



Child Fatality Review Panel

Second Report
for child death cases in 2010 - 2011

Table of Contents

1. Foreword	1
2. Executive Summary	2
2.1 Review of Child Death Cases Occurred in 2010 and 2011	2
2.2 Observations by Different Death Natures and Key Messages to Parents, Children and Parties Concerned for Child Death Cases Which Occurred in 2010 and 2011	3
2.3 Recommendations Arising from Review of Child Death Cases Which Occurred in 2010 and 2011	3
2.4 Profile of Child Death Cases Reviewed from 2006 to 2011	4
3. Acknowledgement	5
4. About the Review	6
4.1 History	6
4.2 Purpose	6
4.3 The Review Panel	6
4.4 Scope	7
4.5 Timing	7
4.6 Means	7
5. Overview of Child Death Cases Covered by this Report	8
5.1 Figures of Child Population and Child Death in Hong Kong in 2010 and 2011	8
5.2 Statistics of Child Death Cases Reviewed	9
5.3 Statistics of Child Death Cases According to Death Causes	15
5.3.1 Cases Died of Natural Causes	15
5.3.2 Cases Died of Suicide	19
5.3.3 Cases Died of Accident	22
5.3.4 Cases Died of Assault	25
5.3.5 Cases Died of Non-natural Unascertained Causes	27
6. Observations on Cases Reviewed	28
6.1 Observations by Different Death Nature	28
6.1.1 Natural Causes Cases	28
6.1.2 Suicide Cases	28
6.1.3 Accident Cases	31
6.1.4 Assault and Non-natural Unascertained Causes	32
6.1.5 Recommendations Across Child Deaths of Different Nature	32
6.2 Key Messages to Parents, Children and Concerned Parties	34
6.2.1 Parents and Carers	34
6.2.2 Children and Youth	35
6.2.3 Schools	36
6.2.4 Other Concerned Parties	37

Table of Contents

7. Recommendations Made and Responses from Concerned Parties	38
7.1 Concerning Child Death Cases by Natural Causes	38
7.2 Concerning Child Death Cases by Suicide	42
7.3 Concerning Child Death Cases by Accident	59
7.4 Concerning Child Death Cases by Assault and Non-natural Unascertained Cause	76
7.5 Across Child Deaths of Different Nature	81
8. Summary of Statistics on Child Death Cases Reviewed from 2006 to 2011 ·	86
8.1 Statistics of Child Death Cases Reviewed	86
8.2 Statistics of Child Death Cases by Natural Causes	100
8.3 Statistics of Child Death Cases by Suicide	102
8.4 Statistics of Child Death Cases by Accident	104
8.5 Statistics of Child Death Cases by Assault	107
8.6 Statistics of Child Death Cases by Non-natural Unascertained Causes	109
8.7 Statistics of Child Death Cases with Causes Related to Medical Complication	110
9. Appendices	111
Appendix 9.1 List of Child Fatality Review Panel Members	111
Appendix 9.2 Terms of Reference	114
Appendix 9.3 Information Brief on Child Fatality Review	115
Appendix 9.4 The 20 Categories of Deaths Reportable to the Coroners	117
Appendix 9.5 Recommendations for Child Death Cases in 2010 and 2011	118

List of Tables and Charts

Table 5.1.1	Facts and Figures of Child Death in Hong Kong (2010 and 2011)	8
Table 5.1.2	Comparison of Age-specific Death Rates	8
Chart 5.2.1	No. of Cases by Case Nature	9
Table 5.2.2	No. of Cases by Age Group and Sex	9
Chart 5.2.3	No. of Cases by Age Group and Sex	10
Chart 5.2.4	No. of Cases by Ethnicity	10
Chart 5.2.5	No. of Cases by Occupation	11
Chart 5.2.6	No. of Cases by Cause of Death	11
Chart 5.2.7	No. of Cases by Cause of Death and Sex	12
Chart 5.2.8	No. of Cases by Age Group and Cause of Death	12
Table 5.2.9	No. of Cases by Residential District and Year	13
Chart 5.2.10	No. of Cases by Place of Fatal Incident	14
Chart 5.3.1.1	No. of Cases by Age Group and Sex	15
Chart 5.3.1.2	No. of Cases by Occupation	15
Table 5.3.1.3	No. of Cases by Type of Health Problem According to ICD10 Chapter Level Classification	16
Table 5.3.1.4	No. of Cases by Age Group and Death Category	17
Chart 5.3.1.5	No. of Cases with Autopsy Done or Waived	18
Chart 5.3.1.6	No. of Cases by Place of Fatal Incident	18
Chart 5.3.2.1	No. of Cases by Age Group and Sex	19
Chart 5.3.2.2	No. of Cases by Occupation	19
Chart 5.3.2.3	Reasons of Committing Suicide	20
Chart 5.3.2.4	Means of Committing Suicide	20
Chart 5.3.2.5	Cases with Identified Suicidal Signs	21
Chart 5.3.3.1	No. of Cases by Age Group and Sex	22
Chart 5.3.3.2	No. of Cases by Type of Accident and Sex	22
Chart 5.3.3.3	No. of Cases by Age Group and Type of Accident	23
Chart 5.3.3.4	No. of Cases by Age Group and Type of Traffic Victim	23
Chart 5.3.3.5	No. of Cases by Place of Fatal Incident	24
Chart 5.3.3.6	No. of Cases by Occupation	24
Chart 5.3.4.1	No. of Cases by Age Group and Sex	25
Chart 5.3.4.2	Type of Assault	25
Chart 5.3.4.3	Perpetrator's Relationship with the Deceased Child	26
Chart 5.3.4.4	No. of Cases by Place of Fatal Incident	26
Chart 5.3.5.1	No. of Cases by Age Group and Sex	27
Chart 5.3.5.2	No. of Cases by Place of Fatal Incident	27
Table 8.1.1	No. of Cases by Cause of Death and Year	86
Chart 8.1.1.1	No. of Cases by Cause of Death and Year	87
Chart 8.1.1.2	No. of Overall Cases by Year	87
Chart 8.1.1.3	No. of Natural Cause Cases by Year	88

List of Tables and Charts

Chart 8.1.1.4	No. of Suicide Cases by Year	88
Chart 8.1.1.5	No. of Accident Cases by Year	89
Chart 8.1.1.6	No. of Assault Cases by Year	89
Chart 8.1.1.7	No. of Non-natural Unascertained Cause Cases by Year	90
Chart 8.1.1.8	No. of Medical Complication Cases by Year	90
Table 8.1.2	No. of Cases by Age Group, Sex and Year	91
Chart 8.1.3	No. of Cases by Year and Age Group	92
Chart 8.1.4	No. of Cases by Year and Ethnicity	92
Table 8.1.5	No. of Cases by Cause of Death, Year and Sex	93
Chart 8.1.5.1	No. of Overall Cases by Year and Sex	94
Chart 8.1.5.2	No. of Natural Cause Cases by Year and Sex	94
Chart 8.1.5.3	No. of Suicide Cases by Year and Sex	95
Chart 8.1.5.4	No. of Accident Cases by Year and Sex	95
Chart 8.1.5.5	No. of Assault Cases by Year and Sex	96
Chart 8.1.5.6	No. of Non-natural Unascertained Cause Cases by Year and Sex	96
Chart 8.1.5.7	No. of Medical Complication Cases by Year and Sex	97
Table 8.1.6	No. of Cases by Residential District	98
Chart 8.1.7	No. of Cases by Place of Fatal Incident	99
Chart 8.2.1	No. of Cases by Year and Age Group	100
Chart 8.2.2	No. of Cases by Year and Death Category	100
Chart 8.2.3	No. of Cases by Year and with Autopsy Done or Waived	101
Chart 8.3.1	No. of Cases by Year and Age Group	102
Chart 8.3.2	No. of Cases by Year and Reasons of Committing Suicide	102
Chart 8.3.3	No. of Cases by Year and Means of Committing Suicide	103
Chart 8.3.4	No. of Cases by Year and Identified Suicidal Signs	103
Chart 8.4.1	No. of Cases by Year and Age Group	104
Chart 8.4.2	No. of Cases by Year and Type of Accident	104
Chart 8.4.3	No. of Traffic Accident Cases by Year and Age Group	105
Chart 8.4.4	No. of Cases by Year and Type of Traffic Victim	105
Chart 8.4.5	No. of Fall Accident Cases by Year and Age Group	106
Chart 8.4.6	No. of Drowning Accident Cases by Year and Age Group	106
Chart 8.5.1	No. of Cases by Year and Age Group	107
Chart 8.5.2	No. of Cases by Year and Type of Assault	107
Chart 8.5.3	No. of Cases by Year and Perpetrator's Relationship with the Deceased Child	108
Chart 8.5.4	No. of Cases by Year and Place of Incident	108
Chart 8.6.1	No. of Cases by Year and Age Group	109
Chart 8.6.2	No. of Cases by Year and Place of Fatal Incident	109
Chart 8.7.1	No. of Cases by Year and Age Group	110

Children should be best nurtured and protected to grow fully and healthily with all the love, joy and fulfillment, and to lead the most meaningful lives contributing to the society and our betterment.

Children should not die. Death not only deprives their right of living but also causes great loss, pain and sadness to their family. On behalf of the Child Fatality Review Panel, I extend my deepest condolences to the families that had suffered the loss of their children.

Child death is a great loss to society and it is also a community responsibility. The Child Fatality Review Panel is appreciative to everyone who has made much effort in taking care of, nurturing and protecting our children. Panel Members feel privileged to be able to become part of this concerted efforts in promoting the welfare and protection of our children.

The Child Fatality Review Panel hopes that our findings and observations may facilitate the public's understanding of the circumstances leading to and causing these deaths and the risk factors that may be mitigated in order to prevent other deaths. We also hope that the recommendations provided may shed light on actions that can be taken by all parties, including parents, teachers, social workers, or those having a role in the service systems and their delivery to our children, to prevent deaths and to keep children healthy, safe and protected.

This is the second report of the Child Fatality Review Panel, covering the review of child death cases which occurred in 2010 and 2011. In addition to the profile of these cases and 47 recommendations coming up from the review of these cases, it also provides the profile of child death cases which have occurred since 2006, by including the data given in the previous reports of the Review Panel of the Pilot Project on Child Fatality Review and the Child Fatality Review Panel. We hope that readers will find this report useful and the community at large will continue the efforts to prevent avoidable child deaths.

Leung Nai Kong

Chairman

Child Fatality Review Panel

May 2015

Executive Summary

2.1 Review of Child Death Cases Occurred in 2010 and 2011

In this report, 238 child death cases that occurred in 2010 and 2011 and were reported to the Coroner's Court were reviewed. The following table shows the case distribution by year and by death cause.

Cause of Death	Year in which the cases occurred		Total
	2010	2011	
Natural Causes	79	72	151
Non-natural Causes -	49	38	87
Suicide	21	14	35
Accident	15	13	28
Assault	8	4	12
#Unascertained	5	7	12
Total :	128	110	238

Cases died of non-natural unascertained causes.

Major demographics of the 238 cases reviewed are as follows:

- A total of 151 cases (63.4%) died of natural causes, 35 cases (14.7%) died of suicide, 28 cases (11.8%) died of accident, 12 cases (5.0%) died of assault and 12 cases (5.0%) died of non-natural unascertained causes. (*Charts 5.2.1 and 5.2.6*)
- There were more male (N=150, 63.0%) than female (N=88, 37.0%). (*Table 5.2.2*)
- The highest number of child deaths occurred for children aged below 1 (N=106, 44.5%), followed by the age groups of 15 – 17 (N=50, 21.0%) and 12 – 14 (N=29, 12.2%). (*Table 5.2.2 and Chart 5.2.3*)
- The majority of the deceased children were Chinese (N=212, 89.1%), and 22 (9.2%) were non-Chinese while the remaining 4 (1.7%) were of unknown ethnicity. (*Chart 5.2.4*)
- Occupation was not applicable to 131 (55.0%) children who were too young or whose health problems had prevented them from attending school or work. Eighty-one (81) (34.0%) children were full-time students while 12 (5.0%) were neither studying nor working. (*Chart 5.2.5*)

- There were more male than female in individual death cause groups, viz. natural, suicide, accident, assault and non-natural unascertained causes. (*Chart 5.2.7*)
- The highest number of child deaths occurred for children aged below 1 who died of natural causes (N=87, 36.6%). The second highest number of child deaths occurred for children aged 15-17 who died of suicide (N=23, 9.7%). The third highest number of child deaths occurred for children aged 15-17 who died of natural causes (N=15, 6.3%). (*Chart 5.2.8*)
- Most fatal incidents occurred in hospital (N=135, 56.7%) due to natural deaths. Home is the second most common place where 56 (23.5%) fatal incidents occurred. (*Chart 5.2.10*)

For more details of the case profile by death cause, please refer to **Chapter 5**.

2.2 Observations by Different Death Natures and Key Messages to Parents, Children and Parties Concerned for Child Death Cases Which Occurred in 2010 and 2011

Based on the review of child death cases which occurred in 2010 and 2011, the Review Panel has a number of observations which are given per death nature with key messages to parents, children and the parties concerned. Please see **Chapter 6** for more details.

2.3 Recommendations Arising from Review of Child Death Cases Which Occurred in 2010 and 2011

After reviewing the child death cases which occurred in 2010 and 2011, the Review Panel has come up with 47 recommendations on preventive strategies and system improvement for child fatal cases. In summary, the number of recommendations by death cause is listed below:

Cause of Death	Reference Nos.	No. of Recommendations
Natural Causes	N1 - N3	3
Suicide	S1 - S15	15
Accident	A1 - A17	17
Assault and Non-natural Unascertained	AS1 - AS6	6
Across Child Deaths of Different Nature	G1 - G6	6
Total :	-	47

These recommendations have been passed to the relevant government bureaux/ departments and organisations (B/D/Os) concerned for comments and responses. **Chapter 7** tabulates these recommendations together with the comments/responses by the B/D/Os by category of causes. A summary of the recommendations is also given in **Appendix 9.5**.

2.4 Profile of Child Death Cases Reviewed from 2006 to 2011

Taking account of the child death cases which occurred from 2006 to 2011, tables and charts are prepared to show the changes over time by case nature. While these tables and charts may be used for interpretation of trends and patterns, it is considered that when more data is gathered from subsequent reviews, a more significant representation of the trends and patterns may be available.

Please refer to **Chapter 8** for more details.

Acknowledgement

The Child Fatality Review Panel extends its appreciation to the Coroners and the staff members of the Coroner's Court who have been supportive to our work in the prevention of avoidable child death.

We also appreciate the contribution of information from all professionals of service organisations and units involved in the review process. We would also like to acknowledge the government bureaux/departments, professional bodies and service organisations for their professional comments, responses, updates and feedback on the preliminary views of the Child Fatality Review Panel.

Our work will not be possible without all the parties' participation and contribution and we look forward to continuing the cooperation with all parties concerned in promoting child welfare and child protection.

About the Review

4.1 History

The three-year Pilot Project on Child Fatality Review (the Pilot Project) commenced in February 2008 to review child death cases involving children aged below 18 and reported to the Coroners. The review covered both child fatality cases of natural and non-natural causes. The evaluation of the Pilot Project in 2010 confirmed the value of the review. The Review Panel of the Pilot Project thus recommended and the Administration accepted to set up a standing child fatality review mechanism.

While Panel Members of the Pilot Project continued their contribution, a number of new experts and professionals joined the standing mechanism to contribute their invaluable experience. The standing Child Fatality Review Panel (the Review Panel) began its services in June 2011. In May 2013, the Review Panel published its First Report, sharing the findings, observations and recommendations after reviewing the child death cases occurred in 2008 and 2009.

4.2 Purpose

The review aims at facilitating the enhancement of social service systems pertaining to child welfare with focus on inter-sectoral collaboration and multi-disciplinary co-operation for prevention of occurrence of avoidable child deaths. It is not intended to ascertain death causes or attribute responsibility to any party.

4.3 The Review Panel

The Review Panel comprises 18 members including professionals from different disciplines and a parent representative. For efficient and effective review, members of the Review Panel formed 4 sub-groups to look into cases of different natures according to their expertise. A convenor was selected for each sub-group to lead the discussion and to report the findings of review at the quarterly panel meeting. From June 2013 to May 2015, the Review Panel had held 18 meetings, including 7 panel meetings and 11 sub-group meetings.

The membership list and terms of reference of the Review Panel are at **Appendices 9.1** and **9.2** respectively.

4.4 Scope

The scope of review is confined to child death cases involving children aged below 18, including but not limited to cases reported to the Coroner's Court. Referrals from any other sources would be welcomed.

4.5 Timing

Upon the formation of the Review Panel in June 2011, it began to review child death cases that occurred in 2008. The Review Panel completed the review of child death cases occurring in 2008 and 2009 and released its first report in May 2013. Over the following two years, the Panel also completed the review of child death cases occurring in 2010 and 2011. The lapse of time in the review often gives rise to the query of not conducting the review and coming up with timely recommendations. Yet, as almost all of the child fatal cases have to go through the legal proceedings in the Coroner's Court and some might even involve criminal and civil legal actions, it is necessary to start reviewing the cases only after the completion of the proceedings in Court so as to avoid prejudicing these legal proceedings.

4.6 Means

The review methodology is by and large adopted from that used in the Pilot Project. In gist, the review is basically documentary in nature, and is conducted by accessing to papers and documents filed to the Coroner's Court, supplemented by service reports from service organisations or government departments having provided services to the deceased children.

For more details of the review methodology, please refer to the Final Report of the Pilot Project on Child Fatality Review at the following websites :

English Version :

<http://www.swd.gov.hk/doc/whatsnew/201101/PPCFRFR.pdf>

Chinese Version :

http://www.swd.gov.hk/doc/whatsnew/201103/PPCFRFR_Chi.pdf

After completing the review of child death cases occurred in 2008 and 2009, the Child Fatality Review Panel has published its First Report in May 2013. The First Report is available at website :

English Version :

<http://www.swd.gov.hk/doc/whatsnew/201312/CFRP First Report-201312E.pdf>

Chinese Version :

<http://www.swd.gov.hk/doc/whatsnew/201312/CFRP First Report-201312C.pdf>

Overview of Child Death Cases Covered by this Report

5.1 Figures of Child Population and Child Death in Hong Kong in 2010 and 2011

Note on rounding of figures : Owing to rounding, percentage may not add up to 100 as shown in the following tables/charts.

Table 5.1.1: Facts and Figures of Child Death in Hong Kong (2010 and 2011)

Type of Figure	Year	
	2010	2011
Child Population*	1 094 900	1 072 000
No. of Child Death	294	256
Child Death Rate®	0.3	0.2
No. of Cases Reviewed	128	110

* Child population: refers to the mid-year population of children aged under 18.

® Child death rate: refers to the number of known child deaths per 1 000 child population.

(Source: Census and Statistics Department)

Table 5.1.2: Comparison of Age-specific Death Rates*

Age Group		Age: 0		Age: 1-4		Age: 5-9		Age: 10-14		Age: 15-19	
		2010	2011	2010	2011	2010	2011	2010	2011	2010	2011
Country/ Place®	Hong Kong	3.1	2.4	0.2	0.2	less than 0.05	0.1	0.1	0.1	0.2	0.2
	Australia	4.1	3.9	0.2	0.2	0.1	0.1	0.1	0.1	0.4	0.3
	Canada	5.0 [#]	4.8 [#]	0.2	0.2	0.1	0.1	0.1	0.1	0.4	0.4

* Age-specific Death Rate: refers to the number of known deaths per 1 000 persons of the same age group, unless otherwise specified.

[#] Infant deaths per 1 000 live births.

® Only information of the selected countries/places were obtained from the Census and Statistics Department.

(Source: Census and Statistics Department)

5.2 Statistics of Child Death Cases Reviewed

Chart 5.2.1: No. of Cases by Case Nature

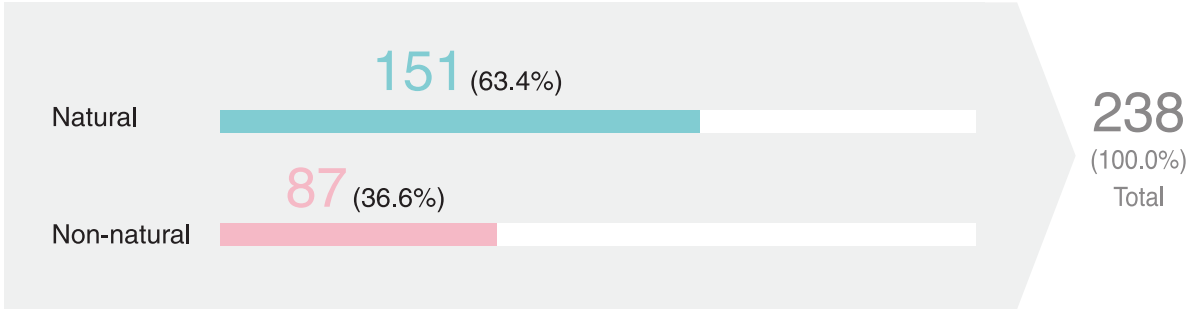


Table 5.2.2: No. of Cases by Age Group and Sex

Age Group	Sex		No. of Cases (%)
	Female (%)	Male (%)	
< 1	41 (17.2%)	65 (27.3%)	106 (44.5%)
1 – 2	6 (2.5%)	10 (4.2%)	16 (6.7%)
3 – 5	7 (2.9%)	10 (4.2%)	17 (7.1%)
6 – 8	4 (1.7%)	7 (2.9%)	11 (4.6%)
9 – 11	2 (0.8%)	7 (2.9%)	9 (3.8%)
12 – 14	12 (5.0%)	17 (7.1%)	29 (12.2%)
15 – 17	16 (6.7%)	34 (14.3%)	50 (21.0%)
Total	88 (37.0%)	150 (63.0%)	238 (100.0%)

The highest case numbers among different age groups are highlighted.

Chart 5.2.3: No. of Cases by Age Group and Sex

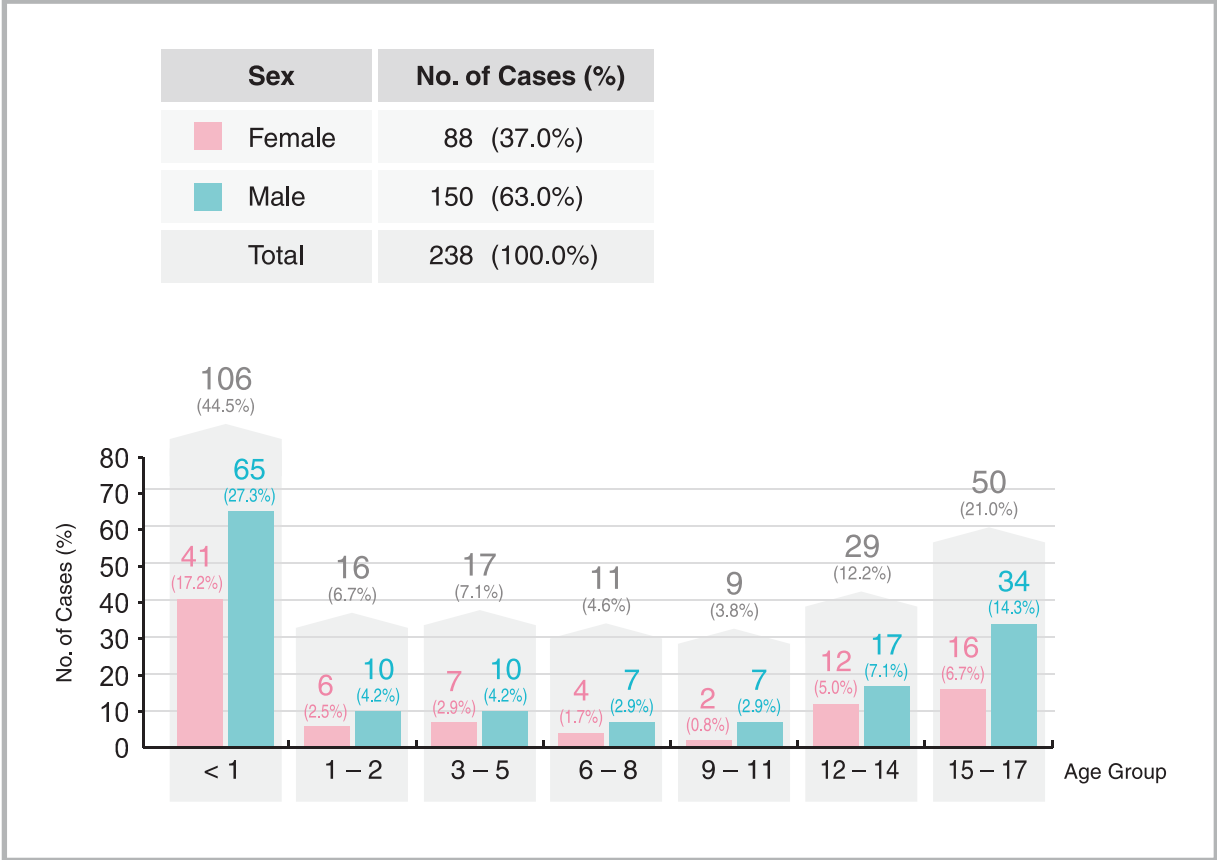


Chart 5.2.4: No. of Cases by Ethnicity

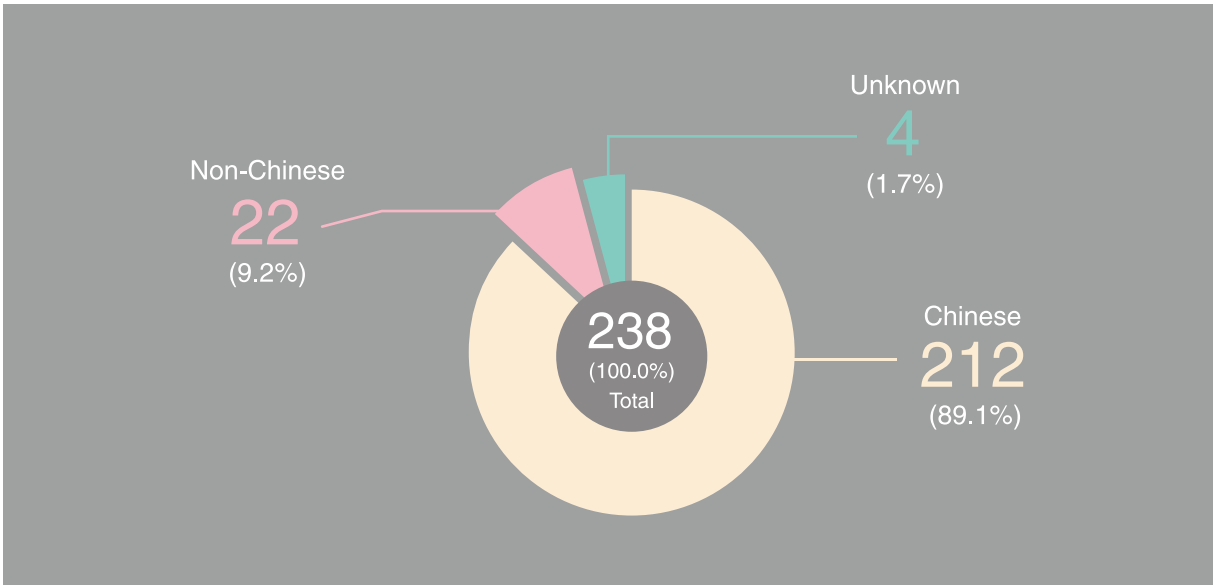
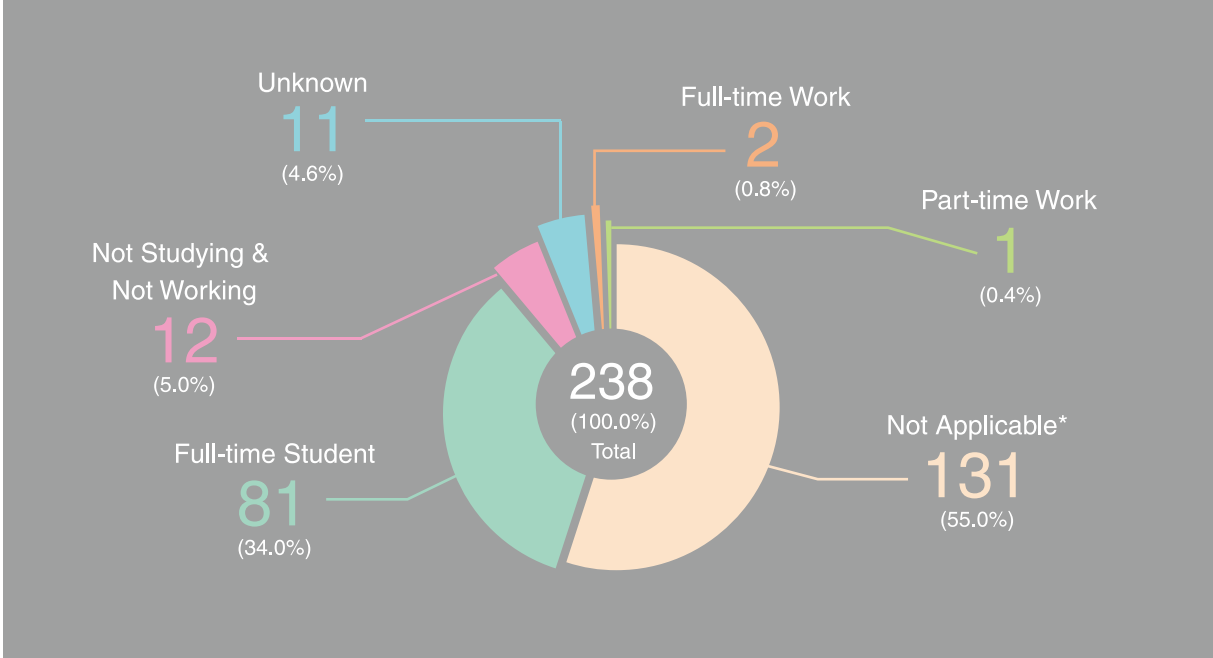


Chart 5.2.5: No. of Cases by Occupation



*Not Applicable: Includes those children in infancy or with health problems preventing them from attending school or work.

