

Report of the Second Phase Review of Residential Child Care and Related Services

**Committee on
Review of Residential Child Care and Related Services
March 2023**

Background

The Committee on Review of Residential Child Care and Related Services (the Committee)¹ led by the Director of Social Welfare was established in April 2022 by the Social Welfare Department (SWD). The Committee has been conducting a review on residential child care and related services in two phases. It aims to comprehensively review the quality standards and monitoring and regulatory requirements of residential child care services (RCCS), as well as formulating concrete and feasible recommendations and measures for service interfacing and enhancing the existing service monitoring regime.

2. The First Phase Review on residential child care centres and residential special child care centres for children aged under 6 was completed in August 2022. A total of 31 recommendations² was made by the Committee on three major review areas of service regulation and monitoring, service quality, and service planning. The Second Phase Review, which covers other types of RCCS, namely, the children's homes (CHs), boys'/girls' homes and boys'/girls' hostels, and non-institutional services, including foster care service, small group homes (SGHs) and SGHs for mildly mentally handicapped children (SGH(MMHC)s) was commenced in September 2022 and completed in March 2023.

Service Overview

Service Objectives and Principles

3. SWD attaches great importance to the well-being of children. The overall objectives of child welfare services are to support and strengthen families so that a suitable environment can be provided to facilitate the comprehensive development of children on physical, emotional and social aspects; to prioritise the needs and well-being of children and ensure that children receive suitable care and protection as guided by the service vision of “child-centered, family-focused and community-based”.

¹ Terms of Reference and membership of the Committee are contained in the Report of the First Phase Review, which has been uploaded in SWD Homepage:

(https://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_crcc/).

² Details of relevant recommendations for improvement may refer to the Report of the First Phase Review.

4. When formulating long-term welfare plans for children, caseworkers will give prior consideration to two guiding principles, namely, on top of all, protecting the best interests of children; and secondly, children should be raised by their birth families/relatives. Therefore, every effort should be made to assist needy families in taking care of their children at home to provide them an ideal environment for growing up. If, for various reasons, children have to leave their birth families temporarily because their parents or relatives cannot take care of them, it will be preferable for these children, especially the younger ones, to receive family-like residential care such as foster care or SGH service. Alternatively, consideration may be given to arrange for them to be admitted to institutions. Caseworkers should conduct a comprehensive assessment of the family and make suitable long-term care arrangements for the children concerned, including providing them with suitable residential care services or placing them for adoption.

5. During the time when a child is receiving RCCS, the caseworker will follow up the situation of the child regularly in terms of his/her welfare needs and conduct regular case review meetings with the child, his/her family and social worker from the RCCS unit to continuously assess and discuss the welfare needs of the child, in order to modify or adjust the residential care plan and long-term welfare arrangement for the child. The caseworker will also provide suitable services to the child and his/her family, including counselling service, family life education, parent-child activities and referrals to community support services for enhancing the child care ability of the parents/relatives. Moreover, the caseworker will collaborate with various parties to assist the child to reunite with his/her family or other relatives under the child's best interest and when it is possible.

Service Types and Targets

6. The Second Phase Review includes foster care service and SGHs that provide non-institutional residential care services for children aged 0 to under 18 or 4 to under 18 respectively, as well as other institutional residential care services for children or youth aged 6 to under 21 or with behavioural and/or emotional problems. These services provide a total of 3 683 service places. The targets and characteristics of various types of services are set out at **Annex 1**.

7. To gain a deeper understanding and better grasp of the circumstances of service users with special needs who require additional attention, SWD collected data from operators of SGHs, CHs, boys'/girls'

homes and boys'/girls' hostels during the Second Phase Review. According to the information provided by the relevant service units in September 2022, between 40 and 60% of service users in various types of RCCS units were assessed as having special needs, while the proportion of service users suspected of having special needs (to be assessed) was between 3 and 7%. Some service users had more than one type of special need, including (i) attention deficit/hyper-activity disorder and (ii) specific learning difficulties. The relevant statistics are set out at **Annex 2** and **Annex 3**.

8. SWD also retrieved and analysed relevant data on children leaving residential care services from various central referral systems³. Data over the past three years show that among children who had received institutional services and foster care service, those who either reunited with their families or lived independently after leaving the services made up about 70% and 53% respectively on average, however most of these children still needed follow-up and support services after being discharged. Those needed to move to other types of residential care services accounted for about 21% and 32% respectively, showing that some children had received residential care for a long period of time under more than one type of residential service. Regarding the length of residential stay, about 70% of the discharged service users from institutions had received residential care services for 5 years or below. Relevant data are set out at **Annex 4** and **Annex 5**.

Service Provision and Wait-listing Situation

9. To keep track of the service demand and utilisation of various types of RCCS, SWD has all along been using Central Referral System for Residential Child Care Services, Central Referral System for Rehabilitation Services and Central Co-ordination Referral Mechanism, which is jointly managed with the Education Bureau (EDB), striving to enhance the efficiency of processing RCCS applications and service matching, and increase the provision of service places by re-distributing or allocating additional resources as and when necessary. When planning services, it will also take into account factors such as the availability of suitable sites or premises in different districts, the locations of relevant RCCS units in the districts, and the number of children waitlisted for the relevant services to

³ Including the Central Referral System for Residential Child Care Services (CRSRC) and the Central Referral System for Rehabilitation Services (CRSRehab) managed by SWD, and the Central Coordinating Referral Mechanism (CCRM), which is jointly managed by the Education Bureau (EDB) and SWD for handling admission to schools for social development (SSD)/RCHs.

take corresponding actions. The number of service places, average number of children waitlisted, waiting time, and utilisation rate of various types of RCCS in 2021-22 are set out at **Annex 6**.

View Collection

10. Since May 2022, SWD has collected views and suggestions from different sectors regarding RCCS covered by the Second Phase Review through various platforms/channels, including:

- (a) Seven engagement sessions were co-organised with the Working Group of the Commission on Children on 30 May 2022 to collect stakeholders' views on various types of RCCS;
- (b) 12 focus group meetings were held with the management, frontline staff of operators and caseworkers between August and October 2022 to engage stakeholders in in-depth discussions about improving RCCS;
- (c) Visits to relevant RCCS units (including girls' hostel, SGH(MMHC), integrated SGH, boys' home (with school for social development on-site) and CH) were arranged during October and November 2022 for members of the Committee to observe and learn about the actual operations of these units, as well as the difficulties and challenges they face;
- (d) Relevant statistics on service users with special needs were collected from various types of RCCS by SWD.

11. Stakeholders' views and suggestions regarding RCCS and foster care service covered by the Second Phase Review are set out at **Annex 7** and **Annex 8** respectively.

Recommendations

12. On the Second Phase Review, the Committee paid visits to various types of RCCS units and held meetings on 29 September and 24 November 2022, as well as 18 January 2023 to explore and review the service condition, consider the views from various parties and service information collected from stakeholders, as well as discuss and propose recommendations on the three major review areas of "service quality", "service regulation and

monitoring”, and “service planning and provision”. SWD has consolidated the feasible improvement measures and recommendations concerning residential child care and related services covered by the Second Phase Review as follows –

(A) Institutional and Family-based Care Services

Service Quality

13. Based on the information collected from with special needs, such as those with educational or care needs, or mental health problems. In addition, operators have been facing difficulties in recruiting and retaining staff who are required to work on shifts for provision of round-the-clock residential care services. In this regard, we suggest putting forward the following nine recommendations covering three area the operators, around 40% to 60% of the service users of RCCS are children s including manpower deployment, professional support and strengthening of training –

(I) Strengthening Manpower Deployment

(1) Increasing the manpower of social workers to strengthen support for children and in-house training

- It is recommended that the manpower of the Assistant Social Work Officer rank be increased so that they can concentrate on providing casework counselling; co-ordinate various professional and community resources; strengthen collaboration with relevant professionals and schools; communicate with parents; develop comprehensive welfare plans together with caseworkers for children receiving residential care and regularly review its relevant progress, including drawing up and executing the discharge arrangement according to the welfare plan so that they could complete the residential care/training and interface with other services when being discharged; enhance the support and care for children and youths with special needs in the institutions; and arranging suitable training and activities to meet their developmental and special needs. At the same time, they can step up the supervision of frontline staff and assist in arranging training for them to, among others, reinforce their understanding of legislations on child protection and mandatory reporting requirement for suspected child abuse cases, and improve their

skills in addressing the emotional and behavioural problems of children with special needs or traumatic experience.

(2) Increasing the number of frontline care workers and raising their professional standards

- At present, frontline care workers in CHs and SGHs are mostly Welfare Workers (WWs) at non-professional rank, while those in boys'/girls' homes and boys'/girls' hostels are mostly Social Work Assistants (SWAs). Given the workload and pressure currently faced by frontline staff in handling various emotional and behavioural problems of service users with special needs and handling unexpected circumstances, it is recommended to increase the number of frontline care workers and enhance the manning ratio in various types of RCCS, so as to improve the support for frontline staff by –
 - (i) creating new posts of/increasing the number of SWAs to take up frontline care worker roles, so as to strengthen their support for service users with special needs or traumas, and cope with various unexpected circumstances; and
 - (ii) increasing the number of WWs/Senior WWs to alleviate the work pressure of frontline staff and offer promotion opportunities for experienced and high-performing houseparents (at the rank of WW) to retain talented staff.
- It is recommended that all frontline care workers should be able to identify and address the special and mental health needs of service users, develop and implement a personalised care plan for each service user, continue to receive ongoing trainings about special needs and mental health, and participate in child protection training activities.

