

Funding and Service Agreement¹

Children's Reception Centre

I Service Definition

Introduction

Children's reception centre is a kind of institutional residential child care service which provides *urgent and short-term* out-of-home care for children and young people *from birth to the age of 18* who cannot be adequately cared for by their families due primarily to various family problems or crises.

Purpose and Objectives

Children's reception centre service is to provide immediate temporary care to children in urgent need of residential placement, until a long-term alternative living arrangement is achieved.

The objectives of children's reception centre are-

- to provide substitute care for children in a stable and safe living environment for a limited period of time as mutually agreed by parties concerned according to the individual welfare plan forwarded upon admission and no longer than six months;
- to provide a programme of residential care;
- to protect and promote the welfare of children and nurture their overall growth and development, including their physical, social, emotional and intellectual needs; and
- to encourage the development of social skills, good sense of responsibility, self-esteem and self-care of the children in care.

Service Nature and Content

The service is to be operated in compliance with the statutory requirements as stipulated in relevant sections and subsidiary legislations pertaining to places of refuge in the Protection of Children and Juveniles Ordinance (Cap. 213).

The children under the age of 6 years would be the target of the children's reception

¹ This Funding and Service Agreement is a sample document for reference only

centre. In this regard, the operation of the service should comply with the Child Care Services Ordinance (Cap. 243) and its subsidiary legislations, as well as the latest version of the Operation Manual for Pre-primary Institutions.

The services provided are:

(a) Physical and basic care, including -

- provision of accommodation in the form of small group living within the available resources of the home to provide privacy and facilitate individual attention, supervision and closer relationship among residents and with the residential workers;
- 24-hour care;
- provision of sufficient and varied food appropriate to the age and needs of the children;
- arranging appropriate and basic clothing items; and
- arranging or escorting children to activities or functions appropriate to their age and needs.

(b) Services meeting individual needs, including -

- supervising daily activities and routines, including schooling and homework;
- liaising with significant others involved in children's placement, including schools, other organisations, the parents/guardians/family members and the referring organisation or worker for the children's welfare; and
- encouraging and facilitating contacts by parents/guardians/family members, and working closely with the referring organisation for home restoration or transfer of placement.

Additional services applicable to children aged under 6

(c) Arranging Visiting Medical Practitioner (VMP) Service as follows:

- on-site medical treatment and management of episodic illness and sub-acute problems of the children, including children discharged from hospitals or under specialist care, and liaison with hospital-based services as necessary;

- regular health assessment and physical checkups of the children;
 - advice/assistance in maintenance of proper patient records and medical history for the children and drug storage and management;
 - advice on measures regarding prevention and control of infectious disease as well as environmental hygiene of the children's reception centre;
 - telephone consultation on the management of emergency conditions exhibited by the children;
 - training on health care, infection control, etc. to the staff of the children's reception centre;
 - talks on health promotion, management of chronic illness, etc. for the parents/guardians/family members; and
 - any other services as deemed appropriate and agreed between the children's reception centre and the medical practitioner concerned.
- (d) Arranging Clinical Psychologist (CP) Service as follows:
- clinical/intellectual assessments;
 - clinical consultations/treatments;
 - education for the parents/guardians/family members of the children in care;
 - training for the staff;
 - group activities in addressing the special needs of the children in care and/or their parents/guardians/family members; and
 - social and recreational activities in addressing the special needs of the children in care and/or their parents/guardians/family members.
- (e) Welfare planning and counselling, including -
- development and review of individual welfare plans, in conjunction with the referring worker and relevant others involved in the children's placement, through constant case discussions or review meetings;
 - counselling on the children's emotional and behavioural difficulties; and
 - programmes and support to meet children's developmental needs.

- (f) Social and recreational activities, including –
- arranging a variety of age-appropriate social and recreational activities, and developing social skills; and
 - providing the opportunity to cultivate children’s own aptitudes and interests.

