

Executive Summary

Introduction

The preschool years have been receiving increasing attention world-wide. The argument for the importance of the early years is mainly based on research in bio-medical sciences including neuroscience, epidemiology, developmental psychology, and developmental psychopathology. While there is little evidence that enriched stimulation beyond the normal range of everyday experience can lead to “advanced” brain development, the research evidence highlights the importance of:

- early childhood experiences and the need to promote the optimal development of children through protection and provision of children’s needs as well as caring and loving relationships;
- the role of the parents or caregivers in promoting the optimal development of children;
- continuous nurturing and trusting relationships beyond the early years and opportunities for life-long learning to foster continuous optimal development; and
- early intervention programmes for children at risk of behaviour, emotional or developmental problems, to address their plight and change the unfavourable trajectory.

Methodology

In this study, both quantitative and qualitative data were collected to obtain information on the current well-being of preschool children, current services and effective programmes to promote their well-being. The quantitative data sources used in the present report included routine data and study reports. The qualitative data sources included documentary review and focus group discussions with various stakeholders.

Current well-being of Hong Kong preschool children and their families

In areas such as infant mortality, under 5 mortality, and immunization rate, Hong Kong is among the best in the world. The data on motor, cognitive, language and moral development, as well as preschool attendance, also suggest that Hong Kong children are comparable to their peers in western societies.

There are concerns about obesity, unbalanced dietary intake, and low physical activity level in Hong Kong children. The breastfeeding rate in Hong Kong is still low compared to other industrialized countries. Child abuse has been a longstanding

problem which needs to be addressed. There is also room for improvement in terms of childhood injuries, child behaviour problems and oral health. Furthermore, stakeholders are concerned about the lack of social skills among preschool children. Stakeholders maintain that more attention should be given to spirituality though there is no consensus on the definition of spirituality. Stakeholders note that there is a long process in the assessment and diagnosis of children with developmental problems.

Both the quantitative and qualitative information indicate that parents are experiencing considerable stress. The major parenting issues raised by stakeholders are high parental expectations, emphasis on academic performance and over-protection, though it is recognized that there are parents who are giving their children minimal attention. There is a concern that parents could only spend very little time with their children. Postnatal depression is another issue of concern.

A few categories of families have been identified as experiencing more problems in parenting. These are parents from low socio-economic backgrounds, lone parent families, and new immigrant families. Stakeholders are concerned that the parenting difficulties in these families are affecting their children's development.

It is pointed out by stakeholders that health indicators need to be developed to systematically and regularly monitor the health of children in the physical, cognitive, social emotional and spiritual domains. This will also provide information for service planning and provision.

Current services

There are programmes catering for the physical, cognitive and social emotional development of children from the health, education and social service sectors. There are also programmes for families and parents. Stakeholders point out that for early childhood provision, there are three government departments focusing on different aspects, and the education of children aged 3 to 6 is left in the hands of the non-governmental and private sectors. Referral within or across sectors is reported to be complicated; children and their parents are often caught in between as a result. Stakeholders from all sectors are calling for more government leadership in preschool education and support for parenting education as well as better co-ordination and collaboration within and across sectors. The issues of registration and training for child minder have also been raised by stakeholders.

Effectiveness of current programmes

In Hong Kong, programme evaluation and quality management activities are still relatively limited, and most of the evaluation activities are based on client satisfaction surveys at the end of the programme. Locally, some parenting programmes have been shown to be effective.

For overseas programmes, there are a fair number of parenting programmes, child behaviour intervention programmes, educational intervention programmes (directed towards parents and/or children), child abuse prevention programmes, breastfeeding promotion programmes, oral health programmes and postnatal depression intervention programmes which have been shown to be effective, including centre-based programmes and home visit programmes. For nutrition, obesity, injury prevention and spirituality programmes, the results are mixed.

