

## **Family Council**

### **Comprehensive Child Development Service**

This paper aims to provide members with information on the implementation of Comprehensive Child Development Service (CCDS) and its services provision to children aged 5 and below and their families.

#### **Background**

2. In the 2005 Policy Address, the Chief Executive announced the launch of the pilot project of CCDS (formerly known as Head Start Programme) for children aged 5 and below. Through inter-sectoral collaboration among the Department of Health (DH), Hospital Authority (HA), Education Bureau, Social Welfare Department and non-governmental organisations at the district level, comprehensive and timely support is provided for children and their families in need.

#### **Service Targets of CCDS**

3. The CCDS aims to identify and meet, at an early stage, the varied health and social needs of children aged between 0 and 5 and those of their families. The CCDS uses Maternal and Child Health Centres (MCHCs) and other service units, including hospitals under the HA, Integrated Family Service Centres / Integrated Services Centres (IFSCs / ISCs) and pre-primary institutions, as a platform to identify at-risk pregnant women, mothers with postnatal depression (PND), families with psychosocial needs, as well as pre-primary children with health, developmental and behavioural problems. Children and families in need are referred to appropriate service units for follow-up.

#### **Services provided under the CCDS**

4. The CCDS comprises four components, viz. the identification and management of: -

(i) *At-risk pregnant women*

At-risk pregnant women, including illicit drug users, teenage mothers, pregnant women with mental illness etc., are identified as the target clients. 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. Cases in need will be followed up by the obstetric clinics of HA. Designated midwives act as the coordinator/case manager to ensure that coordinated antenatal and postnatal care is provided to them. Depending on their needs, MCHC nurses, midwives and social workers provide them with support and assistance and manage their risk associated with pre and post-natal health threats. Consultations by visiting paediatricians from HA at MCHCs is also arranged to monitor the progress of these children after birth and follow up is rendered promptly should any problem arise.

(ii) *Pregnant women and postnatal mothers with depression*

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 PND using the Edinburgh Postnatal Depression Scale (EPDS). A systematic assessment of the condition and the associated psychosocial factors is then performed. Those with symptoms suggestive of PND 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 / ISC.

(iii) *Children and families with psychosocial needs*

MCHC nurses apply a set of systematic psychosocial need assessment tool to help identify families in need during their interviews, e.g. parents with emotional, marital relationships and parenting / child care problems etc. Subject to their needs, relevant community resources are introduced, e.g. referrals to IFSCs / ISCs

for follow-up to receive individual counselling, supportive groups activities etc. Social workers may also meet the clients in MCHCs by appointment if necessary.

*(iv) Pre-primary children with physical, developmental and behavioural problems*

To strengthen the collaboration of pre-primary education institutions and MCHCs, a referral and feedback system has been developed to enable pre-primary educators to identify and refer children with special needs to MCHC for assessment and follow-up. Teachers or child care workers suspect a child to have any health, developmental or behavioural problems, they can send the referral form directly to the MCHC, with consent of the parent. MCHC will contact the parent and arrange an appointment for the child after receiving the referral. The child will be referred to specialist clinic for further assessment and follow-up. DH has developed a training resource pack on child development and behavior management, “the Pre-primary Children Development and Behaviour Management - Teacher Resource Kit”, to support pre-primary educators.

5. Upon receiving referrals from MCHCs, social workers at IFSCs / ISCs will thoroughly assess the needs and problems of the families and provide welfare services to them accordingly. In addition to individual counselling, groups and programmes to address their various needs such as stress management, marital and interpersonal relationship, parenting skills, etc., are offered to service users to enhance their capacity in problem-solving and facing life’s challenges. Tangible services such as financial and housing assistance may also be provided. To reach out to mothers and children in need, social workers of IFSCs / ISCs may meet them and their families in MCHCs by appointments.

### **Phased implementation of CCDS**

6. The Administration first piloted CCDS in Sham Shui Po, Tin Shui Wai, Tuen Mun and Tseung Kwan O in phases, starting from July 2005. A review of the pilot service was completed in 2007. The findings affirmed that the CCDS model was worth pursuing. The Administration decided to regularise the pilot services and extended CCDS to Tung Chung and Yuen Long in 2006-07, to Kwun Tong in 2007-08 and to Tsuen Wan and Kwai Tsing in 2008-09. In the 2010-11 Policy Address, the Chief Executive

announced that CCDS would be extended to other districts in the territory to benefit more needy families.

7. As at the end of March 2013, CCDS had been extended to Central and Western, Southern, Islands, Eastern, Wan Chai, Wong Tai Sin, Yau Tsim Mong, Tai Po, Sha Tin and North districts. After the setting up of Kowloon City MCHC in August 2013, CCDS has further covered Kowloon City and completed its full extension to 18 districts. Currently, all the 32 MCHCs, 65 IFSCs and 2 ISCs over the territory are providing CCDS.

### **Resources allocated to strengthen social service support**

8. Since 2008-09, the Administration has allocated additional resources to IFSCs / ISCs in the seven districts having implemented CCDS to strengthen social service support to needy children and their families. To meet the full implementation of CCDS, additional manpower resources have been allocated to respective IFSCs / ISCs with effect from October 2011.

### **Service Statistics**

9. The related service statistics of CCDS in the past three years are summarised as follows:

- (i) In 2011-12, 2012-13 and 2013-14, there were 837, 1 629 and 2 231 at-risk pregnant women identified and followed up under CCDS respectively;
- (ii) In 2011-12, 2012-13 and 2013-14, there were 3 707, 5 780 and 7 262 mothers identified as having probable antenatal / postnatal depression under CCDS respectively, among which 2 345, 3 796 and 4 724 referrals had been made for follow-up treatments in the appropriate health and/or social service units respectively. The remaining ones were followed up at MCHCs;
- (iii) In 2011-12, 2012-13 and 2013-14, 11 816, 3 039 and 3 927 families (excluding mothers with PND) were assessed for their psychosocial needs in the context of CCDS respectively, among which 1 043, 1 824 and 2 336 referrals had been made for families with varied psychosocial needs to the appropriate

service units for follow-up;

- (iv) In 2011-12, 2012-13 and 2013-14, pre-primary institutions referred 1 714, 951 and 1 007 pre-primary children with health, developmental and behavioural problems to MCHCs for preliminary assessment respectively, among which 1 089, 605 and 626 cases were referred to the Child Assessment Service for further assessment and service referrals to the appropriate health and/or social service units; and
- (v) In 2011-12, 2012-13 and 2013-14, MCHCs made 894, 1 632 and 2 152 referrals to IFSCs / ISCs for follow-up services. Among the reasons for referrals, the three major ones were emotional, childcare and marital problems.

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