Introduction

All children have the right to be protected against harm. In line with the spirit of the United Nations Convention on the Rights of the Child and the Hague Child Abduction Convention, Hong Kong has all along been placing children’s welfare and best interest at paramount concern. Hong Kong government has endeavoured in developing strategies and measures to prevent children from being harmed, to early identify children at risk and to provide them as well as their families with prompt and necessary assistance.

In this paper, I will briefly introduce our policy direction and guiding principles for practice in the provision of family and child welfare services, some new initiatives to strengthen family resilience and to assist families with children at risk, recent legislations to accord greater protection to children and our child fatality review mechanism. While recognising the importance of cross-sector and multi-disciplinary collaboration, I will not go into much details on this area in this paper.

Policy Direction and Guiding Principles

Children are members of families. They are best protected and nurtured within a loving family in which physical care, mutual support and emotional security are available to foster their development into healthy and responsible members of society. Children will be removed from a family environment only when there is no better alternative. Under this basic value, the policy objectives we adopt are to preserve and strengthen the family as a unit, to develop caring interpersonal relationships, to enable individuals and family members to prevent occurrence of personal and family problems and to provide suitable services to meet needs that cannot be adequately met from within the family.

A “child-centred, family-focused and community-based” approach has been adopted in the planning and delivery of family and child welfare services. In service delivery, we follow the guiding principles of early identification and early intervention, service accessibility, service integration, strength-based and community involvement. Apart from the mainstream services such as integrated family services, integrated children and youth services, family and child protective services, residential child care services and adoption service, etc., we have also developed some new preventive measures to help children at risk in the recent years.
New Service Initiatives

In the past few years, the Hong Kong Government has implemented a number of preventive measures with the collaboration of various government departments, non-governmental organisations (NGOs) as well as the private sector. I would like to introduce some of the new service initiatives here.

Comprehensive Child Development Service (CCDS)

With an aim to identifying the varied needs of at-risk pregnant women, children and families at an early stage, the Labour and Welfare Bureau, Education Bureau (EDB), Department of Health (DH), Social Welfare Department (SWD) and Hospital Authority launched the CCDS since 2005 by phases. CCDS uses the Maternal Child Health Centres (MCHCs) under the DH as a platform to enhance cross-sectoral collaboration and communication. Through better alignment of existing health, education and social welfare services, CCDS facilitates timely referral of children and families with special needs to health and social service units so that appropriate services can be made available to them in a timely manner.

The community-based CCDS comprises four components, viz. the identification and management of (i) at-risk pregnant women; (ii) mothers with postnatal depression; (iii) children and families with psychosocial needs and; (iv) pre-primary children with physical, developmental and behavioural problems. Under the CCDS, a referral system has been developed to enhance the close collaboration among kindergartens / child-care-centres, MCHCs and Integrated Family Service Centres (IFSCs) / Integrated Services Centres (ISCs). If either party detects any physical, developmental, behavioural concern of the children or family issues, they can refer them directly to the MCHC or IFSC / ISC in the respective district for assessment or services.

In MCHCs providing CCDS, there are visiting psychiatrists, paediatricians and psychiatric nurses from public hospitals to provide on-site specialized service and support to the families in need. The deployment of these professionals to MCHCs reduces stigmatization and inconvenience, thus increased service user's access to and acceptance of various health and social service. CCDS will be implemented in all districts of Hong Kong in 2012-13.

Neighbourhood Support Child Care Project (NSCCP)

It is the responsibility of parents to take care of their young children. To support parents who are unable to take care of their children temporarily because of work or other reasons, the SWD has all along been providing subvention to NGOs to run a variety of child care services. In October 2008, the SWD launched the three-year pilot NSCCP, which aims to provide parents with more flexible child care services in addition to the regular ones and at the same time promote community participation and mutual assistance in the neighbourhood.

The NSCCP consists of two service components, namely home-based child care service for children aged under six, and centre-based care groups for children aged three to under six. Carers in the neighbourhood are recruited and trained to take care of children at the carers’ homes.
or at centres run by the service operators, including subvented NGOs and non-subvented district organisations / mutual help groups. Both home-based child care service and centre-based care groups have to be managed, supervised and monitored by registered social workers. Social workers also provide initial and on-going assessment on the suitability of their home-based child carers and provide them with regular training.

On service hours, the centre-based care groups operate up to at least 9 p.m. on weekdays, and provide at least one service session on weekends. The service hours of the home-based child care service are even longer, i.e. from 7 a.m. to 11 p.m. daily (including weekends and holidays). When needed, service operators may also provide service outside these service hours, to meet ad hoc or urgent service needs. Overnight service can be provided in exceptional circumstances. It can help address the varied demand for child care services from the community and is particularly useful for supplementing the regular child care services.

