

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

Date : 21 November 2022
Time : 3:00 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)

Mr Clarence Leung Under Secretary for Home and Youth Affairs (USHYA)
 (for Secretary for Home and Youth Affairs)

Mr Chris Fung Principal Assistant Secretary for Health 3
 (for Secretary for Health)

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 (DoH)

Mr Wilson Kwong Assistant Director (3)
 (for Director of Home Affairs)

Ms Chan Yuen-han Chairperson of Women's Commission

Non-official Members

Mr Peter Au Yeung Wai-hong
Miss Kelly Cheng Hui-kiu
Ms Janus Cheng#
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
Ms Michelle Tam Chi-yun#
Dr Sandra Tsang Kit-man
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

Ms Kinnie Wong	Head (Policy Coordination)
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)
Miss Vega Wong [For item 3 only]	Commissioner for Rehabilitation (C for R)
Ms Terry Cheung	Chief Executive Officer (Commission on Children)

Department of Health (DH)

Dr Thomas Chung	Consultant Community Medicine (Family and Student Health) (ConCM(F&SH))
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Social Welfare Department (SWD)

Ms Wendy Chau [For item 2 only]	Assistant Director (Family & Child Welfare)
Miss Hannah Yip [For item 3 only]	Assistant Director (Rehabilitation and Medical Social Services) (AD(RM))

Consulting Team

Dr Anna Hui

[For item 3 only]

Principal Investigator

(Associate Professor,

Department of Social and Behavioural Sciences,
City University of Hong Kong)

Members absent with apologies**Ex-officio Members**

Ms Melissa Kaye Pang

Chairperson of Family Council

Non-official Members

Miss Bakar Fariha Salma Deiya

Mr Dennis Ho Chi-kuen

Mr Gary Wong Chi-him

Item 1: Confirmation of the Notes of the Fourteenth Meeting held on 18 August 2022

The draft notes of the fourteenth meeting were circulated to members on 25 October 2022 and no comment was received. The notes were confirmed without any amendment.

Item 2: Matters Arising

2. Two items related to child abuse were discussed at the last meeting of the Commission on Children (CoC).

Review of the Residential Child Care and Related Services

3. On CS' invitation, DSW updated Members on the follow-up actions on the recommendations in the Report of the First Phase Review of Residential Child Care and Related Services. Members noted that the Social Welfare Department (SWD) had been following up on the recommendations for the three areas requiring focused efforts for improvement, namely service monitoring and supervision, service quality, and service planning and provision. In particular, actions taken included strengthening inspection and enforcement efforts, setting up service quality groups comprising Justices of the Peace and independent persons from different backgrounds of the community to conduct unannounced inspections at residential child care centres, and setting a surveillance period for non-compliant operators. SWD had commenced the Second Phase Review covering other types of residential child care services for completion in March 2023.

Proposal on the Mandatory Reporting Requirement for Suspected Child Abuse Cases (MRR)

4. On CS's invitation, DS(W)1 updated Members that the Government had conducted the second round of stakeholder engagement exercise on the legislative proposal on MRR from August to October 2022. Members noted that the stakeholders generally supported the legislative proposal and had offered views on the implementation details, including types of suspected cases subject to reporting, obligations of and safeguards for mandated reporters, resources and supporting measures, as well as public education and promotion. The Government planned to introduce a bill into

the Legislative Council in the first half of 2023.

Item 3: Pilot Project on Tier 1 Support Services in Kindergartens / Kindergarten-cum-Child Care Centres [Paper No. 15/2022]

5. On CS' invitation, C for R, AD(RM) and Dr Anna Hui of the Consulting Team briefed Members on the implementation progress of the Pilot Project on Tier 1 Support Services in Kindergartens/ Kindergarten-cum-Child Care Centres (the Pilot Project) and the preliminary result of the evaluation study.

6. Members expressed appreciation for the efforts of the Government in providing support to cater for children with special needs. Their views and suggestions were summarised as follows –

(a) Service Model and Planning

- (i) The Government should put in place a transfer mechanism between the Tier 1 support services and on-site pre-school rehabilitation services (OPRS). There should be clear guidelines for such transfers in both directions in light of the progress and needs of service users.
- (ii) The Government should integrate and maximise the use of resources and manpower in Tier 1 support services and OPRS for better supporting children with special needs, in particular on the provision of therapy services.
- (iii) As the pre-school stage was the most critical stage for child development and rehabilitation, the Government should allocate more resources to early intervention for pre-school children in needs.
- (iv) The Government should conduct a review on the various pre-school rehabilitation services, such as OPRS, the Integrated Programme in Kindergarten-cum-Child Care Centre and Early Education and Training Centre so as to rationalise the provision of these services, and should invite the Consulting Team to make recommendations on

the integration of Tier 1 services and OPRS to achieve the optimal intervention and support to children with special needs at an early stage.

