectiveness of universal programmes. There are also locally conducted/developed parenting education programmes. Some of them have been evaluated using randomized controlled trials or other quasi-experimental designs and the results are encouraging. Some of them are for parents who are experiencing problems in parenting (indicated programmes) and others are for all interested parents (universal programmes).

In terms of current provisions, MCHCs and NGOs are the major providers of parenting education programmes in Hong Kong. In MCHCs, parenting education for parents of preschool children has been implemented in phases since September 2002. Full implementation is expected to be achieved by mid 2004. Parent support groups cum parenting programmes in MCHCs are being piloted, in collaboration with SWD. There are also parenting education programmes conducted by the social service sectors, some of which are targeted towards parents of preschool children.

Given the difficulties in implementing child behaviour programmes in preschools as discussed above, for the time being, it is sensible to focus on parenting education programmes which have been shown to be effective in reducing child behaviour problems (see chapter 5, section 14.2 for details). However, the option of preschool-based child behaviour programmes should also be explored, as this will, in the long run, develop and enhance the skills of preschool workers in managing child behaviour problems. Furthermore, some social skills related issues are more likely to occur in the preschool setting, where there are peers, than at home, given that there are a fair number of households with only one child (see chapter 3, section 8).

The following recommendations are made:
- Parenting education should continue to be promoted and developed. Both universal and indicated programmes (targeted at parents with children with behaviour problems or parents with parenting difficulties) should be promoted and developed. New parents and parents-to-be should be encouraged to attend parenting programmes.
- Preschools (including parent-teacher associations), and MCHCs (including ante-natal classes) should continue to be used as venues for delivering parenting education.
- There is a need to train parent leaders to have the knowledge and skills to work for parent-teacher associations.
- The option of preschool-based child behaviour intervention programmes should

be explored.

- The behaviour management skills component should be strengthened in training courses for preschool teachers.
- Development of valid local instruments to measure child social behaviour and local norms for parenting issues should be explored (see also section 1.5).

1.1.2 Breastfeeding

The breastfeeding rate in Hong Kong is still behind international rates. It is recognized that effective interventions should be long-term and intensive, and include a combination of mother and baby friendly policies; information to pregnant women, breastfeeding mothers and families; and competent guidance and support by health professionals.

The following recommendations are made:

- A high level multi-sectoral breastfeeding committee with representatives from relevant government departments, NGOs; and health professional associations should be established (UNICEF/WHO, 1990).
- More support for sustaining breastfeeding through staff, volunteers and hotline should be explored. Home visits should be considered.
- The possibility of re-cycling and lease of breastfeeding equipments for needy families could be explored.
- There should be more publicity on available breastfeeding resources.
- There should be more public education about breastfeeding.
- Availability of suitable places for breastfeeding in public venues and workplaces should be promoted.

1.1.3 Oral health

The dmft values of Hong Kong children are not as good as those of other developed countries. Research shows that community oral education programmes are effective in reducing dental caries, with most of the programmes for young children involving their parents. Locally, there are pilot oral health programmes in MCHCs and preschools.

The following recommendations are made:

- The DH oral health promotion programme being piloted in MCHC, if found to be effective, should be extended to all MCHCs.
- The DH oral health promotion programme in preschools should be further promoted.

1.1.4 Postnatal depression

It is estimated that about 12% of Hong Kong women are affected by postnatal depression. There is some limited evidence on the effectiveness of antidepressants, as well as non-directive counselling by health professionals and psychotherapy. There is a need for more co-ordination between the HA, DH and NGOs in the effective identification and management of these postnatal mothers.

The following recommendation is made:

- Research on the effectiveness of treatment and the outcomes of screening in the local context should be conducted.

1.1.5 Child abuse

Though there is official statistics on child abuse cases, as discussed before, the official figures are likely to be underestimations of the actual situation as there is no mandatory reporting of child abuse cases in Hong Kong. However, other surveys indicate that the incidence of physical abuse is higher in Hong Kong, when compared with western countries. Information on forms of abuse other than physical abuse is relatively scarce.