On top of providing parents with more flexible child care services, the NSCCP also aims to promote community participation and mutual assistance in the neighbourhood. Home-based child carers are therefore providing services as volunteers in the spirit of care for others. Remuneration is not their primary consideration. The carers’ sense of volunteerism has actually helped to cultivate a readily available pool of home-based child carers for meeting temporary child care service demand flexibly.

The NSCCP was well received by the service users and other stakeholders and it has been extended to cover all districts in Hong Kong territory in 2011 after the pilot run.

**Child Development Fund (CDF)**

Hong Kong, like other parts of the world, also faces the challenge of inter-generational poverty. The CDF seeks to provide the participating children with more personal development opportunities. Through formulating and implementing personal development plans, the CDF also seeks to encourage these children to develop an asset-building habit and to accumulate financial assets as well as non-financial assets (such as proper attitude and mindset, personal resilience and capacities as well as social networks), as such assets are important for their future growth and development.

The target participants for CDF are children aged 10 to 16 in financially deprived families. The CDF allocates funds to NGOs to run projects throughout the territory. Each project, benefiting 100 to 120 children, lasts for three years.

The CDF has the following three major components.

**Personal development plan**

The participating children are required to draw up personal development plans with specific targets (both short-term and long-term ones) under on-going guidance from mentors and operating NGOs. They will also receive basic training provided / identified by the operating NGOs. These training programmes are intended to enable participating children develop a more
forward-planning perspective and build up non-financial assets. These children will also be encouraged to participate in community services.

**Mentorship programme**

The operating NGOs will identify a personal mentor, who is a volunteer, for each participating child. Mentors will befriend the children and provide them with guidance in drawing up and implementing their personal development plans.

**Targeted Savings**

There is a savings programme under the CDF to help participating children accumulate financial assets to realise their personal development plans. The savings target for each participating child and his / her family is set at HK$200 (roughly equivalent to US$25-26) per month during the two-year savings period. They, however, can agree with the operating NGOs to set a lower savings target so as to address the special needs or circumstances of individual children and their families.

The operating NGOs will seek partnership from the business sector as well as individual donors to provide matching contribution to the amount accumulated by participating children under the savings programme (at least 1:1 matching contribution). The Government will also provide a special financial incentive (HK$3,000 i.e. around US$385) for each participating child upon completion of the two-year savings programme. The participating children will spend the savings on their personal development plans in the third year.

Since December 2008, 40 projects benefiting about 4,500 children have been launched. The Government has been conducting an evaluation of the first batch of pioneer projects, and take into account the results of the evaluation in deciding how the CDF can be further developed into a long-term model to promote the personal development of children from a disadvantaged background.

**Positive Adolescent Training through Holistic Social Programmes (P.A.T.H.S.) to Adulthood: A Jockey Club Youth Enhancement Scheme**

To promote the holistic development of junior secondary students in Hong Kong, the SWD, in collaboration with the EDB, the Hong Kong Jockey Club Charities Trust (HKJCCT) which has been funding the Project since 2005/06 school year, and a research team comprising five universities in Hong Kong, implements the Project P.A.T.H.S. for secondary schools through conducting a comprehensive training programme/activities for junior secondary students.

The Project adopts a two-tier approach. Tier 1 is a universal positive youth development programme for all Form 1, 2 and 3 students (equivalent to Years 7 to 9). Teachers or social workers conduct basically curriculum-oriented activities in class or after school hours. Tier 2 is a follow-up programme, conducted / coordinated by social workers / teachers, for students identified with greater psychosocial needs. To ensure project quality, teachers and social workers involved are required to receive 20 hours of training (including one-day e-learning and two-day interactive workshops) on the implementation of Tier 1 programme. Tier 2 is generally conducted by social
workers who already possess the required skills and competence. Hence, no targeted training is arranged.

A research team, comprising renowned academics in the education and welfare fields from five universities in Hong Kong, has been formed to develop an evidence-based, multi-year, holistic positive youth development programme to be used in implementing the Project, to provide training for social workers and teachers, as well as to evaluate the project. Multi-faceted evaluations conducted so far consistently showed that the project is beneficial to the positive development of the participants and different stakeholders view Project P.A.T.H.S positively. The 2011/12 school year is the final implementation year in which 237 schools (almost 50% of the 478 secondary schools with school social workers) have participated. Throughout the past seven years, the Project has benefited over 213,000 students from more than 280 schools in Hong Kong. The SWD will continue to discuss with HKJCCT on launching a Community-based Youth Enhancement Programme next year.

Specific and Integrated Programmes for Children with Disabilities or Special Needs

Children with disabilities or special needs have the rights to grow and develop as physically, emotionally and mentally healthy as possible. Yet, they are more vulnerable to harm and exploitation. Hence, the SWD has provided these children as well as their families with prompt and necessary assistance to prevent them from being harmed and to promote their well-being.

