

# 立法會 *Legislative Council*

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## **Panel on Welfare Services**

### **Background brief prepared by the Legislative Council Secretariat for the meeting on 13 February 2012**

#### **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 ("HA"), the then Education and Manpower Bureau, the Social Welfare Department ("SWD") and non-governmental organisations ("NGOs") 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").

4. Starting from July 2005, the first pilot CCDS (formerly known as the Head Start Programme) was launched in Sham Shui Po, Tin Shui Wai, Tuen Mun and Tseung Kwan O in phases.

5. In the light of the review findings on the pilot service completed in 2007, the Administration decided to regularise the pilot services and extend CCDS to two additional MCHCs in Tung Chung and Yuen Long in 2007, fully extend CCDS to the two MCHCs in Kwun Tong in the first quarter of 2008, and further extend it to Tsuen Wan and Kwai Tsing in 2008-2009. 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.

## **Deliberations of the Panel**

### Implementation of the pilot CCDS

6. The Panel was briefed on the launch of the pilot CCDS on 20 January and 17 October 2005 and 29 June and 13 October 2006.

7. According to the Administration, the pilot CCDS targeted children aged 0 to five and their families 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.

8. 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.

9. On the resources for CCDS, the Administration advised that 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.

#### Review findings of the implementation of the pilot CCDS

10. 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.

11. 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.

12. Deputations attending 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.

### Staffing support for implementing agencies under CCDS

13. 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 were 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.

14. The Administration advised members that additional \$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.

15. 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.

16. Some members 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.

17. 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, some members considered that concrete measures should be introduced to bridge the service gap for these children.

### Enhancement of the CCDS model

18. At the Panel meeting on 14 February 2008, members were briefed on the implementation progress of the recommendations of the review to enhance CCDS. According to the Administration, additional resources had been allocated to enhance the manpower and staff training of different service units under CCDS. It had become a standing practice for details of implementation to be discussed at the District Coordinating Committee led by DH prior to the extension of CCDS to a new MCHC. To enhance the communication on service referrals among different service providers under CCDS, DH, in collaboration with HA and SWD, was developing a computer system, i.e. an e-bulleting board, which would be piloted in Tseung Kwan O by 2009-2010 to alleviate the workload of staff of MCHCs.

19. Members and deputations attending the meeting were supportive of the implementation of CCDS. Some members considered that the coverage of CCDS should be expanded to children of five to seven. Noting a marked increase in the number of families identified in MCHCs to be in need of social services, members expressed concern about the impact on other service units, such as IFSCs and psychiatrist teams, and considered that additional resources should be allocated to the service units implementing CCDS to ensure that prompt follow-up services could be provided. Members reiterated the view that adequate resources should be allocated for follow-up services following the extension of the services. Members indicated that they would support funding proposals, if any, to bid for additional resources to expedite the pace of extension of CCDS and further improve the service.

20. The Administration assured members that additional resources would be allocated for IFSCs and ISCs to strengthen the follow-up services for at-risk families identified in MCHCs. Subject to resource availability and the operational readiness of implementing agencies, the Administration hoped to extend CCDS to other districts in phases. The Administration would continue to monitor the implementation of CCDS and fine-tune the CCDS model as appropriate.

### Extension of CCDS to all districts

21. Noting the Administration's plan 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 CCDS to other districts and report on the 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.

22. The Administration advised that the extension of CCDS to other districts would be carried out in phases and the pace would be contingent on district needs and operational readiness of the various implementing agencies. It would continue to monitor its implementation and fine-tune the CCDS model as appropriate.

23. In the 2011-2012 draft Estimates of Expenditure, the Administration stated that it would extend CCDS to all 18 districts by phases from mid-2011 to enhance support for needy children and their families. Additional recurrent resources of more than \$48 million per annum in total would be provided to DH, SWD and HA to strengthen their medical, nursing, paramedical, research and administrative manpower for the extension of CCDS. The total annual provision for CCDS would amount to around \$91 million after the extension to all 18 districts.

### **Relevant papers**

24. A list of the relevant papers on the Legislative Council website is in the **Appendix**.

Council Business Division 2  
Legislative Council Secretariat  
7 February 2012

## Appendix

### Relevant papers on Comprehensive Child Development Service

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Welfare Services	20 January 2005 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	17 October 2005 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	29 June 2006 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	13 October 2006 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	12 April 2007 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	14 February 2008 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Finance Committee	24 March 2011	<a href="#">Administration's replies to members' written questions in examining the Estimates of Expenditure 2011-2012</a>

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