(3) Increasing the number of Health Workers to cater for the medical needs of children

- In view of the growing number of service users with special needs and their diverse medical needs, it is recommended that additional resources be allocated to relevant RCCS units so that Health Workers can be engaged/employed to manage medication storage

and distribution, provide escort to medical appointments, and liaise and collaborate with healthcare practitioners, etc., in order to better address the various medical needs of service users.

(4) Increasing the number of Clerical Assistants and Workman II to strengthen administrative and general support

- As the daily operations of various types of RCCS involve a significant amount of administrative tasks, such as managing finances, tracking and recording the income and expenditure of service units and service users, and handling receipts and related documents, etc., it is recommended to add the Clerical Assistant rank staff to take over these administrative duties, so that the social workers and frontline care workers can be released to focus on casework and provide suitable care for children.
- At present, houseparents of SGHs have to take on extra tasks, including meal preparation, cleaning and general duties, etc., when staff members at the rank of Workman II are on leave or during public holidays. It is recommended that the manpower of Workman II in SGHs be increased, with a view to alleviating the stress of houseparents and allowing them to focus on their role as the caregiver of children.

(II) Introducing Professional Support

(5) Strengthening the “Agency-based Enhancement of Professional Staff Support Services in Residential Care Homes” (ABPSS)

- It is recommended that additional resources be allocated to expand the scope of the existing ABPSS. In addition to strengthening clinical psychological and social work services, operators may, based on the special needs and conditions of individual service users, flexibly deploy resources to engage/employ paramedical services, including physiotherapy, occupational therapy, speech therapy, professional medical care, medication management (including packaging and storage), sports training, etc. for children in need.
- In the meantime, the paramedical service team may also provide training to staff at different ranks to equip them with professional

knowledge and skills so that they may provide suitable support to service users in need.

(III) Strengthening Training

(6) Introducing a registration mechanism for Superintendents

- It is recommended to introduce a registration mechanism for Superintendents at subvented CHs, boys'/girls' homes and boys'/girls' hostels which requires the Superintendents in the concerned service units to complete designated training courses on child protection within a specified time frame when joining the service and meet the requirements of continuing professional development after joining the service, so as to ensure that they can identify children with suspected abuse or neglect at an early stage, and provide suitable supervision to staff to prevent such cases from happening in institutions.

(7) Training social workers to pursue a career in RCCS

- It is recommended that tertiary institutions offering social work training to cooperate with non-governmental organisations (NGOs) operating boys'/girls' homes and boys'/girls' hostels, invite relevant NGOs to introduce RCCS in tertiary institutions and design professional training courses for RCCS, arrange for students to perform fieldwork placement at RCCS service units and serve as volunteers to visit residential children, with a view to enabling them to attain a basic understanding of RCCS and encouraging them to work for RCCS service units after graduation.
- It is recommended that SWD and the sector jointly explore new ideas/strategies to enhance the overall professional image of the sector and strengthen the promotion of positive benefit of RCCS (e.g. suitable support to the service users and their birth families) or commending the achievements/ success of service users after receiving service, so as to raise public awareness of the service and attract talents to devote to the service.

(8) Strengthening staff training

- It is recommended that NGOs should provide induction training for new employees, and set up training hours for staff of different ranks (including management and frontline staff), stipulating a certain number of hours of compulsory training courses each year, such as courses relating to mandatory reporting of child abuse cases, regular and ongoing training on topics relating to basic medical knowledge, ways of handling children's emotional and behavioural problems, and knowledge and skills in identifying and handling crises, etc., and gather the experience and resources of operators to collaborate in organising large-scale training sessions to share the experiences and practical skills in caring/handling different situations, with a view to enhancing staff's professional knowledge, their ability to handle different situations and strengthening their positive thinking in service provision.
- It is recommended that SWD and the sector jointly examine the case management and review mechanisms, including formulation of long-term welfare plans for children and the roles of various stakeholders; and provide continuous training to deepen the understanding of caseworkers, supervisors of institutions, school social workers and frontline staff to attain a better understanding of how to follow up on children's long-term welfare plans, with a view to facilitating case management and the implementation of service users' residential care arrangements.

(9) Encouraging and facilitating staff participation in ongoing training

- It is recommended that the sector discuss the arrangement for their staff to receive on-the-job training and continuing education, including the training modes to be adopted, which may include on-site/video training provided by service units on an as-needed basis, or making use of e-learning platforms to provide training to facilitate staff participation, in order to enhance their professional knowledge to better meet the special needs of service users and handle emergency situations.
- Service units may also encourage and flexibly allow their staff to attend relevant training organised by SWD or other organisations to

strengthen their skills in dealing with the special needs and emotional and behavioural problems of service users.

- It is recommended that additional resources be allocated for the extension of the Social Welfare Development Fund to support NGOs in providing suitable training and professional development programmes for their staff.

Service Monitoring

14. It is considered that certain recommendations regarding service monitoring made in the First Phase Review are also relevant to the Second Phase Review. Operators should establish sound corporate governance to maintain a stable and good performance. In addition, operators should ensure that members of their governing board and staff at different ranks duly discharge their responsibilities and assume accountability in order to protect the best interests of service users. Operators are responsible for ensuring that services provided by each of their service units and staff members comply with all the requirements of SWD. They should also put in place an effective mechanism for governing, monitoring and enhancing service quality. SWD should monitor the actual operation of operators and the conditions of service users. In this connection, the following five measures are proposed to strengthen the responsibility of operators –

(10) Revising the requirements in the Funding and Service Agreements (FSAs)

- It is recommended to revise the Essential Service Requirements and output/outcome standards in FSAs to specify that children receiving various RCCS are free from abuse, and that various RCCS units should arrange for relevant professionals (including social workers, nurses, psychologists and therapists, etc.) to formulate individual care and development plans according to the circumstances and developmental needs of individual child.

(11) Strengthening the internal service audit mechanism

- It is recommended that operators, led by the governing board and management, put in place an internal service audit mechanism that includes formulate effective guidelines for preventing improper

conducts/ operations, a clear reporting system and crisis management measures, etc., with a view to monitoring and managing their service units properly.

- It is recommended that operators put in place an effective mechanism to monitor the daily operation of their services (including setting up CCTV monitoring system at appropriate areas and formulating policy and mechanism in surveilling and viewing the video records), conditions of service users and interactions between staff members and service users, and to prevent improper conducts/child abuse. To monitor service quality on an ongoing basis and conduct service reviews, the management should submit management reports, including turnover rates of staff at different ranks or grades, to the governing board of the operator or designated sub-committees on a regular basis (at least once every six months).

(12) Strengthening daily management

- It is recommended that operators should formulate child safeguarding policy and delineate clearly the roles and responsibilities among staff, so as to identify the staff member involved as soon as possible in case of suspected child abuse or inappropriate care of children.
- It is recommended that operators formulate an effective management system for the management to review its day-to-day management work, staff training, foster a corporate culture with staff on a regular basis, and collect views of stakeholders (including holding regular exchange meetings with staff at every level, as well as parents/family members and volunteers, etc.). The governing board will be responsible for scrutinising and approving the relevant management system.

(13) Maintaining a stable staff mix

- It is recommended that operators establish a mechanism for ongoing monitoring of staff turnover and maintain a stable staff mix. Operators should enhance their staff's professional knowledge and skills and strengthen their awareness of child protection and related legal knowledge, etc. through appropriate and ongoing training.

(14) Imposing a surveillance period for non-compliant operators

- SWD may impose a surveillance period for operators who persistently fail to meet the requirements of FSAs or seriously violate service requirements in respect of their service agreement. These operators must submit an evaluation report with improvement proposals and implementation plans, as well as regular progress reports within the surveillance period. SWD will review the operators' improvement measures throughout the surveillance period in order to decide whether they are suitable for the continued provision of services subvented by SWD.

Service Planning and Provision

15. Given that children with special needs and complex family backgrounds account for 40 to 60% of service users of RCCS covered by the Second Phase Review, and whose numbers are on an upward trend, it is necessary, for service planning, to enhance the existing service need assessment and case management mechanisms, clearly delineate the roles of caseworkers, coordinate related units and individuals to formulate comprehensive and long-term personal development plans for children with service needs, review regularly and plan for the discharge arrangement for service users earlier to provide post-discharge support services, and strengthen service deployment and interfacing. In terms of service provision, besides increasing the number of residential care places, it is necessary to improve the facilities and spacing of premises, as well as to optimise the scales and configurations of various service settings, and provide more suitable services to meet the diverse needs of service users. In view of the above, we propose the following 13 recommendations –

(I) Increasing the Supply

(15) Increasing the supply of RCCS premises

- It is recommended that SWD to review the demand for various types of RCCS, including emergency places, for long-term service planning, including monitoring closely the demand for and utilisation of various types of RCCS through central referral systems, identifying suitable premises in housing developments at

different districts for increasing services places and setting up RCCS units.

