Submission from The Hong Kong Paediatric Society on Comprehensive Child Development Service (CCDS) (14 February 2008)

As detailed at our last submission, the Hong Kong Paediatric Society support the underpinning philosophy of the CCDS programme and applaud the Government's visionary step in promoting Early Intervention as a strategy to improve childhood developmental outcomes. Since the Panel Meeting on Welfare Service on 12 April 2007, we have observed significant advancement in the programme. Nevertheless, our Society has seven recommendations on further implementation of the Programme as follows:

- 1) We understand that there was an alternation of the initial roll-out plan of CCDS service. We recommend that the programme be extended to all districts of Hong Kong by 2009.
- 2) We recommend to earmark funding for the necessary training of CCDS staff as their work are pioneer in nature and the skills required are different from their traditional hospital practice.
- 3) We recommend to recruit Community Nurses with paediatric training to function as case manager as they can provide the necessary liaison service, support to case management and support to the at risk families.
- 4) We recommend better and more effective communication among Department of Health-Hospital Authority-Social Welfare Department-Non Government Organizations. There should be a cost-effective and user-friendly mechanism to allow sharing of patients' information among workers of different parties.
- 5) We recommend the recruitment of visiting Clinical Psychologist for counselling work at MCHC to improve the maternal-infant bonding in high risk families.
- 6) CCDS cases from teenage pregnancy were not appropriately followed up by the programme. As most of these young mothers are lack of experience and support, their baby care technique and parenting skill should be monitored through regular home visit by trained personnel.
- 7) We recommend a wide promotion of CCDS service to all relevant parties including social workers, teachers and health care professionals. Many frontline case workers at IFSC are not aware of this service and are not prepared to work with MCHC or medical staff in follow up of these high-risk cases under CCDS programme.

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