The overseas literature also indicates that there are effective child abuse prevention programmes for parents. Some of the prenatal and early infancy programmes discussed under the parenting education heading have been shown to be effective in enhancing parent-child relationship and they may also be regarded as child abuse prevention programmes. Preventive programmes for children have also been shown to be effective. However, the evidence on intervention programmes for at risk families is more limited though there are indications that cognitive-behaviourist, and behavioural approaches, and systems programmes are effective. The Committee on Child Abuse (CCA), chaired by the Director of Social Welfare and comprising representatives from concerned government bureaux/departments, professionals and NGOs, will continue to work closely to devise strategies to tackle the problems of child abuse through multidisciplinary approach.

The following recommendation is made:

- The issue of child abuse, both in terms of prevention and treatment, should continue to be monitored by the multi-sectoral committee chaired by the Director of Social Welfare.

1.2 Some indications of prevalence of problems, and availability of effective programmes

1.2.1 Lifestyle issues

Various survey results, in one way or the other, indicate that the dietary habits of Hong Kong preschool children are low in fruit and vegetable intake and their physical activity levels are low. In the focus group discussions, stakeholders have also voiced the same concerns about nutrition, obesity and lack of physical exercises.

Evidence on the effectiveness of overseas programmes is mixed, and different outcome measures are used in different evaluation studies. The limited information suggests that while the programmes are effective in changing health knowledge, the effect on health behaviour is mixed.

Locally, a dietary survey of children aged 0 to 5 from MCHCs has been conducted in 2003 and the results will be forthcoming. More information about the level of physical activities of preschool children is required. Currently, parents are given information on nutrition and physical exercises through the parenting programme in MCHCs. Nonetheless, there is a need for effective public health programmes to promote healthy eating behaviour and regular physical exercises in young children.

The following recommendations are made:
- More comprehensive information on diet and physical activities should be collected.
- There should be safe outdoor and indoor play facilities for children, such as playground and game room.
- Effective programmes to promote healthy eating behaviour and regular physical exercise should be developed. These should include guidance to parents/caregivers and the preschool setting is an appropriate setting for health promotion.

1.2.2 Childhood injuries

Though the Hong Kong mortality rate due to childhood injuries is lower than overseas rates, being one of the most preventable health issues, further work in this area is indicated. In relation to effective programmes, positive outcomes are reported in most overseas programmes, though the outcome measures vary tremendously depending on the type of injury to be prevented and the context. Locally, parents are given information on home safety through the parenting programme in MCHCs. Home visit programmes for families with history of unintentional injury in children were piloted and evaluated by the Hong Kong Childhood Injury Prevention and Research Association.

The following recommendation is made:

- There should be further development and evaluation of home injury prevention programmes in the local context.

1.3 Some indications of problem but little information available

It was pointed out in the focus group discussion that spiritual issues such as respect for others, social connectedness etc. should be promoted. There is also some indication that various aspects in the spirituality domain are below the basic performance standard among primary and secondary students (Pang, Wong, & Leung, 2002). However, different definitions are used and there is no consensus on the definition of spirituality. Without a consensus on its definition, it is not possible to develop measurement tools or indicators or develop programmes to promote spirituality.

The following recommendation is made:

- A working group should be set up to come to a working definition of spirituality.

1.4 Inter-disciplinary and inter-sectoral collaboration

At present, in Hong Kong, service provision to preschool children and their families are separately provided by the health, education and social service sectors. The issue of service interface has been mentioned by all stakeholders and the consensus is towards integrated community-based services for preschool children and their families. As mentioned earlier, settings for health (such as "health promoting preschools", "health promoting homes") offer practical opportunities for the implementation of health programmes. Making settings of social life and activities such as preschools conducive to health could provide great opportunities for health promotion. In overseas countries such as Canada, there is increasing emphasis on collaboration among schools, parents and communities in making the school a focal point for promoting the well-being of children (Guy, 1997). The concept of health promoting schools is becoming popular. A health promoting preschool programme adopts a whole school approach, and aims to support schools in becoming safe, happy and healthy places in which to work and learn. The programme looks at the curriculum, the school policies, practices and environment and the links between school, home and community so that they all work together for the best possible health outcomes.

The following recommendations are made:

- A good entry point for service integration for children 0 to 3 is the MCHC. The existing services can be enriched by integration with services provided by SWD and NGOs. A new model for integrated services can be explored and developed.

There should be inbuilt evaluation mechanisms to evaluate the effectiveness of the model.