Applicable to the Operation of in Chun Shek

- (g) Provide escorting service to children staying in the Main Compound in Causeway Bay to Chun Shek, and vice versa.
- (h) Arrange direct admission of children in Chun Shek, if appropriate or upon request from the Social Welfare Department (SWD).

Target Service Users

The target service users are children and young people *from birth to and the age of 18* who cannot be adequately cared for by their families. This may include children under statutory supervision, slow-learners or children of limited intelligence, children with mild behavioural or emotional problems, or children who experience minor health problems and have been medically assessed as fit for care in children’s reception centres.

Referrals are through direct enquiry with the centre, and copied to the Central Referral System for Residential Child Care Services (CRSRC) operated by SWD.

II Performance Standards**Essential Service Requirements**

- 24-hour care per day, with at least one staff member present at all time.
- Children receiving residential child care service are free from abuse, and that the children’s reception centre should arrange relevant professionals (including social workers, child care workers, nurses, psychologists, therapists, etc.) to formulate individual care plans according to the circumstances and developmental needs of individual child.
- The Service Operator must register and provide regular updates on the information of the Superintendent to SWD under the Registration Scheme of Superintendents^{Note 1}.
- Staffing requirement includes registered social worker, child care supervisor, senior child care worker, child care worker, qualified nurse and supporting staff.
- For professional services provided by VMP and CP, the Service Operator may hire services from qualified professionals or concerned organisations.
- Sufficient and varied food appropriate to the age and needs of the children.
- Toys, books and equipment appropriate to children’s age.
- All services have to comply with the Child Care Services Ordinance (Cap. 243) and its subsidiary legislations, the latest version of the Operation Manual for Pre-primary Institutions and the Manual of Procedures of CRSRC.

The Service Operator shall meet the following performance standards:

Outputs

<u>Output Standard</u>	<u>Output Indicator</u>	<u>Agreed Level</u>
1	Rate of placement occupancy ^{Note 2} in a year	80%
2	Rate of referral accepted ^{Note 3} in a year	95%
3	Rate of achieving scheduled processing time ^{Note 4} , i.e. 8 hours, in a year	90%

4	Rate of achieving scheduled case review meeting ^{Note 5} in a year (for those children staying in the centre for 3 months or more)	85%
5	Number of programmes/groups ^{Note 6} rendered for children aged under 6 in a year	4
6	Number of in-house staff training on strengthening knowledge and skills in working with children aged under 6 with special needs in a year	2
7	Number of visits by VMP for clinical consultation / medical assessment / training / health talk ^{Note 7} in respect of children aged under 6 in a year	36
8	Number of sessions provided by CP for case assessment ^{Note 8} / intellectual assessment ^{Note 9} / clinical consultation ^{Note 10} / clinical treatment ^{Note 11} / training ^{Note 12} for children aged under 6 and their parents/guardians/family members as well as the staff in a year	178

Outcomes

<u>Outcome Standard</u>	<u>Outcome Indicator</u>	<u>Agreed Level</u>
1	Percentage of the children indicating satisfaction with the care of the children’s reception centre ^{Note 13} in a year	75%
2	Percentage of the parents/guardians/family members indicating satisfaction with the service of the children’s reception centre ^{Note 14} in a year	75%
3	Percentage of the parents/guardians/family members indicating satisfaction with the service of VMP ^{Note 15} in a year	75%
4	Percentage of the parents/guardians/family members indicating satisfaction with the service of CP ^{Note 16} in a	75%

year

(Please see the Explanatory Notes on the key definitions attached at the end of this Agreement.)

Quality

The Service Operator shall meet the requirements of the 16 Service Quality Standards (SQSs).

III Obligations of SWD to Service Operators

SWD will undertake the responsibilities set out in the General Obligations of SWD to the Service Operator as specified in the Funding and Service Agreement (FSA) Generic Sections.

In addition, SWD will meet the following service-specific standards of performance.

