

**Hong Kong College of Paediatricians**  
**Submission to the Panel on Welfare Services of the Legislative Council**  
**on the Progress Report on the Implementation of**  
**Comprehensive Child Development Service**  
**14 February 2008**

The Hong Kong College of Paediatricians is pleased that the Comprehensive Child Development Service (CCDS) started in November 2005 is reaping results in the early identification of at-risk pregnant women, mothers with postnatal depression (PND), families with psychosocial needs and pre-primary children with health, developmental and behavioural problems and the facilitation of referrals to necessary services.

**Scope of at-risk categories to include intimate partner violence**

The pilot service from November 2005 to October 2006 focused mainly on mothers with mental illness, substance abuse and teenage pregnancies identified in the antenatal stage, but even after this period only 50 mothers in the “others category including single mothers, mothers with sexually transmitted diseases, etc.” were identified in the antenatal and postnatal periods till September 2007. A study from the University of Hong Kong reported that 9.1% of pregnant women from seven Hong Kong public hospitals experienced intimate partner violence.<sup>1</sup> Seventy-three percent of these women suffered from psychological abuse alone and they were found to be at higher risk of post-natal depression. Hence it makes more sense to formally screen for intimate partner violence during pregnancy and institute effective remedial measures<sup>2</sup> than waiting for the women to develop mental health problems which affect their ability to care for their children. In addition, domestic violence per se also affects children in the family.

**Support for NGOs to extend services for pregnant women with drug abuse**

It is good to learn that a significant number of pregnant women who were drug abusers were identified in early pregnancy during the pilot stage of CCDS and almost half of those who gave birth during the pilot period underwent drug detoxification. Credit has to be given to social workers of the Society for the Aid and Rehabilitation of Drug Abusers who diligently supported their clients who were pregnant. The social workers not only connected the women with but also accompanied them to relevant services. Unfortunately, such support has not been able to be extended to other service areas outside the pilot centre due to resource implications.

**Children whose mothers are mainland China residents**

The Census and Statistics Department projected that around 30,000 infants, accounting for 40% of births in Hong Kong, are born each year to mothers who are mainland China residents. The fathers are also mainland China residents in two-thirds of these births. Many of these children are not cared for in Hong Kong during the first year of life but the majority progressively return to Hong Kong before the age

of six years.<sup>3</sup> Their mothers often could not benefit from the CCDS in the antenatal period as their delivery package only included the first antenatal visit. In the post-natal period it is difficult to detect PND in mothers who returned to mainland China as soon as their infants obtained their birth certificates a week or two after delivery. Although it is said that 90% of children born in Hong Kong are registered in Maternal and Child Health Centres (MCHCs), the parents may not be the ones that accompany their children to the MCHCs to be taught parenting skills. We do not see concrete plans that address these problems.

### **Non-acceptance of recommended referrals**

It is noted that of the families identified to have psychosocial needs and recommended for referrals to Integrated Family Service Centres (IFSCs) / Integrated Services Centres (IFCs) one in three declined the referral. For families who do not see the need or are hard to reach, an one-stop service is a great attraction. This is probably the reason that the CCDS psychiatric nurse is stationed in the MCHCs and psychiatrists have also started providing consultations at MCHCs. It is about time that resources are allocated so that social workers can also be stationed in MCHCs on sessional basis if not at all times. Other components that could support CCDS to reach the hard to reach are a better use of community nurses and home visitation services.

### **Communication between health, hospital and social sectors**

One of the prime reasons for having CCDS is to improve communication between different service providers. Yet two and a half years after the pilot project started, such a system is still not in place. The e-bulletin board planned is only to be piloted in one district in 2009-10. Currently especially with referrals to IFSCs / ISC, there is only an acknowledgment of the receipt of the referral form. Without special effort, it is difficult to know how the concerns for which the referrals were initiated were addressed nor the progress of interventions. Manual tracking of clients wastes much professional time that could be better used in direct client contact. It is hoped that the computer system being developed in MCHCs on client information could also link up with that of the Hospital Authority in these days when sharing of e-patient records between health care providers are encouraged. The aim should be to provide our professionals with the necessary technological support at the earliest.

### **Extension of CCDS to the whole of Hong Kong within the coming two years**

Overall our College welcomes the establishment of CCDS. We would like to see progress in terms of not only output but also outcome so that deficiencies could be rectified should the outcome fall short of expectation. Yet since it is over two years from the start of the pilot project, while the service is being fine-tuned, there are enough indications that the service is in the right direction. There should be adequate experience accumulated to plan for the extension of CCDS to all districts in Hong Kong within the coming two years. With Hong Kong's current financial surplus, investing in children now, with early identification of and intervention in at risk families, will save health care and social costs in the long term.

## References

1. Tiwari A et al. The Impact of psychological abuse by an intimate partner on the mental health of pregnant women. *BJOG* 2008;115:377-384.
2. Tiwari A et al. A randomised controlled trial of empowerment training of Chinese abused pregnant women in Hong Kong. *BJOG* 2005;112:1249-1256.
3. Oral reply by the Secretary for Labour and Welfare, Mr Matthew Cheung Kin-chung, to a question by the Hon Kwok Ka-ki on births born in Hong Kong to Mainland women in the Legislative Council. 14 November 2007.