- (v) To accurately assess and compare the progress of children with special needs receiving Tier 1 support services, it was important to ensure that the intervention and support services provided to individual service users across Kindergartens (KGs) / Kindergarten-cum-Child Care Centres (KG-cum-CCCs) were standardised and of a consistent quality.
- (vi) A Member was concerned if the same output standards and quality could be achieved when the service model of the Tier 1 support services was to be rolled out on a territory-wide basis in the future.
- (vii) A Member was concerned if parents were engaged to support the children participating in Tier 1 support services.

(b) Assessment Tools

- (i) A standardised assessment tool should be adopted by the Child Assessment Service (CAS) of the Department of Health (DH) and other non-government organisations (NGOs) to ensure consistency in assessment.
- (ii) The existing assessment tool used by CAS was primarily designed for local Cantonese-speaking population and might not accurately assess the actual conditions of non-Cantonese speaking children. The Consulting Team should take into account the different cultural and language backgrounds in designing a standardised assessment tool.

(c) Manpower and Staff Training

- (i) Training of teachers and relevant professionals should be strengthened to enhance cross-disciplinary support to children. The pre-employment and in-service training for teachers should equip them with the skills to flexibly handle children with different needs. The routine-based

approach and universal design for learning approach were two effective training tools for reference.

- (ii) In each KG / KG-cum-CCC, there should be a designated teacher (such as Special Educational Needs Coordinator) who was experienced in handling children with special needs and had knowledge of children's development to co-ordinate and oversee training and issues related to integrated education.
- (iii) SWD might consider conducting workshops and inviting the six project teams to share their experience in providing Tier 1 support services to other NGOs operating OPRS.

(d) Misunderstanding and Stigma

- (i) Some ethnic minority (EM) children with developmental problems did not receive timely assessment and intervention as their teachers might have misunderstood that they had language problems rather than developmental delays.
- (ii) There was a general stigma on children with special needs in the society. For example, some direct subsidy scheme schools were not forthcoming in admitting students with special educational needs.

(e) Others

- (i) The Government should step up efforts in collecting and tracking data on the use of Tier 1 services and OPRS as well as other pre-school rehabilitation services.
- (ii) Having regard to the way forward for the Pilot Project, the Government might need to consider improving the premises design of KGs / KG-cum-CCCs to facilitate the training of children at the premises.
- (iii) Some Members requested a breakdown in the demographic background and diagnosis of the children participating in the Pilot Project; the selection criteria of

the control group; and the criteria of selecting service users of the experimental group to do questionnaires or undertake assessment.

7. C for R made the following responses –

- (a) The Government would consider how Members' suggestions on the standardised screening checklist and the transfer mechanism could be followed up in the light of the final recommendations of the evaluation study.
- (b) Tier 1 support services currently did not include therapy services as they were pilot in nature, with a view to being integrated with the OPRS, under which multi-disciplinary teams (including occupational therapist, physiotherapist and speech therapist) would be available. Nevertheless, in practice, as service teams for Tier 1 services and OPRS were provided by the same service providers, informal advice could be sought from therapists in the OPRS teams if necessary.

8. AD(RM) supplemented with the following responses –

- (a) As at September 2022, a total of 107 EM children from 21 KGs/ KG-cum-CCCs were provided with Tier 1 support services under the Pilot Project. Leaflets on the service introduction were available in both Chinese and English to cater for the needs of non-Chinese speakers. Translation services were also provided if necessary.
- (b) Majority of the service users of the Pilot Project studied in KGs/ KG-cum-CCCs in Yuen Long, Kwai Tsing and East Districts. SWD would keep in view the needs of target users in individual districts in service planning and resources allocation.
- (c) SWD had kept a close eye on the waiting time of various pre-school rehabilitation services and would follow up on the review of the pre-school rehabilitation services as set out in the Persons with Disabilities and Rehabilitation Programme Plan at a suitable juncture upon substantial shortening of the waiting time.
- (d) Tier 1 support services focused on providing support to children

with borderline developmental problems. Children with more severe condition would be arranged to receive Tier 2 support services.

