

Commission on Poverty (CoP)

Intergenerational Poverty

Purpose

This paper sets out the current and planned services/provision for our younger generation, with a particular focus in reducing the risks of intergenerational poverty through the provision of education and development opportunities to those from disadvantaged families and background.

2. Coverage of this paper will be focused on health, school education, welfare and related services for children and youth. Training and employment opportunities for youth would be discussed at the next CoP meeting, though the discussion on “Non-engaged Youth” in paragraphs 22 – 27 would touch on youth unemployment. While it is recognized that family circumstances (e.g. employment/marital status of parents) affect child’s development and should be taken into account in policy formulation, specific policies and measures targeting at other family members would be dealt with at separate meetings.

Where We Are Now

Universal services

3. Children and youth hold the key to our future. Government attaches great importance to meeting their needs and preparing them for meaningful participation in the community. A wide range of universal services are provided by various government agencies including comprehensive disease prevention and health promotion services, nine years’ free and universal education, as well as child care and other support services. Children with special needs (e.g. physical or behavioral problems) receive special treatment. Details of these services are set out at *Annex A*.

4. Hong Kong has a good story to tell in terms of the services and care provided to children and youth. With our continual efforts in preventive health care services, coupled with the advancement in medical facilities and the improvement of social economic status, our health indices related to children compare favourably with those of most developed countries. The infant mortality rate has shown a general declining trend over the past two decades and reached as low as 2.5 per thousand registered live births in 2004. The immunization coverage rate in Hong Kong, which is about 99%, is also on par

with the average coverage rate of 94% in industrialized countries. The performance of Hong Kong children in various developmental aspects is comparable to their peers in western countries. In some areas concerning the acquisition of numeracy skills and pre-writing and literacy skills, Hong Kong children are even more advanced. Comparable to practices in most western societies, 9-year free basic education is provided.

Assistance to children and youth from low-income households

5. Universally available services outlined in Annex A serve as a broad basic assurance of the general welfare of the younger generation. Government nevertheless recognizes that some may need additional assistance either due to their special needs or lack of means or access to opportunities considered essential to their healthy and balanced development. In this connection, assistance schemes are in place to help CSSA households and other low-income families¹ as set out in paragraphs 6 to 8 below.

6. The existing CSSA Scheme also caters for the special needs of children in financial difficulty. The CSSA standard rates for children are higher than that for adults by \$130-\$315, with the monthly payments ranging from \$1,275 to \$1,920 for each child. No restrictions are imposed on the use of the standard rates. To cater for other special needs of children, the CSSA Scheme also provides a wide range of special grants. These include grants to cover fees for nursery, school fees, fares to and from school, examination fees, meals, and yearly study related grant of up to \$3810 for school-related expenses such as books, stationery, school uniforms etc.

7. For individual CSSA families who may have difficulties in taking care of their children, the Director of Social Welfare (DSW) would consider exercising his discretion under the CSSA Scheme to provide extra assistance, such as fees for glasses, having regard to the situation of each family. We believe that the existing CSSA payments can satisfy the basic needs of the CSSA families, including those with children.

¹ As of February 2005, there are 88 980 CSSA households with children and youth below 18. Based on General Household Survey (GHS) results for October - December 2004, of the 858 100 households with persons aged under 18, 170 900 households are estimated to have monthly household income less than the average CSSA payment of the corresponding household size. (Please note that the estimates on CSSA households from the GHS are subject to under-reporting as some of these households may be reluctant to disclose such information in the survey.) Another indicator of low-income families is the number of students receiving full grants under School Textbook Assistance Scheme (non-CSSA recipients with adjusted family income at \$19,332 or below). The number was 111 960 out of a total of 909 700 primary and secondary students in 2003/2004.

8. Other assistance to low-income families include -

- Education: It is Government policy that no children would be deprived of education for lack of means. Primary and secondary students from low-income families not receiving CSSA are eligible for financial assistance under various means-tested schemes administered by the Student Financial Assistance Agency (SFAA) in the form of travel subsidy, textbook assistance, tuition fee remission and public examinations fee remission. Eligible full-time local students of publicly-funded and self-financing programmes at post-secondary level may apply for financial assistance in the form of grants and/or low-interest loans to cover tuition fees, academic and living expenses, where applicable.
- Kindergartens: Financial assistance is also provided to eligible non-profit-making kindergartens through reimbursement of rent, rates and government rent and the Kindergarten Subsidy Scheme to alleviate the impact of rental and teachers' salary respectively on kindergarten fees. Kindergarten students from low-income families not receiving CSSA are also eligible for financial assistance through the Kindergarten Fee Remission Scheme (KGFRS).
- Child care centres: Majority of the child care centres receive subsidy from the Government, while others are either operated by non profit-making organizations or private operators. Low-income families, including those on CSSA, with a social need² to place their children in full day care can receive financial assistance through the Child Care Centres Fee Assistance Scheme (CCCFAS). Upon harmonization of child care centres and kindergarten which is scheduled for implementation in the 2005/06 school year, the KGFRS will replace CCCFAS to cover all pre-primary services.
- After School Care Programme (ASCP) : ASCP is run by NGOs on a self-financing basis. Low-income families, as determined by their household income according to the Median Monthly Domestic Household Income (MMDHI) or those on CSSA, may apply for full or half fee waiving. The provision for fee-waiving places will be increased from \$10 million a year to \$15 million from April 2005 to provide some additional 415 full fee waiving places on top of the existing 830 places.