Chart 5.2.6: No. of Cases by Cause of Death

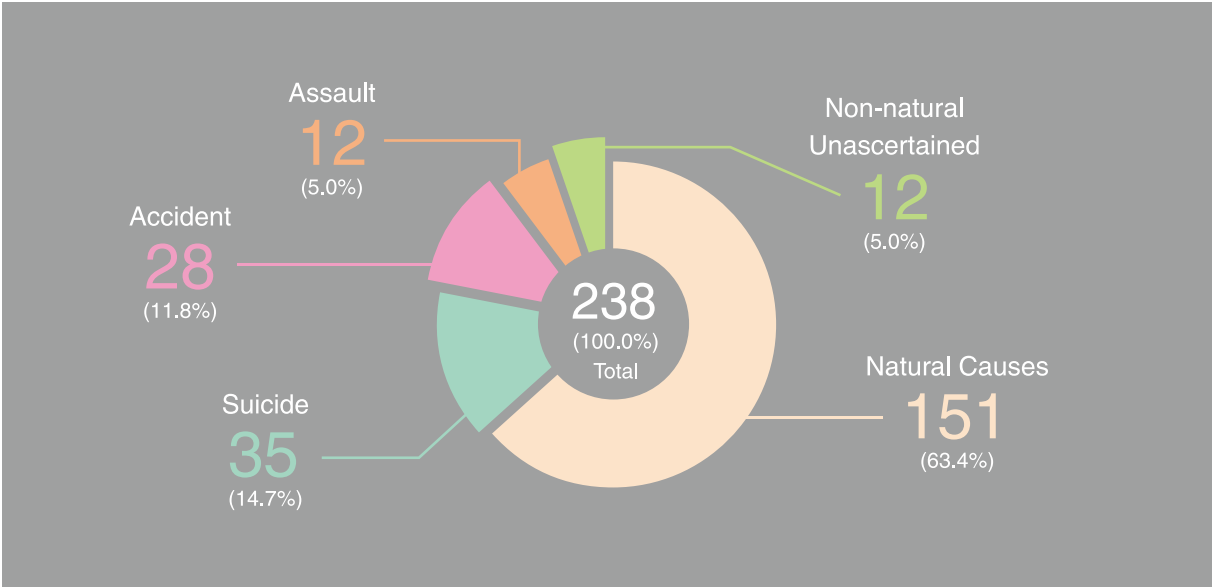


Chart 5.2.7: No. of Cases by Cause of Death and Sex

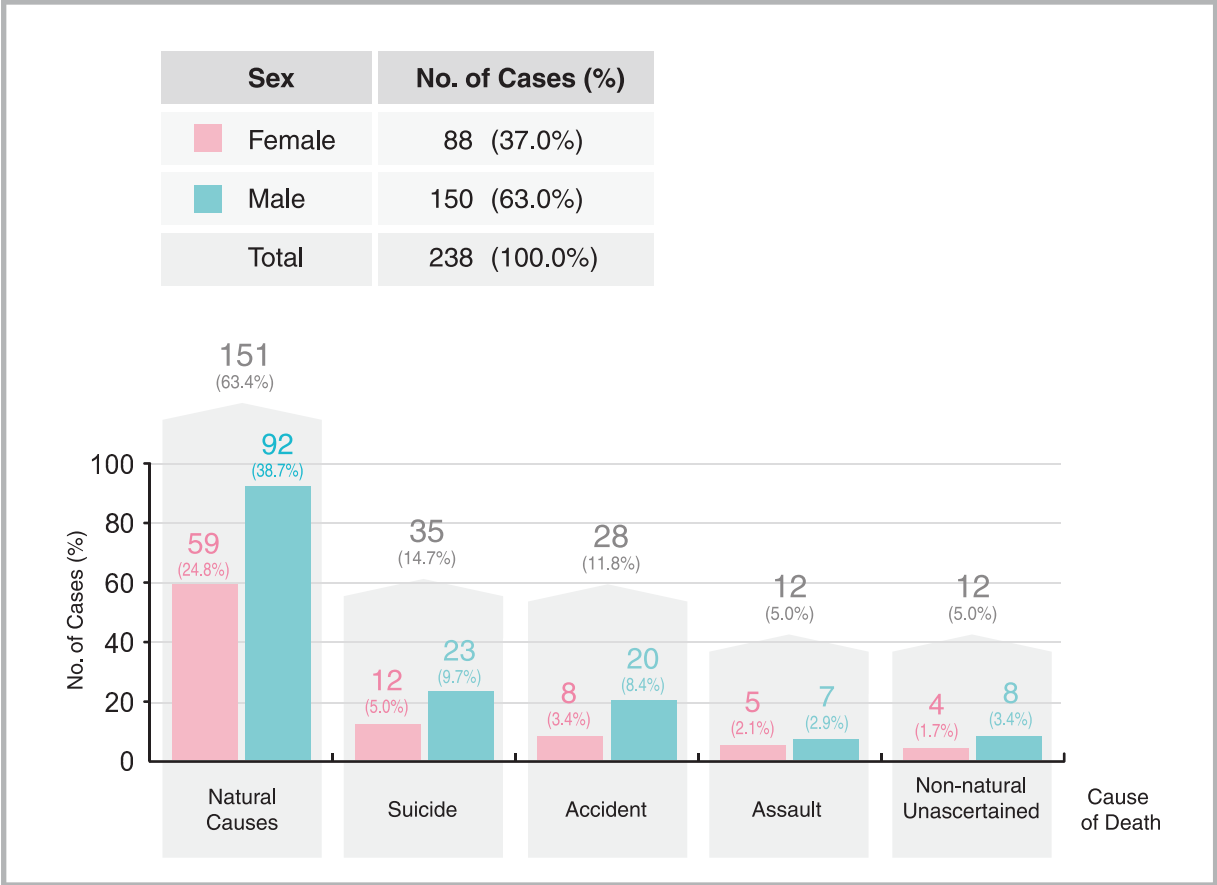


Chart 5.2.8: No. of Cases by Age Group and Cause of Death

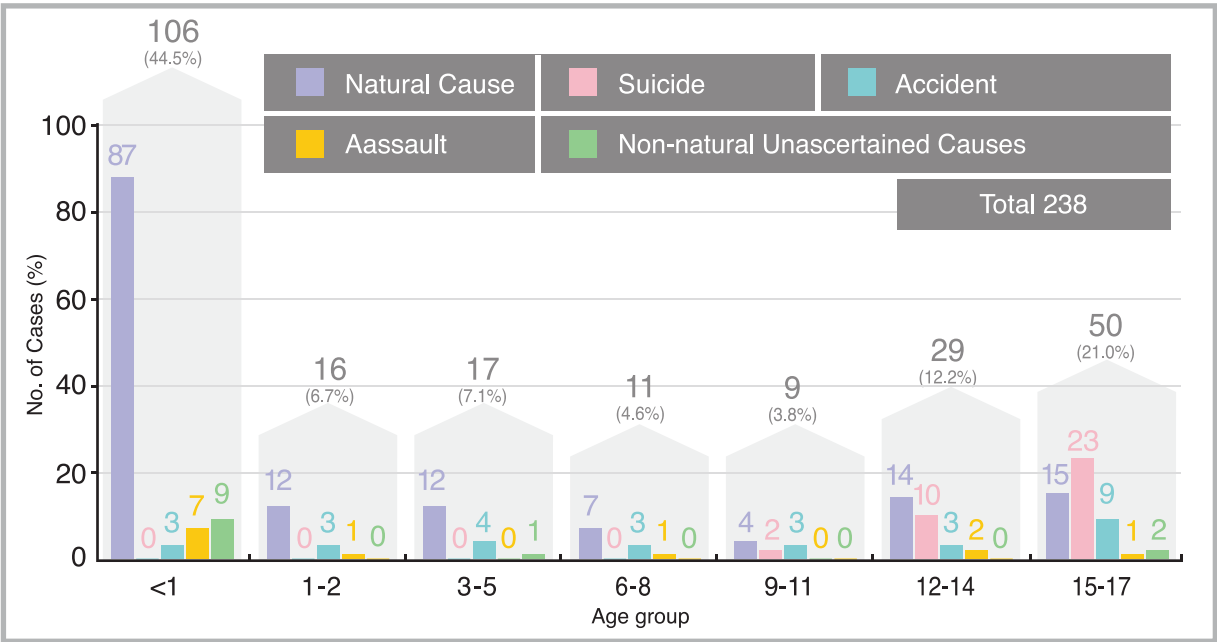


Table 5.2.9: No. of Cases by Residential District and Year

Residential District	2010			2011		
	No. of cases	*Population	#Death rate	No. of cases	*Population	#Death rate
Hong Kong Island						
Central & Western	2	39 300	0.051	5	34 800	0.144
Wan Chai	2	20 300	0.099	0	18 700	0.000
Eastern	2	84 500	0.024	6	81 500	0.074
Southern	7	42 300	0.165	3	42 000	0.071
Kowloon						
Yau Tsim Mong	4	45 700	0.088	5	46 900	0.107
Sham Shui Po	5	55 700	0.090	7	58 200	0.120
Kowloon City	7	54 500	0.128	7	55 700	0.126
Wong Tai Sin	11	58 800	0.187	6	58 300	0.103
Kwun Tong	9	94 400	0.095	4	95 700	0.042
New Territories						
Kwai Tsing	8	78 800	0.102	6	76 100	0.079
Tsuen Wan	6	50 300	0.119	1	49 600	0.020
Tuen Mun	8	76 700	0.104	11	73 100	0.150
Yuen Long	14	107 600	0.130	10	104 200	0.096
North	10	52 300	0.191	6	49 300	0.122
Tai Po	2	41 500	0.048	3	40 700	0.074
Sha Tin	9	90 900	0.099	9	90 300	0.100
Sai Kung	4	72 400	0.055	6	71 700	0.084
Islands	5	30 500	0.164	2	26 500	0.075
Others						
Not residing in HK	9	-	-	11	-	-
Unknown	4	-	-	2	-	-
Total :	128	-	-	110	-	-

Classification of the residential districts above is according to the 18 districts in District Council/Constituency Area.

The top 3 highest case numbers or death rates among the 18 districts are highlighted.

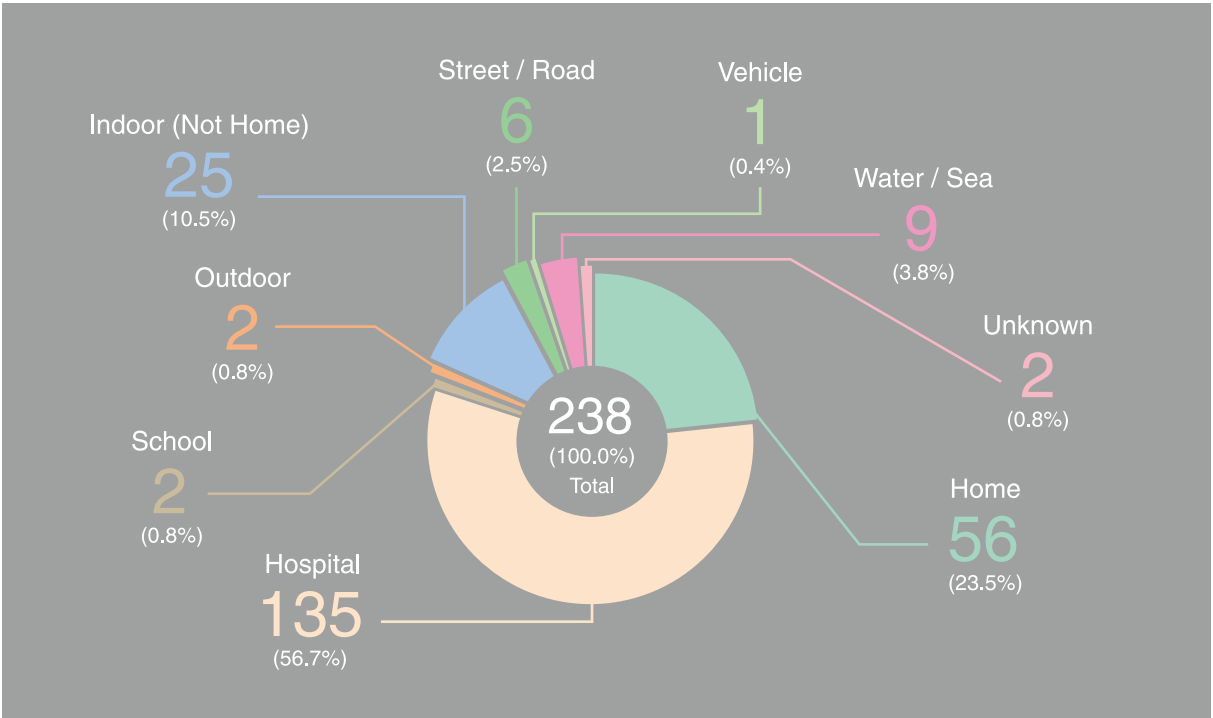
* denotes land-based non-institutional population aged 0-17 in respective district. Source: General Household Survey, Census and Statistics Department.

denotes district-specific child death rate, i.e. child death cases reviewed per 1 000 land-based non-institutional child population in respective district.

In 2010, the highest number of child deaths was recorded in Yuen Long District (N=14), followed by Wong Tai Sin District (N=11) and North District (N=10). However, taking account of the child population in respective districts, the highest child death rate, i.e. child death cases reviewed per 1 000 land-based non-institutional child population in respective districts, came from North District (0.191), followed by Wong Tai Sin District (0.187) and Southern District (0.165). Wong Tai Sin District and North District were the top two districts with relatively higher number of child deaths and child death rate.

In 2011, the highest number of child deaths was recorded in Tuen Mun District (N=11), followed by Yuen Long District (N=10) and Sha Tin District (N=9). The highest child death rate came from Tuen Mun District (0.150), followed by Central & Western District (0.144) and Kowloon City District (0.126). Tuen Mun District had the highest number of child deaths and child death rate.

Chart 5.2.10: No. of Cases by Place of Fatal Incident



5.3 Statistics of Child Death Cases According to Death Cause

5.3.1 Cases Died of Natural Causes

Chart 5.3.1.1: No. of Cases by Age Group and Sex

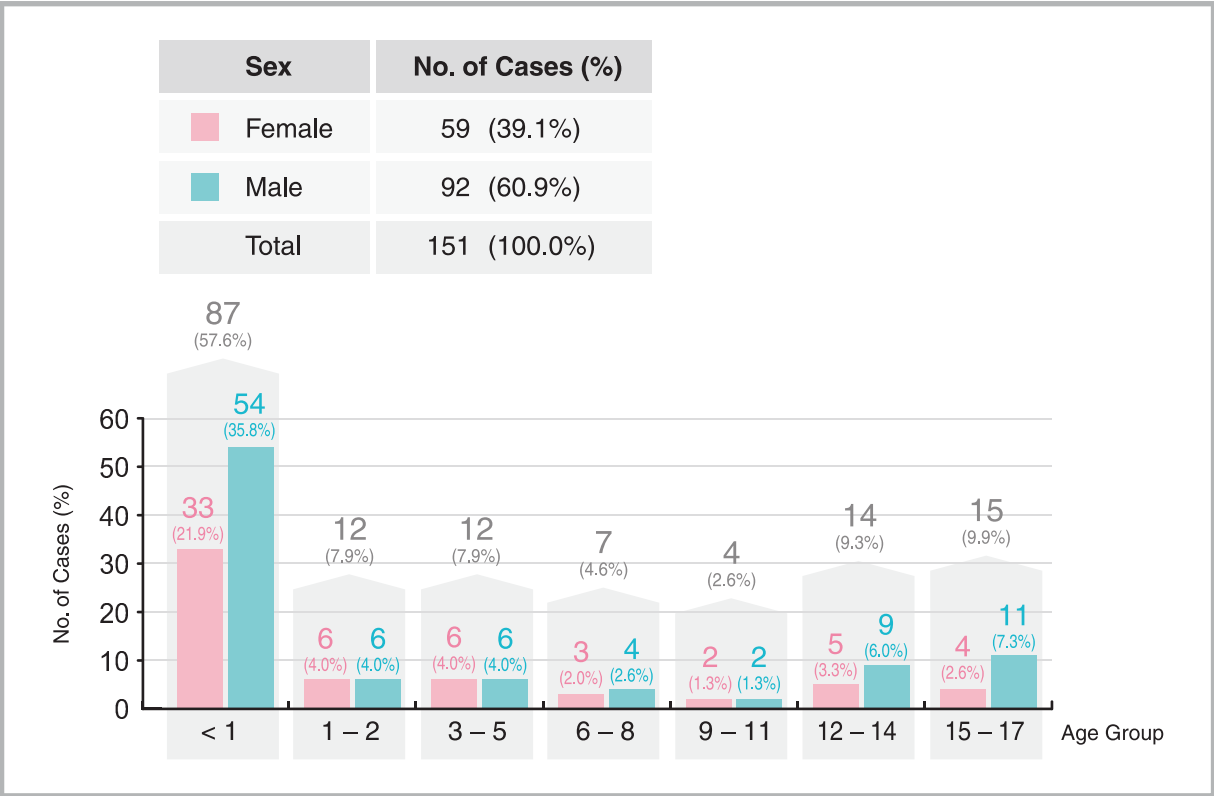
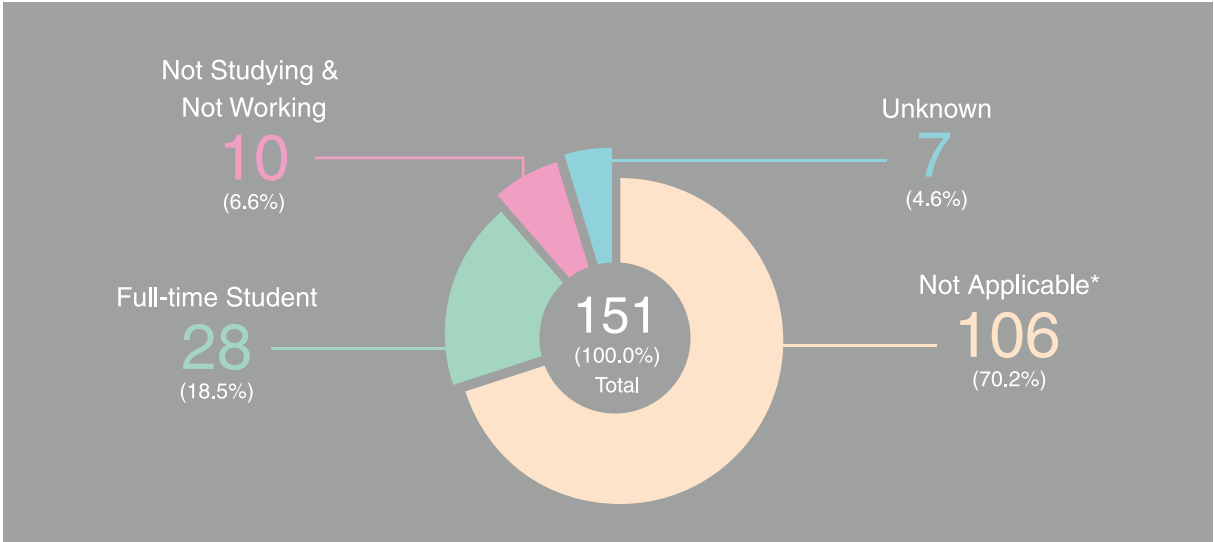


Chart 5.3.1.2: No. of Cases by Occupation



* Not Applicable: Includes those children in infancy or with health problems preventing them from attending school or work.

**Table 5.3.1.3: No. of Cases by Type of Health Problem According to ICD10*
Chapter Level Classification**

ICD Code	Type of Health Problem	No. of Cases (%)
A00-B99	Certain infectious and parasitic diseases	4 (2.6%)
C00-D48	Neoplasms	6 (4.0%)
D50-D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	2 (1.3%)
E00-E90	Endocrine, nutritional and metabolic diseases	5 (3.3%)
G00-G99	Diseases of the nervous system	17 (11.3%)
I00-I99	Diseases of the circulatory system	18 (11.9%)
J00-J99	Diseases of the respiratory system	19 (12.6%)
K00-K93	Diseases of the digestive system	3 (2.0%)
O00-O99	Pregnancy, childbirth and the puerperium	1 (0.7%)
P00-P96	Certain conditions originating in the perinatal period	27 (17.9%)
Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities	23 (15.2%)
R00-R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (mainly sudden infant death or sudden unexplained death for the reviewed cases)	21 (13.9%)
S00-T98	Injury, poisoning and certain other consequences of external causes	1 (0.7%)
Z00-Z99	Factors influencing health status and contact with health services	1 (0.7%)
Not available	-	3 (2.0%) [@]
Total :		151 (100.0%)

*ICD10: The International Classification of Diseases, Version 10 is developed by the World Health Organisation. The ICD is the international standard diagnostic classification for epidemiology, health management and clinical purposes. These include the analysis of the general health situation of population groups and monitoring of the incidence and prevalence of diseases and other health problems in relation to other variables such as the characteristics and circumstances of the individuals affected, reimbursement, resource allocation, quality and guidelines.

@ICD classification has not been assigned for 3 stillbirth/abortus cases.

The top 3 highest case numbers among the ICD codes are highlighted.

Table 5.3.1.4: No. of Cases by Age Group and Death Category*

Age Group	Category *					No. of Cases (%)
	A (%)	B (%)		C (%)	D (%)	
		B1 (%)	B2 (%)			
< 1	36 (23.8%)	8 (5.3%)	11 (7.3%)	6 (4.0%)	26 (17.2%)	87 (57.6%)
1 – 2	0	4 (2.6%)	3 (2.0%)	5 (3.3%)	0	12 (7.9%)
3 – 5	0	4 (2.6%)	2 (1.3%)	6 (4.0%)	0	12 (7.9%)
6 – 8	0	4 (2.6%)	2 (1.3%)	1 (0.7%)	0	7 (4.6%)
9 – 11	0	4 (2.6%)	0	0	0	4 (2.6%)
12 – 14	0	8 (5.3%)	3 (2.0%)	2 (1.3%)	1 (0.7%)	14 (9.3%)
15 – 17	0	7 (4.6%)	5 (3.3%)	1 (0.7%)	2 (1.3%)	15 (9.9%)
Total (%) :	36 (23.8%)	39 (25.8%)	26 (17.2%)	21 (13.9%)	29 (19.2%)	151 (100.0%)
		65 (43.0%)				

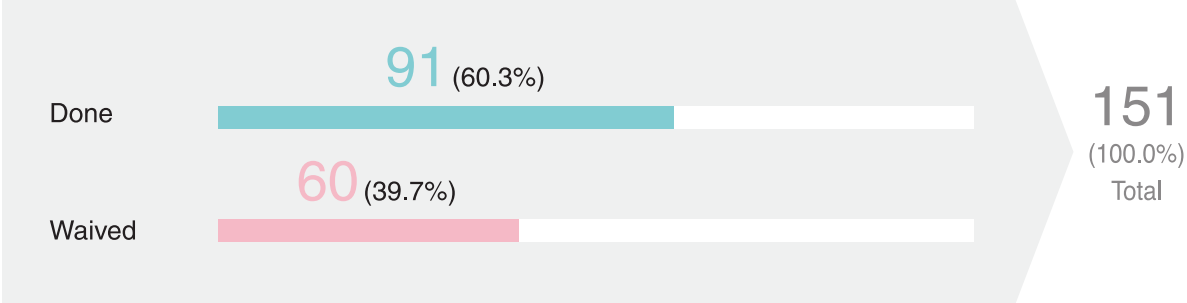
*These categories of death, with content listed below, are designed by the medical experts of the Review Panel for review purpose:

- A** – Neo-natal Conditions
- B** – Chronic Medical Conditions
 - B1** – with mental or physical disabilities
 - B2** – without mental or physical disabilities
- C** – Acute Medical Conditions
- D** – Others, including:
 - Unidentifiable Aetiology
 - SUDI (Sudden and Unexpected Death in Infancy)
 - Stillbirth

#For cases under Category D, further examination revealed that the highest number of child deaths under this category were stillbirth cases (N=13, 8.6%).

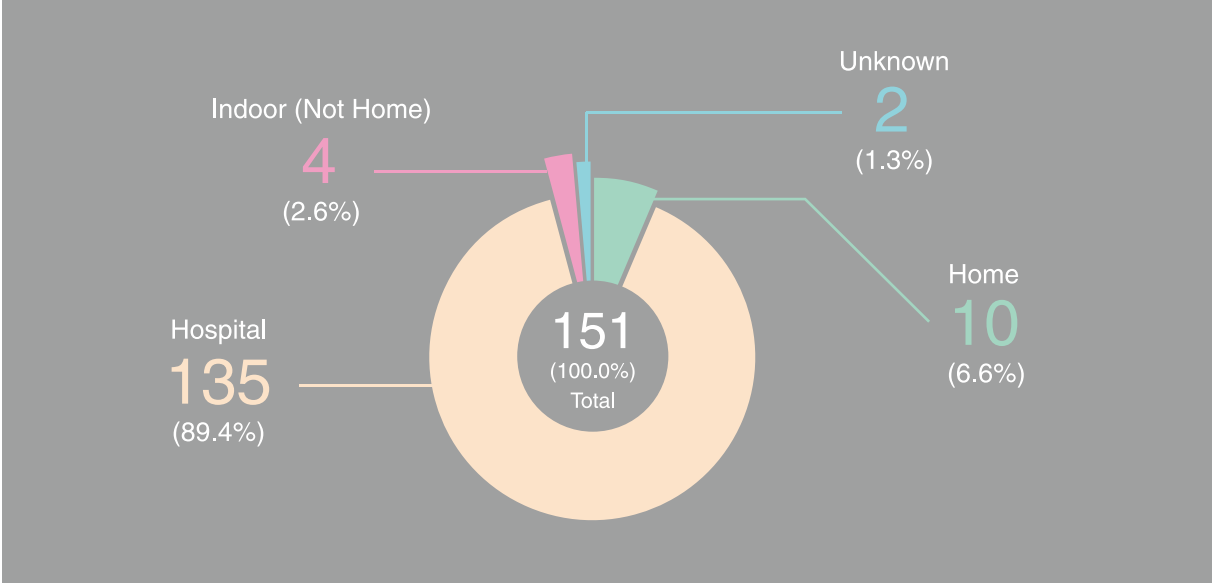
The highest case numbers among different categories are highlighted.

Chart 5.3.1.5: No. of Cases with Autopsy Done or Waived *



*Source: According to information search at the Coroner's Court.

Chart 5.3.1.6: No. of Cases by Place of Fatal Incident



5.3.2 Cases Died of Suicide

Chart 5.3.2.1: No. of Cases by Age Group and Sex

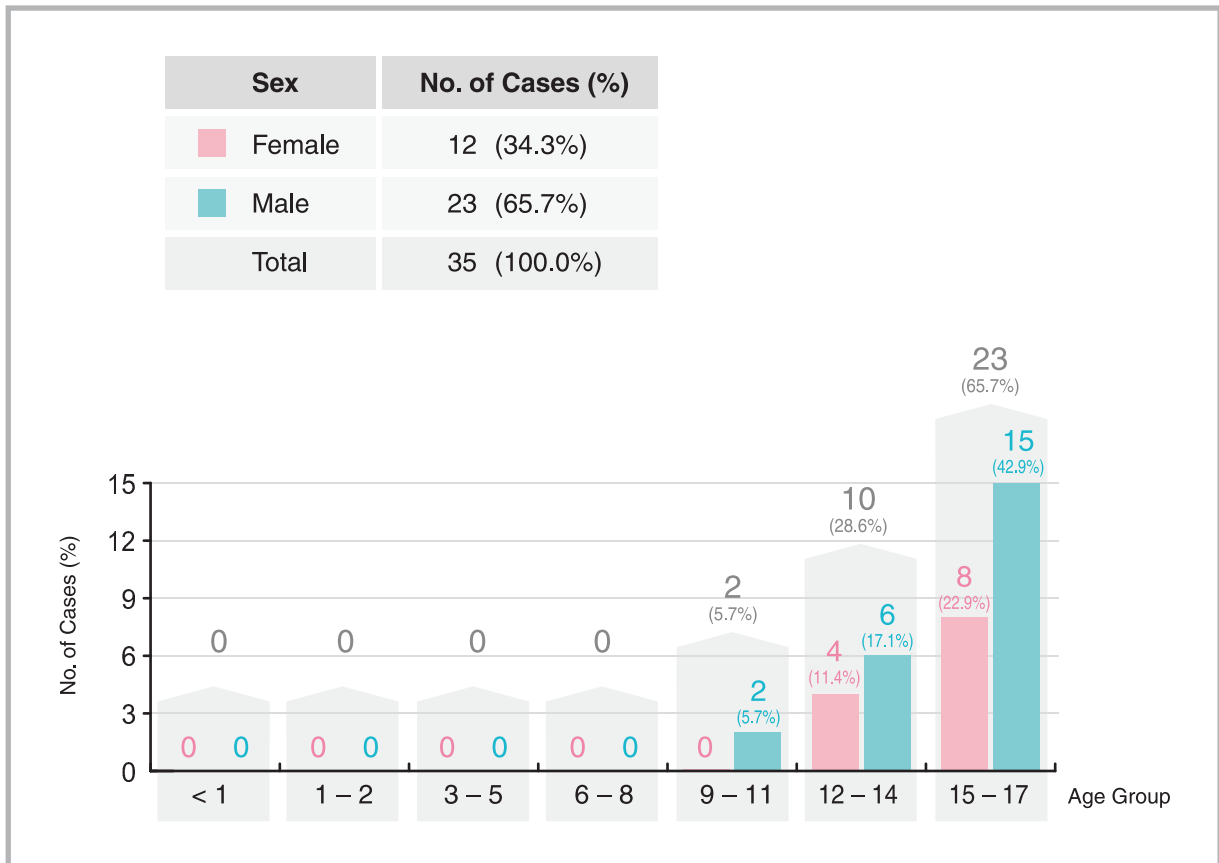


Chart 5.3.2.2: No. of Cases by Occupation

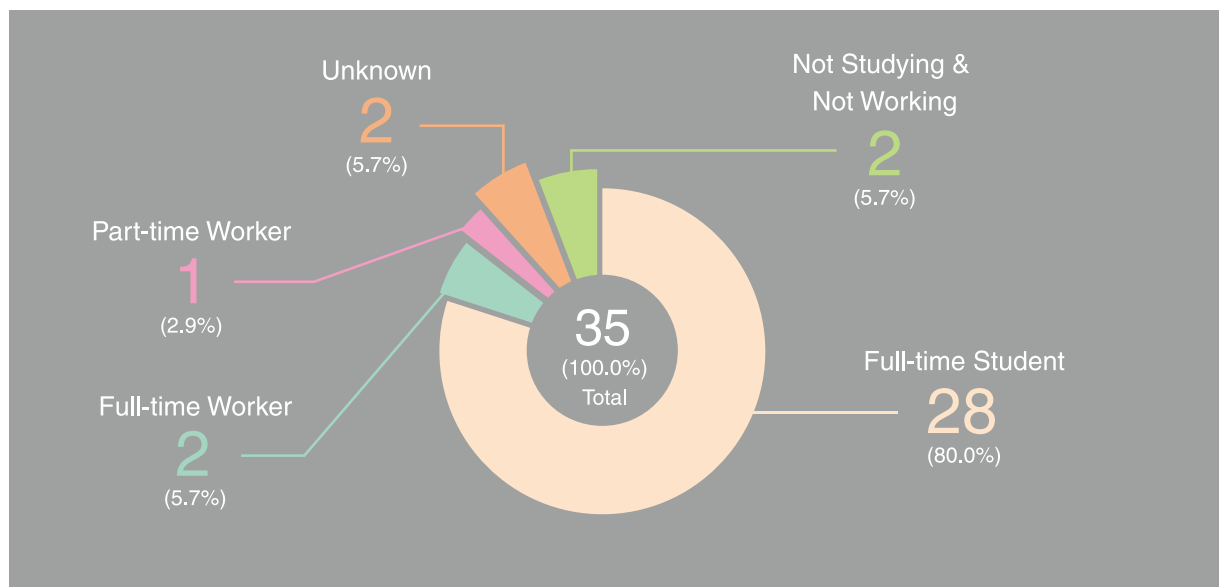
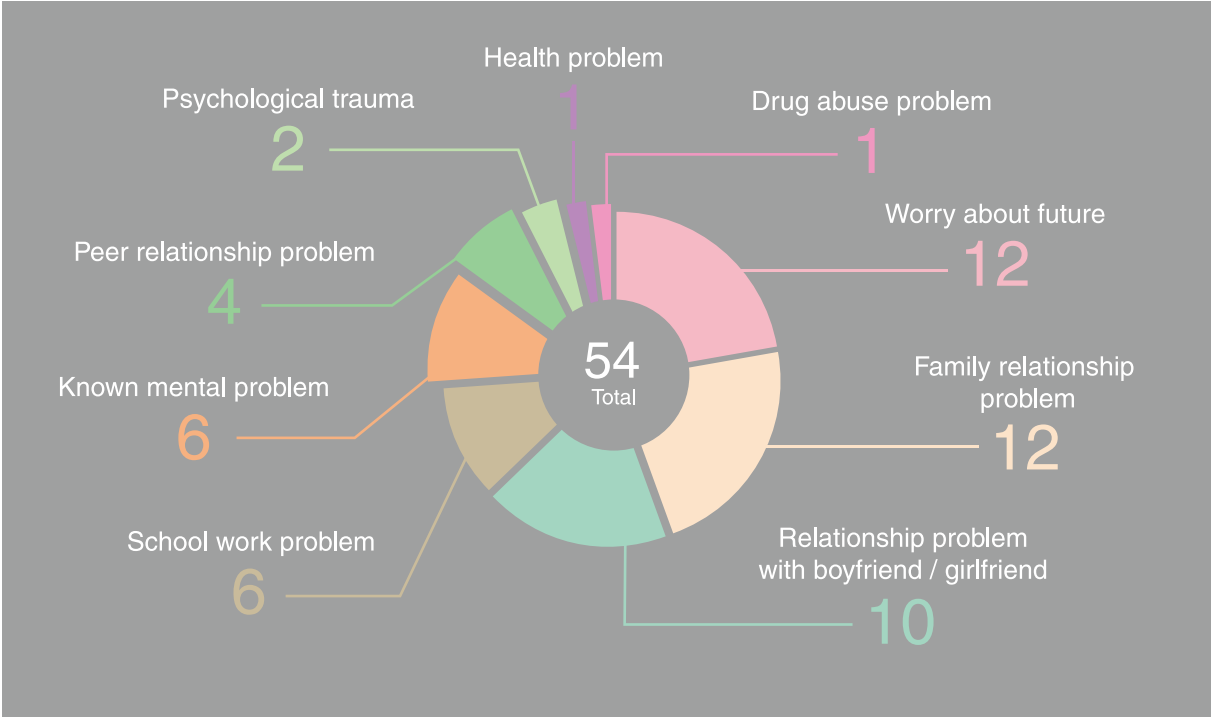


Chart 5.3.2.3: Reasons* of Committing Suicide



* Multiple reasons are allowed.
 (The reasons were identified in the police death investigation reports and/or service reports of the reviewed cases.)