9. Dr Anna Hui of the Consulting Team made the following responses –

- (a) The Consulting Team would take into consideration the cultural aspect of language used in the assessment tools as well as in the development of the standardised screening checklist.
- (b) The control group was recruited through selection from certain residential districts and from those KGs / KG-cum-CCCs which were willing to participate in the study. Service users of the experimental group were selected to complete questionnaires or undertake an assessment on a random basis.
- (c) The existing professional teacher training covered some modules of special needs. It was hoped that the final report of the evaluation study would shed light on the provision of routine intervention to children with special needs in collaboration with other professionals in a classroom setting.

10. CS thanked Members' views and suggestions. He added that the Government would keep in view the final recommendations of the evaluation study and consider the way forward for the Pilot Project in consultation with stakeholders, in particular on how the integration of Tier 1 support services and OPRS could be taken forward, taking into consideration the efficacy, feasibility and cost-effectiveness of different options to best serve children with special needs and their families.

Item 4: Health Status of Children in Hong Kong under COVID-19 Pandemic [Paper No. 16/2022]

11. On CS' invitation, DoH, ConCM(F&SH) and USEd briefed Members on the health status of children in Hong Kong under COVID-19 pandemic and the support measures taken by the Government to address their physical and mental health issues.

12. Members' suggestions and views were as follows –

(a) Impacts of COVID-19 Pandemic on Children

- (i) Children were overwhelmed by the fear of being infected, some to the extent of avoiding touching public facilities. Others felt insecure without wearing masks. Increasing cases of obsessive compulsive disorder and anxiety in children were observed.
- (ii) Children were exposed to various digital devices due to e-learning and prolonged homestay during the pandemic. The increased screen time could lead to internet addiction and worsening of eyesight among children. It was necessary to enhance the digital literacy of children and nurture their good habits in using digital devices.
- (iii) The Government should give flexibility for schools in making special arrangements to facilitate the return to school of students with special needs for receiving training, subject to proper health precautionary measures being put in place.
- (iv) There was an increase in stress level among parents and students as they felt anxious about catching up on learning progress after the resumption of face-to-face classes. The Education Bureau (EDB) should make adjustments to the curriculum to help relieve the stress of students and their parents in relation to academic performance.
- (v) During school closures, parents might experience stress or emotional problems in taking care of their young children, in particular children with special needs, and there might also be a higher risk of child abuse.
- (vi) Children from underprivileged families were most affected by the closure of schools and public facilities during the pandemic. Students' school life and social life experiences were also significantly affected by prolonged suspension of face-to-face classes. The Government should be careful in ordering school closure. Support

should also be provided to enrich children's school life experience and facilitate their development of social experience upon school resumption.

- (vii) A Member expressed concern on the possible health issues caused by prolonged use of masks, such as inadequate intake of water.

(b) Disease Prevention Measures

- (i) Under the vaccine pass arrangement, unvaccinated children without exemption were not allowed to access public facilities. The Government should consider adopting other alternatives (such as requiring negative result of a rapid antigen test or polymerase chain reaction test) to enable these children to use public facilities.
- (ii) Noting that there was about 10% of teaching staff absent from schools on average due to quarantine arrangement or infection with COVID-19, the Government should review the existing quarantine policy and explore room for shortening the quarantine period if feasible.

(c) Support Measures

- (i) Mental health support should be provided to teachers and social workers who experienced different challenges during the pandemic and in coping with increased workload, such as providing extra support to students and parents. Support to parents should also be stepped up to ease their stress in taking care of the children under the pandemic.
- (ii) Focused measures should be taken forward to address the diversified needs of children under the pandemic. For example, different activities should be organised for children to exercise and have fun.
- (iii) The Government should address the impacts of "Post COVID-19 condition" (or "Long COVID") on children.

- (iv) Cross-departmental collaboration should be enhanced and the use of community resources should be better coordinated to support children and parents. For example, the community service units of SWD, such as Integrated Children and Youth Services Centres and Integrated Family Service Centres, could provide activity space for children in need.
 - (v) As a territory-wide support programme for personal growth, the Government could make use of the Understanding Adolescent Project (UAP) for providing recovery support service to primary school students.
 - (vi) EDB should review its policies, such as giving flexibility to schools to convert some vacant classrooms as activity space for students to meet their current needs. The Government should also explore the feasibility of sharing the space in primary schools with KGs, as many of them did not have adequate premises to undertake learning activities.
 - (vii) The Government should allocate more resources to improving the environment and facilities in the community for children, such as building more public play space.
 - (viii) Parent education on the development of children and understanding of their needs could be strengthened and provided in a more systematic manner.
- (d) Public Health Education
- (i) Members welcomed the enhanced efforts made by the Government in disseminating different kinds of health information via various platforms, and suggested that the Government should review the effectiveness of the publicity initiatives in reaching the target users.
 - (ii) A Member suggested that bilingual publications and health information should be made available. A dedicated section for EM children and their parents should be developed to cater for their specific needs.