Recent Development

9. The 2005 Policy Address has galvanized community attention to poverty generally and risk of intergenerational poverty in particular. In addition,

² "Social needs" refer to family circumstances such as both parents are working, a single parent family or a broken family, a need for full day care for a mentally retarded child or a victim of child abuse or other circumstances as recommended by a social worker.

international and local studies suggest a high correlation between at-risk children/youth and economically/socially challenged backgrounds (e.g. single parent, low income families, new immigrants, ethnic minorities)³. Early attention and effective prevention will go a long way towards reducing future and probably more significant social costs in terms of academic failures, broken families, non-engaged youths, poor labour force attachment and increased welfare spendings. There is therefore a growing acceptance of the need for an inter-agency, multi-disciplinary integrated approach taking into account district-specific needs (paragraphs 10 to 15 below).

An integrated approach

10. To facilitate joint efforts from health, social service and education sectors in promoting the optimal development of preschool children in Hong Kong, the Committee on Promoting Holistic Development of Preschool Children was formed in December 2002. Committee members include representatives from the Department of Health (DH), Education and Manpower Bureau (EMB), Social Welfare Department (SWD), non-governmental organizations (NGOs), academic institutions and parents. Recommendations from the Committee are being followed-up (See para. 17 re. the pilot Head Start Programme).

11. There is an extensive network of 61 Integrated Family Service Centres (IFSCs) operated by SWD or NGOs over the territory to provide family support services to the needy. Services include counseling service, supportive groups and programmes, aiming at assisting individuals and families build up self-confidence and develop proper values, enhance parents' parenting skills and strengthen their skills in problem solving and stress management.

12. With the funding of SWD, NGOs now operate a total of 132 Integrated Children and Youth Services Centres (ICYSCs) over all districts in Hong Kong to provide holistic services for young people aged 6 to 24. The wide range of services provided by ICYSCs includes guidance and counseling, supportive services for people in disadvantaged circumstances, socialization programmes and programmes for the development of social responsibility and competence. The ICYSCs serve as a major neighbourhood platform cultivating a social environment conducive to the healthy development of young people through professional social work services as well as close collaboration with other disciplines/sectors.

13. A number of departments also collaborate at the district level to provide support to youth at risk and young offenders. For example, for juveniles cautioned under the Police Superintendents' Discretion Scheme, we have

³ Nine environmental factors which impact on "output" of an individual include family life, socioeconomic background, personal track record, role modeling, competition, level of stress, luck and opportunity, school experience, and cultural factors. (*"The Myth of Laziness"* Mel Levine, M.D.)

introduced since October 2003 Family Conferences to bring together relevant professionals from SWD, Police, DH and EMB as appropriate, the juveniles and their family members to draw up follow-up action plans to address the needs of the juveniles.

14. Moreover, the Committee on Services for Youth at Risk, under the chairmanship of DSW, is a forum for promoting multi-disciplinary, cross-sector and cross-bureau/department collaboration to recommend effective means to address the changing needs of young people, especially the youth at risk.

15. At the district level, Local Committees on Services for Young People chaired by District Social Welfare Officers of SWD, are also set up to enhance the coordination of efforts among different parties, including NGOs, EMB, the Police, schools, parents, community leaders etc.

Sharpening the focus

16. The Government has, in cooperation with relevant advisory bodies and parties, developed different assessment tools and conducted relevant studies in order to assess the needs of children and youth of different age groups. The following paragraphs describe the needs assessment of three age groups: 0 – 5, 6 – 15, 15 – 24. These assessments and studies facilitate the identification of needs of special groups, using yardsticks other than income alone. They help sharpening the focus on children/youth at-risk and facilitate design of effective intervention and programmes.

Children 0 – 5 Years : pilot Head Start Programme

17. The Government will introduce in phases a pilot “Head-Start Programme” (HSP) for children aged 0-5 years in four selected communities, namely, Sham Shui Po, Tin Shui Wai, Tuen Mun and Tseung Kwan O. The HSP is a community-based programme which aims to augment the existing service in the MCHCs through better alignment of the delivery of health, education and social services to ensure early identification of the varied needs of children and their families so that appropriate services can be made available to them in a timely manner. Implementation of HSP involves inter-sectoral and multidisciplinary collaboration among government departments and relevant agencies. The first pilot will be launched in Sham Shui Po in July 2005. The latest development and details of the programme are at ***Annex B***. We are committed to making the pilot Head Start Programme a success. As a start, we will closely monitor the referral statistics and increase in demand for various social services in Sham Shui Po to see if additional resources are required for respective services. We will conduct an evaluation of the pilot run in Sham Shui Po.