Chart 5.3.2.4: Means of Committing Suicide

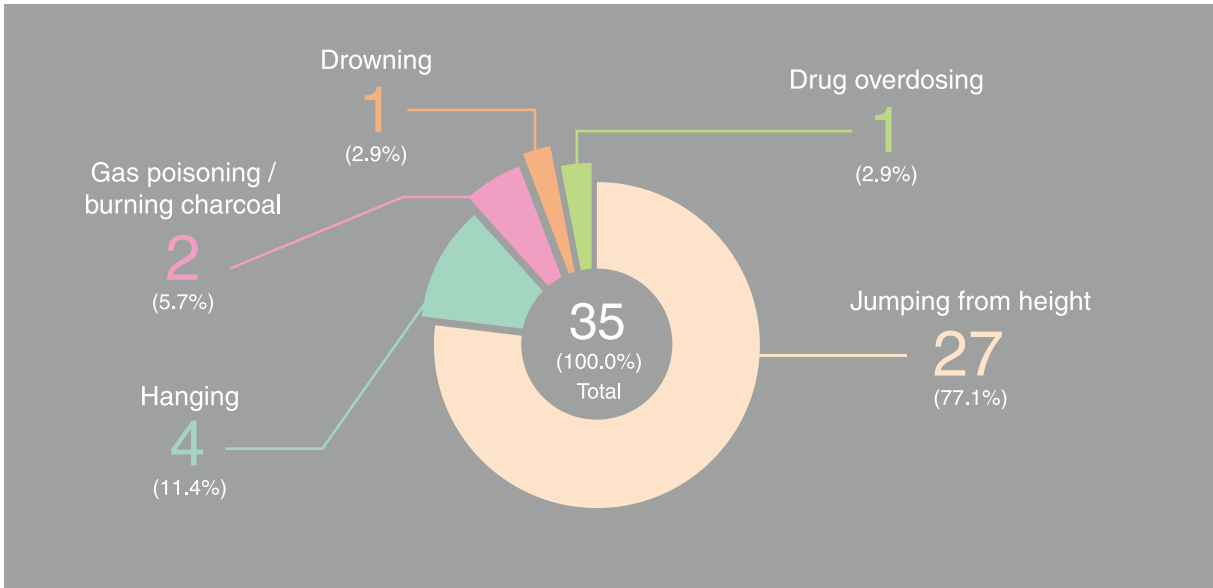
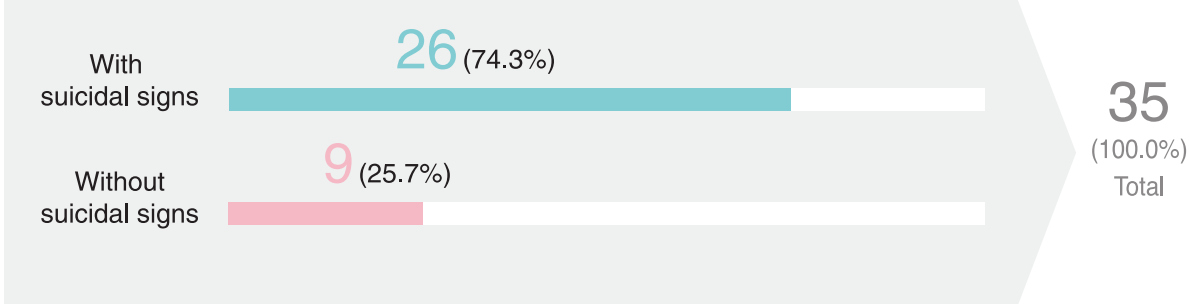


Chart 5.3.2.5: Cases with Identified Suicidal Signs*



Signs: Include leaving suicidal notes; emotional/violent acts; verbal expression/threatening of suicidal intention and past history of suicidal attempts. (The signs were identified from police investigation reports.)*

5.3.3 Cases Died of Accident

Chart 5.3.3.1: No. of Cases by Age Group and Sex

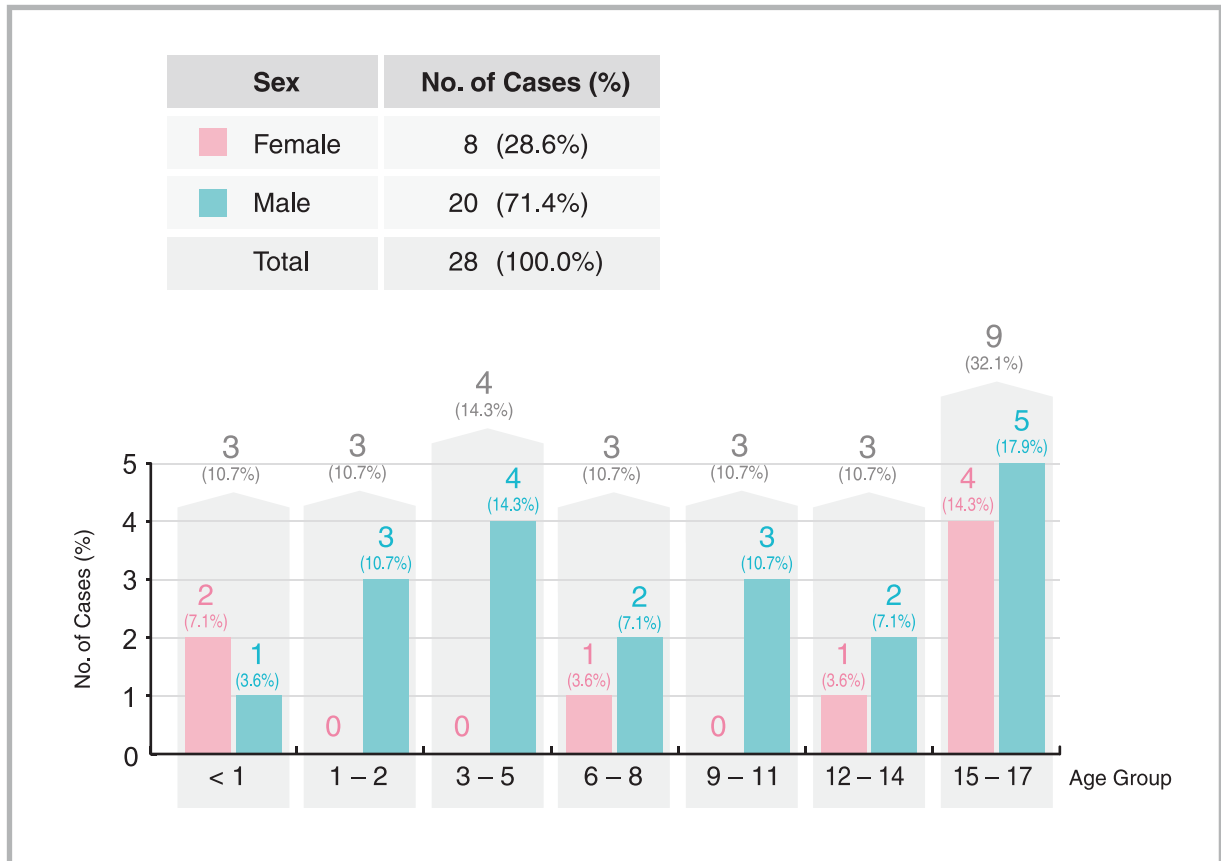


Chart 5.3.3.2: No. of Cases by Type of Accident and Sex

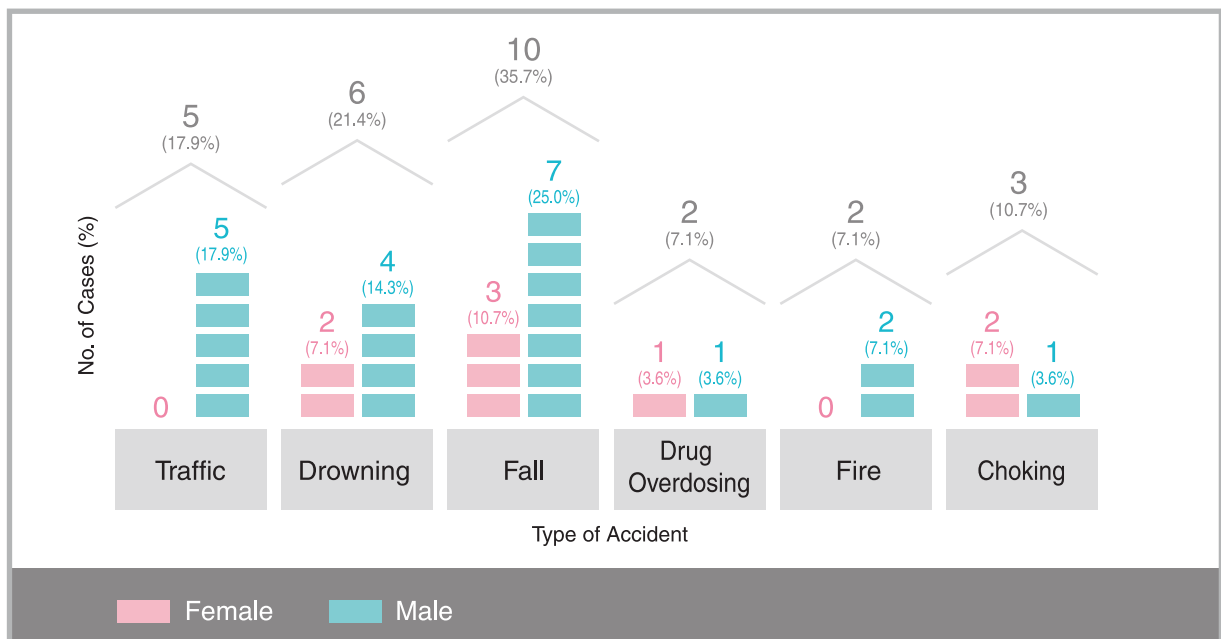


Chart 5.3.3.3: No. of Cases by Age Group and Type of Accident

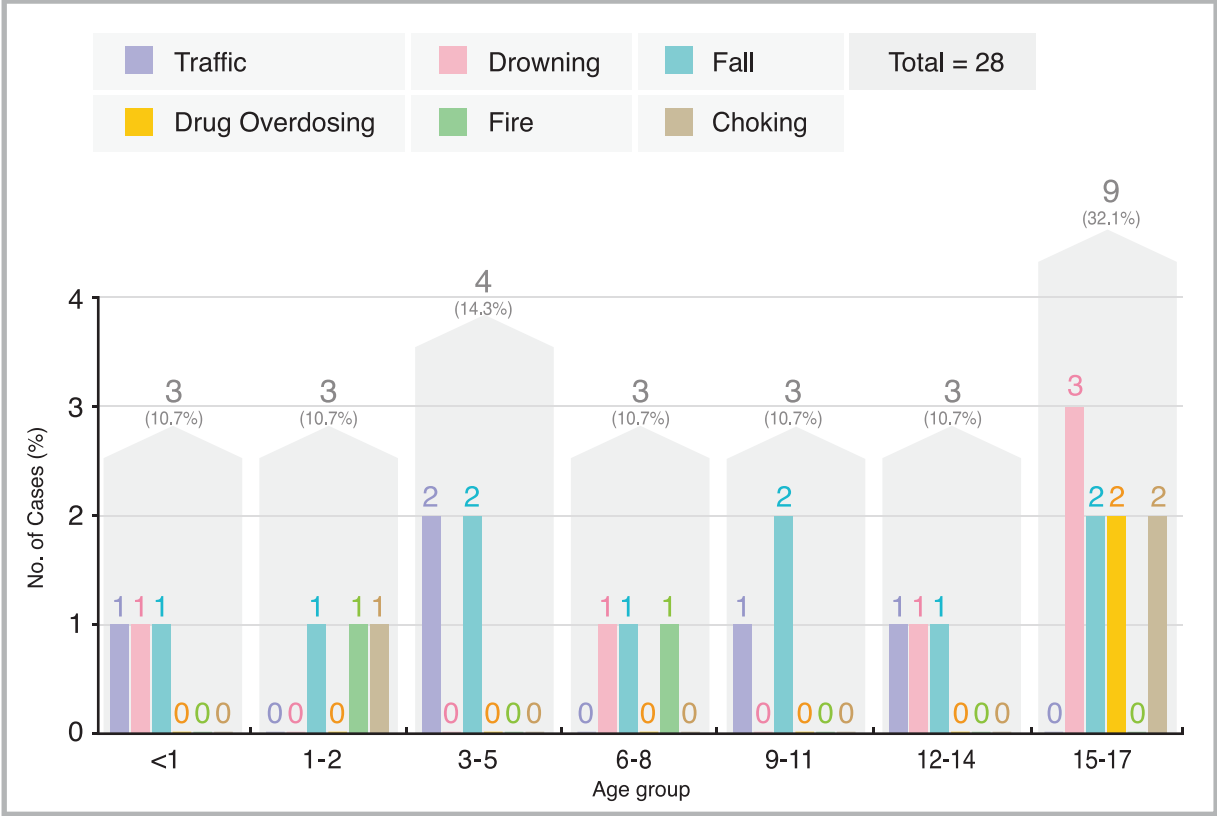


Chart 5.3.3.4: No. of Cases by Age Group and Type of Traffic Victim

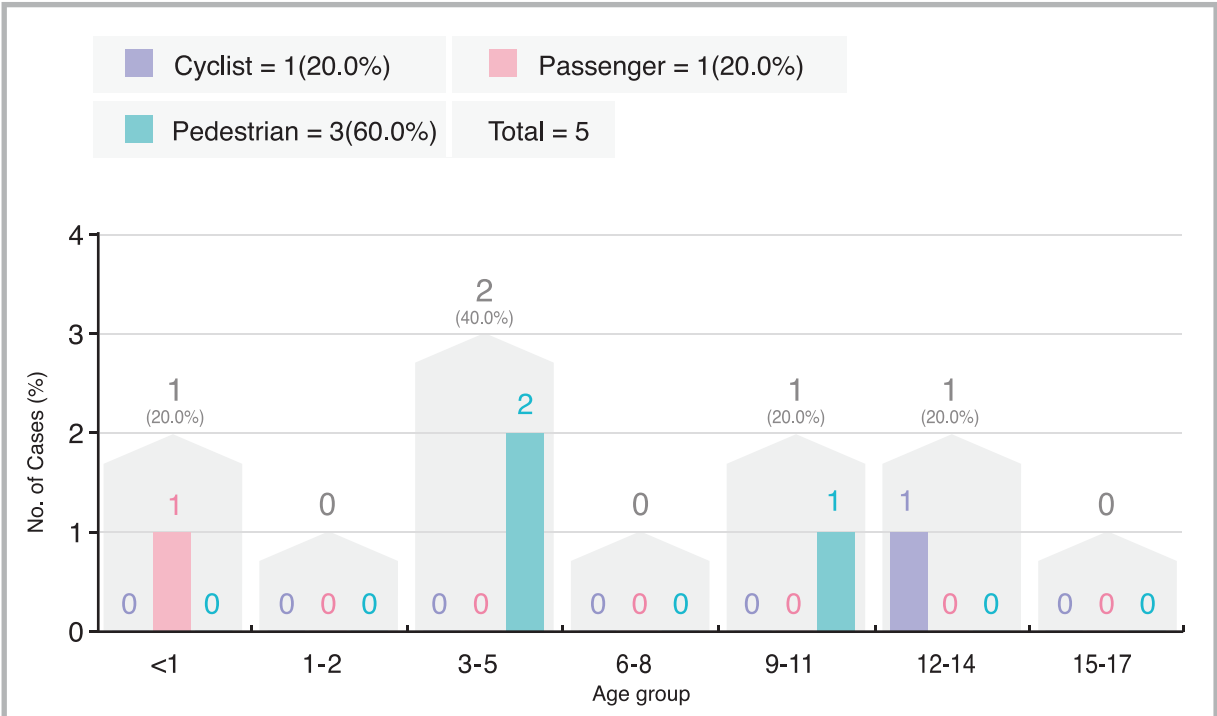


Chart 5.3.3.5: No. of Cases by Place of Fatal Incident

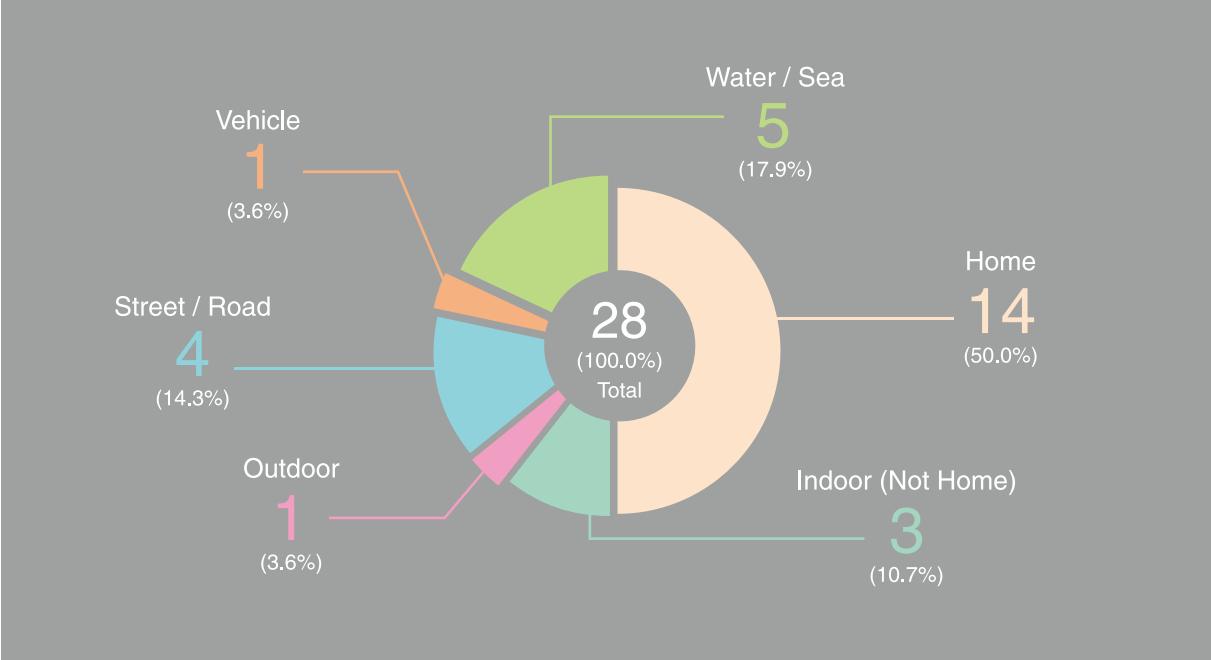
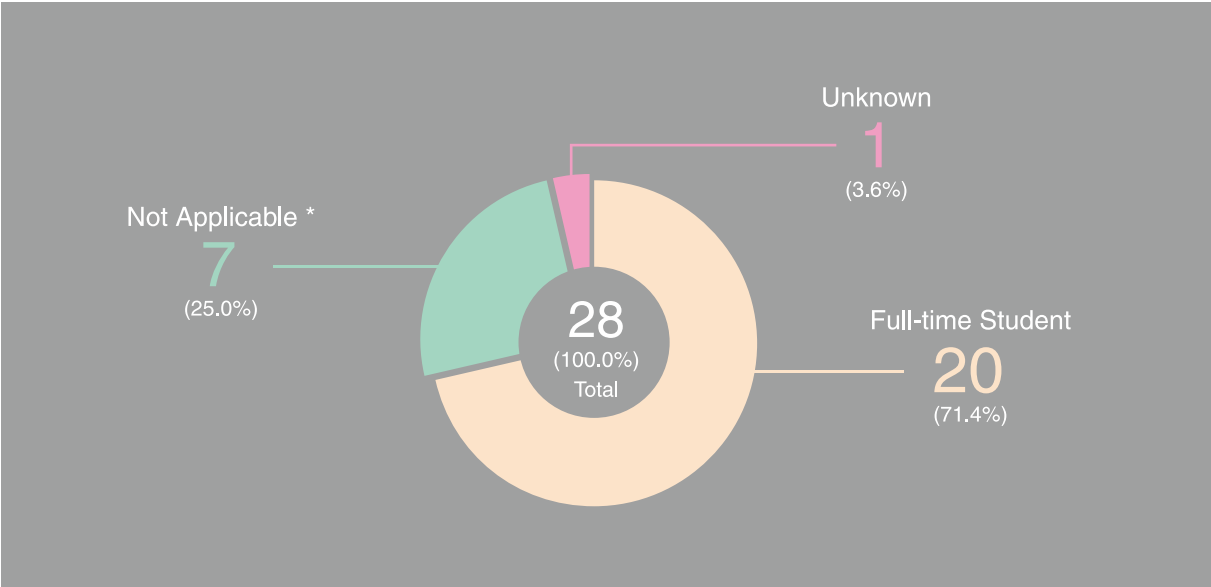


Chart 5.3.3.6: No. of Cases by Occupation



Not Applicable: Includes those children in infancy or with health problems preventing them from attending school or work.*

5.3.4 Cases Died of Assault

Chart 5.3.4.1: No. of Cases by Age Group and Sex

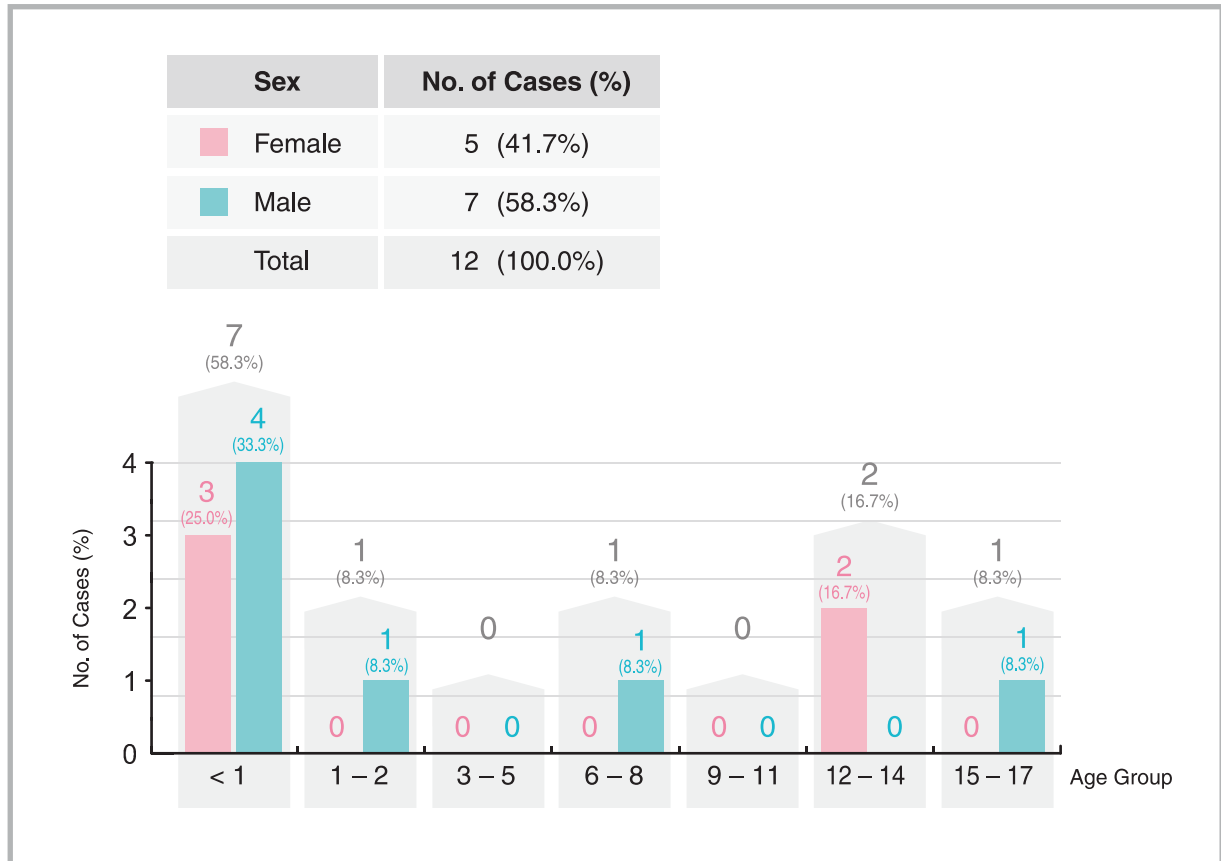


Chart 5.3.4.2: Type of Assault

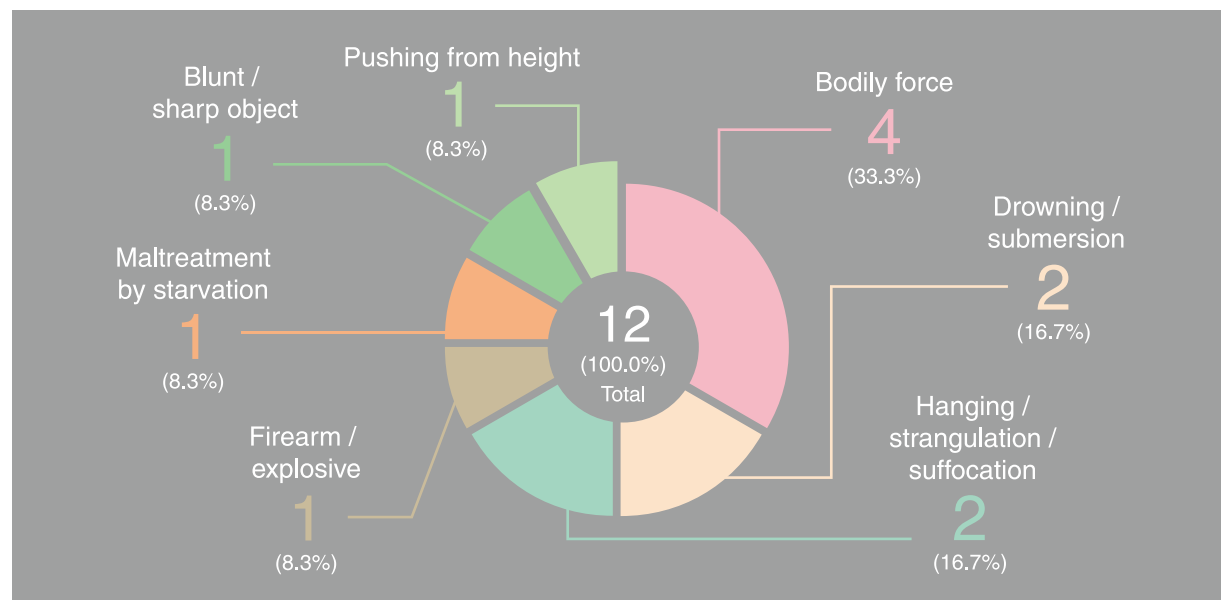


Chart 5.3.4.3: Perpetrator's Relationship with the Deceased Child

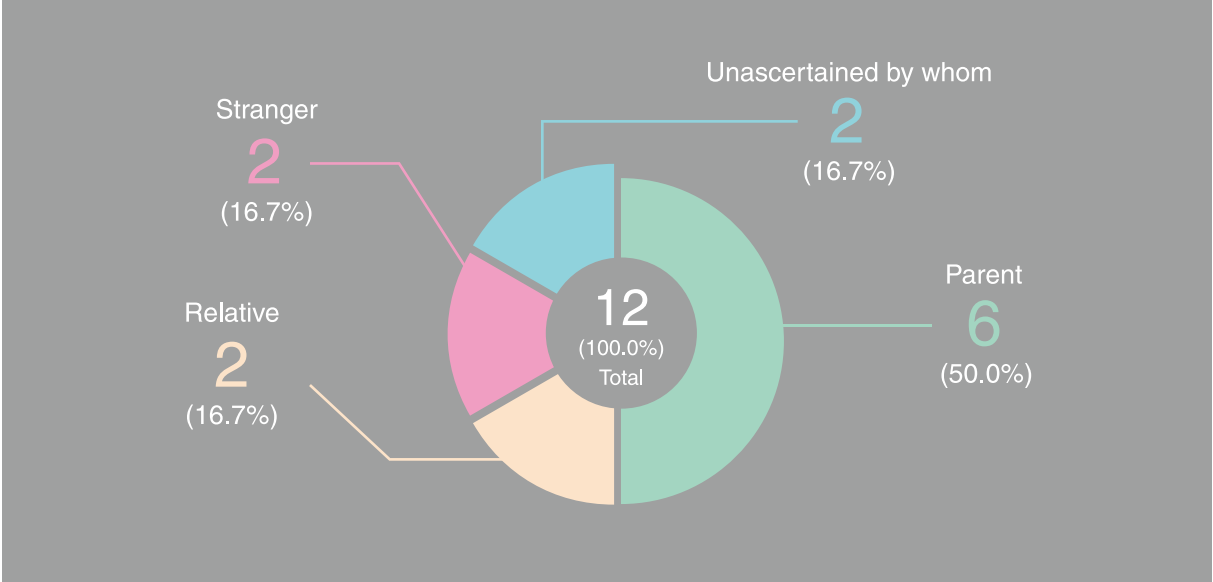
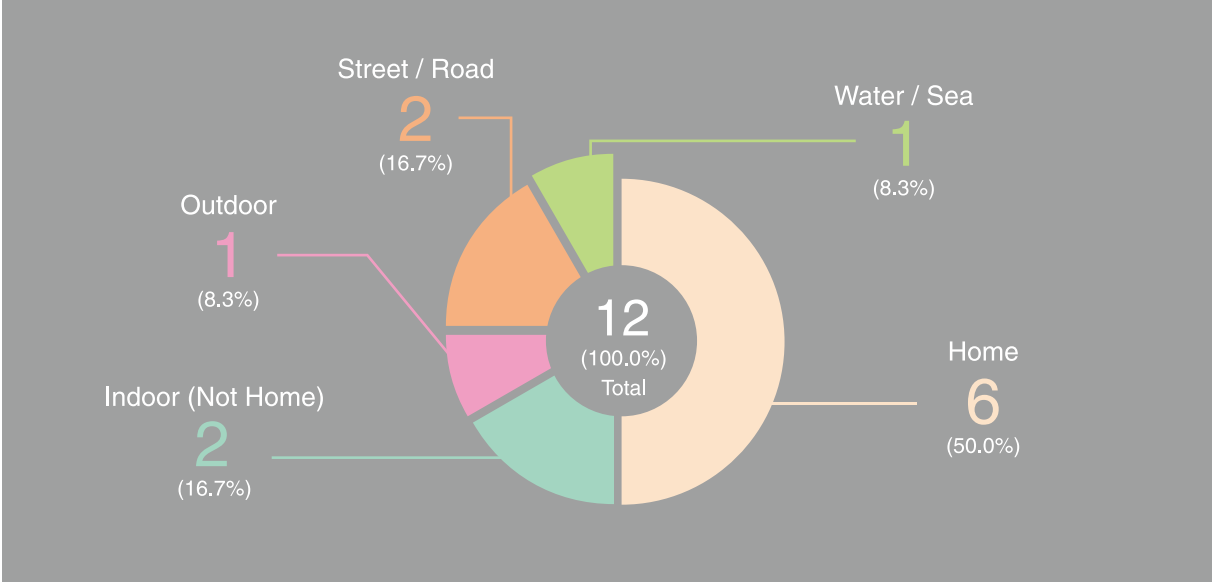