- to provide a written referral from the Central Referral System for Residential Child Care Services within 7 working days of written notification of a vacancy, providing there is a referral with updated and complete information in hand.

The actual performance of the department in relation to these obligations is expected to affect the ability of the Service Operator to meet its required standards of performance.

IV Basis of Subvention

The basis of subvention is set out in the offer and notification letters issued by the SWD to the Service Operator.

Funding

An annual subvention will be allocated on the Lump Sum Grant (LSG) mode to the Service Operator for a time-defined period. This lump sum has taken into account personal emoluments, including provident fund for employing registered social workers, qualified professionals and supporting staff, and other charges (covering all

other relevant operating expenses including employees' compensation insurance and public liability insurance) applicable to the operation of the project and recognised fee income, if any. Rent and rates in respect of premises recognised by SWD for delivery of the subvented activities will be reimbursed separately on an actual cost basis.

In receiving the LSG, the Service Operator is accorded flexibility in the use of the grant but required to observe the guidelines set out in the latest LSG Manual, LSG Circulars, management letters and relevant correspondence in force issued by SWD on subvention policies and procedures. The LSG will be subject to adjustments including salary adjustments in line with civil service pay adjustment and other charges in line with price adjustment factor (currently the Composite Consumer Price Index). The Government will not accept any liabilities or financial implication arising from the project beyond the approved funding.

Payment Arrangement, Internal Control and Financial Reporting Requirements

Upon the Service Operator's acceptance of the FSA, payment of the LSG subventions will be made on a monthly basis.

The Service Operator is responsible for maintaining an effective and sound financial management system, including budget planning, projection, accounting, internal control system and auditing. It should maintain proper books and records and supporting documents on income and expenditure relating to the project and make them available for inspection by the Government representative.

The Service Operator shall submit Annual Financial Report (AFR) as reviewed and the annual financial statements of the non-governmental organisation (NGO) as a whole as audited by a certified public accountant holding a practicing certificate as defined in the Professional Accountants Ordinance (Chapter 50) and signed by two authorised representatives of the NGO, i.e. Chairperson/ NGO Head/ Head of Social Welfare Services in accordance with the requirements as stipulated in the latest LSG Manual. The AFR should be prepared on a cash basis and non-cash items such as depreciation, staff leave accrual etc. should not be included in the AFR.

Corruption Prevention and Probity Requirements

It is the responsibility of the Service Operator to ensure that its management, board members and staff comply with the Prevention of Bribery Ordinance (Cap. 201) and the relevant requirements. The Service Operator shall prohibit the members, staff, agents, and contractors from offering, soliciting or accepting advantages when discharging their duties under the FSA. With regard to the provision of the subvented services, the Service Operator shall avoid and declare any conflict of interest.

The Service Operator should also make reference to the relevant guidelines on corruption prevention and probity requirements to uphold integrity in every aspect, including but not limited to the governance structure, internal control, financial/fund management, procurement, staff administration, delivery of services/activities, management of maintenance works as set out in the “Best Practice Checklist” on Governance and Internal Control for Non-Governmental Organisations” and the “Integrity and Corruption Prevention Guide on Managing Relationship with Public Servants” issued by the Independent Commission Against Corruption.

V Validity Period

This FSA is valid for a time-defined period. Should the Service Operator be in breach of any terms of condition of the Agreement and fail to remedy the same in such manner and within such time as shall be specified in a written notice from SWD that the same be remedied, SWD may after expiry of such notice, terminate this Agreement by giving 30 days’ notice in writing to the Service Operator.

Where there is any change to the performance standards within the agreement period, SWD will seek mutual agreement with the Service Operator and the Service Operator will be required to achieve new requirements in accordance with the specified implementation schedule.

Continuation of service for the next term will be subject to the relevant considerations such as the prevailing policy directive, service needs and the performance of the Service Operator. SWD reserves the right to reallocate the project.