Children and Youth 6 – 15 Years

18. A number of programmes targeted at screening and assisting children

and youth of this age group have been/will be introduced, namely the Adolescent Health Programme, Understanding the Adolescent Project, and the “Positive Adolescent Training through Holistic Social programmes (“P.A.T.H.S.”) to Adulthood : A Jockey Club Youth Enhancement Scheme” (see paragraphs 19 – 21 below).

19. In order to promote the psychosocial health of adolescents and reach out to those students not coming to health centres, a new outreaching Adolescent Health Programme was introduced in 2001/02 school year. The purpose is to equip adolescents with knowledge and life skills to understand and accept themselves and other people, competently and confidently participate in society throughout their life course and enjoy a healthy and joyful life. Multi-disciplinary teams of doctors, nurses, social workers, psychologists, and dietitians go to secondary schools and conduct various services for the students, their teachers and parents in the school setting. Building upon DH’s existing Student Health Service, the Programme has successfully been extended to 358 secondary schools distributed in 18 districts in the current 2004/05 school year.

20. Understanding the Adolescent Project (UAP) aims at enhancing students’ resilience in coping with adversities. There are two components in the UAP, namely the screening and the comprehensive programme. The UAP (Primary) aims at identifying primary 4 students with greater needs for guidance. The comprehensive programme includes a series of Universal Programme (UP) and Intensive Programme (IP). The UP is a guidance curriculum on resilience, targeting at all primary 4 to 6 students. The IP is a series of small group, adventure-based and parent-child activities, targeting at primary 4 students identified with greater needs for guidance. Prior to implementation, the UAP was piloted in 18 primary schools for 3 years. The results suggest an average of about 19% of primary 4 students is in need of supportive services. The UAP started to implement in 250 primary schools in 2004/05 school year and will continue in 375 schools in 2006/07 and a total of 500 schools in the 2006/07 school year and thereafter.

21. The UAP (Secondary) was implemented since 2001/02 school year among secondary schools. UAP (Secondary) serves secondary 1 students identified with greater developmental needs. Preventive programmes are rendered to enhance their competence, belongingness, optimism and resilience culture. This will be phased out from the 2005/06 school year. A new programme, called the “Positive Adolescent Training through Holistic Social programmes (“P.A.T.H.S.”) to Adulthood : A Jockey Club Youth Enhancement Scheme”, will be launched by the Hong Kong Jockey Club in early April 2005 for junior secondary students to enhance their psycho-social development, such as competency, character, caring and so on. SWD would assist in the implementation. There will be two tiers of programmes, one for all junior secondary students and the other for those identified to be in greater need.

Youth 15 – 24 Years

22. The focus in this age group is the so-called “Non-engaged Youth” (NEY) which generally refers to young people aged 15 to 24 who are unemployed not pursuing further studies. According to the Census and Statistics Department, the number of NEY was estimated at 61 200 (including the 39 000 unemployed and 22 200 economically inactive young people who were not pursuing further studies⁴) in Q4 2004.

23. In the Report entitled “Continuing Development and Employment Opportunities for Youth”⁵ submitted to the Chief Executive of the Government of the Hong Kong Special Administrative Region in March 2003, the Commission on Youth (COY) analyzed the problem of youth unemployment from different perspectives; and assessed the needs of NEY in terms of personal development, skills training, career development and employment opportunities. COY observed that all the existing youth employment programmes still failed to meet the needs of NEY.

24. COY recommended in its report the development of a conceptual framework aimed primarily at enhancing the human, social and cultural capital of young people; meaningful engagement for NEY; and emphasizing cross-sector and cross-department collaboration. It also proposed to devise some outcome-focused schemes to meaningfully engage the NEY and address their needs in a holistic manner. The COY also recommended the Government to establish a Research and Development Fund in support of new initiatives or pilot projects related to continuing development and employment opportunities for NEY.

25. In response to the recommendations of COY, the Chief Executive, in his 2004 Policy Address, announced that a Youth Sustainable Development and Employment Fund (“the Fund”) would be established to promote trial schemes and exploit opportunities for training, placement and employment. The Task Force on Continuing Development and Employment-related Training for Youth was established in March 2004 to co-ordinate and oversee the various training and employment programmes targeted at NEY. It is hoped that through the participation of representatives from various sectors and government departments at the Task Force, the effectiveness of such programmes could be enhanced and new ideas and strategies in assisting young people in their continuing development and employment could be fostered.

26. To support the mission of the Task Force, the Government allocated \$50 million to the Fund (i) to pilot various training programmes suitable for NEY; (ii) to support research projects on problems related to NEY and assessment of

⁴ This refers to persons who are economically inactive for reasons other than "students", "home-makers" and "persons who could not work due to health reasons".

⁵ The Report is available at http://www.info.gov.hk/coy/eng/report/Continuing_Dev.htm.

existing youth training and employment programmes; and (iii) to train frontline youth workers to enhance their skills in motivating the NEY to seek employment or pursue education. So far, the Task Force has approved a total of 14 pilot projects with some 4 100 training places. As regards the training courses for the frontline staff and research work, the Task Force has commissioned relevant agents to take these projects forward. In due course, the Task Force will submit a report to the Government on recommendations to address the problem of NEY.