- (iii) More support should be provided to children from underprivileged families who lacked the devices to access information online.

(e) Data Collection and Analysis

- (i) Data should be collected to study the impacts of the pandemic on children's learning progress.
- (ii) When collating health related data on children, information should also be collected on their ethnicity, special needs (if any), residential conditions and districts, etc. to facilitate formulation of policies and support measures for children.

(f) Others

- (i) A Member shared that KeySteps@JC Project had been providing support in lifestyle modification to young children and their parents in certain districts through cross-disciplinary collaboration. CoC might wish to be apprised of the experience for reference.
- (ii) A Member was concerned if the progress of health related targets laid down in the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong" were affected by the COVID-19 pandemic.

13. DoH made the following responses –

- (a) The promotion of children health required joint efforts of different bureaux/departments. An example was the Student Mental Health Support Scheme involving the Health Bureau, EDB, SWD and the Hospital Authority. He noted that programmes launched through schools could achieve a better effect. For example, the launch of EatSmart@school.hk campaign in schools successfully improved the diet of students and reduced overweight in them before the outbreak of the pandemic. The Government would continue to launch different

health promotion programmes in collaboration with schools to address the health issues of students, such as Health Promoting School Programme.

- (b) Health information of major communicable diseases and most of the non-communicable diseases was available in multiple languages, including EM languages. The Government would strive for providing more access to all health information for the EM population.
- (c) In response to a Member's suggestion, DH would explore with EDB the inclusion of new health promotion programmes in the UAP to address students' needs in the post-pandemic era.
- (d) The Government noted the adverse impact of class suspension on the social development of children. DH had worked closely with EDB to monitor confirmed cases in schools and decide on class suspension based on risk assessment.
- (e) The Government would keep in view the development of the pandemic and consider relaxing the relevant requirements where appropriate in the public interest. Special arrangement of not wearing masks would be considered on a case by case basis, such as school sports day conducted outdoor, subject to the risk assessment and proper health precautionary measures.
- (f) The Government would strengthen the publicity effort to promote health information on different platforms. Data such as click rates and views would be collected to evaluate the effectiveness of various publicity programmes. There was also a large scale survey on the effectiveness of the mental health promotion initiative "Shall We Talk". The result of the survey could be shared with Members later for reference.

14. USED made the following responses –

- (a) EDB had all along been taking into account the latest developments of the epidemic, the advice of health experts, and maintained close liaison with the school sector to facilitate resumption to normalcy in a gradual manner. In respect of the learning progress of students, special arrangements had been

made in public examinations, including dropping of School-based Assessment and adjustment in learning modules of the examination syllabus. Although some local researches indicated that the learning progress of students were affected by the pandemic, schools were encouraged to focus on the whole person development of students and avoid putting too much emphasis on the progress of their academic pursuits.

- (b) Regarding Members' concern on active play among children, EDB had strengthened parent education in this area by running the Positive Parent Campaign, which comprised a series of programmes and activities, such as "Playtime with Children" Roving Exhibition.
- (c) EDB had obtained the funding approval of the Finance Committee of the Legislative Council in July 2022 to set up a KG education resource centre at Siu Sai Wan so as to provide more space and facilities for KGs to arrange play and free exploration activities for students.
- (d) EDB had been rendering mental health support to students and their parents. Examples included launching the student mental health information website "Mental Health@School" to provide updated information and resources for schools, students and parents, collaborating with "Open Up" (which was the Hong Kong Jockey Club's online platform on youth emotional support) to launch a 24-hour online emotional support service for students in need from 25 August to 30 September 2022 and arranging thematic online workshops on gatekeeper training for parents.
- (e) In spite of the suspension of face-to-face classes under the pandemic, schools remained open to look after students who lacked carers to take care of them at home.
- (f) To help students develop an active and healthy lifestyle, EDB had launched the "Active Students, Active People" Campaign. In anticipation of the resumption of full day face-to-face classes for primary schools, students could take part in more different school activities.

15. CS thanked Members for their comments and said that the Government would give due consideration to their views.

**Item 5: Progress Reports of the Working Groups
[Paper No. 17-20/2022]**

16. 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 view on the reports from Members.

Item 6: Any Other Business

17. As the current term of office of the Commission would end on 31 December 2022, CS expressed his appreciation to Members for their efforts and contributions to the Commission during their term of service.

18. There being no other business, the meeting ended at 6:15 p.m..

**Commission on Children Secretariat
February 2023**