(II) Improvements on Service Facilities and Environment

(16) Reviewing the Standard Schedule of Accommodation (SoA)

- In view that quite a number of children receiving residential care have special needs while the existing facilities and spaces could not effectively satisfy their service needs, it is recommended that SWD to timely review the standard SoA, environment and facilities of RCCS service units, including the application of technologies, exploring the needs and feasibility of upgrading/additional facilities, such as quiet/ activity/ isolation/ treatment rooms, etc., in order to address service users' needs for activities and training.
- It is recommended that where possible, service units provide designated spaces (e.g. quiet rooms) for individual service users with special needs to learn to effectively handle and manage their emotions in a safe environment.

(17) Improving/reprovisioning service facilities

- Regarding improving the facilities of certain types of RCCS (e.g. SGHs and CHs), it is recommended that SWD to discuss with individual service units and follows up on their improvement works/ reprovisioning plans, and provides them with suitable assistance, with a view to enhancing the care for service users.

(III) Improving Existing Mechanisms and Guidelines

(18) Reviewing the service need assessment mechanism

- It is recommended to review the existing service referral mechanism, formulate a standardised assessment tool for needs assessment and enhance the referral form, so that caseworkers and RCCS social workers can use them to comprehensively assess the residential service needs of children based on consistent criteria and match them with appropriate services. The existing admission criteria of various RCCS and actual operation needs of

these services should also be reviewed to improve the efficiency in service applications and matching.

(19) Improving the flow of service information

- It is recommended that RCCS-related information be regularly updated on the Internet and Intranet for relevant parties, including caseworkers, parents/carers and children, etc., to have more understanding about the services.
- It is recommended to review and enhance the online platform of “Vacancy Position of Emergency Placements in Residential Child Care Service”, in order to check and update the vacancy information on emergency places of various RCCS units and facilitate caseworkers in identifying emergency residential service for service users in need.

(20) Deploying technologies for more systematic data collection and analysis

- Apart from handling referrals of RCCS applications, the Central Referral System for Residential Child Care Services of SWD also stores information related to service users’ care needs. It is recommended to use such information for assessing and analysing service needs and as a reference for long-term service development. SWD and EDB are also upgrading the system of the Central Coordination Referral Mechanism to gradually replace paper applications with electronic ones, thus allowing service data to be accessed in a more comprehensive and systematic manner in the future while facilitating the overall development and planning of services.

(IV) Case Management

(21) Establishing the functions of caseworkers as “case managers”

- At present, all RCCS applications have to be referred by caseworkers upon confirmation of service needs. Having regard to the circumstances of individual cases and the long-term welfare needs of the children concerned, caseworkers will make suitable care arrangements and long-term welfare plans for them, including

arranging suitable residential care services and determining their length of stay, organising visits during their stay and meetings with their families or other relatives/making arrangements for home leave, etc.

- It is recommended that the roles of caseworkers be clearly delineated as “case managers”, who are responsible for regularly overseeing the conditions of the children concerned; collaborating closely and exchanging information with relevant parties (including children, parents, social workers of RCCS units and school social workers, etc.); coordinating the implementation progress of relevant welfare plans; following up the children’s holistic developmental needs and providing them with suitable services on a continued basis; revising and adjusting the care arrangement as necessary and formulating the discharge plans and making preparation, etc. Caseworkers should strive to arrange for the children concerned to re-unite with their families or other relatives when it is feasible and in the children’s best interests, and should arrange for early adoption of those who will not be able to re-unite with their family members in the long run.

(22) Reviewing the case management mechanism

- It is recommended that the prevailing case management mechanism be reviewed, and that the collaboration between caseworkers, social workers of RCCS units and school social workers be enhanced so as to formulate suitable welfare plans for children and review the implementation progress continuously under the coordination of the caseworkers. Supervisors of social workers should participate in the regular review for cases in need of long-term residential care, and to formulate concrete and feasible welfare and discharge plans are formulated with clear goals based on the circumstances of individual children and their families.

(23) Strengthening the participation of families

- To make RCCS more effective, social workers should also provide comprehensive scheme and assessment plan for the families concerned (in particular for those parents lacking motivation or being uncooperative) when formulating welfare plans for children.

Parents and/or relatives of the children receiving RCCS should be engaged in the children's welfare plans through continuous counselling and other support services, with a view to improving family relationships, strengthening the functioning of families, and paving the way for their reunion with the children.

(24) Enhancing post-discharge support

- It is recommended to formulate long-term and comprehensive welfare plans well before they are discharged, with the involvement of relevant parties, such as the family members, carers, school personnel, social workers of support service units and relevant government departments, etc., with continuous provision of different kinds of support services. This is to facilitate service users' transition to a new life and connect them with relevant community support services, thus enabling them to adjust smoothly upon discharge from RCCS units.

(V) **Service Deployment and Interfacing**

(25) Flexible deployment of residential care places

- In recent years, the number of young service users with relatively severe emotional and behavioural problems in SGHs or CHs has been on the rise. To cater the need of these service users more effectively, it is recommended to explore the feasibility of lowering the admission age of relevant institutions (mainly boys'/girls' homes), so as to provide those with various special needs or severe emotional and behavioural problems with suitable services. At the same time, boys'/girls' homes and boys'/girls' hostels should also be allowed to make flexible arrangement based on the actual circumstances (e.g. availability of school places, the possible negative influence to the tender-aged service users living in a residential home for older service users, etc.), with a view to meeting the needs of service users.
- At present, most SGHs, SGH(MMHC)s and CHs provide services in mix-sex mode. Some service users tend to be curious and have relationship problems with the opposite gender during puberty. Some mildly mentally handicapped children, whose care and developmental needs are significantly different from those of other

service users, may also exhibit inappropriate social behaviours and have problems interacting with the opposite gender. It is recommended that SWD and the operators concerned to jointly review the feasibility of reducing the age range of service users of SGHs, and encourage operators to make flexible residential arrangements for service users based on their developmental needs, so as to assist the staff in handling/following up their different developmental needs and addressing their emotional and behavioural problems arising from puberty.

(VI) Community Collaboration

(26) Making good use of resources

- It is recommended to work with other relevant government departments and units (such as EDB and schools) to pool together existing resources and strengthen the coordination of relevant services, including the training/services provided by schools, community support services, etc., to enhance the support and training for service users with special needs, thereby facilitating their holistic development and skill training.
- It is recommended to promote the adoption of a child-centered service approach in connecting/co-ordinating with the day services received by service users. Some service users (including those with special needs) who have already received school-based or community training at daytime should make the best use of relevant services and do not need to be referred for similar services to minimise overlapping or duplication of services.

(27) Widening the scope of children's experiences and enhancing their potential for development

- To broaden the horizon of service users of RCCS and develop their potential, operators are recommended to strengthen their connection with the community, make good use of relevant resources, e.g. the Child Development Fund and various charity funds, and expand their networks with local groups (e.g. volunteer groups, religious groups and life coaches, etc.), so as to support children in need, help them develop diverse talents, enhance their physical training, instill in them a positive attitude towards life and

enhance their life planning skills, in order to facilitate their post-discharge adjustment.

(B) Foster Care Service

16. In the First Phase Review, initial recommendations were made with a view to increasing the provision of foster care places. SWD further collected the views and suggestions of relevant stakeholders through focus group meetings with the management and frontline staff of NGOs operating foster care service, foster parents and caseworkers between August and October 2022. Having consolidated the views on foster care service collected during the First and Second Phases Review, the following 12 improvement measures are put forward –

(28) Focusing on the development of foster care service

- Non-institutional care in the form of foster care facilitates the healthy growth of children under a natural family-based environment and children can also receive more concentrated love and care. Since RCCS are limited by the supply and requirements of premises, it generally takes a long time to plan and prepare for the provision of a limited number of service places. Therefore, it is necessary for the Government to focus on developing foster care service, so as to provide children in need with faster, more flexible and more suitable family-based care. Furthermore, foster care service can provide emergency places to meet unexpected needs. It is recommended to strengthen the promotion and support of foster care service through various measures in order to attract more families to participate in it, and increase the provision of service places.

(29) Increasing the incentive payments

- As foster care service is voluntary in nature, foster families only receive a nominal foster care allowance, the amount of which falls far behind the compensation currently offered for general child care work in the market. Yet, foster parents have to provide round-the-clock care for foster children throughout the year, combined with the limited living space in Hong Kong and the special behavioural, emotional and learning needs of many foster children, foster

families are facing significant challenges and pressure and not many families are willing to take care of children under the age of three in particular. As a result, foster care service has struggled to recruit and retain foster families.

- It is recommended to increase various incentive payments for foster families, including the normal incentive payment for foster parents, incentive payment for foster parents providing emergent service and extra incentive payment for taking care of child with special needs, and to expand its coverage to benefit more children with special needs. This is meant to acknowledge foster parents' contribution to the society, with a view to strengthening their motivation to provide the service.