27. Besides, SWD has set up 18 District Outreaching Social Work teams to focus on identifying and addressing the needs of high-risk youth and handle juvenile gang problems. Moreover, 18 ICYSCs are provided with the resources to provide overnight outreaching services for night young drifters on a territory-wide basis. Other ancillary services and facilities are also provided for youth at risk, such as immediate crisis residential and crisis intervention services, 24-hour all-night drop-in centre and overnight leisure facilities operated by Leisure and Cultural Services Department.

Other Measures

28. Concomitant with Hong Kong's state of development, nurturing of our younger generation should mean more than just provision of basic livelihood and school education. Quality development of a reasonable extent enabling the children to face future challenges of academic/career pursuits should also be provided. Therefore, in recent years, enhancement in diverse areas has also been provided. Examples are set out below.

After-school learning

29. The new school-based after-school learning and support programmes aim to provide more support to disadvantaged students in enhancing their learning effectiveness, both in terms of academic studies and outside classroom learning experience. EMB has consulted school councils and NGOs on operational details for the new initiative and formulated implementation strategies. Schools and NGOs are expected to work in collaboration and organise custom-made activities for students to build up their capacity and self-reliance. The programmes will be launched in summer 2005. Details of the programmes are at **Annex C**.

IT assistance

30. A survey shows that in Hong Kong about 91% of the student population aged over 10 years old already have computers at home. Indeed, to improve needy students' access to computers after school, starting from the 1999-2000 school year, an incentive grant has been provided for schools to extend the opening hours of their computer rooms/facilities for use by students.

Besides, there are about 1,000 computers installed in the community and youth centres where students can use for browsing the Internet and self-study after school. In 2001, the Quality Education Fund allocated \$200 million to secondary schools to buy notebook computers for loan to needy students. About 450 secondary schools have benefited from the scheme and about 21,000 notebooks have been purchased. In collaboration with NGOs, a “computer recycling” project is being planned to deliver recycled computers bundled with technical support as well as IT training for parents in the coming two school years to help needy students and to enhance their access to IT facilities and resources.

Jockey Club Life-wide Learning Fund

31. The Jockey Club Life-wide Learning Fund was established in 2002 to provide financial assistance for primary 4 to secondary 3 students to take part in Life-wide Learning activities. The primary target beneficiaries are CSSA and SFAA Full Grant recipients. The fund budget is \$141 million for five years. In 2004, a large-scale review was conducted. Schools generally consider that the Fund should benefit needy students at all primary and secondary levels and that more flexibility should be provided to school in the use of funds to help other needy students. The schools’ requests have been referred to the Jockey Club for consideration.

Uniformed groups (UGs)

32. Home Affairs Bureau (HAB) provides recurrent subvention to 11 uniformed groups (UGs) and youth organizations in support of their non-formal education and progressive training programmes/activities for young people aged between 8 and 25. Through squad training, foot drills and multi-skills training, the UGs seek to foster self-confidence, sense of civic responsibility, leadership skills, team spirit and community participation among young people. The total number of UG members in Hong Kong aged between 8 to 25 is around 129 000 as at end of 2004, which represents 10% of the population within that age group. While the training and education programme of UGs cater generally for all able-bodied young people regardless of their economic background, individual UGs do have concessionary arrangements for underprivileged youths (such as those on CSSA), and special groups or units aimed at providing education and training programme for young people with disabilities. EMB is separately considering the provision of additional subsidies to UGs that will set up new leagues with free uniforms for needy participants. Sponsorship will also be provided for those with financial difficulties to receive leadership training.

Commission on Youth (COY)

33. HAB has been working closely with the Commission on Youth (COY) in organizing various youth programmes or subsidizing projects organized by NGOs, as well as conducting research and studies in each year, for the purpose of nurturing and promoting the growth and development of young people.

Studies by Central Policy Unit (CPU)

34. In order to complement policy formulation, CPU is conducting a study on alternative approaches to tackle child poverty which focuses on strategies other than providing income support. CPU is also planning a study on international experiences in tackling inter-generational poverty to complement the work of the Commission. The results of both studies are expected to be available in July 2005.

Possible Way Forward for the CoP

35. It would appear that the current coverage of the services is quite comprehensive and actions are also in hand to make further improvements, when identified. Consequently, major shifts in direction may not be warranted. Rather, with a view to minimizing duplication and adding value to the services/work programmes already in place, the CoP may wish to focus its work on the following: offer views on the development of new services that are relevant to poverty alleviation, help build social capital in support of the healthy and balanced growth of our younger generation, develop indicators to track changes over time, and ensure proper interface/coordination among the various policies and delivery agencies. Translated into practical terms, this may involve work in the following areas -

- to be kept posted of, and where appropriate, offer views on the implementation of the new initiatives in the 2005 Policy Address in relation to reducing intergenerational poverty, including the pilot Head Start Programme and the School-based After-school Learning and Support Programme;
- to consider room for improving the interface and coordination of services and care to children and youth, in particular the disadvantaged and their families;
- to liaise with relevant stakeholders in exploring the feasibility for conducting longitudinal studies on child development in Hong Kong;
- to consider enhancing community engagement programmes which helps build up community capacity to care for those in need of assistance (e.g. mentorship, free tutorials for the poor, after-school care programmes, scholarships etc.).