Chart 5.3.4.4: No. of Cases by Place of Fatal Incident



5.3.5 Cases Died of Non-natural Unascertained Causes

Chart 5.3.5.1: No. of Cases by Age Group and Sex

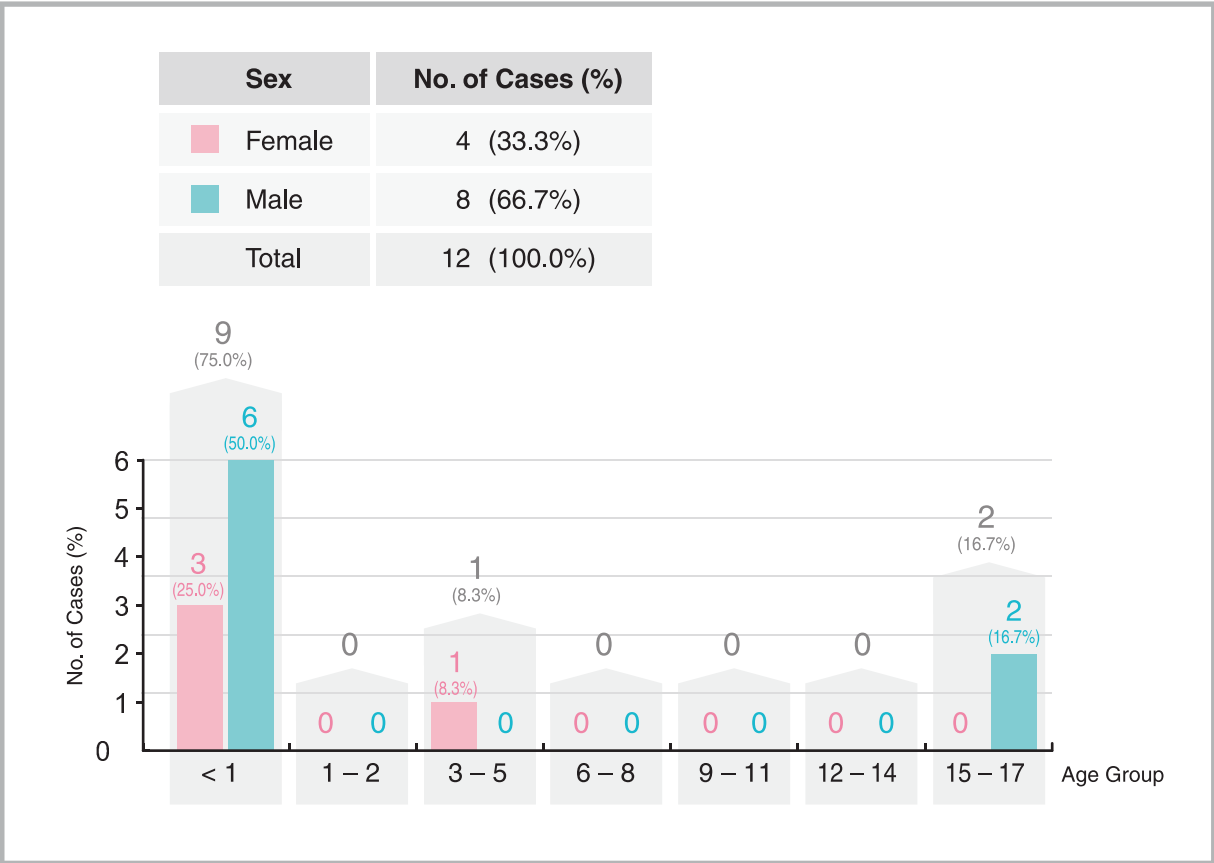
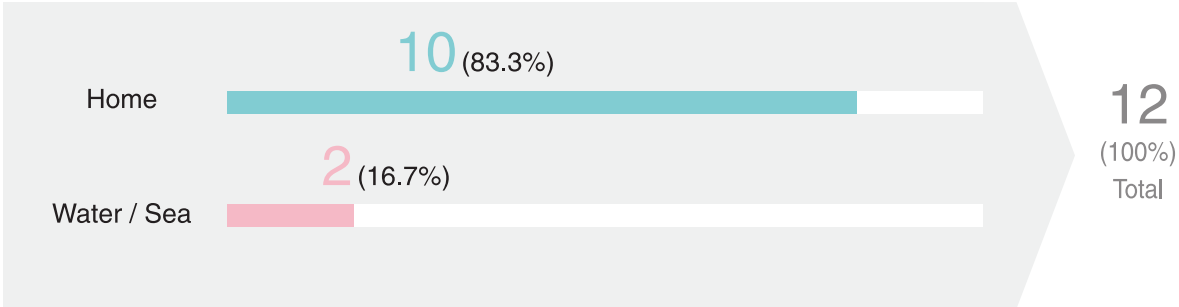


Chart 5.3.5.2: No. of Cases by Place of Fatal Incident



Observations on Cases Reviewed

In the course of reviewing the cases and formulating the recommendations outlined in subsequent chapters, Panel Members have the following observations.

6.1 Observations by Different Death Nature

6.1.1 Natural Causes Cases

- Arising from a 2-day-old boy died of amniotic fluid aspiration pneumonia and methylmalonic aciduria the cause of which seemed to be related to in-born metabolic disorder, it is considered that newborn screening for inborn errors of metabolism would help identify these hereditary diseases. While acknowledging that it is a practice for Department of Health's forensic pathologists to explain findings to families and/or refer surviving family members for appropriate medical follow-up when undiagnosed hereditary disease is found during autopsy, Panel Members also suggest medical teams to encourage families with members died of these hereditary diseases to receive genetic counselling to prevent re-occurrence of death related to these hereditary diseases (**Recommendation N1**).

6.1.2 Suicide Cases

- Two adolescent boys had consumed alcohol before committing suicide by jumping from height. It is considered that their suicide impulse might have been intensified by alcohol. Thus, Panel Members observe that control of children's access to alcohol is an issue. It is thus suggested to have a clear policy of no alcohol-drinking before adulthood and strengthen public education on the harmful effects of alcohol (**Recommendation S1**).
- Six adolescents facing frustration in courtship problem or relationship breakup had committed suicide. Panel Members consider that education for the youth in coping with relationship breakup might be useful in preventing suicide (**Recommendation S2**). It is equally important to educate parents on handling their adolescent children's courtship problem (**Recommendation S3**).
- A boy under post-release supervision committed suicide probably due to fear of being recalled to detention centre after relapsing into drug abuse. It is suggested that parents and supervising workers should have strategic action plan when handling children and adolescents with impending punishment or under statutory supervision (**Recommendation S4**).
- An ex-probationer was involved in other offences and committed suicide several months after completion of statutory supervision. Panel Members suggest to

enhance the pre-discharge assessment upon the expiry of probation order, particularly for children and youth with weak support network, to ensure that adequate support be provided if they still have service need after completion of the statutory supervision (**Recommendation S5**).

- Three children/adolescents who committed suicide were found to have experienced serious distress for quite a long time but had not sought help. Another 8 children/adolescents had explicitly expressed their suicidal ideas to their peers in different ways. It is opined that children and youth facing difficulties or experiencing distress should be encouraged to seek help from reliable adult. Children should also be educated to seek help when their peers expressed suicidal idea (**Recommendation S6**).
- Seven children/adolescents committed suicide for different reasons had satisfactory relationship with their families and no signs of suicide could be picked up by their family members. It was later found that they had experienced distress and felt unhappy for a period of time before they committed suicide. It is important to enhance the awareness of the individuals, families and general public to attend to and detect any suicidal signs for early intervention (**Recommendation S7**).
- Children and adolescents committed suicide for various reasons. They should be taught to have wider perspective in viewing their problems and avoid perceiving their problems as too great. More exposure to positive life experiences might be helpful for them to widen their perception of crises and know there are always solutions (**Recommendation S8**).
- Six adolescents died of suicide had given very clear message about their suicidal intentions with reasons and some were known to various helping professionals. Accurate assessment on the psycho-social needs of the children for rendering appropriate counselling, supervision and other support services is important. Professional training to enhance social workers' knowledge on the intervention protocol and skills in handling the youth's negative emotions and detecting suicidal ideas is useful. Increasing the sensitivity of helping professionals of different sectors and improving the collaboration among them might prevent children and adolescents from committing suicide (**Recommendation S9**).
- Among the 35 cases with children died of suicide reviewed, six children had been suffering from mental problems and known to mental health services. More support is required for children suffering from mental problems and professionals might be more sensitive and flexible in handling the behavioural problems of these children. Also, multi-disciplinary communication and cooperation are important to ensure that children with mental problems could receive appropriate treatments and support services (**Recommendation S10**).

- A girl committed suicide after being accused to be a trouble-maker and blamed by other students. There is concern over the sensitivity of school personnel in detecting bullying in school and the need for crisis intervention when it was detected (**Recommendation S11**).
- A girl with special needs had changed from a special school to mainstream schooling. She also had distant relationship with family and persistent low mood. She hid her real intention to commit suicide despite receiving services from a psychiatrist and a psychologist. Members consider accurate assessment and adequate support are necessary when arranging children with disability or special needs to mainstream schooling or home restoration. They also show concern that more preparation and close monitoring to help children with special needs adjust to the mainstream schooling or home restoration (**Recommendation S12**).
- A girl described as introvert and emotional with poor relationship with classmates in school changed schools abruptly. She later committed suicide with a suicide note revealing that she was depressive. It is viewed that given there was unusual change of school when the girl could be promoted in the former school, some kind of exit interview by school social worker or teacher might help detect the deceased child's distress and then alert school social worker of the new school to provide support to her (**Recommendation S13**).
- Some children committed suicide after berated by parents or troubled by the tense relationship of the parents. It is suggested that effective parenting including active listening to the children for enhancing parent-child communication and relationship is very important. Also, parents should be taught to avoid having disputes and conflicts before children for protecting children's psychological well-being (**Recommendation S14**).
- A boy was studying in an elite class of a top band primary school where there might be keen competition among students. Yet, his academic result was below average in the class, which might have created some stress on him that he could not cope with. His parents did not notice anything that had caused emotional distress to him but he committed suicide one morning before going to school. It is suggested to remind parents that they should nurture their children according to their capabilities and accept their limitations (**Recommendation S15**).
- It is noted that majority of the children who committed suicide (N=26, 74.3%) had expressed their suicidal thoughts in one way or another before actual attempts. The early detection of such signs with timely professional intervention might have helped the prevention of child/youth suicide.

- Jumping from height is the most common means of committing suicide (27 [77.1%] out of 35 cases; 68 [80%] out of 85 cases from 2006 to 2011) as high-rise buildings are everywhere in the territory. Installation of safety devices may not only prevent accident, it may also be effective in preventing suicide as window grilles/guard bars or higher handrails will make the roof top less accessible or opening the window less easy which hinder the children/adolescents from jumping from height.

6.1.3 Accident Cases

- In some of the fatal traffic accident cases, it is observed that the accidents occurred due to low awareness of road safety of the care-givers and children. Apart from raising the awareness of the care-givers and children on road safety and reminding the care-givers to take extra care especially when accompanying pre-school children on the street and road (**Recommendation A1**), strict enforcement of rules and regulations (**Recommendations A2 and A5**) by relevant government departments can ensure road safety for different types of road users, including pedestrians, passengers and cyclists.
- Panel Members acknowledge that the Road Safety Council has been working closely with relevant government bureaux/departments to carry out various promotional and public education activities to enhance road safety, including the promotion of safe cycling in the community (**Recommendation A6**).
- Some of the fatal accidents might have been avoided if there was positive communication between the children and their parents/family members (**Recommendation A7**). Panel Members note that there are various community resources/services for improving parent-child communication/relationship and handling children's internet addiction problem, etc. which might be useful for cases with similar family problems. Families with need should be encouraged to seek professional help early to improve family relationship and communication.
- Arising from a fatal accident case in which the deceased child was trapped in a folding table, Panel Members support the recommendations made by the Coroner's Court that folding tables without safety locking devices should be prohibited from importing or manufacturing locally and that the public be explained of the potential risks of using folding tables without locking devices and be encouraged to use the ones with locking devices. These recommendations may also be extended to other home appliances easily reachable by children for ensuring better home safety (**Recommendation A13**).

6.1.4 Assault and Non-natural Unascertained Causes

- To better support families of ethnic minorities, it is important for these families to gain information and access to the support services they need. Also, taking note of the possible existence of cultural differences, education might be provided to the ethnic minorities to narrow down the gap between their traditional values of family, child care/discipline, and the mainstream value in the society (**Recommendation AS2**).
- Arising from a family receiving active casework services but with a child died of starvation, it is considered that training to caseworkers is important to increase their sensitivity in handling cases with high risk indicators such as unmarried mother with complicated love relationship, multiple child care problems and resistance to social workers, etc. and in providing close supervision to these cases (**Recommendation AS3**). The availability of a checklist for observation/examination during home visits might also facilitate caseworkers' intervention to these high-risk cases (**Recommendation AS4**).
- Three cases with various family problems resulted in the children died of assault. It is considered that individuals facing personal/family problems or family members noticing any signs of stress or mental health problems of other members should seek professional help early (**Recommendation AS5**).
- Two children entrusted to the care of the child minders died of assault. It is opined that parents should closely monitor the quality of care provided by the care-givers (**Recommendation AS6**).

6.1.5 Recommendations Across Child Deaths of Different Nature

- Some families had been under chronic stress arising from the parents' unsatisfactory marital relationship and recurrent conflicts and resulted in children died of suicide or assault. Thus, couples having marital problem should seek professional assistance early to prevent family mal-functioning. For more complex cases, consideration should be made for case referral for family counselling and psychological services (**Recommendation G1**).
- Home, supposedly a safe place for children, is in fact full of risk and danger requiring much vigilance and attention of parents and care-givers. Home safety issues including identification of various household traps and risks need reiteration. Also, accident could still happen if safety devices are in place but not properly

secured. Parents and care-givers should never leave children unattended/ alone to better protect them from both intentional and unintentional injuries **(Recommendation G2)**.

- Some adolescents tended to overestimate their abilities but underestimate the risks and threats of their health problems and risk-taking activities and behaviours, resulting in fatality. Education to raise their self-awareness of own strengths/limitations and potential risks of their illness and certain sports/ activities as well as to remind care-givers to closely supervise children is important **(Recommendation G3)**.
- Five fatal cases were related to concealment of pregnancy. To prevent the death of infants from unexpected/unwanted pregnancy of adolescents, it is important to enhance sex education in secondary schools with substantiation on (i) helping students learn proper sexual knowledge and establish their analytical ability for development of personal attitude, morals and values towards sex; (ii) the adverse consequences of teenage pregnancy; (iii) the undesirability and possible fatal consequence of concealing pregnancy, and; (iv) appropriate help-seeking behaviours in handling unintended pregnancy; as well as to educate parents on handling of unintended pregnancy of their adolescent children **(Recommendation G4)**.
- Also, concealment of pregnancy threatens the lives of both the mother and the infant. Public education to arouse awareness of the possible fatal consequence of concealment of pregnancy might put emphasis on the consequence of unintended pregnancy and the appropriate ways of handling it **(Recommendation G5)**.
- The death of 11 children might be related to their co-sleeping with adults. Appropriate sleeping arrangement for the baby might have prevented these tragedies. Parents/carers should be aware of the high risk of co-sleeping/co-bedding on the same bed/couch to infants and young children **(Recommendation G6)**.

6.2 Key Messages to Parents, Children and Concerned Parties

6.2.1 Parents and Carers

6.2.1.1 Suicide cases

- Your children may be facing various life stresses and difficulties. Be supportive to your children and maintain constructive communication to understand their needs and difficulties that they may be encountering.
- Be attentive and vigilant to your children's emotional/violent acts and expression/threatening of suicidal intention, either verbally or made through messages and notes. Past history of suicidal attempts is also an important sign of being at risk of suicide again.
- Your children need your assistance though they may not voice out their difficulties. Be ready to offer your helping hands. When you cannot handle the issues, seek help from helping professionals such as social workers of welfare service units and schools through direct contacts or various hotline services.

6.2.1.2 Accident cases

- Road is full of danger and hazards especially for children. Refrain from letting children at tender age to cross the street/road alone. When accompanying your children, hold their hands tightly.
- Your children would follow what you have done. Therefore, always set good role models and behave yourselves by following the road traffic regulations, such as following the traffic light signals and using subways/footbridges for crossing streets/roads safely.
- Be aware of various potential risks and threats in the home environment. Remove these potential threats and install safety devices to prevent household accident and always check that the safety devices are properly installed and secured.

6.2.1.3 Assault cases

- When you are facing stresses and problems, talk to other family members, friends and if necessary seek help from professionals. There are always people available to help.
- Be vigilant to other family members susceptible to various risk factors and provide support to them or to link them with helping professionals.

6.2.1.4 Across child deaths of different nature

- Be aware of the fatal risk of co-sleeping with babies. Always make appropriate arrangement to ensure the safety of baby's sleep.

6.2.2 Children and Youth

6.2.2.1 Suicide Cases

- Children and youth at different developmental stages may be facing various life stresses and difficulties. You can be assured that there are always family members, peers and friends who are willing to listen and understand your feelings and problems.
- You can also seek help from helping professionals including teachers, student guidance personnel, doctors and social workers, etc. Various hotline services are also in place.
- When you know that your peers have suicidal intentions, tell a trustworthy adult and other helping professional who can offer prompt help to your peers in need.
- You can attend training on problem-solving skills and expose yourselves to more positive life experiences. You will then know there are always solutions to problems.

6.2.2.2 Accident Cases

- Keep vigilance to the potential risks and threats in various environments, such as on the street/road, at home or when taking part in high-risk sports and activities such as swimming, cycling and playing with high-risk amusement rides, etc.
- Be more aware of your own physical strengths/limitations and the potential risks of any illness you suffer and refrain from participating in activities that demand the skills and strength beyond your own. Never over-estimate your own physical strengths and capabilities.

6.2.3 Schools

6.2.3.1 Suicide Cases

- School personnel can show understanding to the students who might be facing various stress and difficulties. They can express their concern and offer timely assistance to the students. Where necessary, collaboration with the parents and other helping professionals will be effective in helping students in need.
- School personnel can always be sensitive to the students especially those with special needs. They should be vigilant to the students' emotional/violent acts and expression/threatening of suicidal intention, either verbally or made through messages and notes. History of suicidal attempts is also an important sign of being at risk of future suicidal behaviour.
- School personnel should be sensitive to any bullying that might occur among students and intervene promptly or offer timely support/counselling to prevent the problem from getting worse.
- School personnel can teach students on problem-solving skills and help them build up more resilience to face life difficulties.

6.2.3.2 Accident Cases

- Through appropriate means, school personnel can teach students on raising their self-awareness and understanding their own physical strengths and limitations.
- School personnel can also teach students on assessing the environmental risks and remind them of taking safety and precautionary measures before taking part in high-risk sports and activities.

6.2.3.3 Assault cases

- School personnel can teach students to be more sensitive and vigilant to potential risks in various situations. They can remind the students on ways of self-protection facing with risks and threats and to seek help from trustworthy adults such as family members, relatives, teachers and other helping professionals.

6.2.4 Other Concerned Parties

- The Review Panel has put up a number of recommendations concerning public education to the children, the parents and the public. Relevant government bureaux/departments and organisations can continue to strengthen their public education work to arouse the public's awareness to prevent various natures of death.
- Also, government bureaux/departments, authorities and organisations should strictly enforce rules and regulations especially those concerning safety issues, including traffic safety, household safety, product safety and drug and food safety, etc. Where appropriate, the standards should be reviewed to see if upgrading is necessary to ensure that a safe environment with improving safety standards is continuously provided for our children.
- Social service providers can also provide education to their service users through their programmes and activities. These include education to parents/carers and children on raising their awareness of various risks, hazards and threats, as well as encouraging them to seek help when they encounter any difficulties and problems.
- Also, social service providers should ensure adequate provision and availability of social services to individual and families in need, including those of the ethnic minority groups.
- Helping professionals should also collaborate with different parties and professionals to ensure that needed social services and support be provided to needy individuals and families promptly.
- Medical practitioners can continue their effective communication with patients and their families on the best treatment as well as necessary referrals for further investigation and medical follow-up when undiagnosed hereditary disease is revealed after death of a family member.

To conclude, it is always the joint effort of everyone and parties involved to make the prevention of avoidable child deaths more effective.

Recommendations Made and Responses from Concerned Parties

7.1 Concerning Child Death Cases by Natural Causes

Recommendation N1

Newborn screening for inborn errors of metabolism will help identify and prevent re-occurrence of death related to these hereditary diseases. Medical teams coming across such cases should encourage family members to receive genetic counselling.

Responses/Updates

Department of Health (DH)

The Department of Health (DH) and the Hospital Authority have set up a working group to study the feasibility of trying out in the public healthcare system a screening programme for newborn babies for inborn errors of metabolism.

Hospital Authority (HA)

The Hospital Authority (HA) agrees with the views of the Child Fatality Review Panel (CFRP) that newborn screening of inborn error of metabolism can make early diagnosis of the conditions and may prevent death of the index case. Genetic counselling is important in the prevention of the hereditary diseases in the family. A clinical genetic team is helpful in the follow-up management of diagnosed and undiagnosed cases.

Recommendation N2

Over-the-counter cough mixtures (i.e. not prescribed by doctors) are generally not recommended for children under the age of 6 years. Cough suppressants containing codeine should not be used in children under 12 years old.

Responses/Updates

Department of Health (DH)

If children have signs or symptoms of medical illness, their parents are advised to bring the child to seek medical care from family doctor or General Out-Patient Clinic. Over-the-counter medications are not recommended for children under the age of 6 years.

The Pharmacy and Poisons Board (the Board) and the DH have been monitoring the latest safety information of medicines including cold and cough medicine for use in children. In

Recommendation N2

2009, the Board decided that over-the-counter cold and cough products should not have the dosage instructions on the label and the package insert for children under 6 years old. The label/package insert of such products should be labelled accordingly. In 2013, the Board decided that all cough medicines containing codeine should not be recommended for use in children less than 12 years old. These products also have to provide compatible dosage recommendations on the label/package insert. The website of the Drug Office under the DH provides the detailed guidelines on the labelling of pharmaceutical products and relevant public educational information.

Hospital Authority (HA)

Based on the information provided, the baby had unexpected sudden death after a short course of respiratory tract infection. The cause of death was uncertain but it might be related to underlying diseases such as inborn error of metabolism. More extensive investigations would be necessary to establish the cause of death.

The HA agrees with the view of the CFRP on over-the-counter cough mixtures, which is in line with the current practice of paediatricians in Hong Kong.

Paediatric experts at the HA state that cough suppressants containing codeine should not be used in children under one year old and are not generally recommended for children.

Hong Kong College of Paediatricians / Hong Kong Academy of Medicine (HKAM)

To be more broad-minded, we opined that sudden collapse of a 5-month-old baby may be due to acute infection or side-effects of drugs received, or an underlying metabolic disease that is precipitated by the acute illness. We cannot comment without knowing the details of the cases. We would make the following general comments:

1. Any unexpected death in infants needs thorough investigation including saving blood and urine samples for infection, toxicology and metabolic tests, in addition to a full autopsy. Protocol should be in operation in Emergency Departments which are usually the point of first contact of such cases.
2. It is beneficial to detect inborn errors of metabolism in infants in pre-symptomatic stage to start treatment and prevent acute deterioration. We hope that the expanded

Recommendation N2

newborn screening programme can be implemented soon to prevent these avoidable deaths.

3. Our College agrees with the recommendations of the Review Panel that over-the-counter cough mixtures are generally not recommended for children under 6 years old. This is the recommendations from the FDA(USA) and MHRA(UK). We also opined that cough suppressants containing codeine is not generally recommended for children. We have announced these good practice recommendations to all paediatricians via our newsletters before. We also recommend this caution to be extended to all doctors (family physicians, general practitioners, emergency department doctors) who may encounter paediatric patients.
4. Another potential danger is the inappropriate use resulting in overdosage of over-the-counter cough medicines by parents/caretakers without a doctor's prescription. More deaths could be prevented by empowering parents on proper use of cough medicines and how to recognise deterioration in their children.

The Hong Kong Medical Association (HKMA)

Agrees with the recommendation.

Recommendation N3

In some cases, autopsy could have helped enlighten the cause of death for prevention purpose.

Responses/Updates

Coroner's Court

The decision of waiver depends on a wide range of considerations.

Department of Health (DH)

The forensic pathologists of the DH handle reportable deaths under the Coroner's Ordinance (Cap. 504), and the authority to order an autopsy to be conducted or waived comes under the jurisdiction of the Coroner. If the circumstances with respect to the cause of death are unclear, forensic pathologist would normally recommend an autopsy to the Coroner despite request for a waiver by the family. The decision whether to order an autopsy or a waiver rests with the Coroner after considering the forensic pathologist's recommendation and, depending on the case, after hearing the submissions of the family in chambers.

Social Welfare Department (SWD)

The Social Welfare Department (SWD) agrees to the views and observations of CFRP.

SWD, in July 2012, further reminded district management and frontline caseworkers that due consideration of the appropriateness and necessity should be given before making application for waiving of autopsy for cases put under public guardian.

7.2 Concerning Child Death Cases by Suicide

To strengthen public education on no alcohol-drinking before adulthood, with emphasis on the harmful effects of alcohol on the youth's physical and emotional health, and its adverse effects on their judgement.

Department of Health (DH)

Reducing alcohol-related harm is a priority area for action in prevention and control of non-communicable diseases in Hong Kong. The Working Group on Alcohol and Health launched an Action Plan in October 2011 setting out 17 cross-sectoral actions to reduce alcohol-related harm. Action 12 is to develop age-specific education materials to facilitate parents, teachers and other parties to appropriately communicate with children to prevent underage drinking. Action 17 is to advise the relevant authorities to review and consider the feasibility of imposing age restrictions for off-premise sales of alcohol when local evidence is available.

The Student Health Service of the DH organises health promotion activities on alcohol prevention, including regular “Junior Health Pioneer Workshop” for P.3 students and the outreach classroom talk “Refusal Skills” for S.1 students. Through interactive talks and games, these activities aim to increase students’ knowledge on harmful effects of alcohol consumption, smoking and drug abuse, and teach refusal skills. Another talk “Psychological Health of Adolescents” also touches on the harmful effect of alcohol and discourages young people from consuming alcohol in order to reduce stress. Doctors and nurses conduct personal counselling for students with alcohol problem. Pamphlets on healthy living and refusal skills on alcohol consumption are distributed to students attending the Student Health Service Centres.

Recommendation S2

To provide education and support for the youth for handling courtship problem and coping with relationship breakup.

Responses/Updates

Education Bureau (EDB)

Relevant learning elements and values arising from challenges of personal development and interpersonal relationship (such as handling of love and dating, pre-marital sex, responsibility of parenthood, etc.) have been included in the school curriculum of various subjects (including General Studies, Life and Society, Liberal Studies and Ethics and Religious Studies, etc.) at various levels of primary and secondary education.

Learning and teaching resources, such as 'Can I Overcome? Breakup with Lover', 'Difficult to Reject - Dating on Christmas Day', 'Sex=Love?' "Life Event Exemplars", provided on the 'Sex Education Website' and 'Life Education Resources on Facing Adversity', etc., are developed and updated regularly for schools' reference.

Professionals in schools, including student guidance personnel, school social workers and educational psychologists, can support students in need. EDB also organises seminars to help teachers understand the needs of teenagers in dating and the problems faced as well as acquire the skills in supporting these students.

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

SWD subvents non-governmental organisations (NGOs) to run Integrated Children and Youth Services Centres to provide a wide range of preventive, developmental and remedial services for children and youth, including provision of counselling and support services for children and youth to promote the building up of positive interpersonal relationship, enhance their emotional well-being and strengthen their problem-solving skills.

Recommendation S2

The school social workers of NGOs collaborate with school personnel to early identify and provide timely support to needy students. They also organise preventive and supportive groups/programmes for students to educate and support them for handling courtship problem and coping with relationship breakup.

The “Positive Adolescent Training through Holistic Social Programme (P.A.T.H.S.) to Adulthood: A Jockey Club Community-Based Youth Enhancement Programme” provided by NGOs and coordinated by SWD with funding support from the Hong Kong Jockey Club Charities Trust also promotes students’ social and emotional competence.

SWD will continue to work closely with relevant partners and stakeholders to promote and support the healthy development of children and youth and help them become responsible and contributing members of society through a wide range of programmes and activities.

Recommendation S3

Through public education, to advise parents on handling adolescents' courtship problem and relationship breakup.

Responses/Updates

Education Bureau (EDB)

EDB continuously develops learning and teaching resources on values education (including love and dating) and uploads them onto EDB website; some of which include reference materials for parents.