Early Education and Training Centre (EETC)

EETC provides a range of pre-school services for children with disabilities or at risk of becoming disabled and their parents / guardians / family members. The services focus on helping them to accept, care for and train their children, by working jointly with them.

Special Child Care Centre (SCCC)

SCCC provides centre-based intensive training and care for moderately and severely disabled pre-school children. Residential SCCCs provides coordinated residential care and training for disabled children.

Occasional Child Care Service for Disabled Children (OCC for DC)

OCC for DC provides short-term day care service on a full-day, half-day or sessional basis in SCCCs or EETCs for disabled children. It provides a safe venue for the disabled children whose parents / carers have to stay away from home occasionally due to various commitments or sudden engagements so as to minimize the risks caused to young disabled children being left unattended at home.

Integrated Programme in Kindergarten-cum-Child Care Centre (IP in KG-cum-CCC)

IP in KG-cum-CCC provides training and care for mildly disabled pre-schoolers aged 2 to 6 years in an ordinary kindergarten-cum-child care centre. Through this programme, mildly
disabled children will have a better chance of future integration into the mainstream education system and society in general.

Small Group Home for Mildly Mentally Handicapped Children / Integrated Small Group Home (SGH(MMHC) / ISGH)

SGH(MMHC) / ISGH is a residential care service to provide care for mildly mentally handicapped children who cannot be adequately cared for by their families in a home-like environment until they can return to their families or a long term alternative placement arrangement is achieved. In order to further achieve the goal of integration, mildly mentally handicapped children can also be placed in small group homes for ordinary children at the ratio of one MMHC to 7 ordinary children (ISGH).

Residential Respite Service

Respite service provides family members / carers of people with disabilities a planned short break so that they may attend to their personal business such as undergoing a medical operation or taking a vacation tour. Its purpose is to make life for those involved in routine care for people with disabilities less stressful and more stimulating. People with disabilities admitted for temporary care will be offered the normal services of the centre as far as possible. This service has been extended to serve children with disabilities aged from 6 to 15 since April 2008.

Legislative Amendments

Besides the preventive programmes, Hong Kong Government has amended relevant legislation to accord greater protection to children. Below are some of the significant ones.

Adoption Ordinance

Adoption is a legal process whereby parental rights and responsibilities over a particular child, who is under 18 years old and unmarried, are transferred from the birth parents to the adoptive parents. An adoption in Hong Kong must be effected in accordance with the Adoption Ordinance. The best interests of the child are of paramount importance in the adoption process.

The People’s Republic of China signed and ratified the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption (the Convention) in 2000 and 2005 respectively. Hong Kong Government enacted the Adoption (Amendment) Ordinance 2004 to enable the Convention to take effect in Hong Kong. It provides a statutory framework not only for the improvement of handling both local adoption and Convention adoptions, but also for handling intercountry adoptions which are not processed under the Hague Convention.

Upon the commencement of the Adoption (Amendment) Ordinance 2004 on 25 January 2006, an accreditation system in respect of intercountry adoption in Hong Kong has been put in place to allow the other bodies / NGOs duly accredited by the Director of Social Welfare (DSW) as Accredited Bodies (ABs) to perform the functions and procedural duties delegated by the Central Authority. On the other hand, to provide more choices to birth and adoptive parents applying for
local adoption service, a separate accreditation system has been established to enable other bodies / NGOs to carry out certain functions and procedural duties in relation to local adoption mainly on assessment of the suitability of the applicants as adoptive parents. Three NGOs have been accredited as ABs to carry out specific procedures in intercountry as well as local adoption of children.

Besides, some other measures have been put in place under the Adoption (Amendment) Ordinance 2004 to further protect the best interest of the child, which include the following:

(a) outlawing private arrangements for adoptions between unrelated persons;

(b) regularizing the procedures on removing infants out of Hong Kong for the purpose of adoptions; and

(c) tightening up the requirements for applying for written consent from DSW on making advertisement relating to adoption related matters.

Domestic and Cohabitation Relationships Violence Ordinance

The Domestic Violence Ordinance (DVO), enacted in 1986, enabled a party to a marriage, or a man and woman in cohabitation, to apply to the court for an injunction order against molestation by the other party. The DVO served to provide additional civil remedies for victims of domestic violence on top of the criminal legislative framework. It was tailored to enable the victim to be temporarily segregated from the abuser and freed from molestation under the protection of an injunction order, and allowing both parties the time and space to cool down and solve their problems.