36. Should the above broad direction be endorsed, work by the CoP would need to be supported by appropriate institutional arrangement. However, this institution arrangement would need to take account of the current remits and activities of related bodies such as the Commission on Youth, the Task Force on Continuing Development and Employment-related Training for Youth, various

policy bureaux and departments. The CoP Secretariat will prepare a note on the proposed institutional set up for Members' further consideration.

Advice Sought

37. Members are invited to -
- (a) note the various universal services provided to children and youth (paragraphs 3 – 4 including Annex A);
 - (b) note assistance in place to help CSSA households and other low-income families to access to the universal services (paragraphs 5 – 8);
 - (c) note recent development in adopting an integrated approach and sharpening focus on the needs of children and youth (paragraphs 9 – 27), including details of the first pilot Head Start Programme at Annex B;
 - (d) note other measures in enhancing further development of child and youth (paragraphs 28 – 34) including the new School-based After-school Learning and Support Programmes at Annex C; and
 - (e) comment on the focus of the CoP's work as proposed in paragraphs 35 and 36 above.

Commission Secretariat
(with input from relevant bureaux)
April 2005

Universal Services Provided to Children and Youth

Health Services

- Children aged 0-5 years and their parents can enjoy a range of disease prevention and health promotion services at 33 Maternal and Child Health Centres (MCHCs) operated by the Department of Health (DH). Through participation in the 'Integrated Child Health and Development Programme', which is underpinned by elements of parenting guidance, immunization and health and developmental surveillance, the developmental needs of pre-school children in the physical, cognitive and social emotional domains are taken care of in a coordinated way. Children with significant health or family problems are referred for further specialist management. Every year, over 90% of newborn babies enrol in MCHC services. Children in Hong Kong are immunised against tuberculosis, hepatitis B, poliomyelitis, diphtheria, tetanus, pertussis, measles, mumps and rubella. Owing to the high vaccine coverage, the incidence of many vaccine-preventable infectious diseases among children has remained relatively low, and poliomyelitis has been eradicated.
- On preventive dental services, annual dental examination and basic dental care are provided to about 426,500 primary school children annually by the School Dental Care Service of DH. This covers about 90% of children in that age group. Educational and promotional activities are organised throughout the year by the Oral Health Education Unit of DH to enhance the oral health awareness among children. Target-specific programmes are delivered to more than 140,000 pre-schoolers every year through the MCHC's, Kindergartens and pre-school centres. Additionally, the Oral Health Promotion Bus reaches out to 10,000 students at their schools each year.
- The Student Health Service of DH places emphasis on health promotion, disease prevention and continuity of care. Its 12 student health service centres (SHSC) and three special assessment centres provide health assessment, health education and individual health counselling to all primary and secondary school students. Enrolled students will be given an annual appointment to attend a SHSC. Services include physical examination; screening for problems related to growth, nutrition, blood pressure, vision, hearing, spinal curvature, psychosocial health and sexual development; individual counselling and health education.

Education Services

- Children aged six to 15 are provided with nine years' free and universal education up to Secondary 3 level. Thereafter, students who are willing and able to continue with their study are given the opportunity to receive subsidized senior secondary and university education. For students with special educational needs or academic low-achievers, intensive remedial teaching programmes are offered in primary schools, and school-based remedial support/curriculum tailoring programmes in secondary schools. Free assessment and follow-up services are provided for students suspected of having physical/sensory disabilities, speech and language impairment and behavioral problems. Those who cannot benefit from ordinary school education may attend special schools.

Pre-primary Services (Kindergartens and Child Care Centres)

- Both kindergartens and day nurseries offer programmes that cater for the developmental needs of children. These offer opportunities for children to learn through their active involvement in play and group activities to cater for their all-round development.
- In respect of pre-primary services, the Government plays an important role in promoting the development of quality pre-primary services through various means. They include upgrading the qualifications of early childhood educators; providing financial support to pre-primary institutions in the forms of reimbursement of rent, rates and government rent and subsidies to enable them to employ more qualified teachers without increasing their fees substantially. The implementation of the harmonisation of pre-primary services in the 2005/06 school year will also enhance the quality of pre-primary services further.
- From an educational point of view, a half-day kindergarten programme will suffice for children aged 3 to 5. To meet the demand of those families who cannot provide care to their children due to employment or other social reasons, full-day edu-care programmes are also provided by day crèches and day nurseries for children aged below 6. As at September 2003, about 72% of students aged three to five were attending kindergartens¹. As at September 2004, the attendance rates for day nurseries² and day crèches³ were 63% and 80% respectively.