SWD may immediately terminate the FSA upon the occurrence of any of the following events –

- (a) the Service Operator has engaged or is engaging in acts or activities that are likely to constitute or cause the occurrence of offences endangering national security or which would otherwise be contrary to the interest of national security;
- (b) the continued engagement of the Service Operator or the continued performance of the FSA is contrary to the interest of national security; or
- (c) the SWD reasonably believes that any of the events mentioned above is about to

occur.

VI Other References

Apart from this FSA, the Service Operator should also comply with the requirements/ commitments set out in the Service Specification concerned, and the Service Operator's proposals and supplementary information, if any. Where these documents are in conflict, this FSA shall prevail. The Service Operator's compliance to all these documents will be closely monitored by SWD.

Explanatory NotesKeysIllustrations/ Definitions

Note 1 The Service Operator must **register and provide updates on the information of the Superintendent** to SWD under the **Registration Scheme of Superintendents**, including:

- (a) the **personal information** of the superintendent;
- (b) information of **not less than 6 hours** of child protection related training completed by the Superintendent within one year before the **first registration** (i.e. first-time registration); and
- (c) information of **not less than 6 hours** of child protection related training attended by the Superintendent **every year after registration** (i.e. subsequent yearly reporting).

Note 2 **Placement occupancy** refers to the number of places occupied starting from the date of admission to the date of formal discharge.

Rate of placement occupancy =

[Sum of daily enrolment in the year ÷ (Capacity x no. of operating days in the year)] x 100%

(“*daily enrolment*” is counted to include children on sick/home leave or pre-discharge leave.)

(SWD will take into consideration the availability of referrals should placement occupancy rate not be met.)

Note 3 **Rate of referral accepted** refers to the percentage of eligible cases accepted for admission. It is derived as:

(No. of referral accepted in the year ÷ no. of referral received in the year) x 100%

Note 4 **Scheduled processing time** refers to the maximum time allowed before a definite reply is given to the referrer, provided that all information and documents necessary for the screening are available.

Rate of achieving scheduled processing time refers to the percentage of

referrals for which definite reply are given within the scheduled processing time. It is derived as:

(No. of referrals with definite reply given within the scheduled processing time ÷ total no. of referrals received in the year) x 100%

(The agreed level of 90% will be subject to review in the light of experiences.)

Note 5 **Scheduled case review meeting*** refers to case conference initiated by the home and shall meet the following criteria:

(a) **Participants** include social worker of the home, the child (subject to the age and maturity of the child), referring worker and a third party (i.e. parent/guardian/family member / houseparent / teacher / clinical psychologist, etc.).

(b) There is **subject area** concerning the child, including placement plan, family reunion plan, any problems arisen in the course of placement, etc..

(c) Review is **documented**, i.e. record being kept.

(d) There is **follow-up action**.

(e) The **frequency of case review meeting** is set at **once every 3 months** for individual child staying in the centre for more than 3 months. The 1st review would be completed for every resident child immediately after admitted to the service for 3 months. The 2nd and subsequent review would be conducted once every 3 months counting from the date of the last review meeting.

Achieving scheduled case review meeting refers to scheduled case review meeting completed.

Rate of achieving scheduled case review meeting =

(No. of case review meeting completed in the year ÷ no. of case reviews meeting required in the year) x 100%

Note 6 **Programmes/groups** refer to programmes/groups arranged in line with “Nature of service” and with staff input, planned objective(s), programme contents, evaluation and documentation. Programmes/groups are not counted by number of sessions.

Note 7 **Visits by VMP** refer to visits for clinical consultation / medical assessment / training / health talk conducted by registered medical practitioner, other than community teams or clinics provided by the Government or the Hospital Authority.

[Remarks: According to the Child Care Services Regulations, “The operator of a residential centre shall ensure that each resident child is medically examined at least once in every 6 months.”]

