

Funding and Service Agreement¹

Residential Child Care Centre - Residential Creche

I Service Definition

Introduction

Residential child care centre - residential creche (residential creche) provides out-of-home care service for children from birth to the age of three who cannot be adequately cared for by their families due primarily to various family problems or crises. Residential care and programmes with educational element are provided/arranged in the residential creches so that children's need and development can be properly attended to.

Purpose and Objectives

Residential creche service is a substitute care to children whose families cannot render care to them and when no other alternative placement is available. It is offered as a support service to the family before the children are restored home or a long-term welfare and care plan is arranged.

The objectives of residential creche service are:-

- to provide residential care for children in a stable, safe and nurturing living environment to enhance their growth and development; and
- to provide a balanced programme to foster the physical, intellectual, language, social and emotional development of the children.

Service Nature and Content

The service is to be operated in compliance 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 service is provided by child care staff who are caring and responsible and in a safe and healthy environment. The range of services to be provided are-

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

- (a) Physical and basic care, including:
- accommodation;
 - 24-hour care;
 - personal care routines appropriate to the age and needs of children, which include diapering, feeding, cleaning, dressing, etc.;
 - sufficient and varied food appropriate to the age and needs of the children;
 - arranging appropriate schedule of sleep, rest and activities;
 - providing equipment and facilities suitable to the age and development of children; and
 - arranging regular health inspection, keeping of health record, and providing special care to children with medical needs.
- (b) A balanced and flexibly designed programme with ongoing objective and systematic report and review of the children's progress and the programme. The programme should include a variety of care-giving, play, exploratory and learning activities to meet the various developmental needs of the children which aims-
- to enable children to develop trust in others and to attend to their emotional need so as to build up a sense of security and confidence;
 - to promote children's physical development of gross and fine motor skills;
 - to arouse children's interest and curiosity in their surroundings and to help children learn through imitation and experience;
 - to develop children's verbal skills, expand their vocabulary and help them to recognise their emotions and express their feelings;
 - to develop children's ability of observing routine schedule and help them develop good habits; and
 - to foster children's self-care skills, for example, toilet training, training on self-feeding and dressing, etc.
- (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 residential creche;
 - telephone consultation on the management of emergency conditions exhibited by the children;
 - training on health care, infection control, etc. to the staff of the residential creche;
 - 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 residential creche 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) Service meeting individual needs, including:
- arranging or escorting children to attend special training or programmes according to individual needs.
- (f) Social and recreational activities, including:
- arranging a variety of age-appropriate social and recreational activities and developing social skills.
- (g) Welfare planning, including:
- liaising with the parties involved in children's placement, including the family members/guardians, the referring organisation or worker and the concerned organisations, to ensure regular review of individual child's developmental progress is conducted; and
 - arranging home leave and preparing children for home restoration/alternative placement in collaboration with the referring organisation/centre.

Target Service Users

The target service users are children from birth to the age of three who are homeless, abandoned or cannot be adequately cared for by their families and without an alternative placement. This may include children of limited intelligence, or children who experience minor health problems and have been medically assessed as fit for care in the residential creches.

Referrals are sent to the Central Referral System for Residential Child Care Services (CRSRC) operated by the Social Welfare Department (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 residential creche 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.
- All services must comply with the Child Care Services Ordinance (Cap. 243) and its subsidiary legislations, the latest version of the 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 progress record ^{Note 3} completed on individual child's development in a year (6 progress records completed within a year at a frequency of once every two months)	100%
3	Rate of case reviews ^{Note 4} completed with concerned parties on individual child's development in a year (2 case reviews within a year at a frequency of once every 6 months)	95%
4	Rate of records completed on personal care routines ^{Note 5} of individual child during the day	100%

(3 records in a day at a frequency of once every shift)

5	Number of activities organised to encourage parental participation and enhance parent-child relationship ^{Note 6} in a year	5
6	Number of programmes/groups ^{Note 7} rendered for children in a year	3
7	Number of in-house staff training on strengthening knowledge and skills in working with children with special needs in a year	2
8	Percentage of children having received at least one health assessment by VMP ^{Note 8} in a year	95%
9	Number of visits by VMP for clinical consultation / medical assessment / training / health talk ^{Note 9} in a year	41
10	Number of sessions provided by CP for case assessment ^{Note 10} / intellectual assessment ^{Note 11} / clinical consultation ^{Note 12} / clinical treatment ^{Note 13} / training ^{Note 14} for children 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 parents/guardians/family members indicating satisfaction with the service of the residential creche ^{Note 15} in a year	75%
2	Percentage of the parents/guardians/family members indicating satisfaction with the service of VMP ^{Note 16} in a year	80%
3	Percentage of the parents/guardians/family members indicating satisfaction with the service of CP ^{Note 17} in a year (Please see the Explanatory Notes on key definitions attached at the end of this Agreement.)	80%

Quality

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

III Obligations of SWD to Service Operator

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 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 service 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 service 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) 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 NotesKeysDefinitions

- 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.

The calculation of rate of placement occupancy

$$= \frac{\text{Sum of } \textit{daily enrolment} * \text{ in the year}}{\text{Capacity x no. of operating days in the year}} \times 100\%$$

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

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

- Note 3** The **progress record** is expected to include the following items:

- (a) *record* of the progress of individual child in physical, intellectual, language, social and emotional development;
- (b) *follow-up action* on individual child's development, where necessary.

The calculation of the rate of progress record completed on individual child's development

- Note 4** **Case review** refers to case conference initiated by the home and shall

meet the following criteria:

- (a) *participants* include social worker of the residential creche, referring worker, the child (subject to the age and maturity of the child) and a third party, i.e. parent/guardian/family member/residential child care worker, etc.;
- (b) there is *subject area* concerning the child, include placement plan, family reunion plan, or any problem arisen in the course of placement;
- (c) review is *documented*, i.e. record being kept; and
- (d) there is *follow-up action*.

The calculation of the rate of case reviews completed with concerned parties on individual child's development

Note 5

Note 6

Note 7 **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 8 **Health assessment by VMP** refers to health assessment conducted by registered medical practitioner, other than community teams or clinics provided by the Government or the Hospital Authority. It includes health assessment conducted by VMP upon admission of the children to / during the stay of the children in residential creche.
The calculation of percentage of children having received at least one health assessment in a year

$$= \frac{\text{No. of children having received at least one health assessment in the year}}{\text{No. of children being admitted to the residential creche in the year}} \times 100\%$$

[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 9** **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.
- Note 10** **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 11** **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 12** **Clinical consultation** refers to the offer of advice and demonstration regarding planning and implementation of individual or group treatment programmes.
- Note 13** **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 14** **Training for children 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 15 **Percentage of the parents/guardians/family members indicating satisfaction with the service of the residential creche** in a year is measured annually by the designated questionnaire provided by the Service Operator. Upon compromise between referring worker and residential creche 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 residential creche in a year

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

Note 16 **Percentage of the parents/guardians/family members indicating satisfaction with the service of VMP** in a year is measured annually by the designated questionnaire provided by the Service Operator. Upon compromise between referring worker and residential creche 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 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 17 **Percentage of the parents/guardians/family members indicating satisfaction with the service of CP** in a year is measured annually by the designated questionnaire provided by the Service Operator. Upon compromise between referring worker and residential creche 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 CP in a year

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