- For children aged 3 to 5, it is recommended that a pilot health promoting preschool programme should be set up. Evaluation mechanisms should be built into the pilot project.

1.5 Establishment of a set of health indicators

Keeping track of how well a society is doing in promoting child wellbeing is important (Guy, 1997). Establishment of a set of indicators of child well-being and tracking these measures can inform us what is going right and what is going wrong with our preschool children. In national reports on the well-being of children in Australia, Canada, U.K. and U.S.A. (Australian Institute of Health and Welfare, 2002; Canadian Institute of Child Health, 2001; Federal Interagency Forum on Child and Family Statistics, 2003; Rigby & Köhler, 2002; Office for National Statistics, 2000), there is a clear set of carefully developed indicators for each country which are developed by a panel of experts in the area of child health (Australian Institute of Health and Welfare, 2002; Canadian Institute of Child Health, 2001; Federal Interagency Forum on Child and Family Statistics, 2003; Rigby & Köhler, 2002). A summary of the major indicators relevant to preschool children adopted by Australia, Canada, European Union, U.K. and U.S.A. can be found in Appendix 4.

Locally, the need to establish a set of health indicators has been raised in the focus groups. Ideally, the set of health indicators should include all health dimensions, viz. physical, cognitive, social emotional, and spiritual. Regular population data on these health indicators could be collected and collated and this will provide the necessary information for comparison across family groups and times. The information will also be useful in service planning and the evaluation of the effectiveness of programmes and services.

The DH Public Health Information System is a major initiative announced at the Chief Executive's 1998 Policy Address. It serves to collect, collate, analyse and disseminate health information. From Appendix 4, it can be seen that there are available local indicators in the physical domain, but local indicators in the cognitive (reading), social/behaviour, spiritual and family (parenting) domains are lacking.

The following recommendation is made:

- To search for or develop suitable and valid local indicators in the cognitive domain (reading), child social/behavioural domain, spiritual domain (after consensus on its definition is achieved, see section 1.3) and parenting issues.

1.6 Programme evaluation

Increasingly, in service provision, a *focus on outcome* is being stressed. Being able to demonstrate the differences that various programmes make to child well-being is important. Programme evaluation should be encouraged and promoted (Guy, 1997). In Hong Kong, though major service reviews are commissioned and quality assurance and monitoring procedures are in place for many programmes or services, rigorous evaluation activities are still limited. The majority of programmes are evaluated using client satisfaction questionnaires. As mentioned in chapter 5, at the early stage when a new programme is being developed, studies using rigorous research design to test the efficacy of the programme should be used as far as possible. This can then be followed by testing in the field situation to establish the effectiveness of the programme. Once effective programmes are developed, there should be continuous evaluation and monitoring activities as means to quality assurance (Nutbeam, 1998).

The following recommendations are made:

- There should be rigorous research to establish the effectiveness of local programmes before their launching.
- There should be evaluation of ongoing programmes and quality management measures instituted, as necessary, to ensure that the objectives of the programmes are met.
- Training on research methods and programme evaluation should form part of professional training and in-service professional development.
- The DH Triple P database and parent education database could serve as an interim platform to support the evaluation of parenting education programmes.

1.7 Needs assessment on special groups

During the focus group discussions, stakeholders are concerned about the well-being of preschool children in lone parent families, new immigrant families, and families where the mothers are in mainland China. There is also concern about the needs of children with developmental problems. In addition, the needs of ethnic minority children should not be overlooked. Overseas research indicates that there are effective educational enrichment programmes for at risk children and children from disadvantaged backgrounds. However, without more information about the specific needs of local children and their families, it is not possible to decide what the best services for them are.

The following recommendations are made:

- Needs assessment be conducted for preschool children from lone parent families, new immigrant families, ethnic minority families, families where the mothers are in mainland China, and families with socio-economic disadvantage.

- Needs assessment be conducted for preschool children with developmental problems.

Policy level recommendations

2. Government policy and co-ordination

For health promotion actions to be effective, as mentioned before, there is a need to address the multiple determinants of health and it is often necessary to change the environment and the institutions that shape people's choices. However, it is impossible for one single government department to target the multi-determinants and coordinate team work right across the government (Cabinet Office, 2000). Government leadership is required in policy formulation and implementation to alter the structural environment that shapes people's choice, as well as to co-ordinate teamwork across various agencies, sectors, and government departments/bureaux.

