

**Commission on Poverty  
Task Force on Children and Youth**

**Comprehensive Child Development Service (0-5 Years):  
Progress of Pilot Implementation**

**Purpose**

This paper updates Members on the progress of the pilot implementation of the Comprehensive Child Development Service (0-5 Years)(CCDS).

**Background**

2. The pilot CCDS aims to identify and meet the varied needs of children of 0 to 5 years and their families at an early stage. We launched the pilot in the Sham Shui Po, Tin Shui Wai, Tuen Mun and Tseung Kwan O Maternal and Child Health Centres (MCHCs) by phases starting from July 2005. On top of the existing services in MCHCs, the pilot CCDS model is made up of the following components: -

- (a) early identification and holistic management of at-risk pregnant women;
- (b) early identification and management of mothers with postnatal depression;
- (c) early identification and management of children and families for social service intervention; and
- (d) early identification and management of pre-primary children with physical, developmental and behavioural problems.

## **Progress**

3. We have provided training to nurses of the five MCHCs and the pre-primary teachers in the four pilot communities to enhance their skills in identifying and supporting children and families in need. Systematic screening tools have been used by MCHC nurses to facilitate the identification of children and families with social service needs and mothers showing symptoms of post-natal depression. To enhance inter-sectoral collaboration, we have also developed a formal referral and reply system to strengthen the communication between the MCHCs, the Integrated Family Service Centres and the pre-primary institutions in the pilot communities.

4. Taking into account district needs, the Hospital Authority (HA) has identified different groups of at-risk pregnant women as target clients under the CCDS in the four pilot communities. In Sham Shui Po, HA's community paediatrician is seeing mothers who are illicit drug users or mentally ill, and their children. The target groups in Tuen Mun and Tin Shui Wai include teenage mothers and pregnant women with mental health problems. In Tsung Kwan O, at-risk mothers from all of the above categories are systematically identified through clinical assessments at public hospitals for follow-up support as appropriate.

5. We have received positive feedback on the CCDS pilot programme from the collaborators in the health, social welfare and pre-primary sectors on the community level. The progress of the pilot implementation has so far been encouraging, as evident by the enhanced collaboration and interface between the different sectors and increased client accessibility.

6. To provide a one-stop service for parents to access the full array of information and community resources on child and family-related matters, a Parent Resource Corner has been established in West Kowloon MCHC. Construction and planning work to set up a similar Parent Resource Corner in the MCHCs in Tin Shui Wai and Tseung Kwan O is underway.

## **Way Forward**

7. We will continue to monitor the progress of the pilot scheme, collate service statistics, identify gaps and pressure points in service delivery and fine-tune the pilot model as appropriate. Additional resources have been earmarked to improve the service and management of the CCDS pilot programme, and for gradual extension to the other communities in Hong Kong by phases. In this regard, we aim to complete a full review of the pilot run towards the end of 2006.

## **Advice Sought**

8. Members are invited to note the progress of the CCDS pilot scheme.

**Health, Welfare and Food Bureau  
Education and Manpower Bureau  
Department of Health  
Hospital Authority  
Social Welfare Department**

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