Following a comprehensive review of the DVO, the Administration had identified some areas for improvements. The new legislative provisions under the Domestic Violence (Amendment) Ordinance were enacted on 1 August 2008 and the ordinance was subsequently renamed as Domestic and Cohabitation Relationships Violence Ordinance (DCRVO) on 1 January 2010. The major amendments listed below have provided better protection to children in the family with violence:

(a) extend the coverage of the DCRVO to include persons formerly in spousal / cohabitation relationships and their children; to parent-son / daughter, parent-son / daughter-in-law, and grandparent-grandson / granddaughter relationships; and to other extended familial relationships including between a person and his/her brother, sister, brother-in-law, sister-in-law, uncle, aunt, nephew, niece and cousin. Since 1 January 2010, the coverage has been extended to same-sex cohabitants;

(b) enable a “next friend” of a minor under the age of 18 to apply for an injunction order on behalf of the minor;

(c) remove the requirement that the minor has to be living together with the applicant to be entitled to protection under the DCRVO;
(d) enable the court, in granting a non-molestation order under the DCRVO, to order the abuser to attend a programme as approved by the Director of Social Welfare, which aims to change his / her attitude and behaviour that has led to the granting of the injunction order;

(e) enable the court to vary or suspend an existing custody or access order in respect of the child concerned when the court makes an exclusion order under the DCRVO;

(f) empower the court to also attach an authorization of arrest if it reasonably believes that the respondent will likely cause actual bodily harm to the applicant or the child concerned; and

(g) extend the maximum duration of the injunction order and the related authorization of arrest from a maximum of six months to two years.

Guardianship of Minors Ordinance

Parents and guardians, as care-givers of children, should make thoughtful arrangements for their children in the unfortunate event of their death. The appointment of guardians should be in children's best interests. The Guardianship of Minors Ordinance governs court proceedings relating to the custody and upbringing of children, as well as the appointment and removal of guardians. The Government has amended the relevant legislation in accordance to the recommendations made by the Law Reform Commission of Hong Kong. The Guardianship of Minors (Amendment) Ordinance 2012 (the Ordinance) has come into operation on 13 April 2012.

The Ordinance allows parents to appoint guardians by a document in writing with their signatures attested by two witnesses. This obviates the need to make a formal will or deed, thereby simplifying the appointment procedures. To facilitate parents (and also guardians) in appointing guardians for children, a standard appointment form with explanatory notes is designed stating clearly the points to notes when making the guardian appointment, when and how the guardianship takes effect, revocation and termination of guardian appointment. Under the Ordinance, the right of the surviving parent to veto the taking office of a guardian appointed by the deceased parent has been removed. Provisions that the views of the child on the appointment of the guardian may, as far as practicable, be taken into account and the appointing parent shall seek the consent of the appointed guardian before the appointment can take effect have also been introduced.

Child Fatality Review

The SWD has launched the Pilot Project on Child Fatality Review (Pilot Project) which lasted from 15 February 2008 to 14 February 2011. The review aimed at facilitating the enhancement of social service systems pertaining to child welfare with focus on inter-sectoral collaboration and multi-disciplinary cooperation for prevention of occurrence of avoidable child death cases. It was not intended to identify death causes or attribute responsibility to any party but to identify good practice, gaps and deficiencies in related service systems.
The review covered the deaths of 209 children, aged below 18, who died in 2006 or 2007 of both natural (121) and non-natural (88) causes. They were all reported to the Coroner’s Court except one case which was included as much public concern had been aroused.

The review was conducted by a non-statutory Review Panel of the Pilot Project on Child Fatality Review (RP), with members appointed by the DSW with secretariat support from the SWD. To facilitate comprehensive and multi-faceted review, panel members were tapped from a variety of backgrounds to include medical, social welfare, psychological, legal, education, academia, business and parent representatives. Organisation(s) that had rendered service(s) to the deceased child or his / her family could facilitate the review by reporting child death or providing service reports to the RP. A database of child death cases had been set up to facilitate the review and for future statistical or research purpose of the RP.

The final report of the RP containing review findings and 65 recommendations as well as the responses and improvement measures given and implemented by various government departments was released to the public in January 2011. No individual case details or personal particulars of persons or agencies concerned had been included in RP’s report to ensure strict confidentiality. Recommendations had also been distributed to relevant parties / organisations for feedback, consideration and follow-up action. Where appropriate, the RP had requested the organisations concerned to provide update of the progress of implementation of improvement measures.

The findings of the Pilot Project confirmed the value and worth of child fatality review in facilitating the improvement of social service systems to enhance child welfare. This led to setting up of the standing Child Fatality Review Panel (CFRP) on 1 June 2011 to continue to review child death cases on or after 1 January 2008. In order to retain the experience gained in the pilot project, all members of the former RP were invited to join the CFRP. A forensic pathologist and a child psychiatrist were also appointed to enhance the multi-disciplinary representation of the Review Panel.

**Conclusion**

Our experience in Hong Kong demonstrates that to help children at risk, the key to effectiveness is determination to put children’s best interest paramount, a comprehensive range of services adopting a multi-entry approach and full participation of all concerned stakeholders. The Hong Kong Government is committed to continue developing strategies and measures to help children at risk as well as their families.