

**For discussion on
9 March 2006**

CoP TFCY Paper 2/2006

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

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

Purpose

This paper informs Members of the progress of the pilot implementation of the Comprehensive Child Development Service (0-5 Years)(CCDS) in Sham Shui Po, Tin Shui Wai, Tuen Mun and Tseung Kwan O.

Background

2. The pilot CCDS, which aims to identify the varied needs of children of 0 to 5 years and their families at an early stage, has been launched in Sham Shui Po since July 2005 and extended to Tin Shui Wai, Tuen Mun and Tseung Kwan O in January 2006. On top of the existing services in Maternal and Child Health Centres (MCHCs), the pilot CCDS model comprises the following components: -

- Early identification and holistic management of at-risk pregnant women;
- Early identification and management of mothers with postnatal depression;
- Early identification of children and families for social service intervention; and
- Early identification and referral of pre-school children with physical, developmental and behavioural problems.

Progress of Implementation: Sham Shui Po as the Showcase

3. Prior to the pilot implementation in Sham Shui Po in July 2005, preschool teachers in the local community and health workers of the West Kowloon (WK) MCHC underwent training to prepare themselves for the roll-out. The training aimed to equip preschool teachers with the skills to identify and support children with various physical,

developmental, and behavioural problems. The majority of preschool teachers who took part in the CCDS training programme reported that the training increased their knowledge in child development, classroom support and management of children with learning or behavioural problems. The training programme also aimed to equip MCHC nursing staff to use an empowering and family-centred approach in interviewing clients and identifying families with social services needs. Most of the health staff found the training course effective and useful in equipping them to identify clients in need.

4. As regards the early identification and management of at-risk pregnant women, taking into account the district need of Sham Shui Po, the community paediatrician from the Hospital Authority (HA) has started seeing children of mothers who are illicit drug users or mentally ill. He is also in the process of establishing networks with Departments of Obstetric & Gynaecology, Paediatrics and Psychiatry in HA hospitals, as well as other relevant community agencies, to enhance clinical and community support to these mothers.

5. For the identification of mothers with probable postnatal depression (PND), up to January 2006, 131 probable PND cases have been identified and offered one or more of the following services as appropriate: MCHC support services, counselling by the psychiatric nurse on site, referral for services of the HA and Integrated Family Service Centres (IFSCs).

6. In terms of identification of families with social service needs, as of January 2006, nurses at WK MCHC have assessed the need for social services of 710 families from socially disadvantaged background since the commencement of the pilot¹. Among them, 167 were recommended for further support services, such as parenting education or counselling in MCHC, or social service follow-up at IFSCs. Most of the cases are being actively followed up with supportive counseling and/or groups/programmes to help solve their marital, child-care, parenting, emotional and other inter-personal relationship problems. Appropriate tangible services, including home help, child-care and financial/employment/accommodation assistance, etc. were provided when necessary. Meanwhile, 16 children were referred by Sham Shui Po's preschools to WK MCHC for assessment of suspected physical, developmental and behavioral problems.

7. To supplement the above services, a Parent Resource Corner has come into operation in WK MCHC in January 2006. The Parent Resource Corner is a one-stop point in MCHC to provide a full array of information on child and family-related matters and community resources for parents.

¹ From July 2005 to January 2006, the total number of newly registered cases (under the age of one) in WK MCHC was around 2 217.

Evaluation

8. We are monitoring the progress of the pilot implementation in the four pilot communities and collating service statistics to identify gaps and pressure areas in the service delivery. We are also organizing focus groups and individual interviews to collect the feedback of stakeholders on the pilot run. We are so far encouraged by the progress of the pilot implementation, witnessing enhanced collaboration and integration of services and increased client accessibility to services. To assess the effectiveness of the PND screening programme using Edinburgh Postnatal Depression Scale (EPDS), a randomized controlled trial (RCT) has commenced in WK MCHC since mid October 2005. The district co-ordination committees, consisting of representatives from the Department of Health, Social Welfare Department, Education and Manpower Bureau and HA, will continue to keep a close watch on the implementation of the pilot run and address various implementation issues at the district level.

Way Forward

9. We will continue to monitor the progress of implementation, collate service statistics, identify gaps and pressure points in service delivery and fine-tune the pilot model as appropriate. Additional financial resources have been earmarked to improve the pilot CCDS and gradually extend the service to the other communities in Hong Kong by phases. To plan for the extension, we aim at conducting a full review of the pilot run in the third quarter of 2006.

Advice Sought

10. Members are invited to note the progress of the CCDS pilot implementation and provide comments, if any.

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

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