

Legislative Council Panel on Welfare Services

Comprehensive Child Development Service

Purpose

This paper brief Members on the implementation of the Comprehensive Child Development Service (CCDS) and the Administration's plan to extend its coverage to all 18 districts.

Background

Overview of CCDS

2. As a joint initiative of the Labour and Welfare Bureau (LWB), Education Bureau (EDB), Department of Health (DH), Hospital Authority (HA) and Social Welfare Department (SWD), CCDS aims to identify and meet, at an early stage, various health and social needs of children (aged 0 to 5) and their families so as to foster healthy development of children. It makes use of the Maternal and Child Health Centres (MCHCs) of DH, the obstetric clinics of HA and other relevant service units, such as Integrated Family Service Centres (IFSCs)¹ and pre-primary institutions, to identify at-risk pregnant women², mothers with postnatal depression, families with psychosocial needs and pre-primary children with health, developmental and behavioural problems, etc. Needy children and families identified will be referred to the appropriate health and/ or social services.

3. CCDS was first launched on a pilot basis in Sham Shui Po, Tin Shui Wai, Tuen Mun and Tseung Kwan O in July 2005, covering around 24% of the target clientele. In 2007, DH, in consultation with HA, SWD and EDB, completed a review of the pilot implementation of CCDS. The review showed that CCDS had strengthened cross-sectoral collaboration

¹ Including the two integrated services centres at Tung Chung.

² Under the CCDS model, at-risk pregnant women include illicit drug users, teenage mothers and pregnant women with mental illness.

in service delivery and enhanced the access of needy families to health and social services. It was concluded that the service mode was worth pursuing. The service was then extended in phases to Yuen Long, Kwai Tsing, Tsuen Wan, Kwun Tong and Island (Tung Chung). By end-2011, CCDS has covered around 50% of the target clientele.

Operation of CCDS

4. The operation model of CCDS is premised on, among other things, the following important features –

- (a) **Early identification, on-going monitoring and timely intervention of needy children and families** – A principle underlying CCDS is that early identification and timely intervention are conducive to the health and development of needy children. CCDS thus emphasises pro-active and early identification of needy children using MCHCs, obstetric clinics of HA and other relevant service units, e.g. IFSCs and pre-primary institutions. Formal referral mechanisms have been set up amongst relevant service units for prompt referrals of needy children and families to the appropriate health and social services including paediatric and psychiatric services, parenting programmes, family planning education, counselling service, supportive groups and programmes, and even drug detoxification, etc. The needs of these children and families are monitored and intervention provided as appropriate;
- (b) **Interdisciplinary collaboration** – CCDS is underpinned by the interdisciplinary collaboration of medical practitioners, nurses (including midwives), social workers and pre-primary educators to provide coordinated support to children and families in need. A formal referral and feedback system has been developed among the relevant service units to foster more effective communication and client management;
- (c) **Building of trusting relationships** – CCDS emphasises the building of trusting relationship between clients and the professionals which is important in encouraging vulnerable families to accept services and motivate them to consider adopting a healthier life style; and
- (d) **Reducing stigmatisation and enhancing accessibility of**

services – Under CCDS, paediatricians, psychiatrists and psychiatric nurses visit MCHC regularly to provide one-stop follow-up services for needy children and their families. This can help reduce stigmatisation on service users, thereby increasing the acceptance by target clients and enhance the accessibility of various health and social services.

5. Premised on the above features, operational procedures have been put in place amongst relevant service units to identify and follow up the needs of at-risk pregnant women, mothers with perinatal depression, families with psychosocial needs and pre-primary children with health, developmental and behavioural problems. The ensuing paragraphs set out in brief such operational procedures.

Identification of and provision of service to at-risk pregnant women

6. Under the CCDS model, at-risk pregnant women (including illicit drug users, teenagers and those with mental illness) are identified, monitored and provided with services from the antenatal to postnatal stage.

7. At the antenatal stage, health professionals at the obstetric clinics of HA and MCHCs of DH identify at-risk pregnant women during their routine checkups. Designated midwives at obstetric clinics of HA act as the coordinator/case manager to ensure that coordinated antenatal and postnatal care is provided to them. Throughout the antenatal period, the midwives keep in touch with the pregnant women to monitor their needs, provide them with supportive counselling and health advices and refer them to the appropriate health and social services, such as the psychiatric service of HA, IFSCs and/ or other service units.