(30) Reviewing the incentive payment deduction system

- At present, the incentive payment for foster parents will be deducted according to the days of leave taken by them or home leave taken by the children. It is recommended to review the incentive payment deduction system so as to provide foster/relief parents with reasonable reward and rest time, in order to strengthen their desire to stay in the service.
- Although the incentive payments for foster care service are tax-exempted, foster parents living in public housing estates have to report this as income to the Housing Authority. It is recommended to explore with the Housing Authority if the incentive payments for foster parents can be exempted from declaration.

(31) Enhancing agency-based cross-disciplinary support services

- Given the growing challenges that foster families are facing due to a rise in the number of children with special educational/care needs, it is recommended to allocate additional resources to foster care agencies so that they can flexibly deploy to offer cross-disciplinary support services to these families, including arranging for foster children suspected to have special needs to undergo assessments and receive suitable professional in-home rehabilitation therapy/training (including clinical psychological treatment, speech therapy, physiotherapy and occupational therapy, etc.) as early as possible by hiring additional staff or procuring services. At the

same time, it is also suggested to provide relevant training to foster parents so as to strengthen the ability in taking care of the children with special needs.

(32) Enhancing training

- It is recommended to allocate additional resources to foster care agencies to provide different thematic training (including training courses related to child protection) for foster parents to enhance their ability to care for children, especially their skills in taking care of those with special needs. It is also recommended to set up a training award scheme to recognise foster parents with outstanding performance, so as to promote and cultivate a culture of continuous learning among them and inspire foster parents to continually upgrade themselves with a view to providing quality service to foster children.
- In order to encourage foster parents to participate in continuous training to improve childcare skills and acquire skills of handling children's emotional and behavioural problems, foster care agencies are recommended to arrange respite service for foster children and/or foster parents' children during the training period.

(33) Enhancing publicity

- It is recommended that additional resources be allocated to promote foster care service through a large-scale and comprehensive publicity campaign to enhance the understanding of the general public on foster care service.
- It is recommended to explore setting up an integrated online platform for foster care service to increase its transparency, so that foster families/general public can access the most up-to-date and detailed information about foster care service on the website, thereby increasing the public's understanding of the eligibility criteria to become a foster family, and to encourage more people to join the service.

(34) Facilitating specific groups and persons to promote and participate in foster care service

- It is recommended to vigorously promote foster care service to different sectors (such as large scale business organisations, churches, parent-teacher associations of schools, etc.) through provision of detailed information on foster care service and criteria of and support for foster parents; and arranging interactive platforms, such as sharing sessions/tea receptions, so as to encourage them to become foster parents.

(35) Strengthening the support for foster parents

- It is recommended to establish district-based support networks for foster families; hold regular sharing sessions/tea receptions where foster parents can share their views and have their voices, challenges and opinions heard, and be provided with immediate follow-up for different improvement proposals so as to strengthen the support for foster parents to provide long-term service.
- It is recommended to consider allowing pre-primary foster children with special needs to enroll in full-day child care centres, so as to facilitate their holistic development and enhance their training while alleviating the pressure of foster parents.

(36) Flexible recruitment and caring arrangement

- It is recommended to launch a “one-plus-one” recruitment programme for persons interested in joining foster care service to pair up with their relatives/ friends to care for foster children together. This is aimed to facilitate the relationship building and mutual support, and let them substitute each other (substitute parents), with a view to ensuring regular breaks for foster parents and reducing the insecurity that foster children may experience during the temporary transition between foster families.
- It is recommended to allow foster families to provide short-term transitional care (e.g. on weekends and festive holidays) to children who are receiving emergency/ordinary RCCS and waiting for transfer to foster care service, in order to facilitate their adjustment.

(37) Reviewing the application threshold for foster families and expediting the application approval process

- At present, the average time it takes for families to be officially registered as foster families, from the time they apply until their approval is granted, is around 6 to 7 months. It is recommended to review the application threshold and approval procedures for foster families in order to expedite the approval process.

(38) Enhancing the monitoring of service quality

- To ensure the service quality of foster families, it is recommended the foster care agencies conduct yearly review on condition of the foster families and their eligibility and ability to take care of children. SWD should also conduct annual visits to foster families on a random basis for monitoring.

(39) Enhancing service fluidity

- At present, it is common for children to reside with foster families for an extended period of time. It is recommended to review the mechanism for formulating long-term welfare plans for children through regular follow-up on the foster children's conditions, working closely with relevant parties (including the children, birth families, foster care workers and school social workers) by the caseworkers to continuously follow up on the overall welfare and developmental needs of the children and provide appropriate services. Under feasible circumstances that cater to the best interests of the children, caseworkers should endeavour to assist the foster children to reunite with their families or be placed for adoption as early as possible. Caseworkers should also regularly review the service needs of children who are difficult to match with foster family, with due consideration of widening the service choices; or excluding cases with no genuine service needs to avoid wastage of resources.

Conclusion

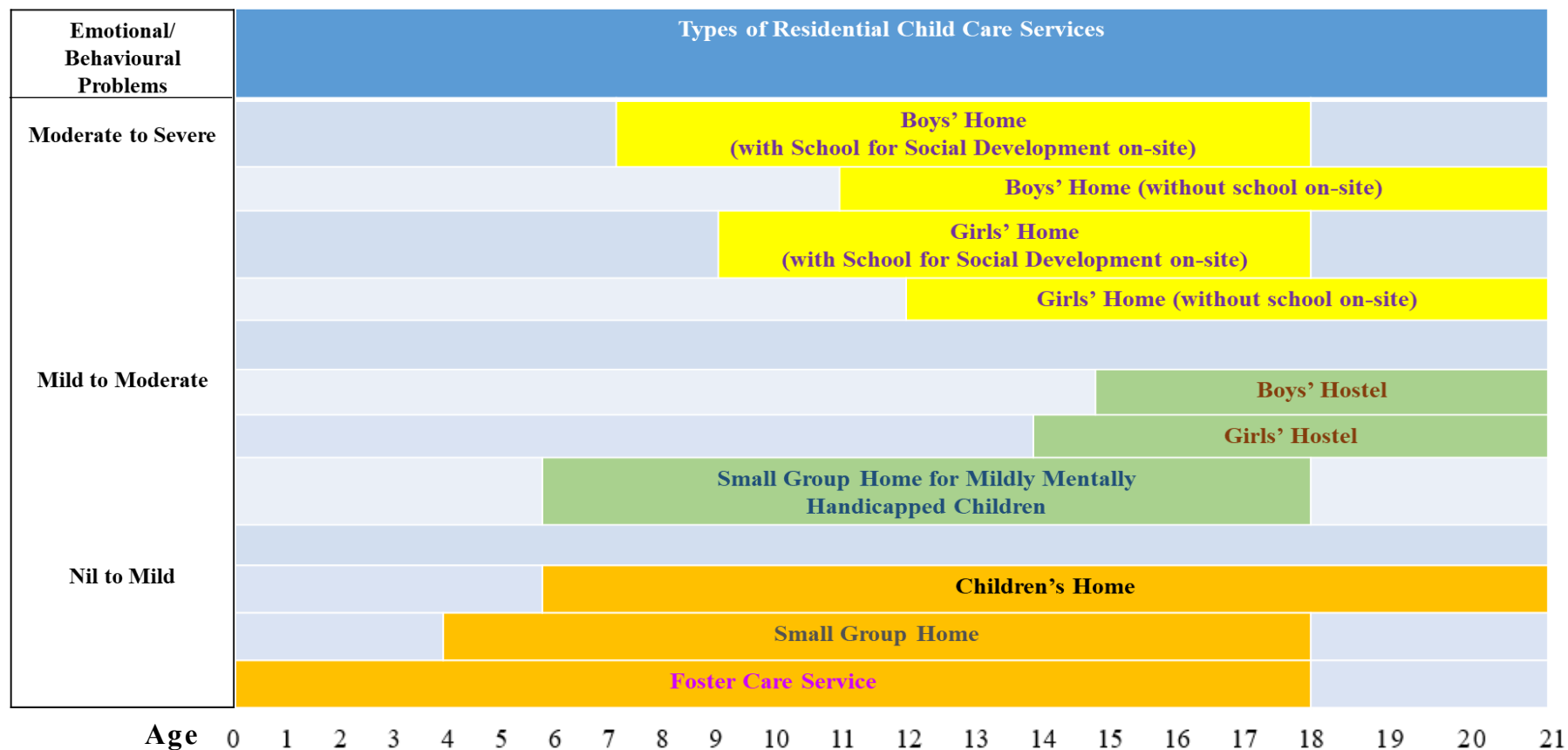
17. Having analysed the current service conditions and considered the views of the stakeholders, the Committee had comprehensively reviewed the

service operation, monitoring, planning and provision of RCCS covered by the Second Phase Review, as well as foster care service, and put forward 39 recommendations for improvement. The Committee hopes that the quality of RCCS can be enhanced as a whole through collaboration of the government, service operators, management and frontline staff of service units, caseworkers, training institutes and local groups, so that children/youths receiving RCCS can receive proper care.

