

**Notes of the
Fourteenth Meeting of the Commission on Children**

Date : 18 August 2022
Time : 2:30 p.m.
Venue : Conference Hall, West Wing,
Central Government Offices, Tamar

Present

Chairperson

Mr KK Chan Chief Secretary for Administration (CS)

Vice-chairperson

Mr Chris Sun Secretary for Labour and Welfare (SLW)

Ex-officio Members

Mr Jeff Sze	Under Secretary for Education (US(Ed)) (for Secretary for Education)
Dr Libby Lee	Under Secretary for Health (US for Health) (for Secretary for Health)
Mr Clarence Leung	Under Secretary for Home and Youth Affairs (USHYA) (for Secretary for Home and Youth Affairs)
Miss Cathy Li	Principal Assistant Secretary (Constitutional and Mainland Affairs) ⁵ (for Secretary for Constitutional and Mainland Affairs)
Miss Charmaine Lee	Director of Social Welfare (DSW)
Dr Ronald Lam	Director of Health
Mr Wilson Kwong #	Assistant Director (3) (for Director of Home Affairs)
Ms Chan Yuen-han #	Chairperson of Women's Commission
Ms Melissa Kaye Pang	Chairperson of Family Council

Non-official Members

Mr Peter Au Yeung Wai-hong
Miss Kelly Cheng Hui-kiu
Mr Winson Chow Wai-chung
Ms Kathy Chung Lai-kam
Dr Patrick Ip
Dr Sanly Kam Shau-wan
Mrs Priscilla Lui Tsang Sun-kai

Ms Shalini Mahtani #
Mr Kenny Ng Kwan-lim
Dr Sandra Tsang Kit-man
Mr Gary Wong Chi-him
Dr Lilian Wong Hiu-lei
Ms Kathy Wong Kin-ho
Dr Wong Kwai-yau

Secretary

Ms Jeanne Cheng Principal Assistant Secretary for
Labour and Welfare (Commission on Children)

(#Joined the meeting online via Zoom)

In attendance

Chief Secretary for Administration's Private Office

Miss Carrie Chang Administrative Assistant to Chief Secretary
for Administration
Mr Nicky Ng Press Secretary to Chief Secretary for Administration
Ms Joyce Li Political Assistant to Chief Secretary for Administration

Labour and Welfare Bureau (LWB)

Ms Alice Lau Permanent Secretary for Labour and Welfare
Mr David Leung Deputy Secretary for Labour and Welfare (Welfare)1
(DS(W)1)
Ms Terry Cheung Chief Executive Officer (Commission on Children)

Education Bureau (EDB)

Mr Edward To Deputy Secretary for Education (4)
[For item 4 only]
Dr Verena Lau Principal Assistant Secretary (School Administration)
[For item 4 only]
Ms Ivy Wong Principal Inspector (Guidance & Discipline)
[For item 4 only]

Health Bureau (HHB)

Mr Chris Fung Principal Assistant Secretary for Health 3

Department of Health (DH)

Dr Thomas Chung Consultant Community Medicine
(Family and Student Health)

Social Welfare Department

Mr Kok Che Leung Deputy Director of Social Welfare (Services)
[For item 4 only]

Ms Wendy Chau Assistant Director (Family & Child Welfare)
(AD(F&CW))

Ms Tammy Yu Chief Social Work Officer
[For item 3 only] (Family & Child Welfare)2

Members absent with apologies

Miss Bakar Fariha Salma Deiya

Ms Janus Cheng

Mr Dennis Ho Chi-kuen

Ms Michelle Tam Chi-yun

CS welcomed Mr Chris Sun, SLW cum Vice-chairperson of the Commission on Children (CoC); Mr Jeff Sze, US(Ed), Dr Libby Lee, US for Health; Mr Clarence Leung, USHYA; and Miss Charmaine Lee, DSW for joining the meeting for the first time.

Item 1: Confirmation of the Notes of the Thirteenth Meeting held on 19 May 2022

2. The draft notes of the thirteenth meeting were circulated to members on 26 June 2022. A Member offered a comment concerning her views on the Fifth Report of the Child Fatality Review Panel. With CS' consent, the Secretariat would circulate the revised notes to Members for confirmation after the meeting.

[Post-meeting Note: The revised notes were circulated to Members on 26 August 2022 and confirmed without further amendment.]

Item 2: Matters Arising

3. There was no matter arising from the last meeting.

**Item 3: Interim Report of the Committee on Review of Residential Child Care and Related Services
[Paper No. 9/2022]**

4. On CS' invitation, DSW and AD(F&CW) briefed the meeting on the recommendations of the Committee on Review of Residential Child Care and Related Services (the Review Committee) on the 1st phase of the review of residential child care services (RCCS) as set out in the Interim Report.