EDB publicises information from time to time through channels, such as the 'e-Bulletin' and the 'Guidance and Discipline Newsletter', to remind parents and the public to help their children in facing difficulties (including love affairs).

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

Currently, there are 22 Family Life Education Units, 65 Integrated Family Service Centres and 2 Integrated Services Centres to provide family life education including groups and programmes specifically on equipping parents with the skills in handling stress and issues related to intimate relationship and courtship of their adolescent children.

These service units have collaborations with schools to offer targeted programmes for students and their parents in order to enhance their understanding on the needs and sex-related issues of young people.

Besides, the Family Life Education Resource Centre of SWD has developed resource packages for the use of social workers and other helping professionals on educating parents on how to help the adolescents develop positive life values towards intimate relationship and courtship.

SWD will continue to work closely with relevant partners and stakeholders in providing a comprehensive network of welfare services to preserve and strengthen the family as a unit for developing a caring family relationship to enable them to prevent and cope with personal and family problems.

Recommendation S4

To have strategic planning when handling children/adolescents facing impending disciplinary sanction/punishment.

Responses/Updates

Correctional Services Department (CSD)

Established practices have been in place to govern case supervision. CSD officers on supervision duties build up rapport with the inmates while in custody and render aftercare support to them throughout the post-release supervision period. Efforts are also made to enlist their families' support and assistance in the rehabilitation process. Supervisees who encounter emotional or psychological problems are referred to our Clinical Psychologists.

There are operational guidelines for supervising officers in handling cases with deteriorating performance. Once signs of deterioration are detected, intensive counselling will be provided to guide the supervisees concerned back to the right track. Case conferences will be arranged with them and their family members to work out solutions, if necessary. Also, supervising officers who are all social work trained will remind the supervisees of the possible consequences of breach of supervision conditions. When signs and symptoms of supervisees' self-harm behaviour are detected, supervising officers are required to pay special attention to the emotions of those supervisees facing impending recall and help them ventilate negative feelings and emotions. Meanwhile, supervisees' family members will be asked to be vigilant to warning signs and symptoms of self-harm and promptly inform supervising officers of any irregularities detected about the supervisees.

As to the present case, the performance of the supervisee concerned continued to deteriorate despite repeated counselling and guidance given. At a case conference in the presence of his family, he was reminded of his deteriorating performance and that he might be subject to recall to Detention Centre for further training should he fail to comply with his supervision requirement, alongside further counselling rendered on scene. Nevertheless, the supervisee committed suicide the next day, not preceded by any suicidal signs and symptoms. No Death Investigation Report has been called for and the death case was concluded by the Coroner. It is to the Department's view that the case is an isolated one.

Recommendation S4

Education Bureau (EDB)

EDB has set out guidelines to remind schools of the need to lay down school rules to specify the requirements of the basic behaviour of students around the school and cultivate a safe and orderly learning environment for the students. School rules should aim at developing self-discipline in students as well as teaching, guiding and protecting students. Teachers are encouraged to adopt more positive means to bring about good behaviour among students. Punishment should be meaningful and educational. School rules should be drawn up with input from teachers, parents and students and reviewed periodically.

Effort should be made to ensure that the student and his/her parents understand what wrong he/she has committed and its related moral values. Schools are required to enforce their school rules in a lawful, sensible and reasonable manner while ensuring fairness and consistency in application. Schools should also pay due regard to students' human dignity, individual differences and their rights to education, based on the present legislations.

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

For licensees in need of recall for further detention in Reformatory School of SWD, the supervising aftercare officers would involve parents, carers or significant others in formulating the rehabilitation plan for the concerned children/adolescents. Comprehensive assessment on the emotional crisis/impact would be made so as to devise appropriate management plan. The impending period of all disciplinary sanctions/punishment would not be prolonged. Debriefing and close monitoring on the emotion/adjustment of the children/adolescents after re-admission would be provided.

SWD will continue to provide effective community-based and residential rehabilitation services for offenders by adopting social work approaches to help them reintegrate into the community as law-abiding citizens and become contributing members of the society.

Recommendation S5

To enhance the pre-discharge assessment upon the expiry of probation order, particularly for children and youth with weak support network, to ensure that adequate support be provided if they still have service need after completion of the statutory supervision.

Responses/Updates

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

Before the expiry of statutory supervision, Probation Officers of SWD would conduct assessment on the clients' need for continual support and counselling, and seek the consent of the clients and their families as appropriate to receive voluntary supervision or refer for further welfare assistance from other service units upon expiry of statutory supervision. The initial period of voluntary supervision is three months and it can be further extended subject to review. Probation Officers would pay particular attention to the emotional needs of children and youth with weak support network.

SWD will continue to provide effective community-based and residential rehabilitation services for offenders by adopting social work approaches to help them reintegrate into the community as law-abiding citizens and become contributing members of the society.

Recommendation S6

youth in need as well as render timely counselling and support to them.

Also, school social workers of NGOs organise preventive and supportive groups/ programmes for students to raise their awareness to seek help from reliable adults or helping professionals promptly when they face difficulties or experience distress or when their peers express suicidal idea.

The “Positive Adolescent Training through Holistic Social Programme (P.A.T.H.S.) to Adulthood: A Jockey Club Community-Based Youth Enhancement Programme” provided by NGOs and coordinated by SWD with funding support from the Hong Kong Jockey Club Charities Trust also aims at promoting students’ competence in building up a healthy bonding.

Meanwhile, the Samaritan Befrienders Hong Kong, with subventions from SWD, provides "Suicide Prevention On neT" (「網蹤人計劃」) to conduct regular searching of blogs to identify internet users with suicidal tendency and maintains "Web Engagement Project" (Help4suicide) (「自殺·自療·互助舍」) which is a website for internet users in distress to get emotional support and encourage them to seek help. There is also internet resource corner in the website to provide information on related social services to the users.

In collaboration with primary and secondary schools, NGOs providing suicide prevention service (e.g. The Samaritan Befrienders of Hong Kong and Suicide Prevention Services), organise various educational activities for students to foster their positive attitude to manage distress and seek help.

Furthermore, District Social Welfare Offices of SWD also collaborate with District Councillors, NGOs, schools and public housing estates, etc. to organise various community educational programmes to promote self-love, positive attitude in facing adversities and help-seeking behaviours, which have wide participation of the general public in the community.

SWD will continue to work closely with relevant partners and stakeholders to promote and support the healthy development of children and youth and help them become responsible and contributing members of society through a wide range of programmes and activities.

Recommendation S7

Through public education, to enhance the awareness of individuals, families and the general public to enable them to attend to and detect any suicidal signs for early intervention with those in need.

Responses/Updates

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

The Samaritan Befrienders of Hong Kong and Suicide Prevention Services continue to organise training programmes for teachers, other professionals and the general public to enhance their awareness of early identification of persons with suicidal risks.

SWD will continue to work closely with relevant partners and stakeholders in providing a comprehensive network of welfare services to preserve and strengthen the family as a unit for developing a caring family relationship to enable them to prevent and cope with personal and family problems.

Recommendation S8

To provide public education targeting the youth to take positive attitude towards life and be resilient facing possible adversities/failures.

Responses/Updates

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

Integrated Children and Youth Services Centres provide a wide range of preventive, developmental and remedial services for children and youth, which include life education to strengthen their problem-solving skills and resilience.

Meanwhile, school social work service helps early identify and provide timely support to needy students for promoting their healthy development. School social workers will continue to conduct groups/programmes for students so as to help them build up positive values and enhance their skills in building up resilience in face of failure.

Recommendation S8

The “Positive Adolescent Training through Holistic Social Programme (P.A.T.H.S.) to Adulthood: A Jockey Club Community-Based Youth Enhancement Programme” provided by NGOs and coordinated by SWD with funding support from the Hong Kong Jockey Club Charities Trust also promotes students’ resilience.

Also, in view of the youth’s propensity to multi-media messages, video clippings are uploaded in websites of NGOs providing suicide prevention service to convey positive life values.

Furthermore, on-going effort, by way of casework, groups or community activities as appropriate, will be made by related service units to enhance the resilience of children/youth and encourage them to adopt positive thinking and attitude while facing possible adversities/failures in their developmental stages.

SWD will continue to work closely with relevant partners and stakeholders to promote and support the healthy development of children and youth and help them become responsible and contributing members of society through a wide range of programmes and activities.

Recommendation S9

Through training, to enhance professionals’ awareness of the emotional expressions of the children as well as competency in conducting accurate assessment on the psycho-social needs of the children and their families, and detecting suicidal ideas of the children.

Responses/Updates

Education Bureau (EDB)

EDB has been providing teachers with structured training courses, such as ‘Effective Strategies for Managing Students’ Challenging Behaviour: A Psychological Approach’ and ‘Supporting Students with Special Educational Needs - Behavioural, Emotional and Social Development Needs’, as well as co-organising with the Hospital Authority (HA) seminars on ‘Psychosis’, ‘Depression’ and ‘Emotional Quotient and Resilience Enhancement’ for professionals, to enhance their identification, assessment and support of students with emotional problems.

Recommendation S9

To alert professionals and school personnel on students' emotional difficulties, EDB provides an 'eBook on Student Suicide for Schools: Early Detection, Intervention and Postvention' for reference and use by school personnel. EDB's School Administration Guide also includes guidelines entitled "How can schools help students with mental health problems?"

We also recommend schools to adopt a Three-tier Support Model, to provide different levels of detection and support by teachers, guidance personnel and specialised helping professionals respectively, to help students who have emotional distress and possibly are at risk of suicidal behaviour.

Hospital Authority (HA)

The HA agrees with the recommendation.

The HA maintains close liaison and collaboration with the Education Bureau (EDB) to provide training to teachers and health care professionals so as to enhance their competency in early identification of needy students. For example, in June 2014, the HA and the EDB had co-organised a training seminar on "Supporting Students with Depression in Secondary Schools". The contents covered included the cause, assessment and management of students with depression, and the speakers included Psychiatrist, Clinical Psychologist, Educational Psychologist and school personnel and carer. More than 600 teachers and healthcare professionals attended the seminar.

The HA will continue to closely collaborate with other stakeholders to provide appropriate support for needy students.

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

SWD provides a wide spectrum of regular training programmes to enhance social workers', including youth service workers' understanding of the growing complexity of social welfare issues and bolster their professional competence to cope with the multifarious needs of individuals and families. To strengthen social workers' sensitivity, knowledge and skills in handling children with suicidal risk, SWD also arranges

Recommendation S9

specific training covering psychosocial assessment of the children and the families, risk assessment and management of cases with suicidal risk. Furthermore, SWD will strengthen the related training course content on suicide intervention protocol and multi-disciplinary collaboration.

Social workers will continue to be encouraged to attend relevant training programmes to enhance their awareness of the children's emotional expressions, strengthen their sensitivity in detection of suicidal ideas, risk assessment, crisis management as well as to polish their skills in case intervention and working with young people with suicidal tendencies and in handling suicidal behaviours.

Recommendation S10

To enhance multi-disciplinary communication and cooperation for ensuring that children with mental illness could receive appropriate treatments and support services.

Responses/Updates

Education Bureau (EDB)

Professionals within and outside school, including psychiatrists, clinical psychologists, medical social workers, educational psychologists, school social workers and school personnel, etc. will arrange multi-disciplinary case conferences when necessary to jointly discuss support strategies regarding emotional, social integration and learning problems, etc. of individual students with mental illness/special educational needs.

Besides, to support students with mental illness, EDB and HA meet regularly on regional basis to exchange professional views. We have jointly reviewed and enhanced the reporting and support mechanism in order to ensure that students with mental illness can receive timely and appropriate treatments and support services. EDB has also reached consensus with the seven district centres of The Early Assessment Service for Young People under HA that schools can contact relevant centres by phone to seek their expert advice and support.

Recommendation S10

Hospital Authority (HA)

The multi-disciplinary professional teams of the HA comprising healthcare practitioners in various disciplines, including doctors, clinical psychologists, nurses, speech therapists and occupational therapists, provide early identification, assessment and treatment services for needy children or adolescents (including those with suicidal ideation). The professional teams of the HA provide appropriate treatment and training to children or adolescents diagnosed with mental problems, with a view to enhancing their speech and communication, sociability, emotion management, problem solving, learning and life skills.

In addition, the HA's professional teams maintain close liaison with relevant organisations, such as schools and early training centres, to provide appropriate referrals and support according to the developmental needs of the children or adolescents.

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

Medical social workers (MSWs) are stationed in public hospitals and some specialist out-patient clinics to provide timely psycho-social intervention to patients, including children and adolescents with mental health problems, and their families and help them cope with or solve problems arising from illness, trauma or disability. As a member of the clinical team, MSWs play an important role in linking up the medical and social services to facilitate patients' recovery and rehabilitation in the community.

MSWs, school social workers and caseworkers in other settings also closely collaborate with the medical and allied health professionals, school personnel and other disciplines, including teachers and mental health workers etc. for early identification and intervention for children and adolescents with mental health problems and/or with special needs.

SWD will continue to work closely with relevant partners and stakeholders in providing a comprehensive network of welfare services to preserve and strengthen the family as a unit for developing a caring family relationship to enable them to prevent and cope with personal and family problems.

Recommendation S11

To take measures to prevent bullying in school.

Responses/Updates

Education Bureau (EDB)

EDB requires all schools to take bullying/suspected bullying seriously through issuing circulars and guidelines from time to time. Proactive measures are implemented to help the bully change his misbehavior and strengthen the protection of the bullied, so as to ensure the safety of students at school. Schools are advised to adopt a Whole School Approach in formulating and implementing anti-bullying strategies, including clear stance on zero tolerance, reporting mechanism and handling procedures, highly transparent monitoring, and handling each bullying incident proactively and seriously.

EDB will ensure that bullying cases are handled appropriately by schools through maintaining close contacts with them and intervening in special cases, etc. Furthermore, the anti-bullying awareness of students and staff is also enhanced through preventive education, production of resource packages, organisation of different training programmes, and supporting schools in organising guidance and discipline activities, such as the “Anti-bullying Day/Week”, so as to create a harmonious school environment.

Recommendation S12

To revisit the policy and arrangement of Integrated Education for students with special educational needs, including overall need assessment for students transferring from special to ordinary school; guidance to students and parents in decision-making on transfer; continuous school work and emotional support for the students transferred to ordinary school; and strengthening of collaboration among involved professionals in providing services for these students collectively.

Responses/Updates

Education Bureau (EDB)

EDB has kept various Integrated Education (IE) support measures under review on an on-going basis. Through regular meetings of the ‘Task Force on Integrated Education

Recommendation S12

in Mainstream Schools' which comprises representatives from the education sector (including representatives from various school councils), tertiary institutions, other government departments, non-governmental organisations (NGO) and parent groups, EDB discusses with them the development of IE and possible improvement measures.

Under the dual-track mode, students with special educational needs attend appropriate schools, subject to the assessment and recommendation of specialists and with parents' consent. Special schools will normally maintain contact with the ordinary schools to which the students are transferred and provide on-site support collaboratively to help their students adapt to the new environment. If individual students cannot adapt after an extended period of time, they can apply for transfer back to special schools.

Students with visual impairment who are studying in ordinary schools can receive additional support through the Resource Support Programme. Resource Teachers will visit ordinary schools regularly to give advice on accommodation on classroom teaching/assessment, preparation of teaching materials, transcription of textbooks and use of assistive aids.

Recommendation S13

To consider using exit interviews in schools to identify the needs of outgoing students, e.g. school drop-outs, and make case referrals as needed for better support for them.

Responses/Updates

Education Bureau (EDB)

To uphold students' right to education, school heads should report the case without delay to EDB on the 7th day of the student's continuous absence disregard of the reasons for absence.

For dropouts aged below 15, student guidance personnel/school social workers will provide intervention including counselling service to them. With in-depth investigation and analysis as well as support for the student arranged at the earliest possible opportunity, there is a greater chance for the student to return to school smoothly.

Recommendation S13

For dropout students aged 15 or above, EDB will try to place them back to the school last attended or other schools, depending on such circumstances as parental choice, suitability and availability of school places. With the consent of the parents concerned, EDB may also refer these dropouts to short-term programmes with social development contents run by NGOs to prepare them for resumption of normal schooling, participating in vocational training or job seeking, etc.

Recommendations S14 and S15

Recommendation S14

To provide parent education to equip parents with effective parenting skills for improving family members' communication and relationship and maintaining a harmonious family environment.

Recommendation S15

Through public education, to remind parents that they should nurture their children according to their capabilities and accept their limitations.

Responses/Updates

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

Family life education provided by Family Life Education Units, Integrated Family Service Centres and Integrated Services Centres also includes groups and programmes on equipping parents with effective parenting, positive communication and conflict resolution, as well as on teaching parents on how to nurture their children according to their capabilities and accept their limitations.

These service units collaborate with schools to offer targeted programmes for students and their parents in order to enhance their understanding on the developmental needs of children and equip them with effective communication and parenting skills.

Recommendations S14 and S15

Resource packages are available at the Family Life Education Resource Centre for the use of social workers and other helping professionals to implement family life education programmes with a view to promoting family functioning, strengthening family relationship and preventing family breakdown, as well as to implement specific programmes on teaching parents on how to nurture children according to their individual characters and potentials.

To promote effective parenting skills, SWD has produced a series of short animations titled “Wisdom of Parenting” which was uploaded to and can be accessed by public via SWD Homepage.

SWD will continue to work closely with relevant partners and stakeholders in providing a comprehensive network of welfare services to preserve and strengthen the family as a unit for developing a caring family relationship to enable them to prevent and cope with personal and family problems.

7.3 Concerning Child Death Cases by Accident

Recommendation A1

Through public education, to remind care-givers to take extra care especially when accompanying pre-school children on the street and road.

Responses/Updates

Education Bureau (EDB)

Safety awareness and self-protection (including road safety) are learning elements at various learning stages including pre-primary education. Besides, as one of the committee members of the Road Safety Council (RSC), the Education Bureau (EDB) will continue to work with the RSC to promote road safety education, such as running Hong Kong Road Safety Patrols in schools.

Road Safety Council (RSC)

The Road Safety Council is concerned about traffic accidents involving pre-school children. The Council is delivering the road safety message to the caregivers and pre-school children by means of education and promotion through mass media. The Council also produced and broadcast a series of television announcement of public interest (TV APIs) and Radio APIs, such as 'Pay Attention, Cross the Road with Care' and 'Road Safety Symbol and Vision' to promote the messages of pedestrian safety. Moreover, there are four Road Safety Towns in Hong Kong which are located in North Point, Sau Mau Ping, Sha Tin and Tuen Mun, and managed by the Leisure and Cultural Services Department while lectures on road safety are delivered by Police Road Safety Teams. The Road Safety town provides a simulated road environment, such as traffic light, subway, footbridge, zebra crossing and road marking etc. and transforms the road safety education into a fun experience for children and other young people, in particular students of kindergartens and primary schools.

Recommendation A2

To consider legislation for compulsory use of baby car seats for infant passengers.

Responses/Updates

Road Safety Council (RSC)

Under the existing regulation, a child aged less than 3 must be restrained by an approved child restraint device (CRD) when travelling in the front seat of a private car. If a CRD is available in the car, a child aged less than 3 must also use CRD when travelling in the rear seat.

To enhance safety of child passengers in private cars, Transport Department (TD) proposes to amend the legislation to raise the mandatory requirement of using CRDs in private cars, and to extend the requirement to rear seat passengers.

Transport Department (TD)

Under the existing regulation, a child aged less than 3 must be restrained by an approved child restraint device (CRD) when travelling in the front seat of a private car. If a CRD is available in the car, a child aged less than 3 must also use CRD when travelling in the rear seat.

To enhance safety of child passengers in private cars, Transport Department (TD) proposes to amend the legislation to extend the requirement to rear seat passengers.

Recommendation A3

Through public education, to remind parents to educate their children on proper problem-solving skills, such as avoiding rush and risky behaviours.

Responses/Updates

Education Bureau (EDB)

Relevant learning elements and values of problem-solving skills and health/safe living have been included in the school curriculum of various subjects such as General Studies and Life and Society, at various levels of primary and secondary education.

Recommendation A3

EDB continuously develops learning and teaching resources on values education, problem-solving skills and health/safe living, e.g., the 'Life Education Interactive Learning Materials', 'Survive the Financial Crisis with Family Cohesion', 'Life Challenge Board Game', 'To Lead a Healthy Lifestyle', etc. Some of these materials are available for parents and the public's reference.

Besides, EDB has also actively implemented developmental guidance programmes, such as the 'Understanding Adolescent Project' in primary schools, the 'Enhanced Smart Teen Project' in secondary schools in collaboration with disciplinary forces, with a view to nurture students' optimistic and positive attitudes in facing life challenges through adventure-based training and team-building/problem-solving activities.

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

Family life education provided by Family Life Education Units, Integrated Family Service Centres and Integrated Services Centres also includes groups and programmes on teaching parents on how to enhance their children's proper life coping skills at different developmental stages.

These service units collaborate with schools to offer targeted programmes for students and their parents in order to enhance their understanding on the developmental needs of children and effective problem-solving skills.

Resource packages are available at the Family Life Education Resource Centre for the use of social workers and other helping professionals to implement family life education programmes on strengthening the capability of the parents in enhancing their children's problem-solving skills.

SWD will continue to work closely with relevant partners and stakeholders in providing a comprehensive network of welfare services to preserve and strengthen the family as a unit for developing a caring family relationship to enable them to prevent and cope with personal and family problems.

Recommendation A4

To include training of problem-solving skills and subject of “safe living” in the school curriculum, such as what could be done when they are late for school bus, how to handle different crisis situations, etc.

Responses/Updates

Education Bureau (EDB)

Relevant learning elements and values of problem-solving skills and health/safe living have been included in the school curriculum of various subjects such as General Studies and Life and Society, at various levels of primary and secondary education. EDB continuously develops learning and teaching resources on values education, problem-solving skills and safe living, e.g., the ‘Life Education Interactive Learning Materials’, ‘Survive the Financial Crisis with Family Cohesion’, ‘Life Challenge Board Game’, ‘To Lead a Healthy Lifestyle’, etc. Some of these materials are available for parents and the public’s reference.

Besides, EDB has also actively implemented developmental guidance programmes, such as the ‘Understanding Adolescent Project’ in primary schools, the ‘Enhanced Smart Teen Project’ in secondary schools in collaboration with disciplinary forces, with a view to nurture students’ optimistic and positive attitudes in facing life challenges through adventure-based training and team-building/problem-solving activities.

Recommendation A5

Relevant government departments to strictly enforce rules and regulations to ensure safe cycling by children.

Responses/Updates

Road Safety Council (RSC)/Hong Kong Police

‘Road Safety’ remains one of the Commissioner’s Operational Priorities for 2014 and ‘Promote safe cycling through a multi-agency approach’ was one of the main themes. A 3-pronged approach of publicity, education and enforcement is adopted.

Police statistics indicated there were 2 433 cases of traffic accidents involving bicycles in 2014, a decrease of 5% when compared with last year, 78% of them involving slight

Recommendation A5

injury. About 46% occurred on cycle tracks while 43% occurred on roads and 11% occurred at other places including cycle park, playground and open spaces. There were 7 fatal bicycle accidents, 5 occurring on the roads and 2 occurring on cycle tracks, the figures decreased by 1 when compared with last year. The seven deceased cyclists were aged between 39 and 80. The Police would continue to strengthen the territory-wide cycling safety publicity and operations against cycling offences on both roads and cycle tracks.

Transport Department (TD)

The TD has been monitoring the safety of cyclists from the bicycle accident data provided by the Police. According to the relevant statistics, the number of cyclist casualties aged under 18 involved in road traffic accidents decreased from 445 in 2012 to 427 in 2014, with no cyclists under 18 killed in road traffic accidents in 2013 and 2014.

Recommendation A6

To organise targeted public education and campaigns to promote safe cycling and alert vehicle drivers to observe cyclists on road.

Responses/Updates

Road Safety Council (RSC)/Hong Kong Police

The Road Safety Council has co-operated with various road safety stakeholders to provide a Safe Cycling Training Programme to students in primary and secondary schools to disseminate the cycling safety message to the youths. With the assistance from Education Bureau, Road Safety Patrol, Federations of Parent-Teacher Associations representatives and School Liaison Officers, all primary schools, secondary schools and different communities in Hong Kong have been invited to participate this training programme. In 2014, a total of 120 training sessions have been conducted. In addition, a series of cycling safety campaigns were jointly held with Road Safety Patrol in Tung Chung and outlying Island in November 2014 and January 2015 to raise public's awareness on cycling road safety. Moreover, a cycling safety Television Announcement of Public Interest (TV API) which was promoted by Olympic medalist Ms Sarah LEE was produced and broadcast in 2013 to enhance public's awareness on cycling safety.

Recommendation A6

Transport Department (TD)

The Road Safety Council (RSC) coordinates education and publicity on road safety in Hong Kong. The TD is a member of the RSC and its Road Safety Campaign Committee. TD has been working in collaboration with the RSC in undertaking education and publicity activities for cycling safety. For example, the RSC has produced television and radio announcements and published leaflets and Road Safety Bulletins to disseminate safety messages to cyclists and drivers, enhance their safety awareness and remind them to be considerate on the roads. The RSC has also conducted the Safe Cycling Training Programme to teach secondary and primary school students about safe cycling knowledge and techniques. In addition, TD has produced a set of educational video: "Safe Cycling: Rules and Tips" on cycling rules and safety tips for cyclists and drivers. TD will continue to work with the RSC to promote cycling safety.

Recommendation A7

Through public education, to encourage families with parent-child communication/relationship problem to seek professional assistance early to facilitate family functioning.

Responses/Updates

Education Bureau (EDB)

EDB is committed to providing support to schools in implementing parent education and setting up parent support networks. Home-school co-operation for improving students' academic and all-round development in a healthy manner is promoted through the Committee on Home-School Co-operation. To date, all the government and subsidised secondary and primary schools have already set up parent-teacher associations to organise school-based home-school and parent-child activities aiming at strengthening parent-child communication and mutual support.

For internet safety among students, EDB has commissioned an NGO to provide a hotline and online support services for parents, teachers and students to encourage healthy use of the Internet, such as avoiding Internet addiction, dealing with cyber-bullying, recognising correct information. From the 2011/12 to the 2013/14 school years, a total of 42 talks have been arranged for parents, teachers and students. EDB also

Recommendation A7

maintains an Internet Safety Information Channel for public access. 10 movie clips to further promote Internet Safety as well as a series of promotion videos on the issues related to e-learning and e-safety, such as “Making agreement to prevent addiction” and “Dealing with Cyberbullying” had been launched. EDB has collaborated with IBM and the Hong Kong Association of Careers Masters and Guidance Masters to launch a biennial “Internet Safety Best Practice Award Scheme” to encourage schools to develop policies on internet safety and implement relevant measures.

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

To equip parents with skills of effective parenting, positive communication and conflict resolution, family life education including groups and programmes are provided by Family Life Education Units, Integrated Family Service Centres and Integrated Services Centres. Needy families are encouraged to seek professional assistance early to facilitate family functioning.

These service units collaborate with schools to offer targeted programmes for students and their parents in order to enhance their understanding on the developmental needs of children and equip them with effective communication and parenting skills.

Resource packages are available at the Family Life Education Resource Centre for the use of social workers and other helping professionals to implement family life education programmes with a view to promoting family functioning, strengthening family relationship and preventing family breakdown.

To promote effective parenting skills, SWD has produced a series of short animations titled “Wisdom of Parenting” which was uploaded to and can be accessed by the public via SWD Homepage.

SWD will continue to work closely with relevant partners and stakeholders in providing a comprehensive network of welfare services to preserve and strengthen the family as a unit for developing a caring family relationship to enable them to prevent and cope with personal and family problems.

Recommendation A8

Life guards should enhance vigilance in all pools including leisure pools and warning signs should be posted up at swimming pools to remind swimmers of the safety issues when swimming.

Responses/Updates

The Hong Kong Life Saving Society (HKLSS)

To the best of our knowledge, the Leisure and Cultural Services Department (LCSD) pools do have adequate lifeguards for static and patrol duties. However, we suggest all government and private swimming pools should post up appropriate safety signs in suitable places in order to remind swimmers of important safety issues.

Leisure and Cultural Services Department (LCSD)

The Leisure and Cultural Services Department (LCSD) attaches great importance to water safety at public swimming pools, including leisure pools. Management staff of the swimming pools conduct regular job inspections to increase the vigilance of the lifeguards on duty. Drills and training programmes are also provided regularly to keep lifeguards abreast of the latest life-saving skills, such as preventive lifeguarding (including handling suspected drowning). In addition, to help them maintain alertness, job rotation at half-hourly intervals is also in place.

It is a usual practice for the LCSD to put up warning signs at appropriate locations of all public swimming pools to remind swimmers to take heed of water safety. The LCSD will continue to promote water safety and alert the public by providing adequate warning signs at swimming pools.

Recommendation A9

To put up warning signs where accidents have occurred, reminding hikers that they should be particularly careful in their activities in that area.

Responses/Updates

Agriculture, Fisheries and Conservation Department (AFCD)

Recommendation A9

Agriculture, Fisheries and Conservation Department (AFCD) agreed with the views of the CFRP. To ensure public safety, AFCD has erected different types of warning signs at various locations in country parks identified with potential risks. For instance, warning signs of “Danger! Deep Water” have been erected on site at some stream pools within country parks to remind hikers about the potential risk of deep water. In addition, AFCD is devoted to promote hiking safety for general public through various means such as APIs, website and distribution of leaflets. A pamphlet - "Country Park Hiking Safety Guidelines" has been produced to promote hiking safety. This pamphlet is available for free distribution at country parks' visitor centres and district offices. It can also be downloaded from the webpage of AFCD.

(http://www.afcd.gov.hk/english/country/cou_vis/cou_vis_gac/cou_wha_whe_sat.html)

Recommendation A10

To promote the use of emergency number 112 as dialling 112 could connect the caller to the 999 emergency call centre from any local mobile phone network that has coverage in that location.

Responses/Updates

Agriculture, Fisheries and Conservation Department (AFCD)

AFCD noted that the Office of the Communications Authority (OFCA) has been promoting the use of emergency number 112 through various means including the TV APIs as shown in the link below (http://www.ofca.gov.hk/tc/consumer_focus/education_corner/video/index_id_6.html). AFCD shall further promote the emergency number 112 at country parks through appropriate channels.

Office of the Communications Authority (OFCA)

In order to enhance public awareness of and increase their knowledge about the various communications means that can be used in country parks, including dialling “112” for connecting to “999” Emergency Centre, the Office of the Communications Authority

Recommendation A10

(OFCA) has been carrying out a series of publicities through different media channels. They include:

- regular broadcast of API (Announcement in Public Interest) on TV and radio channels (http://www.ofca.gov.hk/en/consumer_focus/education_corner/video/index_id_6.html);
- webpage titled “Stay in Touch in Country Parks” available on OFCA’s website (www.ofca.gov.hk) to provide detailed and useful information about the various communication means that can be used in country parks and digital maps of mobile network coverage along popular hiking trails. The link to webpage is also uploaded to the GovHK’s website for public access;
- roving exhibitions and public seminars under the annual OFCA’s Consumer Education Campaign held at different public venues; and
- participations in the Mountaineering Safety Promotion Day co-organised by the Civil Aid Service, in tandem with more than 16 other government departments and mountaineering associations.