Furthermore, as one of the signatories to the United Nations Convention on the Rights of the Child, it is important for Hong Kong to fulfil its obligations under the Convention. The UNICEF encourages signatory country governments to develop a comprehensive national agenda for children and to develop permanent organizations or mechanisms to promote co-ordination, monitoring and evaluation of programmes throughout all government sectors (UNICEF, n.d.). To formulate a national agenda for children and to promote co-ordination of various activities throughout all sectors, active government leadership, joining-up of government departments and non-government sectors, and development of permanent organizations on child well-being are important.

Signatory countries to the United Nations Convention on the Rights of the Child such as Australia, Canada and United Kingdom have developed national policies and programmes on children's well-being. Often, the idea of joined up government is central to these policies and there are ministers for children. For example, in United Kingdom, a Children Bill is being introduced in the House of the Lords on 3 March 2004 (House of Lords House of Commons Joint Committee on Human Rights, 2003; The United Kingdom Parliament, 2004), to "make provision for the establishment of a Children's Commissioner; to make provision about services provided to and for children and young people by local authorities and other persons; to make provision in relation to Wales about advisory and support services relating to family proceedings; to make provision about private fostering, child minding and day care, adoption review panels, the making of grants as respects children and families and about child safety orders" (House of Lords, 2004, p.1). The post of Director of Children's Services, accountable for children's services, is to be appointed within local children's services authority. A new Minister for Children, Young People and

Families, within the Department of Education and Skills, has been created to coordinate policies across governments (Crown Copyright, 2003; Department for Education and Skills, 2004). The Sure Start Programme in United Kingdom is an initiative to put into practice the "joined up thinking" by pulling together health, education and welfare services for children aged 0 to 3 years in a coordinated way (Glass, 1999; Roberts & Hall, 2000). The programme aims to provide better childcare, free nursery education place for all three year old children, and better health and family support. A Sure Start unit is established in the Department for Education and Skills and Department for Work and Pensions and the unit is led by the Minister for Sure Start (Sure Start, 2003). In Australia, there is a Minister for Children and Youth Affairs and a National Agenda for Early Childhood is being developed (Commonwealth of Australia, 2004; Australian Government Department of Family and Community Services, 2004). In Taiwan, children's welfare is under the Child Welfare Bureau of the Ministry of the Interior (Child Welfare Bureau, Ministry of the Interior, R.O.C., 2002). In Canada, the National Children's Agenda has grown out of discussions by federal, provincial and territorial health and social services areas (UNICEF Canada, n.d.). It is recognized that no single organization can meet all the needs of children and there is strength in working together, to ensure that there are no gaps or duplications (National Children's Agenda, 1998).

In Hong Kong, stakeholders are of the view that our society should invest on preschool children and their families so as to create a better future for the whole society. The government needs to have a clear policy to safeguard and promote the well-being of children aged 0-5 and their families. Formulation of child policies and family-friendly policies to provide a supportive environment that shapes people's choices has been suggested.

At present, the main sectors involved in the provision of health, education and social services for children are in the public, private and non-government sectors. It is however recognized that there are other government bureaux/departments who are also involved in service provision to preschool children. For example, provision of library and playground facilities for preschool children fall within the remit of the Home Affairs Bureau and Leisure and Cultural Services Department. Collective policies and joint actions among these government bureaux and departments, the non-government and even the private sectors are essential in providing an integrated service. The establishment of a central body such as a Children's Commission to co-ordinate collective policies and joint actions is considered a viable option.

The following recommendations are made:

- The creation of a family-friendly environment to support parents in performing their parenting roles more effectively is important to the healthy development of

preschool children.   Family-friendly policies to support and promote child and family well-being should be considered.

- The Government should consider taking the leadership role in various areas of early childhood provision, notably in the areas of early childhood education and quality assurance of child-minders and tutors in the after-school interest classes.

- Joining up of government bureaux/departments in the formulation and implementation of child and family policies to promote child and family well-being.   The establishment of a Children's Commission could be considered.

