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Panel on Welfare Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 14 February 2008**

Comprehensive Child Development Service

Purpose

This paper provides background information on the pilot implementation of Comprehensive Child Development Service (CCDS), and summarises the deliberations of the Panel on Welfare Services (the Panel) on the subject.

Background

2. In his 2005 Policy Address, the Chief Executive announced that \$10 million would be earmarked for the launch of a pilot Head Start Programme in phases for children aged five and below in four selected communities, namely, Sham Shui Po, Tin Shui Wai, Tseung Kwan O and Tuen Mun, to provide comprehensive and timely support for these children and their families.

3. The pilot programme would be implemented through inter-sectoral collaboration among the Department of Health (DH), the Hospital Authority, the Education and Manpower Bureau, the Social Welfare Department and non-government organisations at the district level. The initiative entailed early identification and management of mothers with postnatal depression, early referral and feedback system for pre-school children with physical, developmental and behavioural problems at kindergarten and childcare settings, as well as introduction of a structural screening process in DH's Maternal and Child Health Centres (MCHCs).

Deliberations of the Panel

Implementation of the pilot CCDS

4. The Panel was briefed on the launch of the pilot CCDS (formerly known as the Head Start Programme) on 20 January and 17 October 2005, and 13 October 2006.

5. Members were advised that the pilot CCDS for children aged 0 to five and their families was first launched in Sham Shui Po in July 2005. CCDS was a community-based programme. MCHCs, which provided child health services to over 90% of newborn babies and maternal health (antenatal and postnatal) services, were used as the platform to identify the varied needs of children and their families so that appropriate services could be made available to them in a timely manner. Children and/or their family members in need of welfare services were referred to the Integrated Family Service Centres (IFSCs)/Integrated Services Centres (ISCs) for early intervention on the identified psycho-social problems. The service had been extended to Tin Shui Wai, Tuen Mun and Tseung Kwan O since January 2006.

6. When the subject of child protection was discussed at the Panel's special meeting on 29 June 2006, members were also briefed on the implementation of the pilot CCDS. Some members pointed out that the pilot CCDS had put more emphasis on the medical, instead of family welfare, perspective. They expressed concern that in the absence of additional resources for social welfare agencies, the latter would find it difficult to provide prompt follow-up services for needy children and families even if problems were identified in the pilot CCDS.

7. On the resources for CCDS, the Administration advised that an additional \$20 million had been allocated for the pilot. Consultation had been conducted at different levels on how to improve the pilot CCDS, and the Administration would consider seriously all the views expressed by relevant stakeholders in fine-tuning the CCDS model. As to whether the pilot CCDS had resulted in additional caseload for IFSCs and other services, the Administration advised that the experience of the pilot run indicated that some cases identified at an early stage could be handled at MCHCs, and referral to IFSCs/ISCs for follow up was not necessary. In addition, CCDS was a reciprocal working process under which IFSCs and ISCs could refer cases to MCHCs if necessary.

8. The Administration further advised that CCDS would be extended gradually to other communities by phases pending the review outcome expected to be available in the first quarter of 2007. The Financial Secretary subsequently announced in the 2007-2008 Budget that the Administration planned to extend the pilot CCDS to all districts in phases and strengthen social services support.

Review findings of the implementation of the pilot CCDS

9. At the Panel meeting on 12 April 2007, members were briefed on the review findings of the implementation of the pilot CCDS in the four selected communities. Members were advised that notwithstanding that more time was required to monitor the long-term effectiveness of CCDS, the evaluation results suggested that the CCDS model was worth pursuing. There was evidence which indicated that CCDS could achieve its primary objective, i.e. early identification of young children and their families in need and early intervention in meeting those needs.

10. Members were further advised that as part of the formative evaluation, improvement measures to address the implementation issues, including the renovation of MCHCs, extra briefing sessions and more structured staff training programme, the development of a cross-sectoral computer interfacing system etc., had been completed or were under planning. The Administration had also identified various areas for possible enhancement, such as enhancing manpower and training to meet the increase in workload, improving cross-sectoral collaboration, improving facilities in MCHCs, improving the service coverage and enhancing the follow-up services to deal with the varied needs of children and families under CCDS. In view of the encouraging outcome of the pilot CCDS, the Administration planned to extend CCDS to all districts in phases. Subject to additional resources, it planned to complete the territory-wide extension of CCDS by 2012. As the next step, the pilot CCDS would be extended to Tung Chung, the whole district of Yuen Long and Kwun Tong in 2007-2008.

11. Deputations who attended the meeting highlighted the difficulties and work pressure faced by frontline social workers in providing services for families referred by MCHCs for follow up. They hoped that the Administration would strengthen training and support for frontline social workers to deal with complicated cases, enhance publicity on the pilot CCDS, and give due regard to the needs of newborn babies in Hong Kong whose parents were Mainland residents when formulating the long-term arrangements for CCDS. Some deputations also urged the Administration to introduce outreaching services and mobilise community resources to identify needy families who had not attended MCHCs for service and to encourage these families to receive assistance.

12. While expressing support for the implementation of CCDS, members expressed concern about the inadequate provision of recurrent resources for the implementing agencies to offer prompt follow-up services. They were concerned that it would not be of much help to at-risk families if they had been identified but not provided with timely assistance. Members urged the Administration to provide additional resources to the welfare agencies for the implementation of CCDS and for alleviating the work pressure of frontline social workers.

13. The Administration advised that an additional resource of \$20 million had been allocated to enhance staffing support for the pilot CCDS. About 420 cases had been identified for follow-up services, most of which were referred to the 14 IFSCs in the pilot communities. While the initial findings showed that there was an increase in the number of referrals to IFSCs when compared with the service statistics before the implementation of CCDS, the additional workload for each IFSC was considered acceptable. The Administration believed that since CCDS could facilitate early identification and prevention of family problems, the demand for follow-up services would decrease in the long run, thereby alleviating part of the work pressure of frontline social workers.

14. The Administration further advised that additional resources had been allocated to IFSCs and other relevant social service units for launching a Family Support Programme to reach out to vulnerable families which were unwilling to seek help. Training was also provided for pre-primary educators to identify and support children with physical, developmental or behavioral problems. The Administration was conscious of the need to improve the collaboration among service units under CCDS.

15. Mr Albert HO took the view that a longitudinal study should be conducted to evaluate the effectiveness of the pilot CCDS. The Administration advised that it would be difficult to conduct the study in a small territory such as Hong Kong due to a lack of a control group.

16. Pointing out that children in the ages of five to seven were not being looked after under CCDS nor the Student Health Service for primary students, Dr KWOK Ka-ki considered that concrete measures should be introduced to bridge the service gap for these children.

17. Noting that the Administration planned to complete the territory-wide extension of CCDS by 2012, members considered the pace of extension too slow. They took the view that the Administration should expedite the plan to extend the pilot CCDS to other districts and report on progress to the Panel. The Administration should also set out a comprehensive policy on the long-term development of children and youth services in Hong Kong.

18. The Administration advised that the pace of extension to other districts would be contingent on district needs and operational readiness of the various implementing agencies. Meanwhile, the Administration would monitor closely and keep the Panel posted of the implementation progress of the pilot CCDS.

Latest development

19. The Administration would brief the Panel on the progress of the implementation of CCDS at the meeting on 14 February 2008.

Relevant papers

20. Members are invited to access the LegCo website at <http://www.legco.gov.hk> to view the Administration's papers for the meetings of the Panel on Welfare Services on 20 January and 17 October 2005, 29 June and 13 October 2006, and 12 April 2007, and the relevant minutes of meetings.

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