Recommendation A11

To promote basic home safety knowledge and first aid skills which are useful for parents and carers in taking care of the children, especially those with special needs. For example, to conduct training courses on first aid and home safety knowledge by special schools for students and their parents/carers.

Responses/Updates

Department of Health (DH)

Promoting injury prevention is another priority action area for prevention and control of non-communicable diseases. The Working Group on Injuries launched an Action Plan in February 2015 setting out 16 cross-sectoral actions to strengthen unintentional injury prevention. Specifically, Action 9 is to support schools to strengthen injury prevention through voluntary participation in health and safety programmes covering school policy, injury surveillance, first aid training, staff development, student education, warm-up exercise before sports and parental engagement, with a long term goal to facilitate the implementation of Education Bureau’s Healthy School Policy.

The parenting programme in Maternal and Child Health Centres (MCHCs) of the Family

Recommendation A11

Health Service of the DH provides parents and carers with a comprehensive range of anticipatory guidance on various child care and parenting issues. Home safety is one of the main topics covered. Healthcare staff of MCHCs remind parents and carers the importance of home safety through individual counselling, “Happy Parenting” booklets/workshop, leaflets on home safety, audiovisual resources and website. These leaflets and audiovisual materials can be viewed by public through the Family Health Service website. The Service has launched the ‘Parent-Child e-Link” e-newsletters and “Parenting Made Easy” self-learning e-course since 2011/12. These allow parents, carers and public to obtain child care and parenting information via different channels. Information on home safety is also included in these e-learning platforms.

Health education on household accident prevention and first aid are also part of the Student Health Service health promotion activities, including health talks on "Home Accident Prevention" & "Know about First Aid". These talks are held regularly for students and parents attending the Student Health Service Centres for the annual check.

Health educational material on injury prevention has also been uploaded on the website of the Central Health Education Unit.

Education Bureau (EDB)

EDB provides training courses to enhance the competence level of special school personnel in handling children with Medical Complexity, including handling emergency conditions (such as choking). In general, special schools will organise parent training activities so that parents can take care of and educate their children at home in alignment with school. We will continue to encourage special schools to share with parents the knowledge they acquired in respective training events.

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

SWD has provided a variety of supportive community rehabilitation services, including District Support Centre for Persons with Disabilities, Home Care Services for Persons with Severe Disabilities, Integrated Support Service for Persons with Severe Physical

Recommendation A11

Disabilities, Parents/Relatives Resource Centre, Community Based Support Projects and Gateway Club etc. to support the living of persons with physical/intellectual disabilities and their family members. They would meet the needs of persons with disabilities by providing a range of services and activities, including training programmes/educational courses/workshops for family members/carers of persons with disabilities. The content of these activities will also include enhancing knowledge of home safety. NGO operators of the above services will be suggested to organise training on first aid skills for parents and carers.

SWD will continue to work closely with relevant partners and stakeholders to promote and support the healthy development of children and youth, including those with special needs.

Recommendation A12

Through public education, to raise the general public's awareness of the risks of taking medication of own accord without prescription as well as the importance of safe keeping, storage and labelling of medication at home.

Responses/Updates

Department of Health (DH)

Educational materials on "Handling Medicines Safely" are available on the website of the Drug Office of the DH. The main messages are:

- When you're ill, consult your doctor and don't purchase over-the-counter medication.
- Don't take other people's medicine. Similar symptoms do not always mean the same disease.
- Whenever you take medicine, read the medicine's label and instructions carefully. Take note of the dosage, ingredients, indications, warnings and side effects in order to avoid undesirable results.
- Don't take more than one kind of medication at a time unless under a doctor's instructions. Otherwise you may experience harmful drug interaction.
- Seek medical advice as soon as possible if you experience any serious side effects suspected to be related to your drugs.

Recommendation A12

Action 13 of the “Action Plan to Strengthen Prevention of Unintentional Injuries” will institute community-wide education on interventions proven to be effective in injury prevention in high risk situations including domestic setting.

Recommendation A13

To support the following recommendations made by Coroner’s Court:

- 1. Commissioner of Customs and Excise to prohibit the import and local manufacturing of folding tables that had no safety locking device similar to the one involved in present death case.*
- 2. Consumer Council to explain to the public of the potential risks of using folding tables that had no safety locking device similar to the one involved in present death case, and to encourage the public to use folding tables with safety locking device. These recommendations might also be extended to other home appliances easily reachable by children for ensuring better home safety.*

Responses/Updates

Consumer Council (CC)

The Consumer Council (CC) has been concerned about safety regarding folding tables. After publishing the first report on folding tables in its monthly “CHOICE” magazine in 1985, CC published a succession of further reports and also called for the introduction of safety locking devices in folding tables. On account of the subject accident, CC published in October 2011 a further study report on the safety of folding tables in “CHOICE”. Through the “CHOICE” report and the relevant press release, CC advised consumers to purchase folding tables equipped with safety locking devices and have those devices activated when the tables are opened up for use.

CC is also concerned about other child safety issues and publishes from time to time research and testing reports to encourage, among others, the proper selection and use of children’s products including car seats and baby pushchairs/strollers, and draws attention to child protection designs in impeller type top-loading washing machines, and stability of LED TV sets for prevention of tip-over accidents etc.

CC will continue to undertake studies on different consumer products and disseminate

Recommendation A13

information to consumers on the safety of these products, in order to raise consumers' awareness of the safe and appropriate use of consumer products.

Customs and Excise Department (C&ED)

Hong Kong Customs has regularly conducted market surveillance and spot checks on folding tables supplied at retail level with a view to identifying unsafe tables for appropriate follow-up action under the Consumer Goods Safety Ordinance. The ordinance stipulates that it is an offence for a person to manufacture, import or supply consumer goods not in compliance with the general safety requirement.

The Department has also regularly provided education programmes or seminars for furniture suppliers, kindergarten parents and teachers. The programmes and seminars aim to raise their awareness of supplying or using safe folding tables with locking devices and safe furniture so as to prevent kids from potential injury hazards posed by unsafe furniture.

Recommendation A14

Government departments and authorities/organisations involved in the licensing and monitoring of the operation of high-risk amusement machineries/facilities should ensure that adequate measures to enforce the safety regulations be in place.

Responses/Updates

Electrical and Mechanical Services Department (EMSD)

The Electrical and Mechanical Services Department has no particular comment on the issue of child fatality.

Leisure and Cultural Services Department (LCSD)

At present, there is no kart track operating under the supervision of the Hong Kong Kart Club or the LCSD. If there are new operators providing such service under the

Recommendation A14

LCSD's supervision in the future, the LCSD will work in conjunction with the relevant government bureaux and departments in monitoring the safe operation of the kart tracks. Operators will be required to engage a sport governing body to monitor the operations of the kart tracks to ensure full compliance with the relevant sports codes and standing regulations, and to take out appropriate insurance to cover the risks involved in the sport.

Recommendation A15

Concerned departments to require owners to carry out improvement works on fire prevention and building safety including electricity works to the buildings if irregularity is detected.

Responses/Updates

Buildings Department (BD)

For better fire safety protection to the occupants and users in old composite and domestic buildings, the Fire Safety (Buildings) Ordinance (Chapter 572) requires relevant building owners or occupants to improve the fire services installations and equipment as well as fire safety constructions therein to meet modern standards. Provision of fire-rated enclosures to electrical installations in the fire escape staircases is one of the required improvement items.

Up to end of 2014, the Buildings Department has already inspected 7 395 out of about 12 000 target buildings and issued 44 120 fire safety directions.

Fire Services Department (FSD)

The Fire Safety (Buildings) Ordinance (Cap. 572) came into operation on 1 July 2007. The purpose is to provide better protection from the risk of fire for occupants and users of, and visitors to, composite buildings and domestic buildings constructed or with building plans submitted in or before March 1987. The Buildings Department is the enforcement authority for fire safety measures in relation to the planning, design and construction of the buildings, while the regulation of fire service installations and equipment falls within the purview of the Fire Services Department (FSD).

Recommendation A15

Up to the end of 2014, both enforcement authorities had conducted 7 395 joint inspections to the target buildings. There were 4 645 of the inspected buildings issued with the Fire Safety Directions requiring them to upgrade the fire service installations and equipment and fire safety construction measures of these buildings.

FSD also took immediate follow-up actions against the fire hazards, such as floating obstruction at means of escape, during the inspections.

Recommendation A16

To conduct regular inspections to check whether the sub-divided flats meet the fire/building safety requirements and strictly enforce all the safety rules and regulations.

Responses/Updates

Buildings Department (BD)

To tackle irregularities of building works associated with subdivision of flats affecting building safety, the Buildings Department has, apart from taking appropriate enforcement action in response to reports, since 2011 launched large scale operations on target buildings in this regard. Up to end of 2014, about 1 100 target buildings have come under such operations.

Fire Services Department (FSD)

Proactive inspection had always been adopted by FSD in addressing fire safety concerns of old composite buildings in which sub-divided flats were not uncommon. In 2008, a Special Enforcement Unit was set up to conduct inspections to such buildings and strengthen law enforcement under a “4-pronged approach” for building fire safety which involved fire safety publicity, strengthening of law enforcement, regular inspections and collaboration with the community. As such, 233 buildings had been targeted with 184 buildings completed under the “4-pronged approach”.

Besides, BD and FSD launched a joint operation to inspect 6 515 nos. pre-1981 ranging from 3 to 12-storey old composite/domestic buildings in 2013. FSD officers had preliminary inspected all these buildings by April 2014. FSD will continue to take appropriate follow-up enforcement actions to all relevant irregularities identified during the inspections.

Recommendation A17

To continue to provide and strengthen public education on fire prevention and safety issues such as ways of escape from a fire.

Responses/Updates

Education Bureau (EDB)

Relevant learning elements and values of fire safety and crisis management have been included in the school curriculum of various subjects, such as General Studies and Life and Society, at various levels of primary and secondary education. Some of the related learning and teaching resources are available for parents and the public's reference.

Under the Education Regulations, every school shall ensure that fire drill including the use of all exits from the school premises is carried out by the teachers and pupils at least once in every six months. Fire safety talks will be conducted by the Fire Services Department upon request to school staff and students in order to raise their awareness of fire precautions.

Fire Services Department (FSD)

- (a) In keeping up with our past efforts, we have continued to promote fire safety alertness through various activities and media such as fire safety carnivals, station open-days, fire drills, TV, radio, HKFSD YouTube Channel, webpage and mobile applications of FSD etc.;
- (b) Leaflets, pamphlets and posters are distributed to the public;
- (c) A fire safety promotional programme was launched at kindergartens in order to foster the correct fire safety concept for the pre-school children;
- (d) A Kindergarten Fire Safety Singing Contest will continue be held annually, let the children learn fire safety via singing;
- (e) Fire Safety Education Bus and Mobile Publicity Unit are deployed to attend roving exhibitions at various primary/secondary schools; and
- (f) Interactive lectures on the use of FSD Mobile Apps were conducted to teachers and students in primary/secondary schools.

7.4 Concerning Child Death Cases by Assault and Non-natural Unascertained Causes

Recommendation AS1

To enhance new/prospective parents' awareness of postpartum depression and encourage them to seek help when the mothers are noted to have symptoms of postpartum depression through various preventive measures including designing and uploading a questionnaire for initial screening with information and contact means of relevant services on the internet, as well as producing and distributing service pamphlets in public and private hospitals providing obstetrics services.

Responses/Updates

Department of Health (DH)

The services provided at all Maternal and Child Health Centres (MCHCs) of the DH include identification of postnatal mothers with depression. At the postnatal stage, nurses at MCHCs identify mothers with suspected postnatal depression using the Edinburgh Postnatal Depression Scale. Those with symptoms suggestive of postnatal depression are referred to the visiting Hospital Authority (HA) psychiatric nurses at MCHCs for further assessment and counselling. If necessary, they are followed up by the visiting psychiatric teams or paediatricians, the regular psychiatric service of HA and/or Integrated Family Service Centre. MCHCs also provide health education information on postnatal mood problem to women who attended antenatal services in MCHCs and to mothers and their families who had just delivered their babies in public hospitals, in order to increase their knowledge on postnatal depression, and to provide them with suggested preventive measures and supportive services in the community, so that they can seek assistance early if needed. The information booklet and audiovisual material have been uploaded to the website of Family Health Service for public reference.

Recommendation AS2

To facilitate families of ethnic minorities to gain information and access to the support services they need.

Responses/Updates

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

SWD and its subvented NGOs provide services to individuals/families in need disregard of their ethnicity. Family Life Education Units, Integrated Family Service Centres (IFSCs) and Integrated Services Centres (ISCs) provide a spectrum of family welfare services for families in need, including families of ethnic minorities (EMs). Addressing the needs of EMs in the localities, IFSCs and ISCs have from time to time organised various types of groups and programmes, including social and recreational activities, community education programmes, supportive groups, volunteer services, etc. Besides, under the Family Support Programme, IFSCs and ISCs arrange family support persons to reach out the needy EM families and encourage them to receive services.

In addition to Chinese and English versions, information leaflets on the above services and other mainstream welfare services of SWD are also published in six major EM languages of Hindi, Bahasa Indonesia, Nepali, Tagalog, Thai and Urdu so as to facilitate EMs to learn about the services concerned. They are available at SWD services units and could be browsed and downloaded from the SWD homepage for the public's information.

SWD will continue to work closely with relevant partners and stakeholders in providing a comprehensive network of welfare services to preserve and strengthen the family as a unit for developing a caring family relationship to enable them to prevent and cope with personal and family problems.

Recommendation AS3

To provide training to increase caseworkers' sensitivity in handling cases with high risk indicators.

Responses/Updates

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

With an aim to equip social workers' knowledge and skills in identifying and handling of suspected child abuse cases, SWD arranges regular training on topics including social assessment, handling procedures, legal provision on child protection etc. In the past few years, the content on identification of high risk child neglect cases has been strengthened in relevant training programmes. Starting from 2015, SWD has further enhanced the course of basic training on handling child abuse cases by emphasising the understanding of suspected child abuses from medical, social and psychological aspects as well as the multi-disciplinary cooperation.

On the frontline, caseworkers will be reminded through casework supervision to work closely with multi-disciplinary professionals, including medical and nursing officers of Maternal and Child Health Centres to keep track of young children's condition, especially those high-risk cases.

SWD will continue to work closely with relevant partners and stakeholders in providing a comprehensive network of welfare services to preserve and strengthen the family as a unit for developing a caring family relationship to enable them to prevent and cope with personal and family problems.

Recommendation AS4

To devise a checklist for observation/examination during home visits to cases with high-risk factors to facilitate caseworkers' intervention.

Responses/Updates

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

The “Procedural Guide for Handling Child Abuse Cases (Revised 2007)” (The Guide) of SWD has provided a checklist for identifying possible child abuse for reference by concerned professionals and parties including social workers, clinical psychologists, medical professionals, teachers and the police etc. The checklist lists out various indicators manifested by the child, the parents and the family that may suggest the possible occurrence of child abuse. The Guide also provides a risk assessment matrix for concerned professionals and parties’ reference in assessing the possible risk of child abuse in future.

Training programmes are organised regularly to facilitate caseworkers and other helping professionals to familiarise with these procedural guidelines. Training courses are also provided to enhance their awareness and sensitivity to children and families with high risk factors as well as child care or various family problems, and to enhance their professionals’ skills in rendering counselling to facilitate their intervention.

Multi-disciplinary collaboration is also emphasised for early identification and intervention and enhance the case management for high risk cases.

To strengthen case management and collaboration among various disciplines under Comprehensive Child Development Service (CCDS), a task group has been set up under CCDS by Department of Health, Hospital Authority and SWD in 2014 to develop an assessment framework on parenting capacity of parents/carers for the use by frontline staff of Maternal and Child Health Centres, IFSCs/ISCs and Medical Social Services Units to identify the families in need/at high risk.

SWD will continue to work closely with relevant partners and stakeholders in providing a comprehensive network of welfare services to preserve and strengthen the family as a unit for developing a caring family relationship to enable them to prevent and cope with personal and family problems.

Recommendations AS5 and AS6

Recommendation AS5

Through public education, to encourage the public to seek help when facing personal/family problems especially involving child care.

Recommendation AS6

To remind parents that they should closely monitor the quality of care provided by the care-givers.

Responses/Updates

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

To strengthen parents' awareness of the quality of care provided by the care-givers, family life education including groups and programmes are provided by Family Life Education Units, Integrated Family Service Centres and Integrated Services Centres. The public is encouraged to seek professional assistance early if they encounter any personal/family problems.

District-based public education programmes and activities have also been organised from time to time by District Social Welfare Offices of SWD in collaboration with NGOs. Other service units of SWD and NGOs also organise various parent education programmes/talks/promotional street booths for parents-to-be, parents and child-carers to arouse their attention to the importance of proper child care and home safety. Relevant information leaflets are also provided for their easy reference.

SWD has since 2002 launched a series of territory-wide publicity and district-based programmes on strengthening families, prevention of domestic violence and positive thinking each year. Various media channels have been used to publicise the messages, including broadcasting of docu-dramas and publicity videos on TV, showing education short films/animations on transportation systems, posting up posters at public venues and transportation systems, organising games and competitions through the Internet, and distribution of promotional leaflets and premiums, etc.

SWD will continue to make use of various publicity efforts to encourage the public to seek help when facing personal/family problems especially involving child care and to promote proper child care and protection.

7.5 Across Child Deaths of Different Nature

Recommendation G1

Through public education, to encourage couples having marital problems to seek professional assistance early to facilitate family functioning.

Responses/Updates

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

Family Life Education Units, Integrated Family Service Centres and Integrated Services Centres provide family life education including groups and programmes specifically on equipping couples with effective communication and conflict resolution skills and to encourage couples having marital problems to seek professional assistance early.

Resource packages are available at the Family Life Education Resource Centre for the use of social workers and other helping professionals to implement family life education programmes with a view to promoting family functioning and encouraging the needy to seek professional assistance early.

Recommendation G2

Through public education, to raise care-givers’ awareness of the home safety issues, including:

- ***never leaving children unattended/alone at home;***
- ***keeping close monitoring of children to prevent them from falling from height as well as from bed and sofa; and***
- ***installing home safety devices and ensuring that they were properly used/secured.***

Responses/Updates

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

Family Life Education Units, Integrated Family Service Centres and Integrated Services Centres provide family life education including groups and programmes with a view to

Recommendation G2

strengthening parents' and care-givers' awareness of the home safety issues.

District-based public education programmes and activities have also been organised from time to time by District Social Welfare Offices of SWD in collaboration with NGOs. Other service units of SWD and NGOs also organise various parent education programmes/talks/promotional street booths for parents-to-be, parents and child-carers to arouse their attention to the importance of proper child care and home safety. Relevant information leaflets are also provided for their easy reference.

SWD has since 2002 launched a series of territory-wide publicity and district-based programmes on strengthening families, prevention of domestic violence and positive thinking each year. "Don't leave children unattended" is one of the foci of the publicity programmes. Various media channels have been used to publicise the messages, including broadcasting of docu-dramas and publicity videos on TV, showing education short films/animations on transportation systems, posting up posters at public venues and transportation systems, organising games and competitions through the Internet, and distribution of promotional leaflets and premiums, etc.

Meanwhile, to provide child care support to families in need, SWD has been providing subsidies to NGOs to run a diversified and flexible range of child care services to render support to parents, such as child care centres, Occasional Child Care Service and Neighbourhood Support Child Care Project, etc.

SWD will continue to make use of various publicity efforts to promote proper child care and protection and provide support services to families in need.

Recommendation G3

Through public education, to raise children's self-awareness of own strengths/limitations and the potential risks arising from the illness they suffer and remind them to adhere to medical and safety advices and not to under-estimate the risk of certain sports/activities like swimming; and that care-givers should be aware of the safety issues and closely supervise children undergoing these sports/activities.

Responses/Updates

Department of Health (DH)

Recommendation G3

Action 4 in the “Action Plan to Strengthen Prevention of Unintentional Injuries” carries out a review of drowning cases kept by the Coroner’s Court, with a view to understanding the demographic details, contributory factors of fatal incidents for the development of injury prevention messages.

Health education on sports safety and injury prevention are part of the health promotion activities of the Student Health Service Centres of the DH. These activities include health talk on "Sport Safety" and pamphlets on sport injury and injury prevention with emphasis on not over-estimate one’s ability in sport activities and under-estimate the risk of certain sports such as swimming.

Recommendation G4

Access to comprehensive sexual and reproductive health information is important in the prevention of unintended pregnancies. Schools play an important role in this regard. To enhance a comprehensive Sex & Relationship Education in secondary schools with substantiation on:

- (i) helping students learn proper sexual knowledge and establish their analytical ability for development of personal attitude, morals and values towards sex;***
- (ii) the adverse consequences of teenage pregnancy;***
- (iii) the undesirability and possible fatal consequence of concealing pregnancy, and;***
- (iv) appropriate help-seeking behaviours in handling unintended pregnancy; as well as educating parents on the handling of unintended pregnancy of their adolescent children.***

Responses/Updates

Education Bureau (EDB)

Topics related to sex and relationship education are covered in the existing school curricula recommended by EDB. Schools are encouraged to cultivate positive values like perseverance, respect for others, responsibility in students and enhance their power of rational analysis and judgement and proper handling of sex-related issues, through the provision of various learning activities, such as class periods, assemblies, talks, etc. EDB will continue to review relevant curricula, timely update learning and teaching resources and provide professional development programmes.

Recommendation G4

Schools will also tap resources from the community, such as the Family Planning Association, the Mother's Choice, the Adolescent Health Programme of the Student Health Service of the Department of Health, etc. to organise sex education programmes in schools.

If students are found to be involved in sex-related problems, teachers should work closely with the student guidance personnel/school social workers and provide counseling to these students. According to the nature and seriousness of the problem, student cases should be referred to related organisations or departments for appropriate services and closely monitored through multidisciplinary collaboration.

Recommendation G5

Through public education, to arouse awareness of the possible fatal consequence of concealment of pregnancy, with emphasis on the consequence of unintended pregnancy and the appropriate ways of handling it.

Responses/Updates

Social Welfare Department (SWD)

SWD agrees to the views and observations of CFRP.

Integrated Children and Youth Services Centres provide a wide range of preventive, developmental and remedial services for children and youth; early identify children and young people in need as well as render timely counselling and support to them.

School social workers organise preventive and supportive groups/programmes for students in schools so as to support and arouse their awareness of the possible fatal consequence of concealment of pregnancy and the appropriate ways of handling unwanted pregnancy.

The “Positive Adolescent Training through Holistic Social Programme (P.A.T.H.S.) to Adulthood: A Jockey Club Community-Based Youth Enhancement Programme” provided by NGOs and coordinated by SWD with funding support from the Hong Kong Jockey Club Charities Trust also aims at instilling in students proper value as well as promoting an optimistic attitude in facing life adversities.

Recommendation G5

Meanwhile, SWD also produces educational leaflet encouraging women with unplanned pregnancy to seek help. The leaflets are distributed to the public through various services units. The leaflet has also been uploaded to SWD homepage and the website of Family Life Education Resource Centre of SWD.

Recommendation G6

Through public education, to reiterate the fatal risk of co-sleeping with babies.

Responses/Updates

Department of Health (DH)

Baby's sleep safety is an important home safety issue. Healthcare staff of Maternal and Child Health Centres (MCHCs) of the DH will alert parents-to-be, parents and carers on importance of sleep safety and the risk of co-sleeping with the baby through individual counselling, "Happy Parenting" booklet and workshop, audiovisual resources and website. A leaflet on "Protect Baby from Sudden Infant Death Syndrome" is produced by the DH and is included in the "Happy Parenting" booklet (2) which is given to every parent or carers of newborns attending MCHCs. It can be viewed or downloaded from the Family Health Service website (www.fhs.gov.hk). The Service has also launched two parenting e-learning platforms, the 'Parent-Child e-Link' e-newsletters and "Parenting Made Easy" self-learning e-course since 2011/12. These allow parents, carers and public to obtain child care and parenting information via different channels. Information on sleep safety is also included in these e-learning platforms.

Summary of Statistics on Child Death Cases Reviewed from 2006 to 2011

Taking account of the child death cases reviewed from 2006 to 2011, tables and charts are prepared to show the changes over time by various natures of cases. However, owing to the limited data available, i.e. only 6 data points from 2006 to 2011, it is unable to perform any statistical analyses to identify any trends or patterns.

8.1 Statistics of Child Death Cases Reviewed

Table 8.1.1: No. of Cases by Cause of Death and Year

Cause of Death	Year in which the cases occurred						Total
	2006@	2007@	2008	2009	2010	2011	
Natural Causes	74 [69]	60 [52]	70	86	79	72	441 [428]
Non-natural Causes -	43 [48]	32 [40]	49	33	49	38	244 [257]
<i>Suicide</i>	14	10	14	12	21	14	85
<i>Accident</i>	20	12	13	10	15	13	83
<i>Assault</i>	5	6	9	9	8	4	41
<i>#Unascertained</i>	1 [6]	2 [10]	9	1	5	7	25 [38]
<i>*Medical Complication</i>	3	2	4	1	0	0	10
Total:	117	92	119	119	128	110	685

Cases died of non-natural unascertained causes.

* Medical Complications refer to (i) Complications of Medical or Surgical Care; or (ii) Complications of Medical Treatment/Procedures.

@ For years 2006 and 2007, figures previously published are given in the square brackets [] for reference purpose. The discrepancies between the previously published figures and the revised figures are due to inclusion of the natural cause cases with unidentifiable aetiology in the "Unascertained" category in the previously published figures. From year 2008 and beyond, these cases have been grouped under "Natural Causes" with a sub-category of "Unidentifiable Aetiology", while the "Unascertained" category refers to non-natural cause cases with unascertained death causes. For consistency purpose, the following analysis is based on the revised figures.