8. After delivery, the midwives, with the consent of the mothers, refer their babies to MCHCs for follow-up. Apart from the routine maternal and child health services, consultations by visiting paediatricians from HA is also arranged to monitor the holistic well-being of these children and follow up promptly should any problem arise.

9. Besides, MCHC nurses also provide parenting programme and one-stop family planning service for these mothers, as well as ensure the children's compliance with the immunisation programme. They also work closely with the paediatricians to perform systematic psychosocial assessment to identify other needs of the families and, where necessary,

refer them to the psychiatric service of HA and/ or IFSCs for follow-up.

10. In 2011, about 800 at-risk pregnant women were identified and followed up under the CCDS in accordance with the above mechanism.

Identification of and provision of service to pregnant women and postnatal mothers with depression

11. During the antenatal period, pregnant women with mood problem or past history of psychiatric illness are identified by MCHC nurses. They are then offered supportive counselling service by MCHC staff or assessed by the visiting psychiatric team, as well as referred to the CCDS midwives at the obstetric clinics of HA for follow-up. At the postnatal stage, nurses at MCHCs identify mothers with postnatal depression using the Edinburgh Postnatal Depression Scale². A systematic assessment of the condition and the associated psychosocial factors is then performed. Those with symptoms suggestive of postnatal depression or psychosocial distress are referred to the visiting HA psychiatric nurses at MCHCs for further assessment and counselling. Depending on the severity of the condition and needs of the mothers and babies, they are followed up by the visiting Psychiatric teams or paediatricians, the regular Psychiatric service of HA and/or IFSC.

12. In 2011, about 3 300 mothers were identified as having probable antenatal / postnatal depression under the CCDS. Around 2 100 referrals made for follow-up treatments in the appropriate health and/ or social service units. The remaining ones were followed up at MCHCs.

Identification of and provision of service to families with psychosocial needs

13. The psychosocial situation of a family is an important factor affecting the health and development of children. To identify and strengthen the support for children from a socially disadvantaged background, MCHCs perform psychosocial assessments for families with preset demographic/ social attributes, such as single-parent families, families with history of domestic violence, etc. Psychosocial assessment is also part of the comprehensive assessment for at-risk pregnant women

² EPDS is a scientifically validated screening tool for use in child-bearing women, developed by John Cox & his colleagues (1986), to detect postnatal depression in primary care setting.

and mothers with postnatal depression. The assessment aims to explore key issues related to the child's well-being like child care, financial status/ employment of parents, marital / family relationships, availability of social supports, etc. Needy families are offered supportive services at MCHCs or, subject to their consent, referred to IFSCs or other service units for management.

14. In 2011, about 13 000 (excluding PND cases) families were assessed for their psychosocial needs under the context of CCDS, among which around 900 referrals had been made for families with varied psychosocial needs to the appropriate service units for follow-up.

Identification of and provision of service to pre-primary children with health, developmental and behavioural problems

15. DH has set up a referral and feedback mechanism for pre-primary institutions to refer children with physical, developmental or behavioural problems to MCHCs for assessment and management. Depending on the severity of their conditions and needs, these children may be provided with follow-up services at MCHCs or referred to the Child Assessment Service (CAS) of DH or specialist services of HA for further assessment and follow-up. To support pre-primary educators to identify needy children and be familiarised with the referral and reply system, DH has developed a training resource pack on child development and behaviour management and conducted workshops in collaboration with EDB from time to time.

16. The identification and management of pre-primary children with health, developmental and behavioural problems has already been fully implemented in all 18 districts in December 2008. In 2011, pre-primary institutions made about 1 800 referrals to MCHCs, and some 1 100 of these cases were referred to the CAS for further assessment.

Extension of CCDS

17. In his 2010-11 Policy Address, the Chief Executive announced that CCDS would be expanded to all districts to benefit more needy families. The extension is on track. Full extension to all 18 districts is expected to be completed in phases within 2012-13.

18. Additional resources have been provided to DH, HA and SWD

to cope with the workload arising from the extension. The recruitment and training of relevant health and social work professionals, including doctors, nurses, midwives and social workers, etc. are in progress.

Advice Sought

19. Members are invited to note the content of this paper.

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