Way Forward

18. After completing the First Phase Review, the Committee noted that the Government has gradually followed up on the recommendations of the review report. The Committee also looks forward to the Government's expedited follow up on the 39 recommendations put forth in the report of the Second Phase Review, including examining human resources requirements, strengthening staff establishment, formulating medium and long-term strategies in retaining/ recruiting talents, enhancing service mode, service facilities, supervisory support, professional training, case management, interfacing of various types of RCCS, service monitoring, etc., after finishing the Second Phase Review, as well as seeking additional resources under the established mechanism to implement relevant improvement measures to enhance the quality of RCCS as a whole, which ensure that the children are under proper care and protection to facilitate their all-rounded development.

Service Overview



**Statistics on Service Users having been Diagnosed/Assessed with or Suspected to have Special Needs in
Various Types of Residential Child Care Services
(As at September 2022)**

	Children's Home		Small Group Home		Small Group Home for Mildly Mentally Handicapped Children		Boys'/Girls' Home		Boys'/Girls' Hostel	
	Number of persons	Percentage	Number of persons	Percentage	Number of persons	Percentage	Number of persons	Percentage	Number of persons	Percentage
Service Capacity	418	-	966	-	104	-	1 012	-	95	-
Service Users having been Diagnosed/ Assessed with Special Needs	192	45.9%	480	49.7%	66	63.5%	433	42.8%	34	35.8%
Service Users suspected to have Special Needs	17	4.1%	64	6.6%	0	0%	30	3.0%	7	7.4%

**Statistics on the Types of Special Needs of Service Users in
Various Types of Residential Child Care Services
(As at September 2022)**

Type of Special Needs having been Diagnosed/ Assessed		Types of Residential Child Care Services														
		Children's Home			Small Group Home			Small Group Home for Mildly Mentally Handicapped Children			Boys'/Girls' Home			Boys'/Girls' Hostel		
		Number of persons [@] (%)		Total (%)	Number of persons [@] (%)		Total (%)	Number of persons [@] (%)		Total (%)	Number of persons [@] (%)		Total (%)	Number of persons [@] (%)		Total (%)
		Male	Female		Male	Female		Male	Female		Male	Female		Male	Female	
1.	Attention deficit/ hyper-activity disorder	64 (15.3%)	59 (14.1%)	123 (29.4%)	178 (18.4%)	80 (8.3%)	258 (26.7%)	21 (36%)	13 (34%)	34 (35%)	218 (31%)	37 (12%)	255 (25%)	4 (22%)	5 (6%)	9 (9%)
2.	Specific learning difficulties	27 (6.5%)	44 (10.5%)	71 (17.0%)	74 (7.7%)	59 (6.1%)	133 (13.8%)	18 (31%)	10 (26%)	28 (29%)	80 (11%)	23 (7%)	103 (10%)	0 (0%)	2 (3%)	2 (2%)
3.	Speech and language impairment	18 (4.3%)	12 (2.9%)	30 (7.2%)	47 (4.9%)	31 (3.2%)	78 (8.1%)	6 (10%)	5 (13%)	11 (11%)	74 (11%)	9 (3%)	83 (8%)	0 (0%)	0 (0%)	0 (0%)
4.	Limited intelligence	14 (3.3%)	14 (3.3%)	28 (6.7%)	33 (3.4%)	49 (5.1%)	82 (8.5%)	-	-	-	29 (4%)	11 (4%)	40 (4%)	0 (0%)	3 (4%)	3 (3%)
5.	Autism spectrum disorders	20 (4.8%)	5 (1.2%)	25 (6.0%)	50 (5.2%)	13 (1.3%)	63 (6.5%)	31 (53%)	10 (26%)	41 (42%)	55 (8%)	10 (3%)	65 (6%)	1 (6%)	2 (3%)	3 (3%)
6.	Oppositional defiant disorder	12 (2.9%)	6 (1.4%)	18 (4.3%)	12 (1.2%)	7 (0.7%)	19 (1.9%)	2 (3%)	3 (8%)	5 (5%)	68 (10%)	12 (4%)	80 (8%)	0 (0%)	1 (1%)	1 (1%)
7.	Depression	4 (1.0%)	8 (1.9%)	12 (2.9%)	3 (0.3%)	19 (2%)	22 (2.3%)	-	-	-	5 (1%)	35 (11%)	40 (4%)	0 (0%)	13 (17%)	13 (14%)
8.	Developmental delay	6 (1.4%)	5 (1.2%)	11 (2.6%)	19 (2%)	21 (2.2%)	40 (4.2%)	10 (17%)	10 (26%)	20 (21%)	1 (0.1%)	1 (0.3%)	2 (0.2%)	0 (0%)	0 (0%)	0 (0%)

Type of Special Needs having been Diagnosed/ Assessed		Types of Residential Child Care Services														
		Children's Home			Small Group Home			Small Group Home for Mildly Mentally Handicapped Children			Boys'/Girls' Home			Boys'/Girls' Hostel		
		Number of persons [@] (%)		Total (%)	Number of persons [@] (%)		Total (%)	Number of persons [@] (%)		Total (%)	Number of persons [@] (%)		Total (%)	Number of persons [@] (%)		Total (%)
		Male	Female		Male	Female		Male	Female		Male	Female		Male	Female	
9.	Obsessive compulsive disorder	1 (0.2%)	0 (0%)	1 (0.2%)	1 (0.1%)	1 (0.1%)	2 (0.2%)	-	-	-	0 (0%)	2 (1%)	2 (0.2%)	0 (0%)	1 (1%)	1 (1%)
10.	Adjustment disorder	-	-	-	1 (0.1%)	3 (0.3%)	4 (0.4%)	1 (2%)	0 (0%)	1 (1%)	4 (1%)	4 (1%)	8 (1%)	0 (0%)	4 (5%)	4 (4%)
11.	Violent behaviour*	5 (1.2%)	11 (2.6%)	16 (3.8%)	14 (1.4%)	4 (0.4%)	18 (1.8%)	3 (5%)	2 (5%)	5 (5%)	5 (1%)	11 (4%)	16 (2%)	0 (0%)	2 (3%)	2 (2%)
12.	Self-harm behaviour*	1 (0.2%)	4 (1.0%)	5 (1.2%)	2 (0.2%)	14 (1.4%)	16 (1.6%)	2 (3%)	3 (8%)	5 (5%)	18 (3%)	33 (11%)	51 (5%)	0 (0%)	7 (9%)	7 (7%)
13.	Others (e.g. spasm, anxiety)	7 (1.7%)	1 (0.2%)	8 (1.9%)	22 (2.3%)	31 (3.2%)	53 (5.5%)	6 (10%)	3 (8%)	9 (9%)	13 (2%)	24 (8%)	37 (4%)	1 (6%)	10 (13%)	11 (12%)
Number of persons[@]		179	169	348	456	332	788	100	59	159	570	212	782	6	50	56

% Percentage against the service capacity.

* The number of persons with "violent behaviour" and "self-harm behaviour" is from the assessment of house parents/ social workers.

@ Some of the service users having been diagnosed/assessed with special needs have more than one type of special needs.

Information on Children Leaving Residential Care Service (except Foster Care Service)

Year	2019-20					2020-21					2021-22				
	Number of Persons [Note] (Percentage against the total number of discharged persons)	Average duration of stay in residential care service at the time of discharge [Number of persons (Percentage)]				Number of Persons [Note] (Percentage against the total number of discharged persons)	Average duration of stay in residential care service at the time of discharge [Number of persons (Percentage)]				Number of Persons [Note] (Percentage against the total number of discharged persons)	Average duration of stay in residential care service at the time of discharge [Number of persons (Percentage)]			
		Less than 1 year	1 year to less than 5 years	5 years to less than 10 years	10 years or above		Less than 1 year	1 year to less than 5 years	5 years to less than 10 years	10 years or above		Less than 1 year	1 year to less than 5 years	5 years to less than 10 years	10 years or above
Independent Living	10 (1%)	3 (1%)	6 (2%)	1 (1%)	0 (0%)	16 (2%)	1 (1%)	14 (3%)	1 (1%)	0 (0%)	17 (2%)	1 (1%)	9 (2%)	4 (6%)	3 (18%)
Having been Adopted	1 (0%)	0 (0%)	1 (0%)	0 (0%)	0 (0%)	2 (0%)	0 (0%)	1 (0%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Family Reunion	492 (69%)	153 (68%)	276 (71%)	53 (62%)	10 (71%)	524 (69%)	134 (72%)	337 (70%)	49 (61%)	4 (36%)	477 (67%)	123 (65%)	300 (69%)	46 (65%)	8 (47%)
Transfer to Other Types of Residential Care Services	137 (19%)	30 (13%)	78 (20%)	25 (29%)	4 (29%)	160 (21%)	31 (17%)	97 (20%)	25 (31%)	7 (64%)	173 (24%)	45 (24%)	105 (24%)	17 (24%)	6 (35%)
Others (including overseas study, receiving drug detoxification service, long-term hospitalisation, etc.)	75 (10%)	40 (18%)	28 (7%)	7 (8%)	0 (0%)	55 (7%)	19 (10%)	32 (7%)	4 (5%)	0 (0%)	43 (6%)	20 (11%)	19 (4%)	4 (6%)	0 (0%)
Total Number of Discharged Persons	715 (100%)	226	389	86	14	757 (100%)	185	481	80	11	710 (100%)	189	433	71	17

[Note] The figures concerned including the discharged persons of small group homes, small group homes for mildly mentally handicapped children, children's home, boys'/girls' homes with school for social development on-site, boys'/girls' homes without school on-site and boys'/girls' hostels.