Chart 8.1.1.1: No. of Cases by Cause of Death and Year

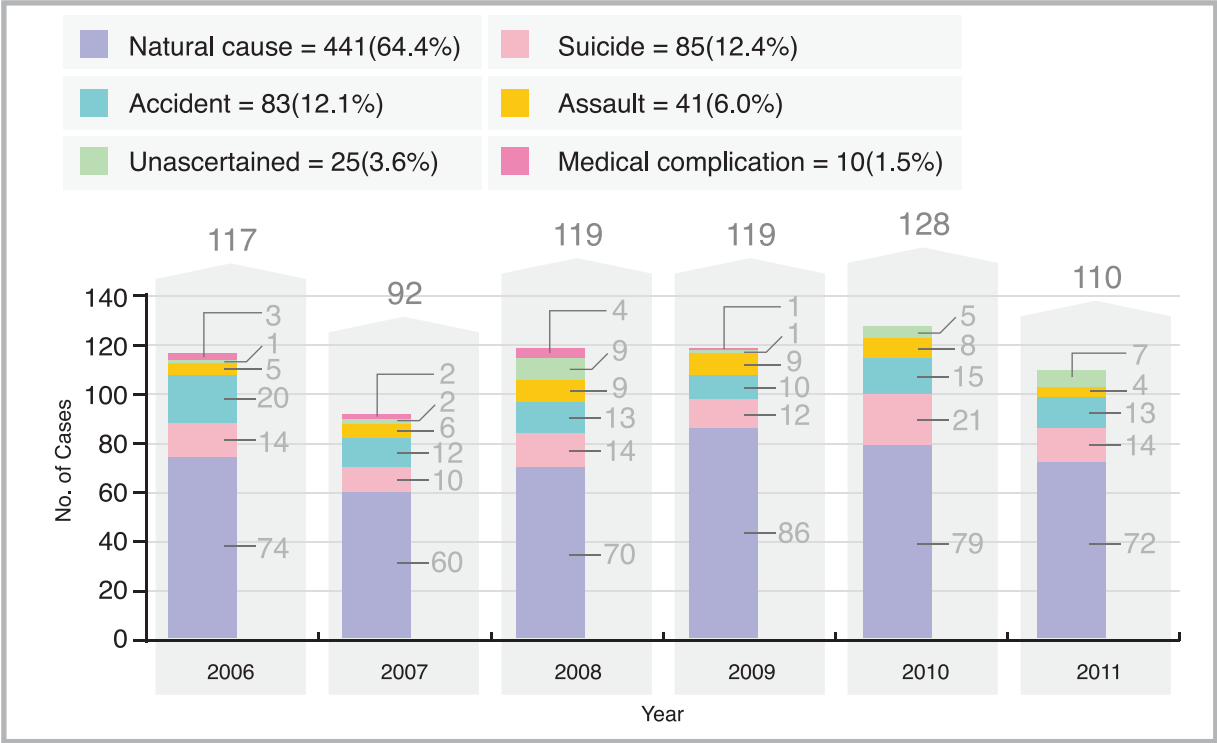


Chart 8.1.1.2: No. of Overall Cases by Year

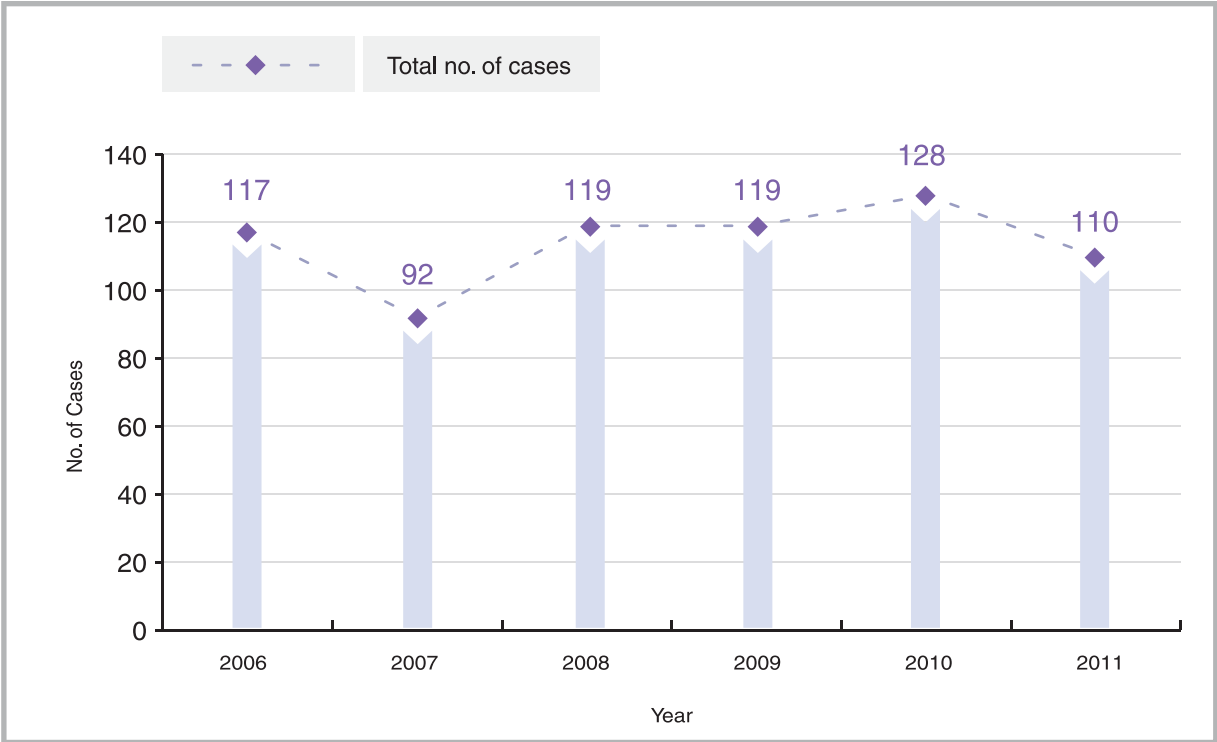


Chart 8.1.1.3: No. of Natural Cause Cases by Year

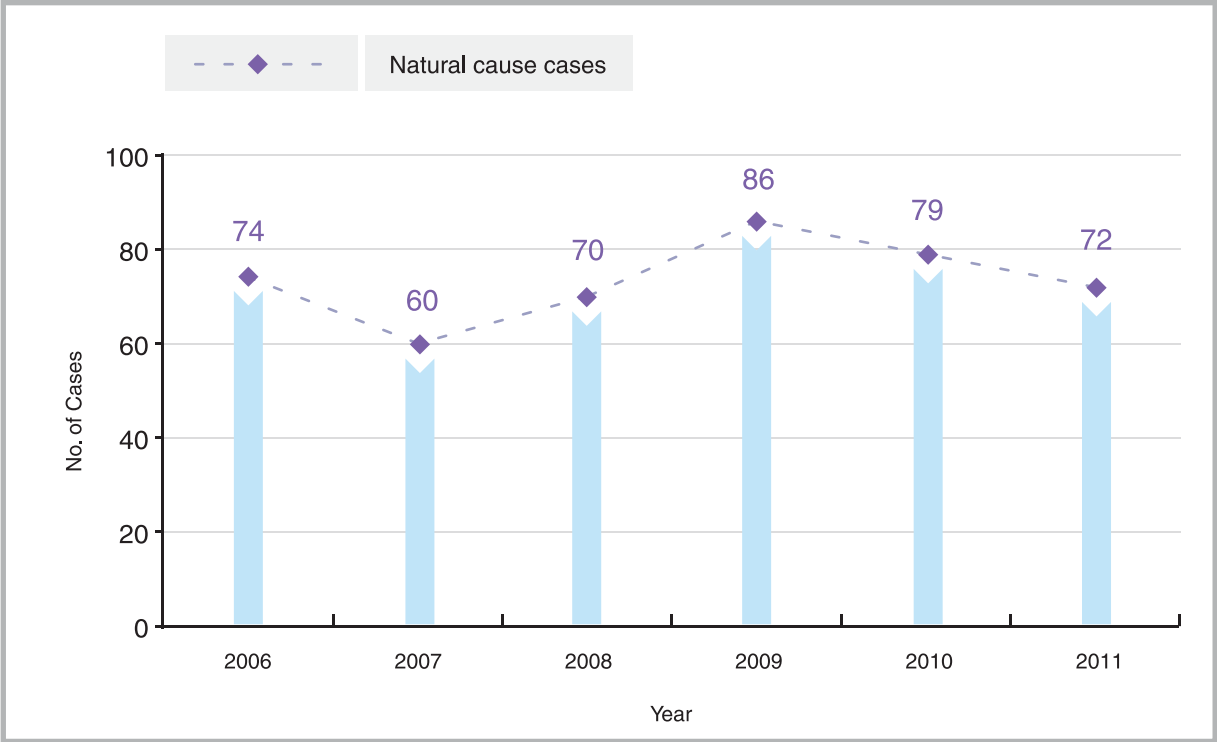


Chart 8.1.1.4: No. of Suicide Cases by Year

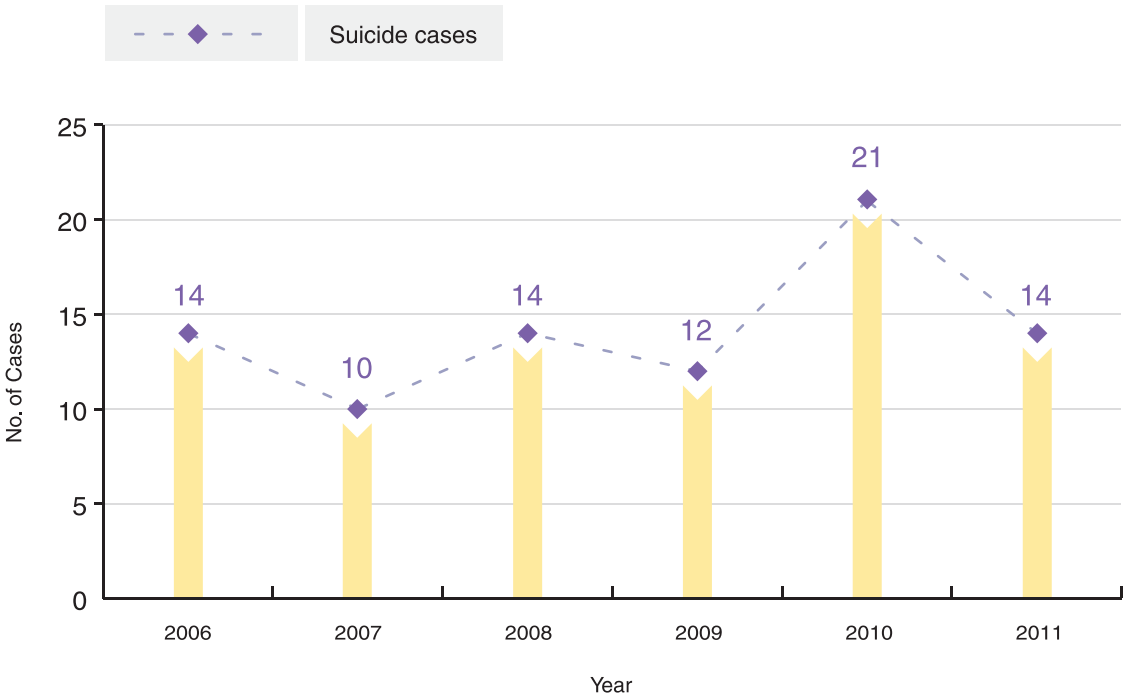


Chart 8.1.1.5: No. of Accident Cases by Year

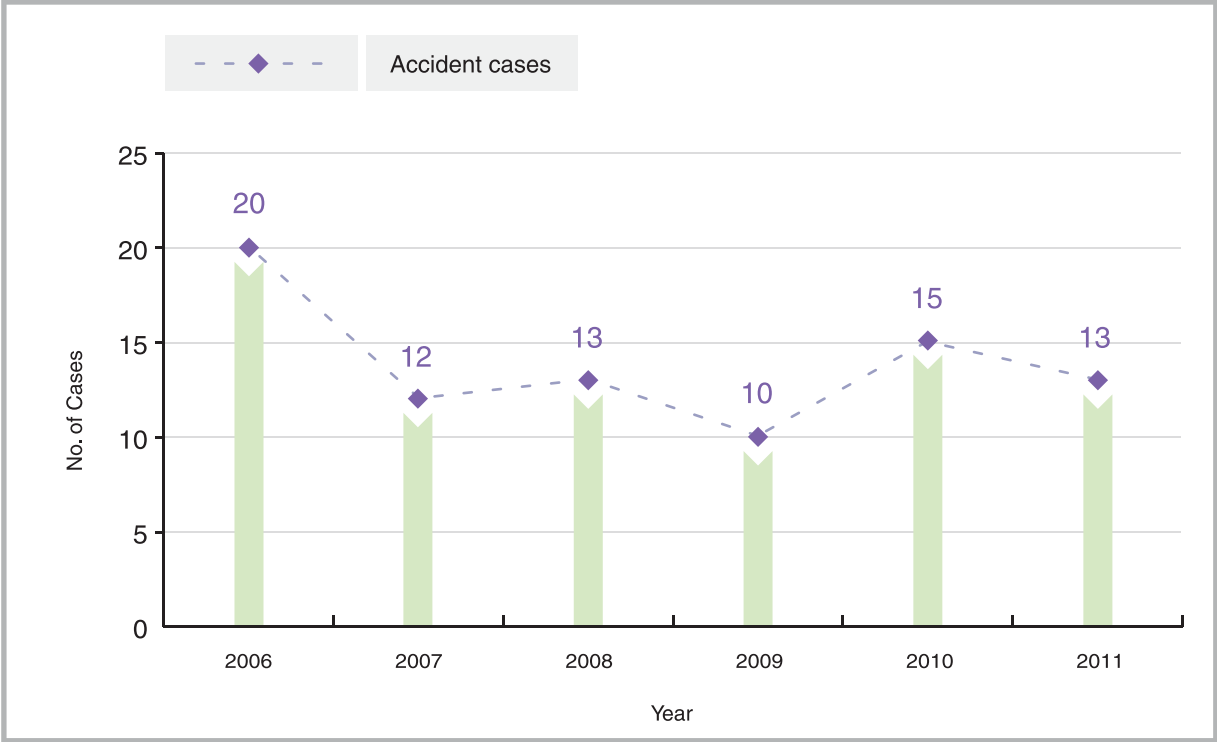


Chart 8.1.1.6: No. of Assault Cases by Year

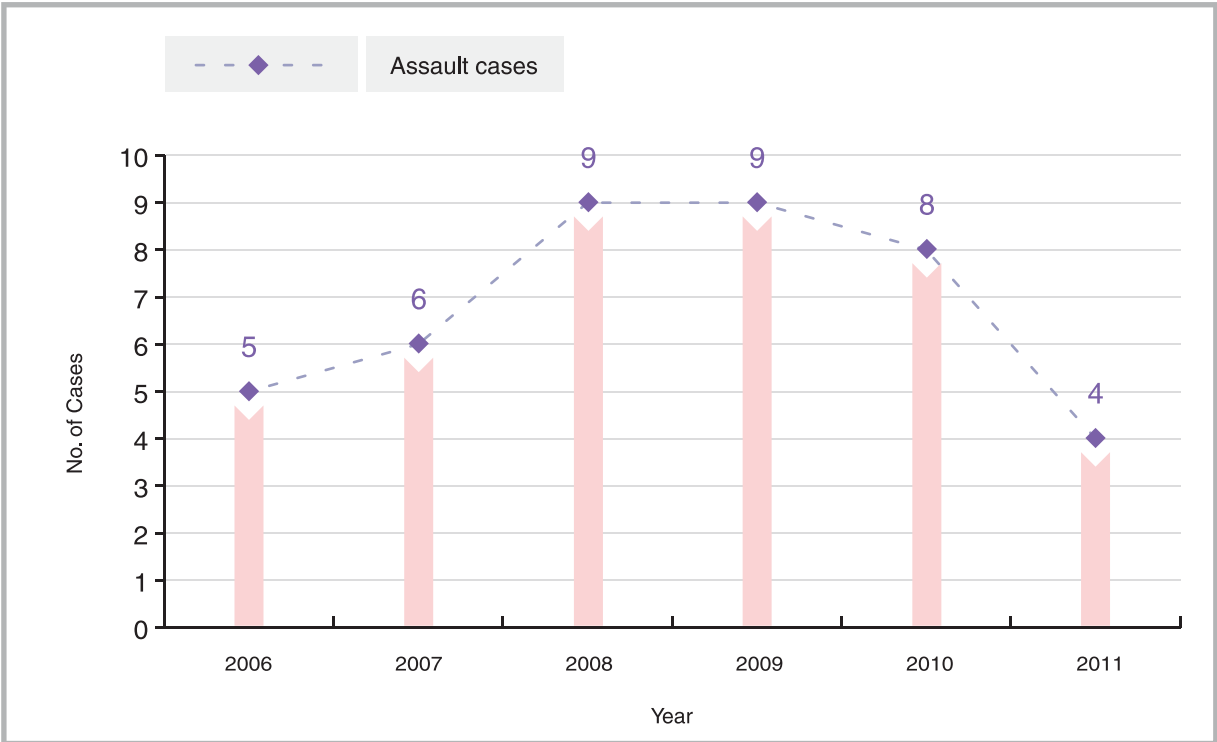


Chart 8.1.1.7: No. of Non-natural Unascertained Cause Cases by Year

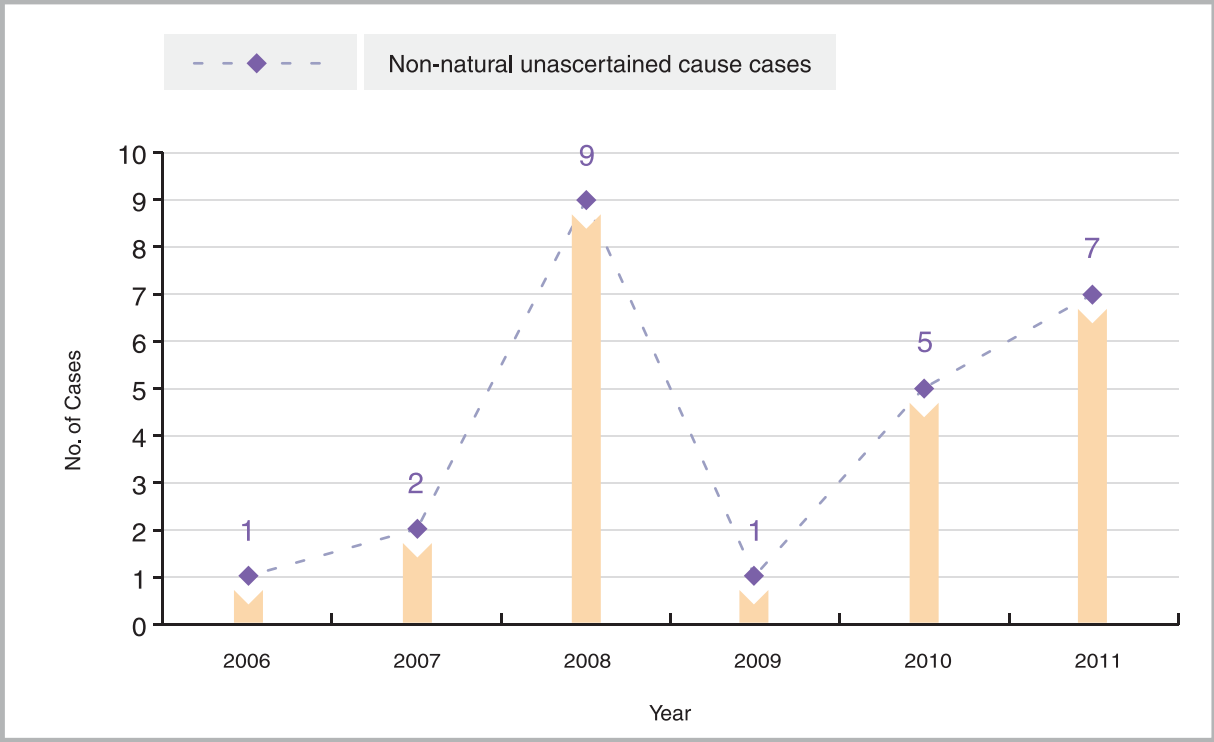


Chart 8.1.1.8: No. of Medical Complication Cases by Year

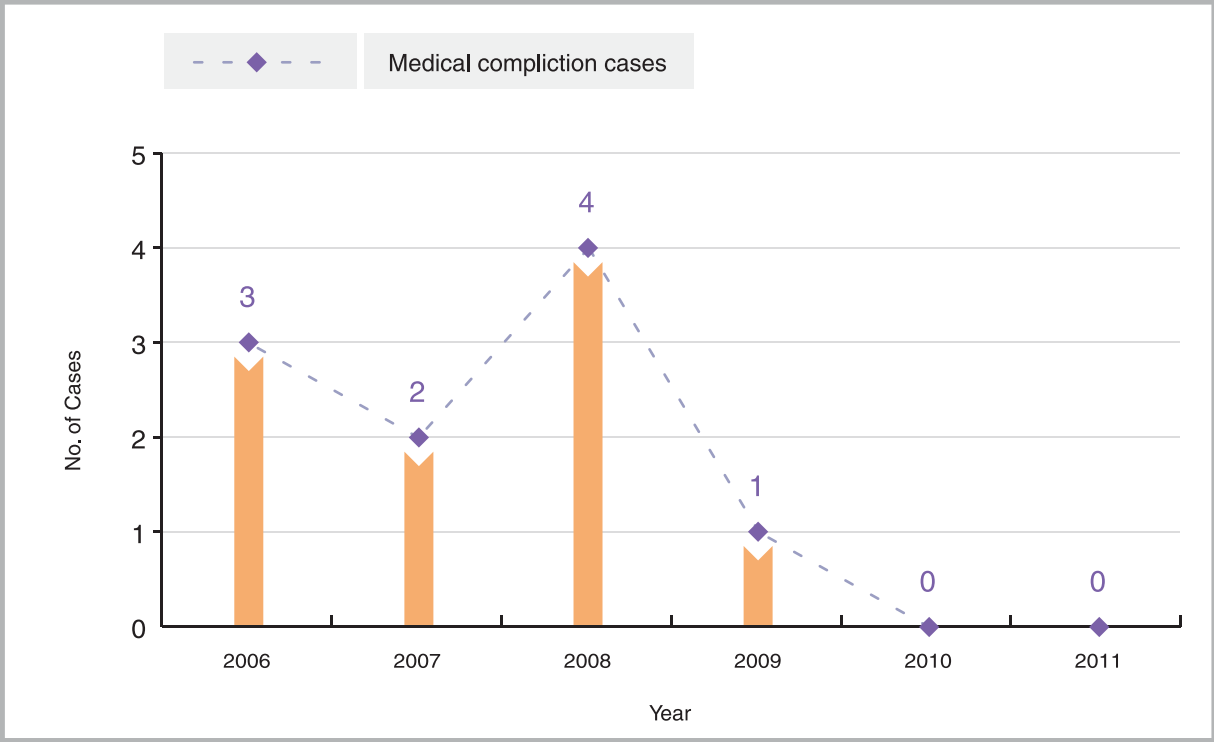


Table 8.1.2: No. of Cases by Age Group, Sex and Year

Age Group and Sex		2006	2007	2008	2009	2010	2011	No. of Cases (%)
<1	Female	18	17	16	23	17	24	115
	Male	14	20	27	25	40	25	151
	Sub-total	32	37	43	48	57	49	266 (38.8%)
1-2	Female	3	2	8	7	3	3	26
	Male	7	3	3	7	2	8	30
	Sub-total	10	5	11	14	5	11	56 (8.2%)
3-5	Female	1	3	5	4	2	5	20
	Male	6	2	5	7	9	1	30
	Sub-total	7	5	10	11	11	6	50 (7.3%)
6-8	Female	3	3	2	2	2	2	14
	Male	7	5	3	3	4	3	25
	Sub-total	10	8	5	5	6	5	39 (5.7%)
9-11	Female	8	6	3	4	1	1	23
	Male	7	4	6	3	2	5	27
	Sub-total	15	10	9	7	3	6	50 (7.3%)
12-14	Female	6	5	8	8	7	5	39
	Male	12	6	6	6	11	6	47
	Sub-total	18	11	14	14	18	11	86 (12.6%)
15-17	Female	11	4	12	8	8	8	51
	Male	14	12	15	12	20	14	87
	Sub-total	25	16	27	20	28	22	138 (20.1%)
Total (%)	Female	50	40	54	56	40	48	288 (42.0%)
	Male	67	52	65	63	88	62	397 (58.0%)
	Total	117	92	119	119	128	110	685 (100%)

The top 3 highest case numbers among different years are highlighted.

Chart 8.1.3: No. of Cases by Year and Age Group

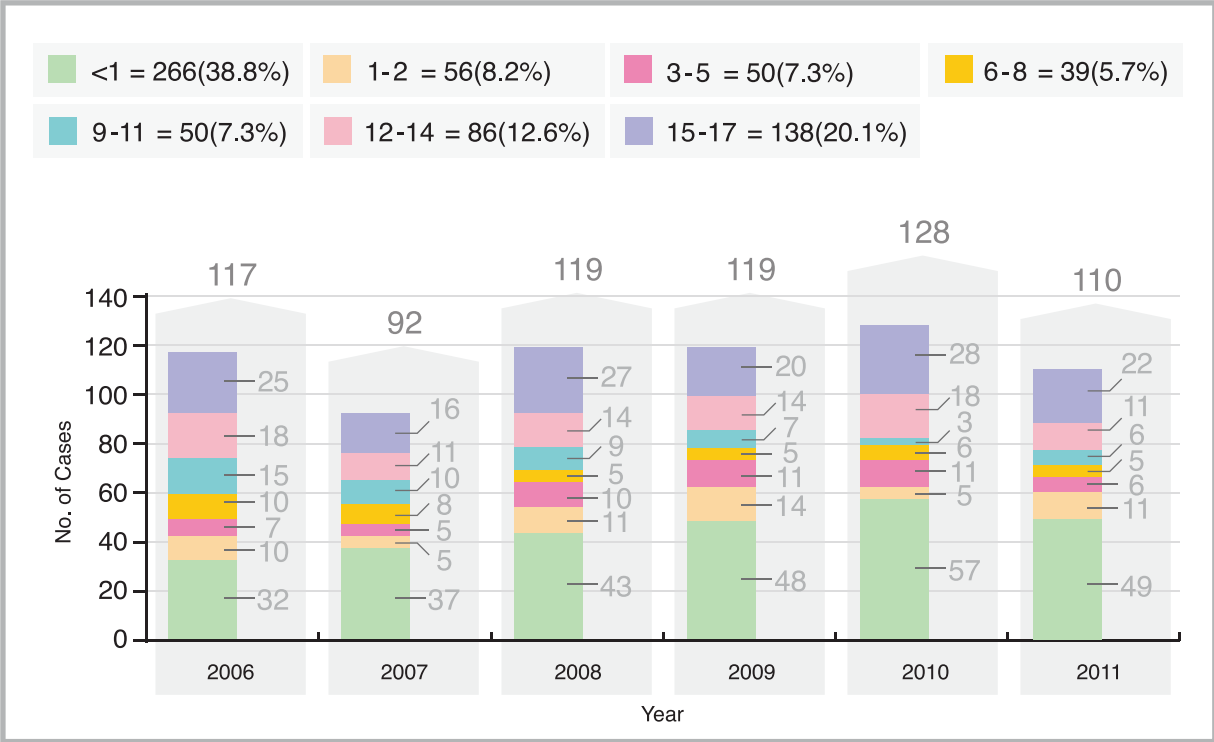


Chart 8.1.4: No. of Cases by Year and Ethnicity

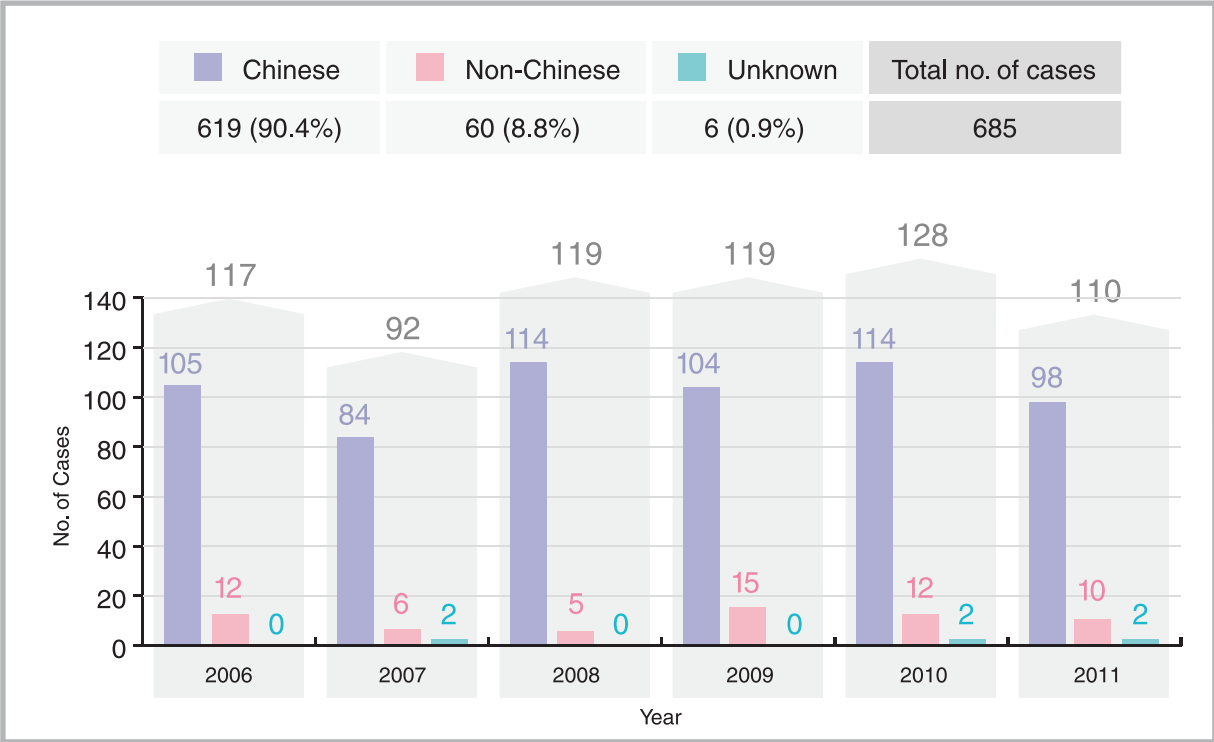


Table 8.1.5: No. of Cases by Cause of Death, Year and Sex

Cause of Death		2006	2007	2008	2009	2010	2011	No. of Cases (%)
Natural Causes	Female	31	29	32	39	24	35	190
	Male	43	31	38	47	55	37	251
	Sub-total	74	60	70	86	79	72	441 (64.4%)
Suicide	Female	7	3	6	6	6	6	34
	Male	7	7	8	6	15	8	51
	Sub-total	14	10	14	12	21	14	85 (12.4%)
Accident	Female	8	3	3	4	6	2	26
	Male	12	9	10	6	9	11	57
	Sub-total	20	12	13	10	15	13	83 (12.1%)
Assault	Female	3	3	5	6	4	1	22
	Male	2	3	4	3	4	3	19
	Sub-total	5	6	9	9	8	4	41 (6.0%)
Unascertained	Female	0	1	7	1	0	4	13
	Male	1	1	2	0	5	3	12
	Sub-total	1	2	9	1	5	7	25 (3.6%)
Medical Complication	Female	1	1	1	0	0	0	3
	Male	2	1	3	1	0	0	7
	Sub-total	3	2	4	1	0	0	10 (1.5%)
Total (%)	Female	50	40	54	56	40	48	288 (42.0%)
	Male	67	52	65	63	88	62	397 (58.0%)
	Total	117	92	119	119	128	110	685 (100%)

The highest case numbers among different years are highlighted.

