

香港特別行政區
行政長官曾蔭權先生

尊敬的曾先生：

多謝邀請成為「策略發展委員會」行政會的成員，定當盡力參與、提供意見。現謹按「策發會」的議程提出三項獻議，還望在會議中可以有討論空間。(見附件 A)

衷心感謝 曾先生在十二月十日出席「全港青年高峰會」，除了主持「青年論壇」憲章的立憲儀式外，並與各區青少年進行座談，對香港青少年給予鼓勵及指引。

謹奉上「青年高峰會議」大會本屆主題簡介，及「青年論壇」的成立目標及過去四年的發展歷史及成效總結，作為對「青年高峰會議」的概覽。(見附件 B)

在十二月十日與 曾先生對話的青少年將會按下列各分題提出意見：
(詳細內容稍後寄上)

- ◆ 青少年可以如何在政策發展上參與
- ◆ 從青少年角度看「扶貧」政策
- ◆ 青少年對康體、文化及藝術教育和發展政策的獻議

向曾先生對青少年發展的關懷衷心致謝！

敬重近安！

蔡元雲 敬上

蔡元雲 敬上
「青年事務委員會」主席
二零零五年十一月二十八日

青年事務委員會

附件 A

致行政長官及「策略發展委員會」行政會的獻議

(1) 拓展康體、文化、藝術產業 (“Sports and Creative Industries”)

- 為香港增添競爭力
- 為青少年提供出路

青少年失業數字一直高企，雖然「待業青少年」(non-engaged youth) 的數字由三年前的 11 萬下降至 5 萬左右，但是大部份仍是短線方案 (“temporarily engaged”——「展翅」、「青年見習就業計劃」、短期工作等)；每年仍有約 5 萬會考不及格的青少年為前路感到徬徨，面對的是「結構性失業」。

今年，十一區的「地區青年高峰會」及「專上高峰會」席上，青少年都表白他們有意在康體、文化、藝術等領域接受培訓，並尋求自己的終身事業。

香港特區政府及工商界可以聯手有策略地拓展康體文化、藝術產業，一方面為香港這大都會增添競爭力，同時提昇市民生活素質，更為青少年在金融、地產、旅遊業以外，在本地提供另類出路。

(2) 設立「兒童事務委員會」 (“Commission on Children”)

- 保護兒童健康成長
- 重建家庭基本功能

香港的家庭出現令人擔憂的危機：家庭暴力案件急升三成，離婚及單親家庭數字持續上升、待業青少年數字仍然高企、「隱蔽少年」數字上升、「跨代貧窮」及「跨代濫藥」成為新的關注點。

最近完成的「0-5 歲學前兒童需要評估」研究報告顯示，0-3 歲的幼兒照顧不足，四歲幼兒已有 19% 呈現身體或心理成長障礙。學前教育及親子關係有待改進。

香港未有正視兒童政策的重要性，值得成立「兒童事務委員會」成為一個跨局、跨界別的政策研究及諮詢架構，協助釐定政策——保護兒童健康成長、重建家庭基本功能。(見附件一)

(3) 凝聚「第三方」聲音、力量 (“The Third Side”)

- 成為市民與中方橋樑
- 保持社會穩定和諧

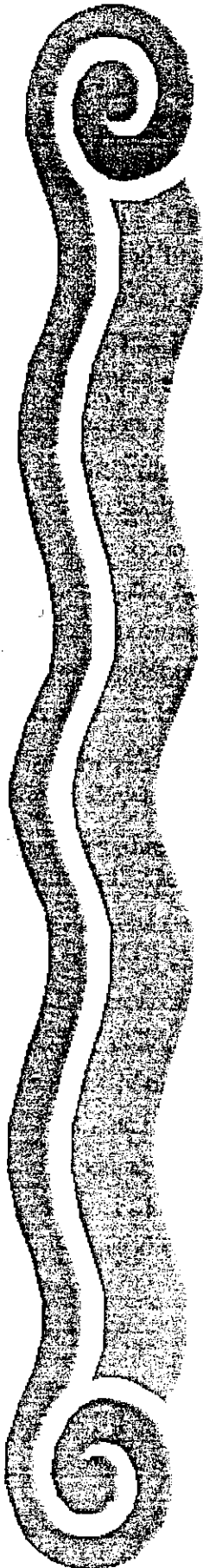
“Fighting isn’t an inevitable part of human nature…… We have a powerful alternative – the Third Side – which can transform our daily battles into creative conflict and co-operation at home, at work, at school, and in the world.” 《The Third Side》, William Ury.