Information on Children Leaving Foster Care Service

Year	2019-20					2020-21					2021-22				
	Number of Persons [Note] (Percentage against the total number of discharged persons)	Average duration of stay in residential care service at the time of discharge [Number of persons (Percentage)]				Number of Persons [Note] (Percentage against the total number of discharged persons)	Average duration of stay in residential care service at the time of discharge [Number of persons (Percentage)]				Number of Persons [Note] (Percentage against the total number of discharged persons)	Average duration of stay in residential care service at the time of discharge [Number of persons (Percentage)]			
		Less than 1 year	1 year to less than 5 years	5 years to less than 10 years	10 years or above		Less than 1 year	1 year to less than 5 years	5 years to less than 10 years	10 years or above		Less than 1 year	1 year to less than 5 years	5 years to less than 10 years	10 years or above
Independent Living	6 (5%)	0 (0%)	0 (0%)	0 (0%)	6 (30%)	6 (5%)	0 (0%)	0 (0%)	1 (3%)	5 (15%)	6 (5%)	1 (3%)	1 (2%)	0 (0%)	4 (22%)
Having been Adopted	10 (8%)	3 (18%)	7 (13%)	0 (0%)	0 (0%)	13 (11%)	5 (50%)	5 (12%)	3 (8%)	0 (0%)	20 (16%)	12 (43%)	8 (16%)	0 (0%)	0 (0%)
Family Reunion	64 (53%)	7 (41%)	32 (58%)	19 (68%)	6 (30%)	58 (48%)	2 (20%)	23 (58%)	19 (53%)	14 (41%)	55 (43%)	8 (29%)	22 (43%)	18 (60%)	7 (39%)
Transfer to Other Types of Residential Care Services	38 (32%)	7 (41%)	16 (29%)	9 (32%)	6 (30%)	39 (33%)	3 (30%)	12 (30%)	11 (31%)	13 (38%)	41 (32%)	7 (25%)	19 (37%)	12 (40%)	3 (17%)
Others (including overseas study, receiving drug detoxification service, long-term hospitalization, etc.)	2 (2%)	0 (0%)	0 (0%)	0 (0%)	2 (10%)	4 (3%)	0 (0%)	0 (0%)	2 (5%)	2 (6%)	5 (4%)	0 (0%)	1 (2%)	0 (0%)	4 (22%)
Total Number of Discharged Persons	120 (100%)	17	55	28	20	120 (100%)	10	40	36	34	127 (100%)	28	51	30	18

[Note] The figures concerned do not include cases transferred to other ordinary foster care families.

Number of Places, Average Number of Children Waitlisted, Average Waiting Time and Occupancy Rate of Various Types of Residential Child Care Services

Types of Services	Number of Places as at end of December 2022	Average Number of Children Waitlisted in 2021-22 (Monthly)	Average Waiting Time in 2021-22 (Month)	Average Occupancy Rate in 2021-22
Foster Care Service (aged 0 to under 18)	1 130 ^[Note 1]	22 ^[Note 2]	1.7 ^[Note 3]	81%
Small Group Home (aged 4 to under 18) ^[Note 4]	924	363	4.6	94%
Small Group Home for Mildly Mentally Handicapped Children (aged 6 to under 18)	104	100	15.1	98%
Children's Home (aged 6 to under 21)	418	52	3.7	89%
Boys' Home (with School for Social Development on-site) (aged 7 to under 18)	502	4	0.2	69%
Girls' Home (with School for Social Development on-site)(aged 9 to under 18) ^[Note 5]	270	7	0.2	75%
Boys' Home (without school on-site) (aged 11 to under 21)	201	45	1.8	83%
Girls' Home (without school on-site) (aged 12 to under 21)	39	31	2.6	89%
Girls' Hostel (aged 14 to under 21)	77	31	2.1	86%
Boys' Hostel (aged 15 to under 21)	18	7	3.5	95%
Total	3 683	-	-	-

^[Note 1] Including 1 015 ordinary foster care service places and 115 emergency foster care service places.

^[Note 2] Figures shown are the number of waitees for ordinary foster care service but do not include difficult cases in matching and cases waitlisting for emergency foster care service.

^[Note 3] Figures counted those cases successfully matched with ordinary foster care service in three months but do not include difficult cases in matching and cases of emergency foster care service.

^[Note 4] 24 small group homes provide a total of 24 service places to accommodate mentally handicapped children.

^[Note 5] A total of 52 places of two Girls' Homes with School for Social Development on-site have been set aside to provide residential service for Girls' Home (without school on-site) so as to meet the service demand.

**Summary of Stakeholders' Comments and Recommendations on
Residential Child Care Services of the Second Phase Review (except Foster Care Service)
(Summary)**

	Recommendations / Follow up Items	Suggested Service Units
(A) Service Quality		
(I) Manpower Resources		
1.	<p>In recent years, the number of service users with special needs (e.g. attention deficit, autism and mental health problems) has continued to increase, accounting for about 40 to 60% of the total number of service users. In order to provide appropriate services to service users with special needs, strengthening manpower at all levels and increasing medical support are suggested, including:</p> <ul style="list-style-type: none"> (i) To enhance the manning ratio of care staff of children's home (CH) by increasing to 1:4 for frontline care staff to service users and 1:12 for social workers to service users; (ii) To enhance the manning ratio of frontline care staff of small group home (SGH) to 1:4/ 1:6 and 1:8/ 1:16 for social workers; (iii) To promote the rank of houseparent in homes/ hostels from Welfare Worker to Social Work Assistant; (iv) To enhance the manning ratio of houseparent of small group home for mildly mentally handicapped children [SGH(MMHC)] to 1:4/ 1:5; (v) To enhance the manning ratio of Social Work Assistant of boys'/girls' hostels to 15:60 or more to meet the existing service needs; (vi) To enhance the manpower of Social Work Assistant of CH to support frontline care staff; (vii) To increase visiting or consultation services of psychiatrists in SGH(MMHC); (viii) To enhance the support provided by allied health professionals, including clinical psychologists, occupational therapists, physiotherapists and speech therapists, in order to meet the individual training needs of service users with special needs and enhance staff training, etc.; (ix) To enhance the manpower of nursing staff, e.g., increasing the posts for nurses to manage drugs and escort service users in attending medical appointments, etc. 	<ul style="list-style-type: none"> • Management and frontline staff of SGH, CH, SGH(MMHC), boys'/girls' home and boys'/girls' hostel
2.	<p>Currently, social workers need to handle a large amount of administrative work and cannot take care of casework counseling simultaneously. It is suggested increasing resources to allow organisations to recruit additional Assistant Social Work Officer rank staff to handle cases and provide counseling services, in order to strengthen the handling of service users' behavioral or emotional problems.</p>	<ul style="list-style-type: none"> • Management and frontline staff of SGH/CH

	Recommendations / Follow up Items	Suggested Service Units
3.	<ul style="list-style-type: none"> To review the manpower on duty in morning, afternoon and overnight shifts, especially the manning ratio in overnight shifts, because service users are more likely to have conflicts, emotion, or self-injury issues at night and enhanced manpower support was needed. It would also allow houseparents (welfare workers) to have adequate rest. Currently, houseparents of SGH need to take up meal preparation and general cleansing duties when the Workman II is on vacation leave or during public holidays. In order to alleviate the heavy care work of houseparents, it was suggested adding one Workman II staff in each SGH. 	<ul style="list-style-type: none"> Management and frontline staff of SGH/ SGH(MMHC) Frontline staff of CH
4.	Since the environment and home configuration of each SGH are different, it is suggested increasing on-site allied therapeutic services to provide practical and feasible training to service users, so that frontline staff can follow up on relevant training more effectively.	<ul style="list-style-type: none"> Management and frontline staff of SGH
5.	It is agreed that “Agency-based Enhancement of Professional Staff Support Services (ABPSS)” can help strengthen professional care for service users. Suggested increasing resources and allowing organisations to use subsidies flexibly to increase clinical psychologist service and other professional support, including speech therapists, physiotherapists and occupational therapists, etc., in order to meet the developmental needs of service users with special needs and traumatic experience more effectively.	<ul style="list-style-type: none"> Management and frontline staff of SGH, CH, boys’/girls’ home and boys’/girls’ hostel
6.	Since a large number of senior staff have entered the retirement age in recent years and the staff turnover rate has increased, it is suggested enhancing the salary and benefits of frontline staff, e.g., increasing salary increments and providing additional allowances to attract and retain talents, to strengthen the stability of staff and teams.	
7.	Suggested enhancing the manpower of homework tutor/ providing additional resources, in order to arrange tuition for service users to help them overcome learning difficulties and reduce the stress of residential care home (RCH) staff.	<ul style="list-style-type: none"> Management and frontline staff of SGH/CH
8.	Suggested calculating additional resources based on the number of service users with special needs and operating in a “money-following-the-user” mode to ensure the organisation has sufficient resources to provide suitable service to service users with special needs.	<ul style="list-style-type: none"> Management and frontline staff of SGH Management staff of CH
9.	Suggested setting an upper limit on admitting service users with special needs for RCHs to reduce the stress of frontline staff.	<ul style="list-style-type: none"> Management staff of CH
(II) Staff Training		
10.	The number of service users with special needs (including emotional, behavioural and learning problems) is constantly on the rise. Some of them have also been diagnosed with mental illness and required psychiatric drug treatment. However, frontline staff, e.g. welfare workers, do not have the professional knowledge required to handle their special needs. It is suggested:	<ul style="list-style-type: none"> Management and frontline staff of SGH, CH, SGH(MMHC), boys’/girls’ home and boys’/girls’