3.   Evidence-based policies

Policies for promoting child and family well-being should be evidence-based. Sanderson (2002) lists several ways in which evidence can inform policy development and implementation.   First, evidence of problems and needs requiring policy action is required.   In this report, we have sought to examine the current state of well-being of preschool children and their families, and identify problems and needs.   Second, evidence of the likely effectiveness of policy options is required to inform decisions on the policy actions to be taken.   This fits well with a rational decision-making model and policy is seen as a purposive course of action to achieve certain objectives.   The action taken is based on a "careful assessment of alternative ways of achieving such objectives and effective implementation of the selected course of action" (p. 5).   While the present study has examined the effectiveness of various programmes, the study has not been able to examine evidence of likely effectiveness of policy options.   This kind of research, however, is needed to inform decisions on policy actions.

In order to identify the multi-determinants of health and the antecedents of child health and development, longitudinal research is important.   The National Longitudinal Survey of Youth and Children in Canada (Human Resources Development Canada, 2002) and the Avon Longitudinal Study of Parents and Children (ALSPAC) in U.K. (Golding, Pembrey, Jones, & the ALSPAC Team, 2001, p. 75) are examples of longitudinal studies on factors influencing child health and development.   These researches can serve to increase understanding of the extent and nature of child health problems and children's needs, and to provide information on the likely effectiveness of policy actions.

Third, evidence from the evaluation of policy implementation is also important to inform decisions on the continuation or discontinuation of policies or any adjustments needed (Sanderson, 2002).   It is suggested that new policy initiatives should be subject to pilot trials or prototyping before they are being implemented on a

national level. For example, with the Sure Start initiative mentioned before, there were pilot programmes and evaluation against a set of agreed indicators.

The following recommendations are made:

- Careful examination of the evidence of the likely effectiveness of potential policy actions should be conducted before decisions on policies are made.

- To inform the development and implementation of policies on child well-being, large scale longitudinal studies addressing the multi-determinants of child development in the local context are needed. Among many others, potential areas could include the impact of parental employment on parent-child relationship, the impact of education experience (e.g. enrichment classes) and mass media on the social, cognitive and cultural development of children.

- New policy initiatives should be subject to pilot trials and be evaluated against a set of agreed indicators.

Setting priorities

In chapter 1, we have reviewed the literature, arguing for the importance of the early years. The literature confirms the need to promote the optimal development of children, through protecting the child from harm and providing all the child needs for optimal growth and development, which include not only bodily needs but more importantly, caring and loving relationships. The parents or caregivers, as the primary socializing agents for children, play an important role in this aspect. Nurturing and trusting relationships beyond the early years and opportunity for life-long learning are also essential for continuous optimal development of the person. Early intervention programmes for at risk children are needed to address their plight and change the unfavourable trajectory.

In this chapter, recommendations are made, based on an examination of the current well-being of Hong Kong preschool children and their families, current services, and effectiveness of intervention programmes. As there are a fair number of recommendations, some of which need to be in place before others can be implemented, it is necessary to set priorities for their implementation to provide direction and to ensure that the implementation is organized and co-ordinated. At the conceptual level, what is lacking is a *consensus on what spirituality is*. Without a consensus on its definition, development of measurement tools and intervention programmes are not possible.

To ensure that programmes are tailored to the specific needs of different groups of preschool children and their families, *needs assessment* is a prerequisite for service planning. This report describes the general needs of children 0 to 5 years. Further needs assessment for special groups should be conducted to understand their specific

needs. The availability of *valid local indicators and measurement tools* makes important contributions to needs assessment. Development of these should therefore be considered a priority. On service provision, as indicated in chapter 4 and sections 1.1 and 1.2 of this chapter, many of the intervention and education programmes for preschool children and their families are already in place and these should continue to be provided and developed. Nonetheless, rigorous *programme evaluation and quality assurance* are extremely important in ensuring that programmes and services offered are effective in meeting the needs of preschool children and their families and are of high standards. All service providers should strive to build evaluation and quality assurance mechanisms into all programmes. Last but not the least, *inter-sectoral collaboration* is vital in ensuring that programmes are comprehensive and that gaps, overlaps and inconsistencies across services are minimized.

Above all, *government leadership*, including the establishment of a central body, is crucial to address the multi-determinants of health through formulating supportive public policies and co-ordinating actions across the government, non-government and private sectors to provide the favourable environment where families and children flourish. ' The development and implementation of these policies should also be evidence-based.

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