「九七回歸」前後，部份香港市民與中方仍然存在彼此認識、信任、合作的困難——「一國兩制」這實驗，在過渡期中難免出現張力。

持續衝突及爭拗難免有損社會和諧，值得凝聚社會中的「第三方」(“The Third Side”)聲音和力量，成為市民與中方之間的橋樑：不偏不倚地、理性地、有數據地尋找可行的政制發展及經濟發展方案，保持社會穩定與和諧。(見附件二)

期望行政長官帶領「策發會」成為一個凝聚「第三方」聲音力量的平台；「青年事務委員會」、「青年論壇」亦將盡力匯聚青少年的聲音和力量，共創一個既和諧，同時有公義、有公平發展機會的社會。

蔡元雲（「青年事務委員會」主席）



A Needs
Assessment
Report of
Children 0 – 5
Years

Committee on Promoting Holistic
Development of Preschool Children

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.

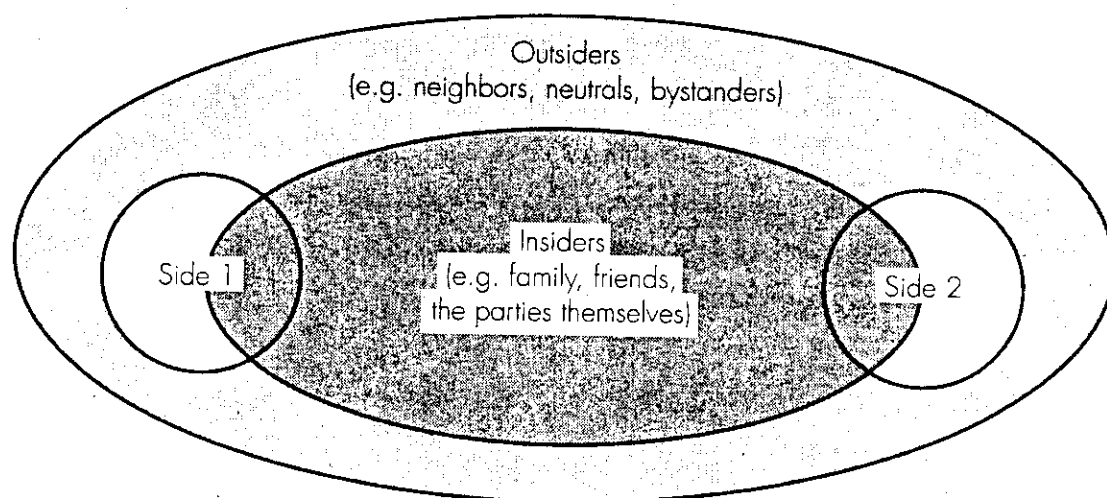
To ensure that programmes are tailored to the specific needs of different groups of preschool children and their families, needs assessment is a prerequisite for service planning. Further needs assessment for special groups should be conducted to

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.

political and economic support to Mandela's African National Congress. Intergovernmental organizations dispatched groups of eminent statesmen to mediate. Churches mobilized the public conscience and university students carried out protests. Under intense pressure, universities and corporations in the United States made decisions to stop investing in South Africa. From ordinary citizens to governments, outsider third parties came together to support a democratic community.

WHO IS THE THIRD SIDE?



The third side is made up of both outsiders and insiders.

Insiders

Even more critical were insider third parties. While Nelson Mandela and F. W. de Klerk were solidly rooted in their own groups, fighting hard to protect their interests, they also played the curious role of third parties seeking a nonviolent resolution. Indeed, a pair of insiders, one from each side, can often make the most effective third party; while separately neither would be perceived as neutral, together they may be seen as balanced. As an outsider neutral, I find myself impressed by the considerable virtues of insider third parties. In con-

TEN ROLES FOR THIRDSIDERS

WHY CONFLICT ESCALATES

WAYS TO TRANSFORM CONFLICT

PREVENT

Frustrated needs



1. THE PROVIDER

Poor skills



2. THE TEACHER

Weak relationships



3. THE BRIDGE-BUILDER

RESOLVE

Conflicting interests



4. THE MEDIATOR

Disputed rights



5. THE ARBITER

Unequal power



6. THE EQUALIZER

Injured relationships



7. THE HEALER

CONTAIN

No attention



8. THE WITNESS

No limitation



9. THE REFEREE

No protection



10. THE PEACEKEEPER

THE TEN VOICES OF THE THIRD SIDE

*What is
needed here?*

1. PROVIDER

*Here's
another way.*

2. TEACHER

*OK! Break
it up!*

10. PEACE-
KEEPER

*I'd like to
introduce
you to . . .*

3. BRIDGE-
BUILDER

*No knives!
No guns!*

9. REFEREE



*Let's work
it out.*

4. MEDIATOR

*Hey! Look
what they
are doing!*

8. WITNESS

*What's fair
here is . . .*

5. ARBITER

*Let's make
amends.*

7. HEALER

*Let's level
the playing
field*

6. EQUALIZER