¹ This excludes the number of children attending child care centres.

² There were 50 505 places in day nurseries (including those aided and private) and 32 055 children were attending.

³ There were 1 397 places in day crèches (including aided and private) and only 1 124 children were attending.

Child Care and Other Support Services

- To meet the demand of those families who cannot provide care to their children due to employment or other social reasons, we provide various child care services. Extended Hours Service is provided in some child care centres to meet the social needs of families and working parents who need longer hours of child care assistance. Mutual help child care centres provide informal child care support services in the neighborhood. Each centre provides occasional care and supervision to not more than 14 children under the age of 6. It offers short-term and ad hoc care arrangements. Children are looked after by volunteers, neighbours or parents who are members of the centre. Other alternatives, like supervised child-minding, may also serve the needs of some parents. With some basic training to the child-minders and support from NGOs, some families are provided with supervised child-minding services. This is a safe, flexible and tailor-made form of services provided in a family environment.
- NGOs are subvented to provide core young people services, namely children and youth centre services, outreaching social work services and school social work services for children and youth aged 6 to 24.
- After School Care Programme (ACSP) provides supportive services for students whose parents are unable to provide proper care for them after school hours due to work or other reasons. Services of ACSP include homework guidance, parental guidance, meal service, skill learning and other social activities.

Head Start Programme

This paper introduces the contents of the Head Start Programme (HSP) and the pilot arrangements.

Background

2. At present, services for pre-school children and their families in Hong Kong are provided by the health, education and social service sectors separately.

3. It is widely recognised that the early years of children is of great importance to their future development. Inter-sectoral and inter-agency collaboration is needed to provide an integrated and comprehensive service that meets the varied needs of pre-school children and their families. Integration of services is also vitally important in pooling multi-disciplinary resources to address these needs and reducing gaps or overlaps in respective services and programmes. It also ensures coherence in service delivery.

4. In the 2005 Policy Address, it was announced that a pilot HSP for children aged five and below would be launched in phases in four selected communities, namely, Sham Shui Po, Tin Shui Wai, Tseung Kwan O and Tuen Mun, to provide comprehensive and timely support to children and their families. Maternal and Child Health Centres (MCHCs), which at present provide services to over 90% of newborn babies, will be used as a platform where services can be delivered through inter-sectoral partnership among government departments and relevant agencies.

5. To move towards an integrated community-based child and family service model, the Department of Health (DH), Hospital Authority (HA), Education and Manpower Bureau (EMB), Social Welfare Department (SWD) and non-governmental organisations (NGOs) will cooperate and align their services to improve the interface among healthcare, social and education services at the community level.

Existing Service in MCHCs

Maternal Health (Antenatal and Postnatal) Services

6. Antenatal checkups are provided for pregnant women at MCHCs. The MCHCs operate a comprehensive shared-care programme, in collaboration with the Obstetric Department of public hospitals, to monitor the whole pregnancy and delivery process. Educational programmes on pregnancy and childcare related topics are also conducted in the centres.

7. All women, after delivery, are provided with postnatal checkups and advice on family planning and contraception. The centres also help postnatal mothers to adapt to changes in life by setting up support groups and experience sharing sessions, as well as providing individual counselling.

Child Health Services

8. At present, the core child health service is provided in MCHCs through the “Integrated Child Health and Development Programme” (ICHDP) which adopts a health promotion and disease prevention approach. ICHDP comprises three components designed to meet the developmental needs of pre-school children in the physical, cognitive and social emotional domains in a coordinated way. The three components are –

- (a) **Parenting Programme** – parents are equipped with the knowledge and skills to promote all aspects of their children’s health and development. The current universal parenting programme is for all expectant parents and parents of pre-school children. They will receive anticipatory guidance on childcare and parenting issues which are appropriate to the ages of their children. For parents of children with early signs of behavioural problems or those who encounter difficulties with parenting, an intensive parenting programme, the Positive Parenting Programme (Triple P) is available;
- (b) **Immunization Programme** – immunization against nine infectious diseases is provided at intervals as recommended by the Scientific Committee on Vaccine Preventable Diseases of the Centre for Health Protection of DH; and
- (c) **Health and Developmental Surveillance Programme** – health care professionals at the MCHCs work in partnership with parents in the continual monitoring of health and development of the child through (i) newborn examination; (ii) growth monitoring; (iii) developmental surveillance; (iv) hearing screening; and (v) vision screening.

Children with significant health and developmental problems are referred for assessment and management by relevant specialists in HA hospitals and/or the Child Assessment Service of DH, while those with significant family or social problems are referred to social services for follow-up.

9. ICHDP is designed as a universal primary prevention programme for children aged five and below. However, there are children and families with various special needs that may not be adequately addressed by the core programme. To provide more comprehensive support to these children and families, timely intervention through inter-sectoral partnership is necessary.

Objective of the HSP

10. The pilot HSP aims to augment the existing service in MCHCs through better alignment of the delivery of health, education and social services to ensure early identification of the varied needs of children and their families so that appropriate services can be made available to them in a timely manner.