	Recommendations / Follow up Items	Suggested Service Units
	<p>(i) providing relevant on-the-job training courses to enhance staff's knowledge, caring abilities and skills, while also enhancing the safety of service users and staff, and relieving their stress in dealing with emotional and behavioral problems of service users with special needs;</p> <p>(ii) providing allowances to encourage staff to receive training in private time or arrange them to receive "on-site" or "video-based e-learning courses", or organize the same training course twice to benefit more staff;</p> <p>(iii) arranging systematic and continuous on-the-job training to staff to enhance their knowledge, skills and promotional opportunities;</p> <p>(iv) that various tertiary institutions can enhance the training on residential child care service (RCCS) mode and operation when designing courses,, in order to equip students with basic understanding on RCCS and arouse their interests which facilitates their effective coping of work in RCHs after graduation.</p>	hostel
(B) Service Planning and Provision		
(I) Service Provision and Interfacing		
11.	<p>The age range, needs and interests of service users of SGHs and CHs are too broad take care of/ follow up with their various developmental needs (e.g. young children need daily care and adolescents need emotional support); Suggested grouping the service users of SGHs by age, such as 4 to under 12 and 12 to under 18, or by level of study such as kindergarten, primary and secondary to provide service users with appropriate care; Besides, it is suggested reducing the age range of service users of CH or setting service places with reference to different age groups to provide service users with appropriate care.</p>	<ul style="list-style-type: none"> • Management and frontline staff of SGH/CH
12.	<p>In general, service users of boys'/girls' homes and boys'/girls' hostels have more severe emotional and behavioral problems. If the age range of service users is too broad, it would be easy to cause problems such as bullying and negative behavioral influences, etc. Staff of RCHs also find it difficult to deal with and follow up on different growth and development needs of service users; Suggested considering unifying the age limit of service targets with an age range that is not too broad and arranging service users with similar age under care in the same residential care home.</p>	<ul style="list-style-type: none"> • Management and frontline staff of boys'/girls' home and boys'/girls' hostel
13.	<p>Since some mildly mentally handicapped service users have weaker abilities, they have difficulty in getting along with ordinary service users of the RCH, especially when mildly mentally handicapped service users enter puberty, they are likely to have inappropriate social behaviors, which also increases the pressure on the care staff of SGHs; Suggested SGHs focus on taking care of service targets from the mainstream, while mildly mentally handicapped children would be admitted to SGH(MMHC) to provide service users with appropriate care according to their needs.</p>	<ul style="list-style-type: none"> • Frontline staff of SGH

	Recommendations / Follow up Items	Suggested Service Units
14.	In addition to enhancing manpower to take care of service users with special needs, it is suggested setting up treatment homes or halfway homes exclusively for children and adolescents with autism, relatively severe mental health problems, violent behaviours, relatively severe emotional and behavioural problems.	<ul style="list-style-type: none"> • Management and frontline staff of SGH, CH, boys'/girls' home and boys'/girls' hostel
15.	The existing Central Referral System for Residential Child Care Services (CRSRC) mainly relies on caseworkers to assess the service needs of applicants. Some referrals lack important background information (e.g. reports from professionals and admission records of other RCHs). Suggested making reference to other assessment tools to formulate standardized assessment tools and improving the existing referral form to fully assess children's needs for residential service and match suitable services.	<ul style="list-style-type: none"> • Management and frontline staff of CH • Management staff of CH, boys'/girls' home and boys'/girls' hostel
16.	Suggested setting up a database of children to analyse their service needs, assess the effectiveness of RCCS and improve service delivery to better meet the needs of service users.	<ul style="list-style-type: none"> • Management staff of CH/SGH
17.	<ul style="list-style-type: none"> • Suggested strengthening extended services for service users aged over 18 to help them prepare and adapt to the life after leaving RCCS; • Suggested providing appropriate support for discharged service users by drawing on overseas services. Also suggested strengthening the role of RCHs in formulating welfare plans to provide appropriate support services for discharged service users who lack family support, such as financial, housing, education, counselling on life skills, etc. 	<ul style="list-style-type: none"> • Management and frontline staff of CH, boys'/girls' home and boys'/girls' hostel
18.	Set up a mechanism to regularly review service needs of cases and formulate appropriate long-term care plans for children to solve the problem of cases stranded in RCHs.	<ul style="list-style-type: none"> • Management and frontline staff of SGH
(II) Service Facilities		
19.	Currently most of the SGHs are in mixed-sex mode. When service users enter adolescence, it is easy for them to present with problems in getting along with other inmates, including emotional and behavioral issues/ getting along with the opposite sex, etc. Suggested setting up single-sex SGHs.	<ul style="list-style-type: none"> • Management and frontline staff of SGH
20.	More space is required to take care of service users with special needs. Suggested providing a Schedule of Accommodation for RCHs to enlarge the building area, redesign the accommodation facilities, and add rooms for different purposes, such as isolation room, activity room, etc., to increase the activity space of the child residents and provide space for social workers/frontline staff to deal with the emotional problems of service users.	<ul style="list-style-type: none"> • Management and frontline staff of CH, SGH, SGH(MMHC), boys'/girls' home and boys'/girls' hostel
21.	Service areas of a number of SGHs are below standard. Suggested relocating SGHs or adding a place near each SGH to provide related support services, such as play therapy and counseling services, etc.	<ul style="list-style-type: none"> • Management staff of SGH

	Recommendations / Follow up Items	Suggested Service Units
(C) Other Views/ Recommendations		
(I) Registration Mechanism for Superintendents		
22.	Suggested providing more training courses for superintendents, in order to deepen their understanding of the “mandatory reporting of suspected child abuse cases”.	<ul style="list-style-type: none"> • Management staff of CH
23.	Suggested adding the post of deputy superintendents to relieve the administrative work of superintendents.	
24.	Suggested providing consultation service to superintendents to assist them in handling issues related to “mandatory reporting of suspected child abuse cases”.	
(II) Collaboration between Caseworkers and RCCS Units		
25.	<ul style="list-style-type: none"> • Caseworkers have different views with RCHs on welfare plan of the case (such as whether it is suitable for the service user to continue to receive residential services), individual RCH requests the service user to be discharged without sufficient discussion with the caseworker, the admission criteria/reasons for rejection of RCHs are inconsistent, etc.; RCHs are of the view that caseworker fails to conduct professional assessment for children and thoroughly consider the possibility of different care plans, which makes coordination and follow-up work difficult. 	<ul style="list-style-type: none"> • Caseworkers • Overall views
(III) Coordination of Central Referral Systems		
26.	<ul style="list-style-type: none"> • Having different views with school social workers on work division (the service user behaves differently at school and at home but there is no school social worker to follow up, so it is difficult in requesting the school to provide information). Suggested SWD and the Education Bureau (EDB) reviewing and clarifying the role of referrers and the division of labor; • Newly appointed teaching staff of some schools are unaware of the arrangement of retaining the original school place in “Short-term Adjustment Programme” at schools for social development. Suggested strengthening the communication among schools for social development, social worker of the original school and caseworker; • Caseworkers have been repeatedly requested to supplement the details, frequency and follow-up work of the service user’s behavioural and emotional problems in the referral form (Item 7 of Part 3). Suggested SWD and EDB provide templates of relevant forms to facilitate the caseworkers to submit appropriate supplementary information. Some social workers added that SWD and EDB have provided conceptual guidelines and examples based on the service requirements, and supplied relevant information in EDB’s website; • For EDB’s request to provide report from educational psychologist on cases of limited intelligence by caseworkers, it is suggested specifying relevant requirements in the referral form to speed up the application process. 	<ul style="list-style-type: none"> • Caseworkers • Overall views

**Views and Recommendations of Stakeholders, Foster Parents and Caseworkers
on Foster Care Service
(Summary)**

	Recommendations/Follow-up Actions	Suggested Service Units
(A) Service Quality		
(I) Human Resources		
1.	At present, for various reasons, there is no arrangement for most of the foster children to go on home leave, and foster parents have to care for them throughout the year. Moreover, as quite a number of foster children have special care/educational needs, foster parents work under great pressure over long period of time with no breathing room to speak of. It is recommended that pre-school foster children with special needs be allowed to attend whole-day child care centres so as to relieve the care stress of foster parents.	<ul style="list-style-type: none"> • Management and frontline staff of foster care service
2.	Caseworkers should review the service needs of children who are having trouble finding a matching foster family so as to expand their service options or exclude cases with no genuine service needs to avoid wasting foster care agencies' time and manpower on matching services.	
3.	There should be a platform for foster parents to express their views, and activities, such as tea receptions, should be held regularly for them to have their voices, difficulties and opinions heard, be comforted, and receive emotional support.	<ul style="list-style-type: none"> • Management and frontline staff of foster care service and foster parents
(II) Training Foster Parents		
4.	It is recommended to set up a recognition mechanism under the Qualifications Framework to encourage foster parents to pursue continuing education.	<ul style="list-style-type: none"> • Management and frontline staff of foster care service
5.	Ongoing training should be provided for foster parents and consideration should also be given to implementing compulsory training, with a view to enhancing the quality of child care services provided by foster parents and strengthening their ability in taking care of children with special needs.	
6.	With growing community awareness of child protection, it is recommended that training courses for foster parents on the prevention of child abuse be strengthened.	
7.	Thematic training on topics such as handling children with attention deficit and hyperactivity disorder should be provided for foster parents to attend with their foster children.	<ul style="list-style-type: none"> • Foster parents
8.	Child care services should be provided for foster parents participating in training courses.	

