

**Hong Kong College of Paediatricians**

**Submission to the Panel on Welfare Services of the Legislative Council  
on the  
Implementation of the Comprehensive Child Development Service**

Our College applauds the government's recognition of the impact of early childhood experiences in human development and hence the implementation of the Comprehensive Child Development Service (CCDS). It is important that parents and infants in at risk families receive timely intervention and support to alleviate their adverse circumstances so that the children can attain optimal growth and development into adulthood in a nurturing and safe environment.

As the programme had only started for about a year, it is gratifying to see preliminary results demonstrating improvement in terms of access, equity, acceptability, and effectiveness. It is essential to provide the programme with the necessary support, resource and policy-wise, so that the long term outcome do justice to the effort already made. As we see it, many of the difficulties outlined in the government evaluation report could have been alleviated had there been a high level independent body to oversee policies that have an impact on children and decisions are based on the best interest of the child.

One major concern is to have the programme reach the population with the greatest need. The mothers of around a third of the infants born in Hong Kong are from the mainland. Yet these children are all Hong Kong residents. Since the change in the charging system for deliveries of non-entitled persons in April 2003, the expense of antenatal care was a deterrent to these women receiving such care in Hong Kong. Hence many of them present themselves during labour. They not only could not avail themselves to the benefit of the CCDS programme, they also put their infants at substantial risk. The implication of a more recent change in the charging system in February 2007 is not yet clear. Even if mothers did have one antenatal attendance, they may not remain in Hong Kong long enough before the delivery to be recruited to the antenatal part of the programme. There are still mothers who cannot afford the increase in fees and present only when in labour with the associated risk. One child with special needs as a result requiring long term care is one too many. The cost is not only to the child and family but also to the society.

There is no central data bank on children in Hong Kong to assist in planning and monitor changes over the years. Little information is available on how many of these children born to mainland mothers are being cared for in Hong Kong or in the mainland or moving between both places. Even if identified to have potential problems, many parents are not able to receive services in Hong Kong while those children with more serious problems may be left in Hong Kong without one or both parents to care for them. It is also not known how many and when these children will permanently reside in Hong Kong. The unavailability of the programme to this population, especially when the programme is of a preventive nature, may dilute the effect for the whole of Hong Kong.

For local mothers, the most at risk are usually those least motivated to come forth for help. Although 70 percent of mothers accepted referral to social services, it meant 30 percent did not. It is unfortunate that the programme does not have a built-in home visitation programme included in similar programmes overseas. Neither has there been an effort to involve the existing community nursing service which over the years has been mostly channeled towards the care of adults. The home environment can be very different from what is presented at a clinic setting. Mothers with emotional difficulties after delivery prior to the usual screening time for post-partum depression may be detected and have help offered. How parents put parenting knowledge acquired into practice and the relationship between family members are only some of the important information gained in being physically in the home. Having regular on-site social service input in the MCHCs could have partly relieved the problem of non-acceptance of social service referral. This is not available probably because of stringent resources rather than lack of willingness of social workers. Repeatedly the report mentioned the time consumed by professionals in making referrals and awaiting feedback. A truly one-stop service will surely be welcomed by all.

As outlined in the government evaluation report, the success of the programme depends very much on the skills, attitude and availability of professionals. Our College is keen to contribute to the training of paediatricians that can support such a community project and the transfer of skills to other care workers but a reasonable workload is only to be expected. To have one paediatrician cover four communities spreading from Tin Shui Wai to Sham Shui Po to Tseung Kwan O was unrealistic. Although this is a community project, close liaison with the hospital where the at-risk mothers are booked is required. The ability to engage mothers

before their infants are born is likely to improve outcome and reduce default rate. It is hoped that the future staffing of the programme matches the workload anticipated. With appropriate staffing, frontline care workers will also be more willing to accept new skills. By empowering them to function at a higher level and allowing them the time to practise their new skills, the number of cross referrals may be reduced and mothers' confusion and time concern in seeing multiple professionals lessened.

The report suggested limiting the at risk categories being attended to in order to give more depth to services. Intensity of services is essential but it must be frustrating to professionals who identified families at risk but were unable to provide the necessary intervention with lost opportunities or when torn between competing demands while attending to the quality of service. It must be equally frustrating to them when they see service gaps created by policy issues such as siblings of index infants deprived of their rights to education because they are not Hong Kong residents or family housing or financial difficulties not being addressed because of the parent's resident status. It is not the choice of the children to be put in such circumstances. Neither could they wait; nor could the children in the other areas of the territory not served by the programme. There is an urgency to extend the programme to other parts of Hong Kong if at all possible within this financial year.

The CCDS programme is very much tied in with addressing the needs of children in the midst of families deprived in various aspects while encouraging a spirit of collaboration and the dismantling of unnecessary departmental and sectoral boundaries. It is good that the programme has 'Child' in its name to emphasize the government's focus. It will be even better if the government move a step further to set up a mechanism, namely, a Children Commission to ensure policies across bureaux are compatible with reducing poverty and social injustice, the effects of which CCDS is to address, and appropriate resources accorded to implement such policy directions. Investing in the child is investing in our future.

30 March 2007