Note 8 **Case assessment** refers to the following:

- (a) Diagnostic evaluation and recommendations in order to facilitate formulation of appropriate and realistic treatment plans through clinical interviews and/or psychological testing; and
- (b) Intake interview for initial assessment of the case for the purpose of determining the nature of the problem, urgency of the need, motivation of the clients for therapy and suitability of clients for group treatment and/or case consultation service.

Note 9 **Intellectual assessment** refers to using established intelligence and adaptive functioning tests to assess the client’s intellectual and adaptive functioning so as to determine the severity of his/her intellectual disability for placement in rehabilitation and vocational programmes and/or other purposes. Each client should be counted as one intellectual assessment.

Note 10 **Clinical consultation** refers to the offer of advice and demonstration regarding planning and implementation of individual or group treatment programmes.

Note 11 **Clinical treatment** includes both individual (one-to-one basis) and group (ranged from 2 to 10 clients) sessions. It is direct hands-on treatment with the application of specific and purposeful activities/methods to maintain, develop, and improve the behavioural management and cognitive functioning of clients. Each clinical intervention session should last not less than 30 minutes excluding preparation time and follow-up work; and should not be cumulative in calculation.

Note 12 **Training for children aged under 6 and their parents/guardians/family members as well as the staff** refers to workshops/seminars/talks with specialised topic or theme conducted. Each training session should last not less than one-and-a-half hours. A whole day training event is recognised as 2 sessions in calculation.

Note 13 Percentage of the children indicating satisfaction with the care of the children’s reception centre in a year is measured annually by the designated questionnaire provided by the Service Operator. Upon compromise between referring worker and children’s reception centre social worker, children of young age or having been regarded as mentally incompetent should not be required to fill the questionnaire.

The calculation of percentage of children indicating satisfaction with the care of the children’s reception centre in a year

$$= \frac{\text{No. of completed questionnaires indicating that the children are satisfied with the care of children’s reception centre in the year}}{\text{Total no. of designated questionnaires completed by the children in the year}} \times 100\%$$

Note 14 Percentage of the parents/guardians/family members indicating satisfaction with the service of the children’s reception centre in a year is measured annually by the designated questionnaire provided by the Service Operator. Upon compromise between referring worker and children’s reception centre social worker, parents/guardians/family members having been regarded as mentally incompetent or unfit to make decision on the child’s matter should not be required to fill the questionnaire.

The calculation of percentage of the parents/ guardians/family members indicating satisfaction with the service of the children’s reception centre in a year

$$= \frac{\text{No. of completed questionnaires indicating that the parents/guardians/family members are satisfied with the service of the children’s reception centre in the year}}{\text{Total no. of designated questionnaires completed by the parents/guardians/family members in the year}} \times 100\%$$

Note 15 Percentage of the parents/guardians/family members indicating

satisfaction with the service of VMP in a year is measured annually by the designated questionnaires provided by the Service Operator. Upon compromise between referring worker and children’s reception centre social worker, parents/guardians/family members having been regarded as mentally incompetent or unfit to make decision on the children’s matter should not be required to fill the questionnaire.

The calculation of the percentage of parents/guardians/family members indicating satisfaction with the service of VMP in a year

$$= \frac{\text{No. of completed questionnaires indicating that the parents/guardians/family members are satisfied with the service of VMP in the year}}{\text{Total no. of designated questionnaires completed by the parents/guardians/family members in the year}} \times 100\%$$

Note 16 Percentage of the parents/guardians/family members indicating satisfaction with the service of CP in the year is measured annually by the designated questionnaires provided by the Service Operator. Upon compromise between referring worker and children’s reception centre social worker, parents/guardians/family members having been regarded as mentally incompetent or unfit to make decision on the children’s matter should not be required to fill the questionnaire.

The calculation of the percentage of parents/guardians/family members indicating satisfaction with the service of CP in a year

$$= \frac{\text{No. of completed questionnaires indicating that the parents/guardians/family members are satisfied with the service of CP in the year}}{\text{Total no. of designated questionnaires completed by the parents/guardians/family members in the year}} \times 100\%$$