



COMMUNITY PARTNERSHIP AND COLLABORATION – COMPREHENSIVE CHILD DEVELOPMENT SERVICE IN KOWLOON EAST CLUSTER

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INTRODUCTION

Comprehensive Child Development Service (CCDS) in Kowloon East Cluster (KEC) is an inter-sector, inter-specialty and multidisciplinary service with close collaboration with Department of Health, Social Welfare Department, Department of Paediatrics and Adolescent Medicine, Department of Obstetric and Gynecology, United Christian Hospital and Department of Psychiatry, KEC. Maternal and Child Health Centre acts as the platform to provide **one-stop** service to the target children, their mothers and families.

Service scope

The six risk groups of CCDS in KEC are:

- 1) Mother with mental illness requiring psychiatric follow up;
- 2) Single mother with unstable partner or poor social support;
- 3) Mother with history of heroin abuse or soft drug abuse within one year from LMP;
- 4) Mother suffers from intimate partner violence (IPV);
- 5) Teenage pregnancy with mother's age < 16 yr or 16-18 yr-old with social adversities;
- 6) Others at paediatrician's discretion, e.g. mother is deaf and dumb.

Service Statistics

Risk groups	Mental illness	Single	Substance Abuse		Intimate Partner Violence	Teenage pregnancy	Others	
			Heroin	Soft Drug				
Year 2009	New	222	53	9	33	0	14	9
	Old	232	58	10	85	5	22	13
	Case close	156	89		39	1	6	6
Year 2010	New	252	18	8	29	2	14	7
	Old	278	20	14	68	4	26	24
	Case close	174	31		16	1	6	6

Collaboration of NGOs with CCDS in KEC

Name of Non Government organizations	Time of starting collaboration with various NGOs
HKYWCA 香港基督教女青年會	January, 2011
Against Child Abuse 防止虐待兒童會	August, 2010
SARDA 香港戒毒會	September, 2009
Evergreen Lutheran Centre 路德會青怡中心	October, 2010
Harmony House 和諧之家	October, 2009
Caritas Hyacinth Project 明愛風信子	October, 2009

Table to show the inclusion and exclusion criteria to various NGOs

At Risk groups	NGO	Indications	Contraindications
Group 1	HKYMCA	1. Client with mood problem only, no other existing risk factors 2. Client with no past history of psychiatric illness/admission and no further follow up required after assessment by the CCDS psychiatric nurse or psychiatrist. 3. Client's consent is obtained	1. Client with past history of psychiatric illness/admission 2. Client requires fu by CCDS psychiatric team after assessment 3. Client refuses psychiatric nurse's assessment 4. Client is not consented
Group 2	ACA	1. Unmarried mother (18-30 yrs old) with unstable partner and fair social support 2. No other existing risk factors 3. Client 's consent obtained	1. Client with active features of psychosis and major depression, 2. Client is an active heroin or soft drug user 3. Client is an active victim of intimate partner violence 4. Client is not consented
Group 3 SARDA and Evergreen Lutheran centre can refer expectant mothers to CCDS service	SARDA	1. History of heroin use and on methadone or 2. Active heroin user but determined to quit and to maintain on methadone after pregnancy known and 3. Client not undergoing detoxification process by SAC/other detoxification centers 4. Client 's consent is obtained	1. Client with active features of psychosis or severe depression 2. Client is undergoing detoxification by SAC/other detoxification centers 3. Client refuses to use methadone 4. Client is an active victim of IPV 5. Client is not consented
	Evergreen Lutheran Centre	1. History of soft drug abuse within 1 year from client's LMP and 2. Client refuses SAC referral or 3. Client is not an active case of SAC or 4. Client is declined by SAC 5. Client 's consent is obtained	1. Client has quit soft drug use for more than 1 year from LMP 2. Client with active features of acute psychosis and major depression 3. Client is undergoing detoxification by SAC/other detoxification centers 4. Client is an active victim of IPV 5. Client is not consented
Group 4	Harmony house	1. History of intimate partner violence (emotional, physical, sexual or multiple) 2. Client 's consent is obtained	1. Client with active features of psychosis and major depression 2. Client is an active heroin or soft drug user 3. Client is not consented
Group 5	Caritas Hyacinth project	1. Pregnant under 16 yrs old or 2. Pregnant at 16-18 yrs old and unmarried 3. Preferably the teenage mother is the main child caretaker 4. Client 's consent is obtained	1. Client with active features of psychosis and major depression 2. Client is an active heroin or soft drug user 3. Client is an active victim of intimate partner violence 4. Client is not consented

Table to show the number of clients referred to various NGOs by CCDS in Kowloon East Cluster

NGOS collaboration	No. of clients referred by CCDS midwife antenatally	No. of clients referred by Paediatrician at MCHC
HKYWCA	9	0
Against Child Abuse	10	3
SARDA	12	3
Evergreen Lutheran Centre	13	4
Harmony House	6	10
Caritas Hyacinth Project	44	8

CCDS midwife will engage at risk pregnant women at the antenatal clinic at UCH in KEC. She will offer an in depth psychosocial assessment and support to the clients. Timely intervention to these at risk families will be provided with the combined efforts of Midwife, Psychiatrist, Paediatrician and social workers.

Continue tracking of the health and development of the infants, monitoring of their mothers' risky behaviors, anticipatory guidance for child development and strategies in promoting maternal-infant bonding are done by Paediatrician at Maternal and Child Health Centre, matching the child's immunization schedule.

Through active partnership and collaboration of the various local Non Government organizations (NGOS), including Hong Kong Young Women's Christian Association (HKYWCA), Against Child Abuse (ACA), The Society for the Aid and Rehabilitation of Drug Abusers (SARDA), Evergreen Lutheran Centre (ELC), Hong Kong Lutheran Social Service, Harmony House (HH) and Caritas Hyacinth Project (CHP), Caritas Youth & Community Service, more **tailor-made** supports can be provided, e.g. telecare for mothers with mood problems having their babies just delivered by HKYWCA; home visitations for single mothers by ACA; 'Pui Yuet' service and peer support groups for mothers have history of using illicit drugs by SARDA and Evergreen Lutheran Centre; peer support groups and empowerment techniques for mothers who are victims of intimate partner violence by Harmony House; vocational training, support groups and parenting class for teenage mothers by Caritas Hyacinth Project, are offered to the families of the five (1-5) at risk CCDS groups. All these supports are essential to enhance a better trajectory of their children's future development.

CONCLUSION

This **child focused, family centered** and **community based** service is a preventive program to engage and motivate those at risk mothers for their life-style changes and support them for good-enough parenting. With the collaboration with various NGOs, more **tailor-made** supports are offered to these families, which can fill the **service gaps** in the present service model.

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