Pilot HSP Model

11. On top of the existing core programme in MCHCs, the pilot HSP will comprise the following four additional components.

Early identification and management of mothers with postnatal depression

12. Postnatal depression affects about 10% of postnatal women. It causes considerable psychological distress to the mother and the family. The cognitive and emotional development of the infant may also be affected and the adverse effects may persist into late infancy and early childhood. Early identification and timely intervention may improve the mental health of the mother and family as well as the development of the child.

13. Under the HSP, postnatal mothers will be routinely screened for postnatal depression in MCHCs by trained nurses. Depending on their needs, counselling services will be provided to mothers by trained MCHC nurses with referral to psychiatric nurses, clinical psychologists or psychiatrists where necessary. Other social needs would also be followed up by social services. Mothers not showing up for scheduled appointment will be actively contacted through home visits, if necessary.

Early identification of children and families for social service intervention

14. The development of children is affected by their families and the community. In collaboration with SWD, DH will develop an assessment tool for MCHC staff to facilitate the early identification of families with social service needs. Identified families will be followed up by staff of Integrated Family Service Centres (IFSCs). The IFSC, which consists of a family resource unit, a family support unit and a family counselling unit, provides a continuum of preventive, support and remedial services for families in need of help. Apart from providing counselling if required, we hope to link these families to social support networks in the community so that problems can be prevented or dealt with as early as possible. Mutual support groups will be organised for parents/families going through similar parenting experiences. MCHCs will also collaborate with IFSCs to organise joint programmes and activities for families. For those families who are not yet ready to approach IFSCs for assistance, IFSC staff will meet with them at MCHCs or contact them through home visits to provide assistance.

Early referral and feedback system for pre-school children with physical, developmental and behavioural problems or those with family problems

15. Some developmental and behavioural problems may only become manifest after children have started pre-school. In collaboration with child care centres (CCCs) and kindergartens (KGs), a referral and feedback system will be developed to enable pre-school teachers to identify and refer these children to MCHCs for assessment and further assistance in a timely manner. In collaboration with EMB and SWD, DH would arrange training and briefing sessions for pre-school teachers.

Early identification and holistic management of at-risk pregnant women

16. At-risk pregnant women (e.g. those with substance abuse or mental illness, or teenage or single mothers) will be identified by various health and social service professionals from DH, HA and SWD/NGOs during the antenatal period. Comprehensive assessment will be conducted at antenatal clinic in either MCHCs or HA hospitals. Holistic management plans will be developed and agreed so that coordinated care and support to these mothers and their children can be provided. Visiting specialist (e.g. paediatrician) sessions will be provided in MCHCs, in collaboration with HA, to facilitate access by families.

Progress of Implementation

17. A Sham Shui Po Head Start Programme Coordinating Committee (the Coordinating Committee) led by DH with representatives from HA, SWD, and EMB at the district level has been set up to prepare for the launch of the pilot HSP in Sham Shui Po in July 2005. The Coordinating Committee will meet regularly to discuss the implementation details, and consult the various stakeholders on the implementation of the HSP.

18. To prepare for the pilot in Sham Shui Po, networking between frontline staff of the MCHC, the HA hospital community medical team, IFSCs and CCCs/KGs in Sham Shui Po has commenced since February 2005. Training for nurses, doctors and pre-schools teachers are being organised, and will start in Sham Shui Po in May/June 2005.

19. A service delivery model is being developed in consultation with relevant departments and agencies. The various assessment tools and work protocols are being developed and they will be further fine-tuned in light of the experience gained in the pilot run.

20. We will continue to refine the contents and operation of the HSP in the light of feedbacks and experiences gathered from the pilot run in Sham Shui Po. We expect to roll out the HSP in the other selected communities in the last quarter of 2005-06. Subject to a review of the outcome of the HSP in the four

communities, we may extend the HSP to other communities in phases in the second year of the pilot programme.

Evaluation

21. The major objective of the HSP is to enable families in need to obtain appropriate services through better alignment of health, education and social services delivery. We will conduct an evaluation to assess the effective functioning of the multi-disciplinary HSP service interface model. We will closely monitor the referral statistics and demand for various services. We will also collect the feedback of staff and service recipients to evaluate the accessibility and appropriateness of the new service.

Health, Welfare and Food Bureau
April 2005

School-based After-school Learning and Support Programmes

Purpose

This paper informs Members of the school-based after-school learning and support programmes for students from disadvantaged families which will commence in summer of 2005.

Background

2. The Chief Executive announced in the 2005 Policy Address that proactive measures have to be put in place to reduce inter-generational poverty. Focus would be placed on providing more assistance to the younger generation of needy families, and giving these children and young people opportunities for comprehensive development as they grow up.

3. Additional provision has been earmarked in the coming financial year to enable schools to provide school-based after-school learning and support programmes, in collaboration with NGOs where necessary, to those most in need of them. We expect that the programmes will increase students' learning effectiveness, broaden their learning experiences outside classroom, and raise their understanding of the community and sense of belonging.