Limitations of the present study

The limitations are related to the scope and the methodology of the study. In terms of scope, first, the present study focuses on children 0 to 5 and their families, and the needs of school age children/adolescents have not been examined. Second, this study examines the well-being of the general population of children 0 to 5 and detailed information on special needs groups has not been included. Third, the information collected is based mainly on a review of routine data/official statistics and study reports. No field studies have been conducted. Fourth, the present study is based on a search of literature in the health and social science fields. No policy analysis is involved. For methodology issues, the official statistics referred to in this report is a reflection of supply (what is actually provided), rather than need. Second, study reports which are not abstracted in the databases or uploaded on the internet might not be known to the researchers. Third, there is the issue of publication bias for literature on the evaluation of programme effectiveness. Fourth, there is very limited information on the economic evaluation of local and overseas programmes. Fifth, while the qualitative data provides information about the issues of concern among the participating stakeholders, the data cannot tell us the extent or prevalence of the problem and we cannot claim that the sample is a representative one. The qualitative information is supplementary and complementary to the quantitative information.

Recommendations

Principles and strategies of intervention

Before discussing the recommendations, it is important to outline the principles and strategies of intervention. First, it is recognized that prevention is a potentially more cost-effective strategy to reduce the impact of child health problems on the individual and the community. Second, in promoting child health and well-being, multiple health determinants should be targeted. Third, to address the multiple determinants and to empower the individual to take control of his or her own behaviour and environment, multifaceted health promotion strategies including building healthy public policy, creating supportive environments, strengthening community actions, developing personal skills, and reorienting health services are necessary. Fourth, to target the multiple determinants in a co-ordinated way, multi-sectoral collaboration and the establishment of a central co-ordinating body are important. Fifth, settings for health offer practical opportunities for the implementation of health programmes. Finally, services and programmes should be evidence-based.

There are two categories of recommendations: recommendations that involve mainly service providers and professionals at the operational level, and recommendations requiring the leadership and commitment from high ranking government officials and policy makers.

Operational level recommendations

- **Child behaviour problems and parenting difficulties**
 - Parenting education should continue to be promoted and developed. Both universal and indicated programmes (targeted at parents with children with behaviour problems or parents with parenting difficulties) should be promoted and developed. New parents and parents-to-be should be encouraged to attend parenting programmes.
 - Preschools (including parent-teacher associations), and Maternal and Child Health Centres (MCHCs) (including ante-natal classes) should continue to be used as venues for delivering parenting education.
 - There is a need to train parent leaders to have the knowledge and skills to work for parent-teacher associations.
 - The option of preschool-based child behaviour intervention programmes should be explored.
 - The behaviour management skills component should be strengthened in training courses for preschool teachers.
 - Development of valid local instruments to measure child social behaviour

and local norms for parenting issues should be explored.

▪ **Breastfeeding**

- A high level multi-sectoral breastfeeding committee with representatives from relevant government departments, non-governmental organizations (NGOs), and health professional associations should be established.
- More support for sustaining breastfeeding through staff, volunteers and hotline should be explored. Home visits should be considered.
- The possibility of re-cycling and lease of breastfeeding equipments for needy families could be explored.
- There should be more publicity on available breastfeeding resources.
- There should be more public education about breastfeeding.
- Availability of suitable places for breastfeeding in public venues and workplaces should be promoted.

▪ **Oral health**

- The Department of Health (DH) oral health promotion programme being piloted in MCHC, if found to be effective, should be extended to all MCHCs.
- The DH oral health promotion programme in preschools should be further promoted.

▪ **Postnatal depression**

- Research on the effectiveness of treatment and the outcomes of screening in the local context should be conducted.

▪ **Child abuse**

- The issue of child abuse, both in terms of prevention and treatment, should continue to be monitored by the multi-sectoral committee chaired by the Director of Social Welfare.

▪ **Lifestyle issues**

- More comprehensive information on diet and physical activities should be collected.
- There should be safe outdoor and indoor play facilities for children, such as playground and game room.
- Effective programmes to promote healthy eating behaviour and regular physical exercise should be developed. These should include guidance to parents/caregivers and the preschool setting is an appropriate setting for health promotion.

