Submission from Medical Coordinators on Child Abuse to the Panel on Social Services

Comprehensive Child Development Service CCDS Child Protection

Thursday 12th April 2007

Prelude:

Early childhood experiences are important in the development of the human brain and behaviours. Involved in this process is a complex interaction between genetic and environmental factors. The potential for growth and development is immense in early childhood. Children excel in areas of physical abilities, emotional well-being and social skills from nurturing relationships which build resiliency. Childhood dysfunctions result from adverse relationships.

Support:

The MCCA group holds the opinion that planned intervention in early childhood increases the chance of having a successful developmental outcome. The group supports the components that CCDS targets - holistic management of at-risk pregnant women, mothers with post-natal depression, families with psychosocial needs, and pre-primary children with physical, developmental and behavioural problems. The group also welcomes the changes in the organizational structure and professional practices in the CCDS as compared to the traditional service delivery mode where boundaries are well defined to the detriment of a true collaboration. The group is pleased to read from the Report the positive results of the current evaluation, in terms of access, acceptability, equity, effectiveness and efficiency.

Important questions for CCDS

Expertise:

While hardware such as interview rooms to address privacy or information sharing platforms are easy to build, and knowledge and skills could be easily mastered, professional staff with fitting attitude, right personalities, good demeanor and maturity to handle these cases are difficult to come by. There is always a question of how staff with such qualities could be retained, as often, working in this area would depend heavily on such human qualities. How would the programme manage these issues?

Service needs:

Service requirement varies with problems in different families. There are also problem variations in different districts. While working together and capitalizing on NGO expertise to manage families with substance misuse is a good initiative, problems commonly co-exist such that a universal programme targeting problem cluster is deemed necessary. Young mothers, solo-parents, teenage pregnancies, child-minders with mental health problems, the existence of domestic violence are just some of the risk areas where children's well-being should be safe-guarded. The MCCA group is hopeful that adopting the approach of changes in

organizational structure and professional practices could bring new lights when tackling the above mentioned difficulties collectively. How should the CCDS program address this issue?

Collaboration:

Experience from child protection services tells us that inter-disciplinary professional training and multi-sectoral collaboration should be the foundations of a successful programme. How well do the mechanisms at different levels in CCDS work with each other to ensure an effective collaboration?

Coverage and Sustainability:

There is evidence of effectiveness in other programmes. An example would be the Positive Parenting Programme. A question often asked is on coverage as these programmes require intense work and coordination. There is limitation in the number of service users, and drop-out rate also needs to be addressed. Further, with the current positive evidence in the CCDS programme, how could such effects be sustained and CCDS be connected with other programmes to serve families with different risks?

Outcomes:

More important is the way ahead after the current evaluation. The group is also interested to know what happens after the identification of problem cases. For cases identified by the CCDS, services rendered and further referrals made, what are the outcomes of these children and families?

CCDS and Child Protection:

Primary prevention promotes a caring and non-violent environment for our children to grow and mature. Secondary prevention aims to identify children at risk of abuse and prevent its occurrence. Tertiary prevention is the recognition of child maltreatment and preventing its recurrence. Children from families served by the CCDS program are at different levels of risk of abuse and are therefore the primary concern of the MCCA group.

We commend the Administration's determination and commitment in programmes such as the CCDS. Similar vigor if not more is required to counteract the adversities brought about by the rapid social and economic changes, and the ensuing alterations in family structure and functions, where children are exposed to risks and need protection. We are disappointed that in Hong Kong there are no guiding principles for child protection policies specified by the law and there is no authority independent of the government to monitor child protection measures.

Children are not the possessions of adults. When it comes to child neglect and protection, the basic needs of children take priority over the wants of their guardians. Children should enjoy the same rights of adults. The group commends the Administration's determination to put family as a priority when commissioning a programme in this area. As paediatricians working in child protection, we understand the uniqueness and complexities of child welfare issues involved. We therefore recommend the establishment of an independent institution with statutory power to monitor, promote, and protect the rights of children on a continual basis so that the number of children requiring the CCDS programme will diminish.

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