The Programmes

Target Group

4. The programmes will cater for P1 to S7 students who are receiving Comprehensive Social Security Assistance (CSSA) or full grant under the Student Financial Assistance (SFA) Scheme. They are economically deprived and their families do not have the means to let them take part in fee-charging learning activities. In particular, the programme will also target at students who do not have adequate parental support and guidance, either because their parents are too busy earning a living or are themselves not competent enough to provide support.

Basic Principles

5. To optimise the use of the available resources and align funding from other sources, the following basic principles will be adopted in disbursing grants to schools for the programmes -

- (a) the grant is to complement subsidies/services currently provided by Government and other agencies for helping students from disadvantaged families;
- (b) the focus will be placed on providing needy students with after-school remedial learning support and other activities conducive to their whole-person development;
- (c) the programmes to be supported by the grant should not overlap with or replace any similar existing services (e.g. the grant should not be used for subsidising students' participation in life-wide learning activities for students of P4 to S3 as the area is being covered by the Jockey Club Life-wide Learning Fund); and
- (d) the programmes should be school-based (not necessarily confined to the school premises though) and custom-made to suit the needs of students concerned, and be conducted outside normal school hours.

Core Components

6. In view of the diversity of needs, a spectrum of school-based programmes, including tuition classes, personal development and skills training, will be considered. The programmes should be designed in such a way that activities are not only focused on academic work related to the school's curriculum but also develop the self-directed learning capacity of the students, including goal setting, study skills, and self-reflection. We also expect the programmes to nurture self-esteem and self-reliance in needy students. To this end, the programmes should include the following core components -

- (a) developing study skills with emphasis on strategies for organising, retaining and applying knowledge;
- (b) fostering self-worth and developing self-management skills;
- (c) developing personal, interpersonal and social skills; and
- (d) developing self-esteem and co-operation with others.

Examples

7. Provided that the core components are included, programmes may take various forms, including but not limited to the following -

- (a) academically-oriented tutorial service, including the development of study skills;
- (b) programmes that focus on personal development and life skills, including the psychological well-being;

- (c) after-school care, including extra-curricular activities, for unsupervised children.

8. Schools will be required to target the programmes at the most disadvantaged students, and to ensure sustainable positive impact, as well as enable replication of success and establishment of a supportive network in the locality.

Implementation

Mode of Delivery

9. Cash grant will be released to schools on application. A call circular setting out the parameters for the after-school learning and support programmes will be issued to schools inviting them to apply for the grant if they see a need in providing, and are ready to provide, additional assistance to needy students in their schools. To tie in with the summer holiday, schools are encouraged to launch the programmes for the next school year (2005-06) in August 2005.

10. To avoid undue additional workload on teachers, schools are encouraged to work in partnership with non-government organizations (NGOs) who have rich experience in running support programmes and can bring in their backend support to schools.

11. Schools having a large number of disadvantaged students may organise the programmes themselves, work in collaboration with NGOs or buy services from the NGOs. Schools that do not have a sufficient number of target students to form a critical mass are encouraged to form a school cluster for organising the programmes.

12. To ensure quality and consistency of standard, a committee comprising representatives from Education and Manpower Bureau (EMB), Social Welfare Department (SWD), NGOs and the school sector will be set up to examine and approve applications.

13. Some schools have expressed the concern about labeling of students if the programmes are restricted to students from disadvantaged families only. We encourage schools to open up the programmes to all students who have a need. While the target group of students, i.e. CSSA and full-grant SFA recipients, will receive the service free, a full fee will apply to other students. There will be a cap on the maximum subsidy per eligible student to ensure that resources available can benefit as many needy students as possible.

Monitoring and Evaluation

14. Schools will be required to submit annual reports with an evaluation of the student outcome, including the following -

- (a) whether the programme is implemented consistently with the design and has achieved its goals;
- (b) participation rate, completion rate, feedback from students and parents on the quality of the programmes, and other outcome measures included in the programme plan;
- (c) any academic or affective outcome, e.g. engagement in learning, academic attainment, attitudes, etc.

Discretion of Schools

15. Recognising the varying needs of students, we are inclined to allow some flexibility for schools in the selection of students, for example, students who are poor but refuse to receive CSSA and SFA. However, the grant should not be used for providing material assistance to students, e.g. school uniform, musical instruments, etc. Schools have to deploy other funding or sponsorship as appropriate for these purposes.

Financial Implications

16. A recurrent provision of \$75 million per annum has been earmarked in the draft Estimates for 2005-06 of EMB to implement the school-based after-school learning and support programmes.

Public Consultation

17. We have consulted school councils, district school heads associations and NGOs on the arrangements for the school-based after-school learning and support programmes. They welcome the programmes and expressed their eagerness to have the programmes implemented as soon as possible. The modus operandi described above is the outcome of the discussion with relevant parties.

Next Step

18. Subject to any comments Members may have, a circular will be issued to schools in April, inviting them to apply for the grant for launching the programmes from August 2005.

Education and Manpower Bureau
March 2005