▪ **Childhood injuries**

- There should be further development and evaluation of home injury prevention programmes in the local context.

- **Spirituality**
 - A working group should be set up to come to a working definition of spirituality.
- **Inter-disciplinary and inter-sectoral collaboration**
 - A good entry point for service integration for children 0 to 3 is the MCHC. The existing services can be enriched by integration with services provided by Social Welfare Department (SWD) and NGOs. A new model for integrated services can be explored and developed. There should be inbuilt evaluation mechanisms to evaluate the effectiveness of the model.
 - For children aged 3 to 5, it is recommended that a pilot health promoting preschool programme should be set up. Evaluation mechanisms should be built into the pilot project.
- **Establishment of a set of health indicators**
 - To search for or develop suitable and valid local indicators in the cognitive domain, child social/behavioural domain, spiritual domain (after consensus on its definition is achieved) and parenting issues.
- **Programme evaluation**
 - There should be rigorous research to establish the effectiveness of local programmes before their launching.
 - There should be evaluation of ongoing programmes and quality management measures instituted, as necessary, to ensure that the objectives of the programmes are met.
 - Training on research methods and programme evaluation should form part of professional training and in-service professional development.
 - The DH Positive Parenting Programme (Triple P) database and parent education database could serve as an interim platform to support the evaluation of parenting education programmes.
- **Needs assessment on special groups**
 - Needs assessment be conducted for preschool children from lone parent families, new immigrant families, ethnic minority families, families where the mothers are in mainland China, and families with socio-economic disadvantages.
 - Needs assessment be conducted for preschool children with developmental problems.

Policy level recommendations

- **Government policy and co-ordination**
 - The creation of a family-friendly environment to support parents in performing their parenting roles more effectively is important to the healthy development of preschool children. Family-friendly policies to support child and family well-being should be considered.
 - The Government should consider taking the leadership role in various areas of early childhood provision, notably in the areas of early childhood education and quality assurance of child-minders and tutors in the after-school interest classes.
 - Joining up of government bureaux/departments in the formulation and implementation of child and family policies to promote child and family well-being. The establishment of a Children's Commission could be considered.
- **Evidence-based policies**
 - Careful examination of evidence of the likely effectiveness of potential policy actions should be conducted before decisions on policies are made.
 - To inform the development and implementation of policies on child well-being, large scale longitudinal studies addressing the multi-determinants of child development in the local context are needed. Among many others, potential areas could include the impact of parental employment on parent-child relationship, the impact of education experience (e.g. enrichment classes) and mass media on the social, cognitive and cultural development of children.
 - New policy initiatives should be subject to pilot trials and be evaluated against a set of agreed indicators.

Setting priorities

As there are a fair number of recommendations, and some recommendations need to be in place before others can be implemented, it is necessary to set priorities for their implementation to provide direction and to ensure that the implementation is organized and co-ordinated.

At the conceptual level, what is needed is a consensus on what spirituality is. Without a consensus on its definition, development of measurement tools and intervention programmes are not possible.

To ensure that programmes are tailored to the specific needs of different groups of preschool children and their families, needs assessment is a prerequisite for service planning. Further needs assessment for special groups should be conducted to

understand their specific needs. The availability of valid local indicators and measurement tools makes important contributions to needs assessment. Development of these should therefore be considered a priority. On service provision, many of the intervention and education programmes for preschool children and their families are already in place and these should continue to be provided and developed. Nonetheless, rigorous programme evaluation and quality management are extremely important in ensuring that programmes and services offered are effective in meeting the needs of preschool children and their families and are of high standards. All service providers should strive to build evaluation and quality management mechanisms into all programmes. Last but not the least, inter-sectoral collaboration is vital in ensuring that programmes are comprehensive and that gaps, overlaps and inconsistencies across services are minimized.

Above all, government leadership, including the establishment of a central body, is crucial to address the multi-determinants of health through formulating supportive public policies and co-ordinating actions across the government and non-government sectors to provide the favourable environment where families and children flourish. The development and implementation of these policies should also be evidence-based.