	Recommendations/Follow-up Actions	Suggested Service Units
(B)	Service Planning and Provision	
(I)	Service Provision and Interfacing	
9.	There is an insufficient number of foster families. Regarding emergency foster care service, caseworkers have to check the availability of places with relevant operators on their own, which is very time-consuming. Yet getting a match is still very hard. It is hoped that emergency placement can be co-ordinated through a centralised mechanism.	<ul style="list-style-type: none"> • Caseworkers
10.	There are relatively more foster families in the New Territories than other districts, and this uneven distribution across the territory has added another hurdle to the matching process.	<ul style="list-style-type: none"> • Management and frontline staff of foster care service and caseworkers
11.	Despite ongoing efforts by SWD and foster care agencies to publicise and promote foster care by way of different means every year, the effectiveness of these efforts in recruiting foster families remains inadequate. Moreover, the ageing of existing foster parents will lead to a further drop in the number of foster families.	<ul style="list-style-type: none"> • Management and frontline staff of foster care service
12.	The children that foster families are willing to take in are not those with actual needs. For example, most foster parents are unwilling to take care of newborns.	
13.	Caseworkers should be more proactive in implementing the long-term welfare plans for foster children in collaboration with their birth families. They should review cases that involve children receiving foster care for an extended period of time and hold regular review meetings with foster care social workers, with a view to effectively shortening the amount of time children spent in foster care, and ensuring the availability of foster care places.	
14.	Foster care places should not be increased rashly before the service quality of foster families has been improved.	
15.	There is a concern that some foster parents may quit because of the immense pressure brought on by the implementation of mandatory reporting of suspected child abuse cases. This may worsen the turnover of foster families.	
16.	As social workers do not possess professional knowledge in marketing, they are not the most ideal persons for devising publicity strategy to promote foster care service. It is recommended to invite agencies to submit tender bids for recruiting foster families.	

	Recommendations/Follow-up Actions	Suggested Service Units
17.	<p>Recommendations for promoting and enhancing the recruitment of foster families include:</p> <ul style="list-style-type: none"> • Continuously promote foster care through press interviews, television broadcast, street counters, MTR, shopping malls and YouTube advertising, and seminars for retired civil servants, etc. • Edit the video recording of the biennial Foster Families Service Award Presentation Ceremony into short clips and play them through various channels, so as to enhance the public's recognition of foster parents. • Produce short clips of real-life interviews with foster care providers and receivers, and play them through various channels. • Promote foster care in schools in collaboration with school sponsoring bodies to encourage single-child parents to consider becoming foster parents. • Lower the application threshold, such as the requirements on assets, per capita living area and home environment, and speed up the processing of applications. 	<ul style="list-style-type: none"> • Foster parents
(II) Service Mode, Design and Facilities		
18.	<p>Apartments in Hong Kong are small in size. Constrained living conditions pose challenges for addressing the needs of foster children, such as having their own beds and sufficient personal space. This is especially true for young people who have a higher desire for privacy. A review on whether Hong Kong is suitable for developing foster care service should be conducted.</p>	<ul style="list-style-type: none"> • Management and frontline staff of foster care service and foster parents
19.	<p>It is recommended to consider the following when adjusting the incentive payment for foster parents:</p> <ul style="list-style-type: none"> • Strategically increase the amount of incentive payment. Explore the possibility of adjusting the amount of incentive payment based on the care needs of foster children and capability of foster parents. • Introduce a qualification framework that links incentive payment to training/qualifications. • Increase the incentive payment for emergency foster parents to better compensate them for the difficulties they face in providing care. • Increase the amount of extra incentive payment for taking care of children under the age of 6 to encourage more foster parents to take care of young children. • Extend the coverage of extra incentive payment for taking care of children with special needs to include those with mental handicap, autism, global developmental delay and Down syndrome, etc. • Handle the incentive payment for foster parents in a more humanistic manner, such as not deducting the incentive 	

	Recommendations/Follow-up Actions	Suggested Service Units
	<p>payment when foster parents have to take a few days off due to the loss of a family member.</p> <ul style="list-style-type: none"> • At present, foster parents will face a deduction in their incentive payment if the foster children they care for take home leave for more than 9 nights in a given month. If there are 5 weekends in a month, the foster children will spend more than 9 nights away and a deduction in incentive payment will be triggered. Besides, many foster parents choose only to take in children who can go on home leave as it allows them to receive the same incentive payment as if the children were in their care the entire month, as long as the total number of nights the foster children spent on home leave does not exceed 9 in a month. As a result, many children who are placed in an emergency foster home overstay, and cannot be transferred to ordinary foster care service. Therefore, it is recommended to change this rule or even consider cancelling the deduction arrangement for incentive payment, so as to encourage foster children to go on home leave during weekends without affecting their foster parents' incentive payment. • At present, if foster parents take leave, even for just 1 day, their incentive payment will be deducted. It is recommended to change this rule. • At present, substitute parents who provide only day care are not eligible for incentive payment. It is recommended to grant them incentive payment on a pro rata basis. • It is recommended to increase the maintenance grant for foster children as well as the extra allowance for tutorial classes, interest classes, pocket money and musical instruments, etc. in order to better meet the needs of foster youths, as their expenses are typically higher than those of younger children. • Introducing a special full-year incentive payment for foster parents is recommended as a means to both recognise their selfless contributions and incentivise them to provide care for longer periods of time. Additionally, foster families should be granted complimentary annual passes to theme parks so that they may enjoy some stress-free and restful time with the foster children under their care. 	
20.	<p>Recommendations for enhancing the existing “Agency-based Enhancement of Clinical Psychological Support Services for Children Under Foster Care” (ABCPS) are as follows:</p> <ul style="list-style-type: none"> • To seek additional resources to meet the diverse needs of foster children. With the existing resources, clinical psychologists are unable to provide in-home services. Moreover, in addition to clinical psychological services, many foster children require multiple forms of therapy 	

	Recommendations/Follow-up Actions	Suggested Service Units
	<p>simultaneously, such as physiotherapy, occupational therapy and speech therapy.</p> <ul style="list-style-type: none"> • Suggested setting up a central escort service team to coordinate and arrange transport for foster children attending different treatments and follow-up consultations, thus relieving the stress of foster parents, especially those who are caring for 2 foster children. • To allow taking foster children to and from treatments and follow-up consultations by taxi, and provide reimbursement of the actual cost of the round-trip taxi ride. • To expand the scope of services, including early intelligence tests and various kinds of developmental diagnoses for foster children, and consultations and treatments by child psychiatrists, etc., to avoid missing the most opportune time for treatment. 	
21.	To assess and review comprehensively the existing mode of foster care service in Hong Kong, and explore the feasibility of introducing therapeutic and kinship foster care.	<ul style="list-style-type: none"> • Management and frontline staff of foster care service
22.	To enter into contracts with foster parents to enhance service stability.	
23.	To review regularly the circumstances and child-caring ability of foster families.	
24.	To assess children's care needs and formulate care plans before placing them in foster homes, in order to pair them with appropriate foster families.	
25.	To provide litigation insurance coverage for foster parents to cover their legal expenses incurred from the provision of foster care service.	
26.	If a foster child has to be transferred to other residential services, caseworkers should allow sufficient time for placement matching visits before the transfer takes place, so that the child may get to know/get used to his/her new carers and avoid fear caused by sudden changes. Ideally, access to clinical psychological services should be provided for foster children before they leave their foster families at the age of 18 to assist them in dealing with the anxiety of separation and adjusting to independent living.	<ul style="list-style-type: none"> • Foster parents
(C) Service Monitoring		
27.	Foster parents provide foster care service on a voluntary basis. Since they are not employees, a balance should be struck between volunteer service and service oversight.	<ul style="list-style-type: none"> • Management and frontline staff of foster care service
28.	Suggested that the Central Foster Care Unit of SWD conduct random checks through home visits to foster families every year for the dual purposes of monitoring service delivery and creating deterrent effects.	