5. Members welcomed the Review Committee's recommendations for enhancing service quality, service regulation and monitoring, and service planning and provision of Residential Child Care Centres (RCCCs), including Residential Special Child Care Centres. They also expressed appreciation of the efforts of SWD and the Review Committee in completing the First Phase Review on RCCS within a short timeframe. Members' views and suggestions were summarised as follows –

(a) Manpower

- (i) To address the issues of recruitment difficulties and high staff turnover of RCCCs, the Government should review the remuneration package, working hours and professional development for staff. Considerations could be given to arranging relief staff and offering payment incentives for positions which required night-shift duty and taking care of children with special needs. Besides, technology and equipment should be used as appropriate to reduce manual work.
- (ii) Service operators should be given the flexibility to procure allied health services (such as physiotherapy and speech therapy) to cater for the individual needs of resident children. A Member suggested that SWD should work in collaboration with the Hospital Authority on the provision of on-site medical services to RCCCs on a regular basis.
- (iii) A Member welcomed the recommendation to introduce the post of clinical psychologists (CPs) but was concerned whether the supply of such professionals was sufficient in Hong Kong. On the manpower of nurses, the Member suggested that a career pathway should be offered to attract new nurses to join the child care service. Training for nurses who provided service in RCCCs should cover how to take care of children in an institutional setting.
- (iv) A Member suggested staff rotation to facilitate sharing of experience and service monitoring among different service units within an institution.
- (v) The Government should formulate a manpower plan to increase the supply of medical and allied health professionals to cater for the increasing population of children with special needs. Possible measures included recruiting professionals from overseas and increasing training places in post-secondary institutions.

(b) Service Regulation and Monitoring

- (i) The Government should ensure that the proposed arrangement of surprise visits to service units would be effectively implemented.
- (ii) To enhance corporate management of service operators, a Member suggested designating a staff member of the RCCS unit and a member of the governing board of the institution to jointly oversee and review the operational aspects relating to children protection and safety.
- (iii) The Government should nurture a pro-child culture in the community, and provide support and guidelines to child-related organisations for formulating their child protection policy. Organisations with good practices in safeguarding the well-being of children should be identified as role models and recognised for their efforts.

(c) Service Planning and Provision

- (i) The Government should improve the interface among services in RCCS units. Adoption could be considered for the well-being of these children so that they could grow up in a home environment.
- (ii) With the growing size of the ethnic minority (EM) population, the cultural and religious needs of EM children such as diet should be addressed. The data of EM children receiving RCCS and their families should be collected to facilitate planning of appropriate services.
- (iii) Considerations should be given to engaging children in the review of RCCS. Past RCCS users could be engaged to collect their views on the improvements to facilities, environment and exit plans, etc. When planning new facilities of RCCS, the needs of children with various background should be considered, such as extra space required for wheelchair users or the special needs of children receiving different services.

- (iv) In view of the long waiting time for various RCCS, a Member suggested that the Government should provide support to children in the interim, in particular those with special needs and with mental deficiency.
 - (v) Noting that a high percentage of children using RCCS were diagnosed with speech / language impairment, Members considered that early intervention, such as the provision of speech therapy, was important for the development of these children.
 - (vi) To boost the community's participation in foster care, a Member suggested making reference to overseas experience and providing incentives to foster parents. Another Member suggested an alternative foster care model, viz. resident children could be taken care by foster parents in the weekend with remaining days staying at RCCCs, to relieve stress of foster parents and better support them in taking care of children with special needs.
 - (vii) Collaboration with community volunteer services, such as arranging volunteers to pay visits to resident children regularly, could be stepped up to provide additional support to these children.
 - (viii) Information technology should be utilised in monitoring and analysing the data of development of children who received RCCS. The data should be properly collected and managed to facilitate review of effectiveness of services using an evidence-based approach. Service operators could also make use of information technology to facilitate communication with parents and participation of volunteers.
- (d) Others
- (i) The Government should accord high priority and allocate resources for implementation of the review recommendations, and ensure the sustainability of the improvement measures through regular monitoring after completion of the review. Support should be provided to

individual service operators where necessary.

- (ii) Some children were admitted to RCCCs because of drug abuse problems of their parents. Anti-drug measures should be enhanced to tackle the root cause.

6. AD(F&CW) made the following responses –

- (a) For children on the waiting list of RCCS, their cases were handled by individual case social workers. The respective case social workers would provide support to parents during the waiting period, such as advice on parenting skills, and use of community support services and resources available. If a child was identified to have urgent needs for RCCS, the respective case social worker would facilitate arrangement of emergency or temporary placement.
- (b) A number of measures in the First Phase Review were proposed to address Members' concerns on support services for children with special needs in RCCS, including increasing the manpower of nurses, providing additional CPs or educational psychologists, and providing on-site rehabilitation and medical services.
- (c) The co-ordination and interface of various RCCS and related services would be carefully looked into, and the review findings and recommendations would be reported to Members at a suitable juncture.

7. DSW thanked Members' views and suggestions. She undertook to convey Members' comments to the Review Committee for consideration and reference. The Review Committee would then commence the second phase of the review covering other types of RCCS which was expected to complete by March 2023.

**Item 4: Proposal of the Mandatory Reporting Requirement for Suspected Child Abuse Cases
[Paper No. 10/2022]**

8. On CS' invitation, DS(W)1 briefed Members on the implementation details of the proposal of the mandatory reporting

requirement (MRR) for suspected child abuse cases.

9. Members generally supported the proposed MRR to strengthen child protection, and expressed appreciation for the efforts of the cross-bureaux working group in taking forward the legislation of MRR. Members' suggestions and views were as follows –

(a) Definition of children

Members generally welcomed the recommendation to define children as persons aged below 18 for the purpose of legislation of MRR.

(b) Categories of practitioners to be designated as mandated reporters

A Member suggested designating welfare workers as mandated reporters since they had frequent contact with children; another Member suggested designating parent groups and religious groups which provided support to EM children.

(c) Types of suspected cases to be reported

(i) On the proposed reporting mechanism with three levels of reporting thresholds, Members considered it important to clearly define the reporting thresholds (such as “serious harm”) to ensure a consistent understanding by mandated reporters and the relevant service sectors. From the perspective of prevention, a Member suggested that MRR should cover all cases causing harm to children, not just serious harm.

(ii) A Member commented that as physical findings might not be available in some sexual abuse incidents, it would not be effective to limit them only to those with “physical genital/anal findings consistent with sexual abuse” in the illustration of level 2 suspected child sexual abuse.

(iii) A Member suggested including forced child marriage commonly found in the EM community in the list of suspected cases to be reported under MRR.

- (iv) Some Members suggested the Government should set out clearly the types of cases to be reported to the Police and the Family and Child Protective Services Units of SWD respectively to facilitate reporting in a timely manner.
- (d) Level of penalty
 - (i) A Member proposed that a penalty level higher than that suggested in the consultation document should be imposed on mandated reporters who failed to report very serious child abuse cases.
- (e) Safeguard provisions for mandated reporters
 - (i) Some Members suggested that the legislation should provide a defence in the event of misreporting/non-reporting in good faith.
 - (ii) Some Members raised concern about the protection of mandated reporters' interests and confidentiality, including a balance between the proposed MRR and professional ethics and obligations to safeguard confidentiality, and possible dispute with employers or supervisors about making a report.
- (f) Training
 - (i) It was suggested to include relevant modules on knowledge of child protection and statutory MRR requirements into the undergraduate programmes as one of the prerequisites of the relevant professional qualifications.
 - (ii) Refresher training should be arranged for veteran practitioners on a regular basis to update their relevant knowledge and ensure their understanding of the requirements. In addition to e-training, it was also suggested to organise face-to-face training and case study sessions for practitioners.
 - (iii) The training on knowledge of child protection and the statutory requirements should be expanded to cover nurses

of all specialities who had contact with children patients.

- (iv) A Member suggested providing the training for teaching staff to enhance their knowledge for early identification and handling of suspected child abuse/neglect cases.

(g) Administrative support measures

- (i) To foster a caring culture in different contexts involving children in different institutions, it was suggested that support should be provided to organisations in drawing up administrative guidelines on children protection.
- (ii) It was suggested that the Government should further strengthen parental support and education on child protection through various programmes, for example the Positive Parent Programme and KeySteps@JC Programme.
- (iii) As the Student Health Service, School Dental Care Service, and Maternal and Child Health Centres under the Family Health Service of the Department of Health were providing health promotion and prevention services to children through regular health assessment appointment, it was suggested to include a session of observation and risk assessment of suspected child abuse in their regular appointment with children for early identification and prevention.
- (iv) The Government should provide comprehensive support measures and adequate residential care service places to support victims in suspected child abuse cases so that they could receive proper care and recover from the trauma.
- (v) As a large number of reports on level 2 and level 3 suspected child abuse cases were expected at the beginning stage of the implementation of MRR, Members urged the Government to ensure that adequate manpower and financial resources would be secured and put in place to handle and follow up on reported child abuse cases, before commencement of MRR legislation.

(h) Other related issues

- (i) Child abuse was one of the two priority areas selected for the consultancy study for developing a central databank for children (CDC). The data collected in CDC could facilitate identification of risk factors of child abuse to complement the MRR in children protection.
- (ii) The existing child fatality review mechanism should be expanded from only child death cases dealt with by the Coroners to all child death and serious injury cases.
- (iii) Noting the difficulty in defining the concept of “duty of care” in the proposed new “failure to protect” offence in the recommendation of the Law Reform Commission (LRC), a Member hoped that the Government could expedite the study on the feasibility of implementing the LRC’s recommendations.

10. CS thanked Members for their comments and advised that the Government would give due consideration to their views before introducing the MRR Bill to the Legislative Council.

**Item 5: Progress Reports of the Working Groups
[Paper No. 11-14/2022]**

11. The progress reports of WG on Research and Public Engagement, WG on Promotion of Children’s Rights and Development, Education and Publicity, WG on Children with Specific Needs, and WG on Children Protection were circulated to Members for information prior to the meeting. The Secretariat had not received any views on the reports from Members.

Item 6: Any Other Business

12. There being no other business, the meeting ended at 5:35 p.m..

**Commission on Children Secretariat
October 2022**