Chart 8.1.5.1: No. of Overall Cases by Year and Sex

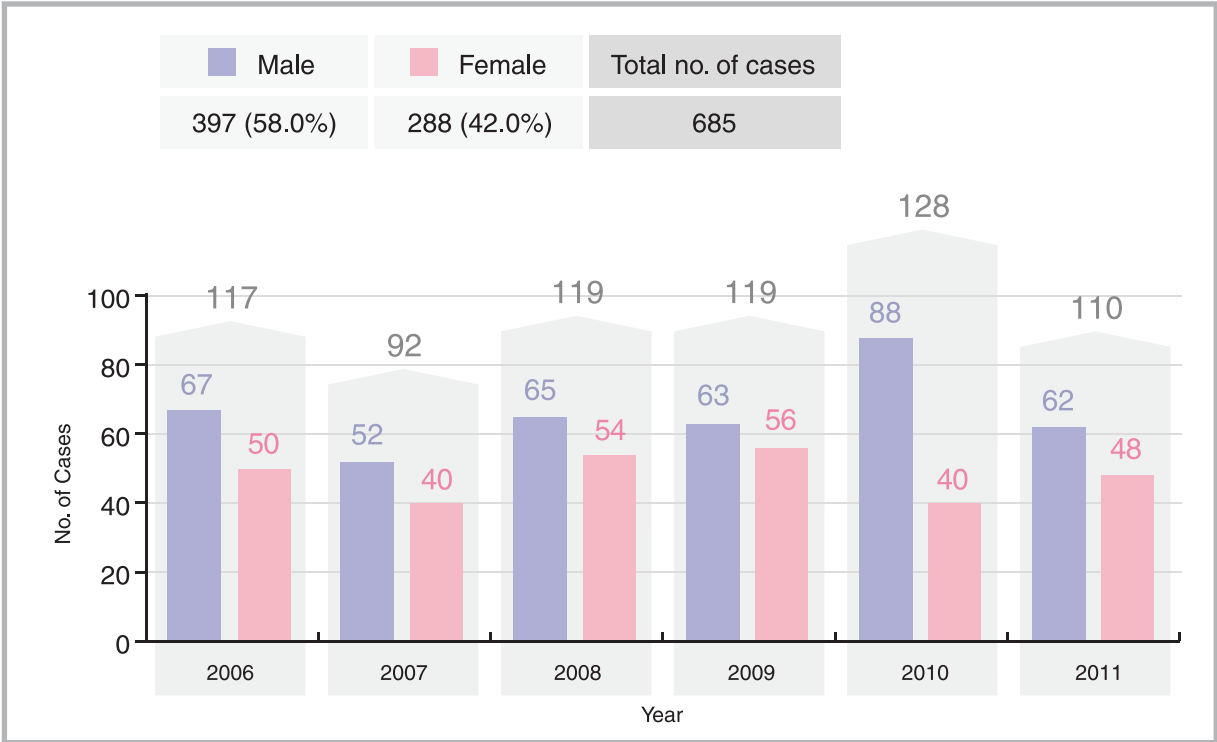


Chart 8.1.5.2: No. of Natural Cause Cases by Year and Sex

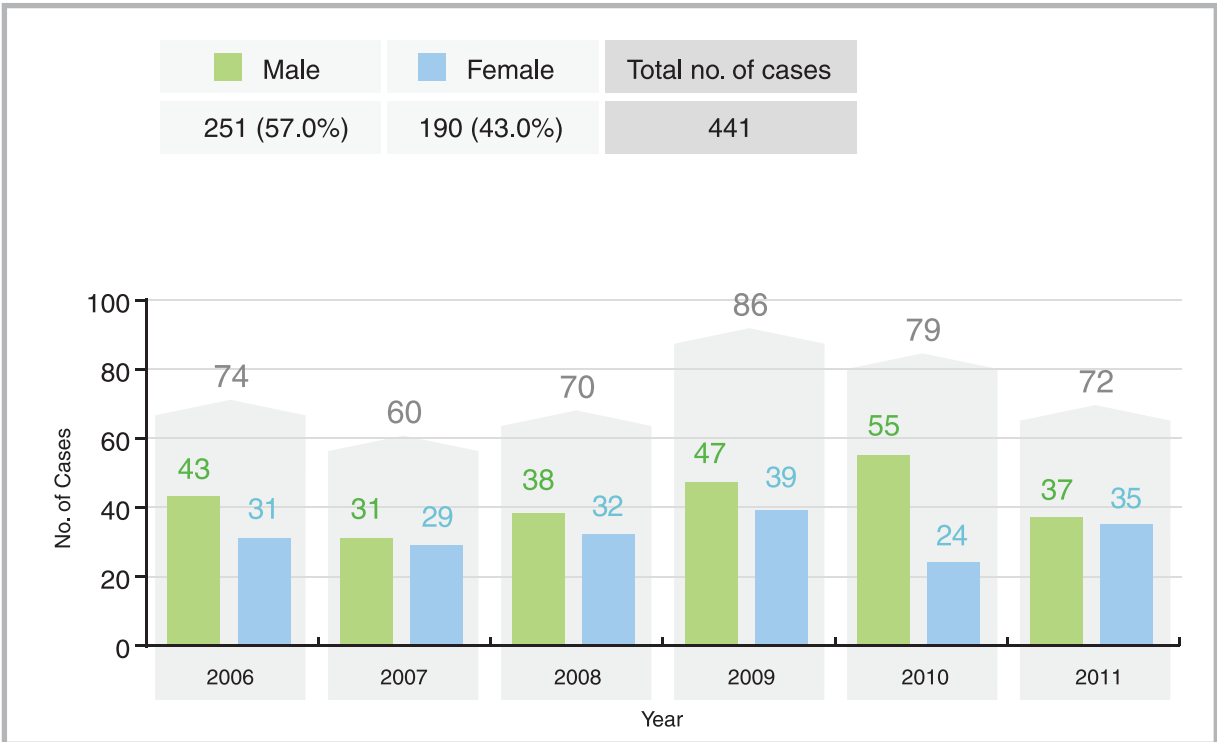


Chart 8.1.5.3: No. of Suicide Cases by Year and Sex

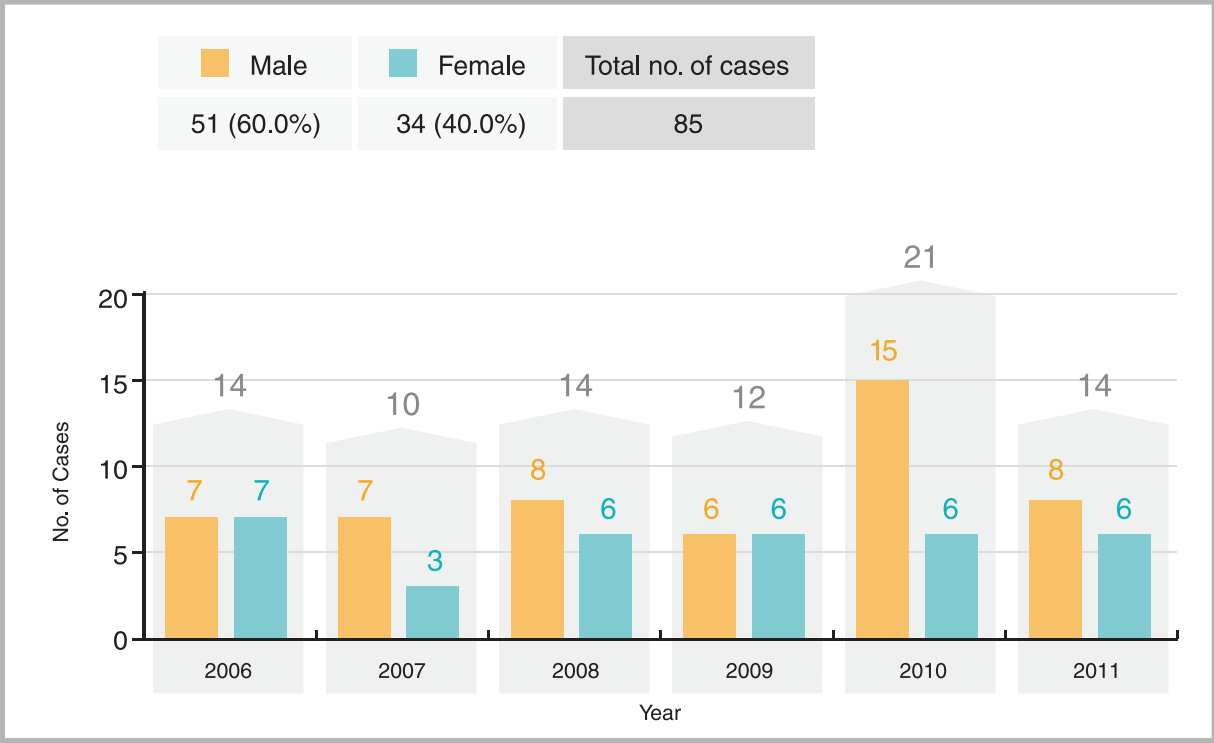


Chart 8.1.5.4: No. of Accident Cases by Year and Sex

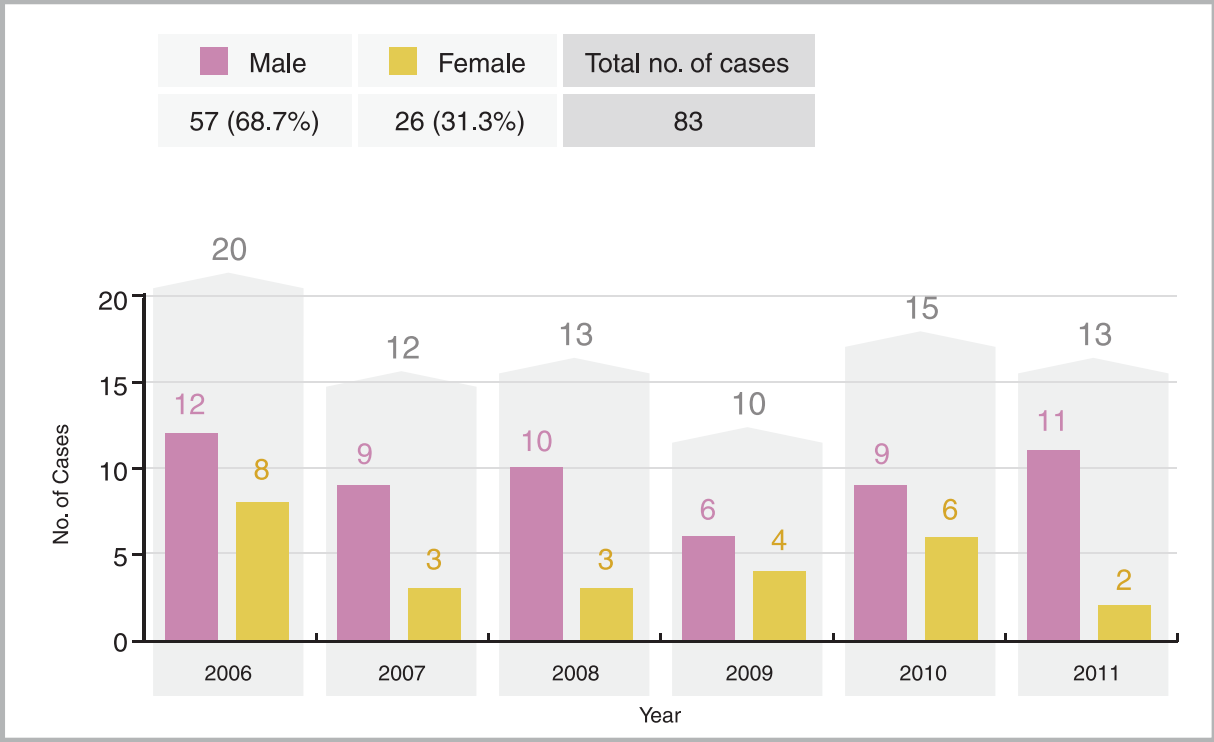


Chart 8.1.5.5: No. of Assault Cases by Year and Sex

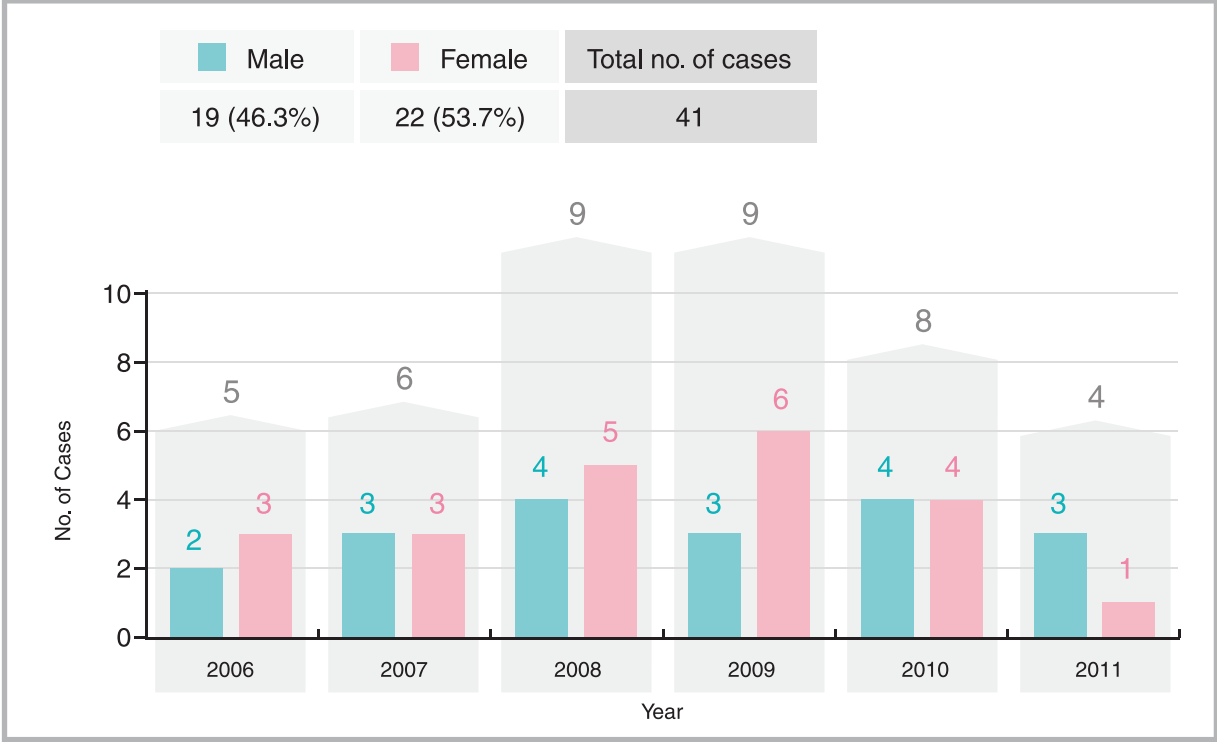


Chart 8.1.5.6: No. of Non-natural Unascertained Cause Cases by Year and Sex

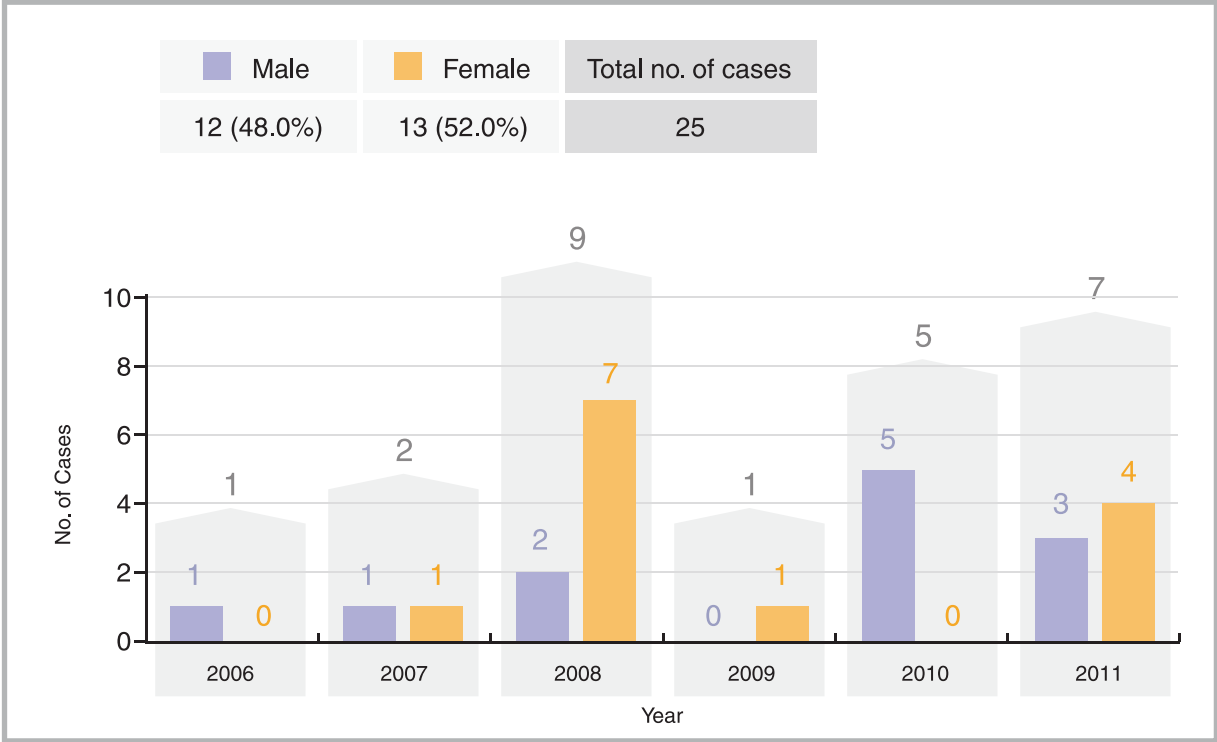


Chart 8.1.5.7: No. of Medical Complication Cases by Year and Sex

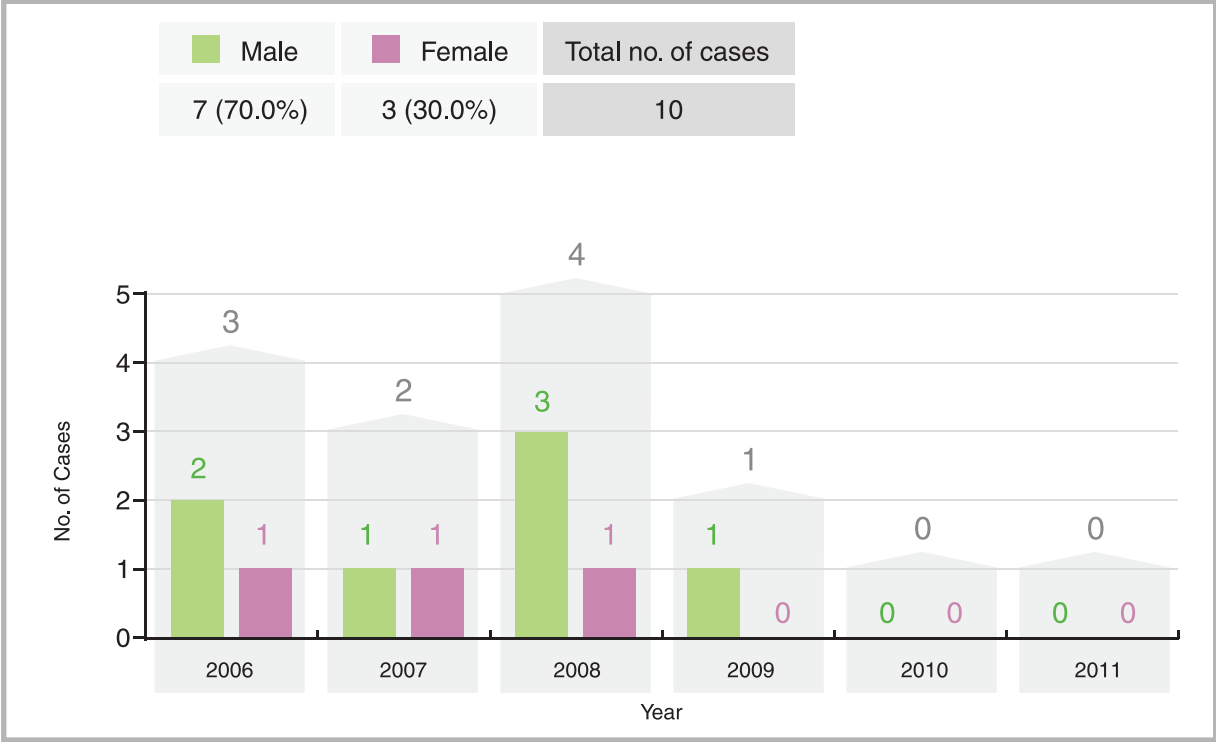


Table 8.1.6: No. of Cases by Residential District

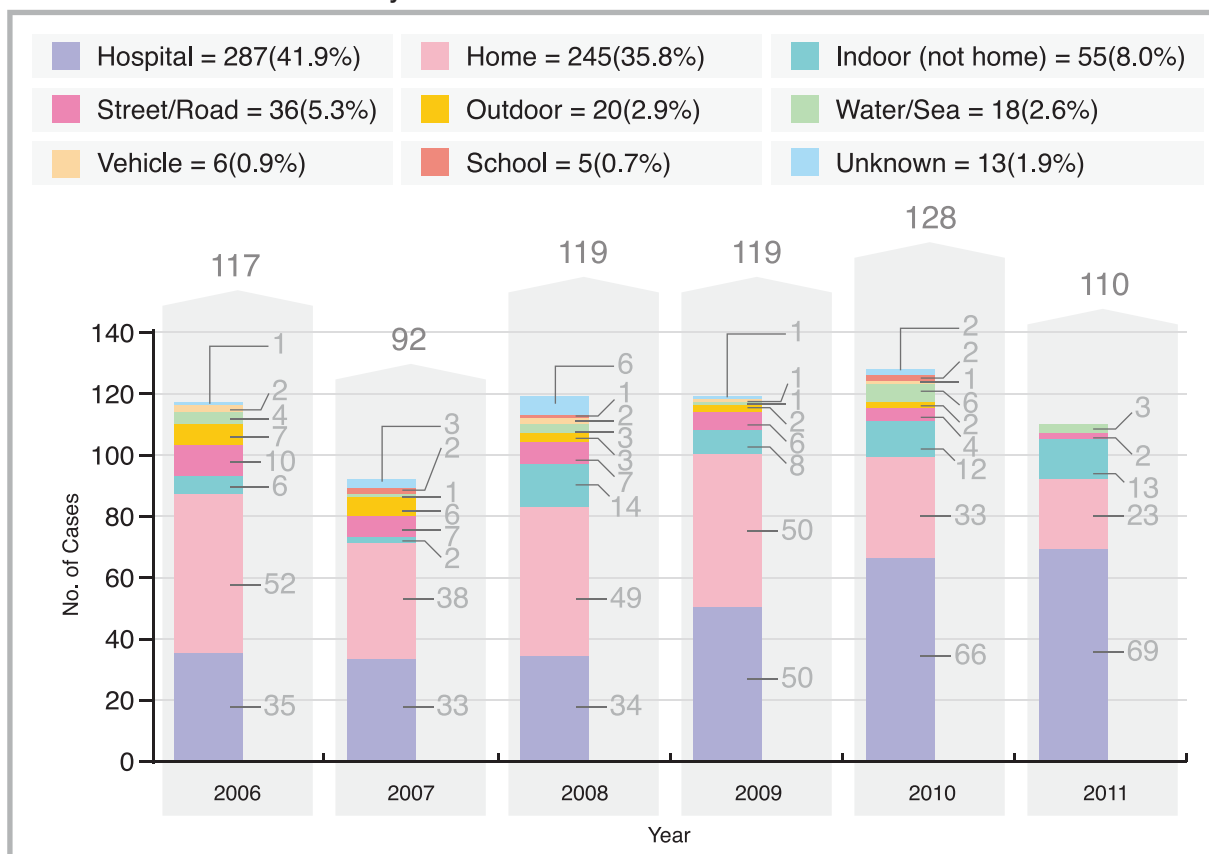
Residential District	No. of Cases/Death Rate*						
	2006	2007	2008	2009	2010	2011	Total (%)
HONG KONG ISLAND							
Central & Western	7	1	4	6	2	5	25 (3.6%)
	0.185	0.026	0.102	0.157	0.051	0.144	
Wan Chai	1	0	1	0	2	0	4 (0.6%)
	0.045	0.000	0.047	0.000	0.099	0.000	
Eastern	4	7	9	5	2	6	33 (4.8%)
	0.043	0.076	0.100	0.058	0.024	0.074	
Southern	4	5	6	3	7	3	28 (4.1%)
	0.085	0.111	0.132	0.069	0.165	0.071	
KOWLOON							
Yau Tsim Mong	1	0	2	7	4	5	19 (2.8%)
	0.025	0.000	0.046	0.160	0.088	0.107	
Sham Shui Po	8	6	2	9	5	7	37 (5.4%)
	0.134	0.106	0.034	0.158	0.090	0.120	
Kowloon City	5	4	1	1	7	7	25 (3.6%)
	0.088	0.070	0.018	0.018	0.128	0.126	
Wong Tai Sin	7	7	6	4	11	6	41 (6.0%)
	0.102	0.103	0.093	0.065	0.187	0.103	
Kwun Tong	7	8	9	7	9	4	44 (6.4%)
	0.073	0.083	0.095	0.074	0.095	0.042	
NEW TERRITORIES							
Kwai Tsing	10	8	15	7	8	6	54 (7.9%)
	0.115	0.092	0.175	0.086	0.102	0.079	
Tsuen Wan	4	5	0	3	6	1	19 (2.8%)
	0.083	0.095	0.000	0.058	0.119	0.020	
Tuen Mun	8	7	13	13	8	11	60 (8.8%)
	0.083	0.079	0.153	0.162	0.104	0.150	
Yuen Long	10	9	12	15	14	10	70 (10.2%)
	0.083	0.077	0.105	0.135	0.130	0.096	
North	6	2	6	6	10	6	36 (5.3%)
	0.104	0.035	0.108	0.109	0.191	0.122	

Residential District	No. of Cases/Death Rate*						
	2006	2007	2008	2009	2010	2011	Total (%)
Tai Po	5	2	6	7	2	3	25 (3.6%)
	0.091	0.041	0.128	0.161	0.048	0.074	
Sha Tin	7	3	11	6	9	9	45 (6.6%)
	0.069	0.030	0.113	0.064	0.099	0.100	
Sai Kung	11	7	3	9	4	6	40 (5.8%)
	0.139	0.090	0.039	0.122	0.055	0.084	
Islands	3	2	1	4	5	2	17 (2.5%)
	0.094	0.065	0.032	0.131	0.164	0.075	
OTHERS							
Not residing in HK	9	6	7	6	9	11	48 (7.0%)
Unknown	0	3	5	1	4	2	15 (2.2%)
Total :	117	92	119	119	128	110	685 (100.0%)

* denotes district-specific child death rate, i.e. child death cases reviewed per 1 000 land-based non-institutional child population in respective district.

The highest case numbers or death rates among the 18 districts of different years are highlighted.

Chart 8.1.7: No. of Cases by Place of Fatal Incident



8.2 Statistics of Child Death Cases by Natural Causes

Chart 8.2.1: No. of Cases by Year and Age Group

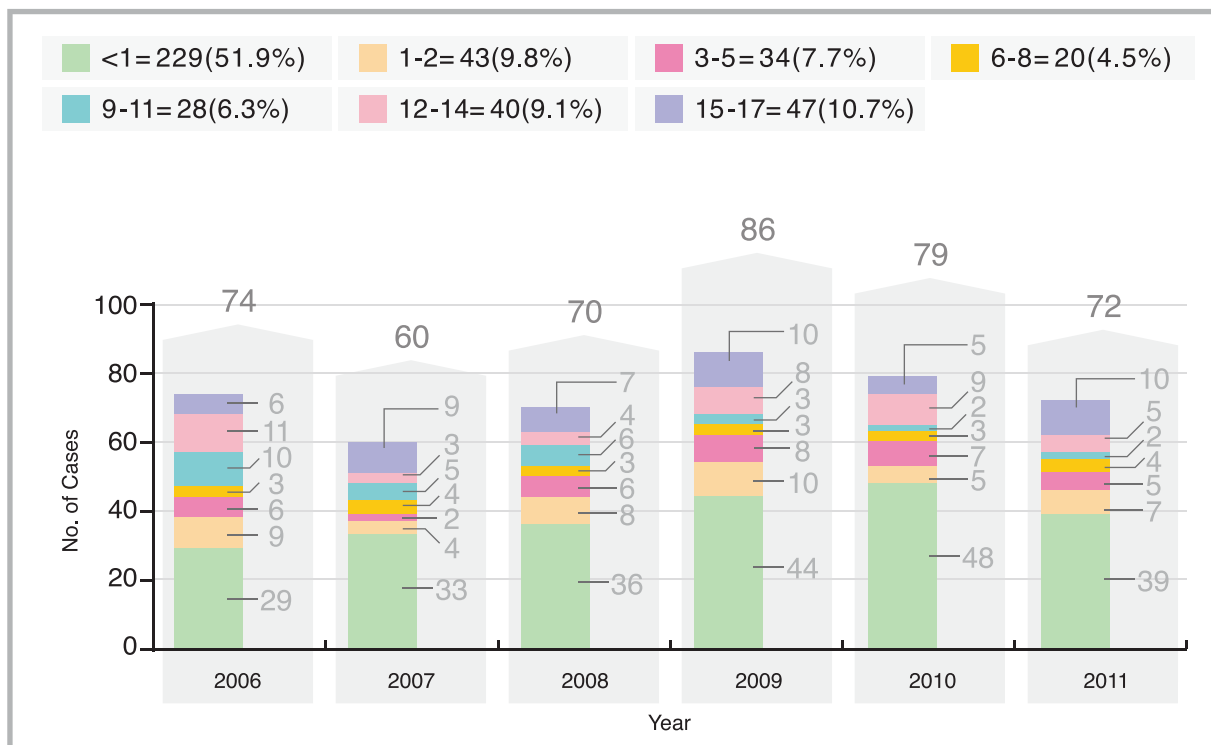
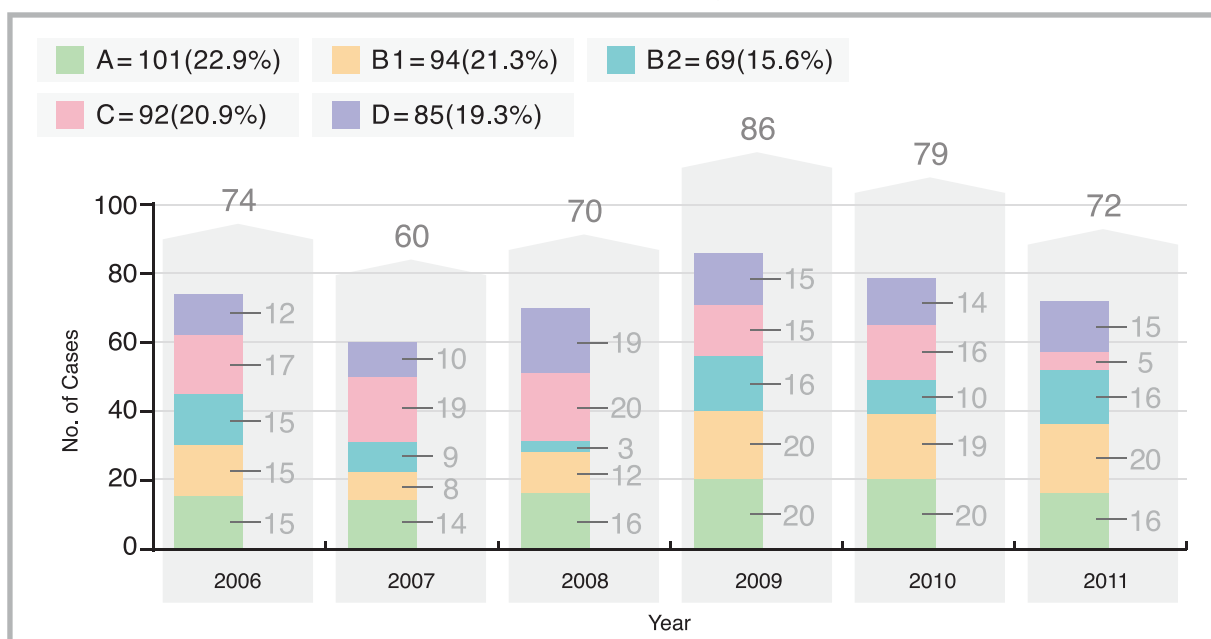


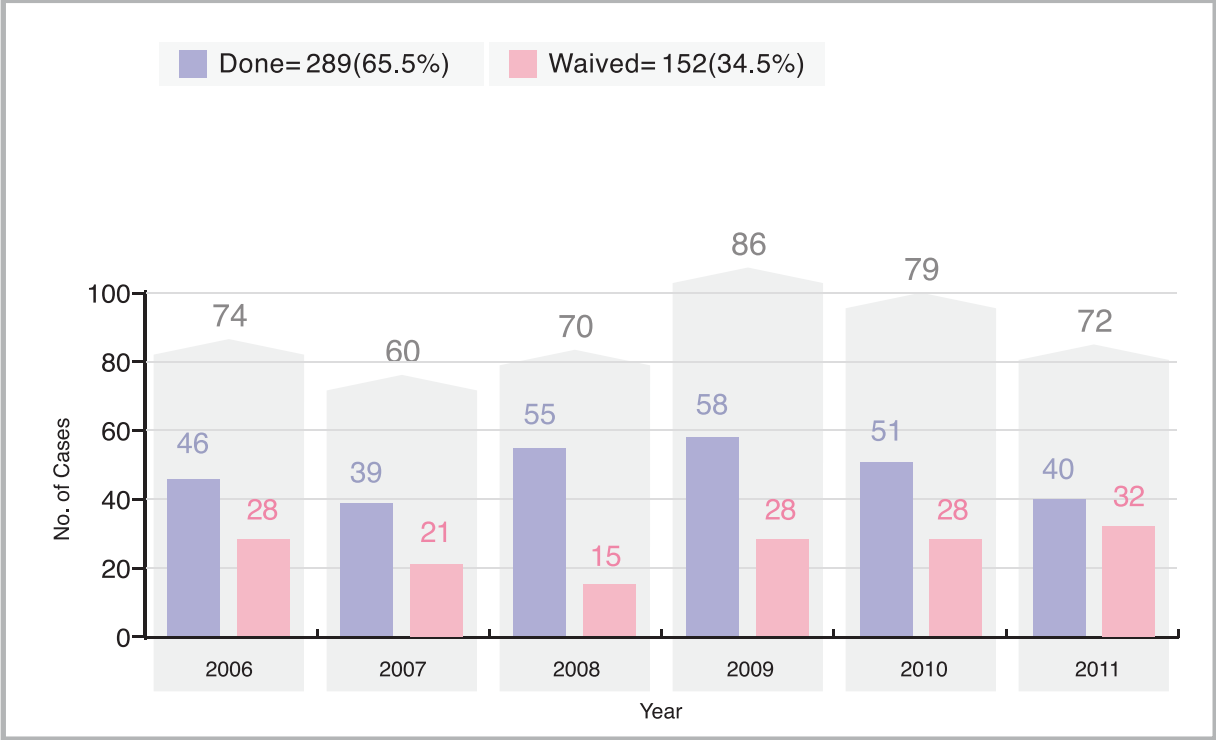
Chart 8.2.2: No. of Cases by Year and Death Category*



*These categories of death, with content listed below, are designed by the medical experts of the Review Panel for review purpose:

- A – Neo-natal Conditions
- B – Chronic Medical Conditions
 - B1 – with mental or physical disabilities
 - B2 – without mental or physical disabilities
- C – Acute Medical Conditions
- D – Others, including:
 - Unidentifiable Aetiology
 - SUDI (Sudden and Unexpected Death in Infancy)
 - Stillbirth

Chart 8.2.3: No. of Cases by Year and with Autopsy Done or Waived*



*Source: According to information search at the Coroner's Court.

8.3 Statistics of Child Death Cases by Suicide

Chart 8.3.1: No. of Cases by Year and Age Group

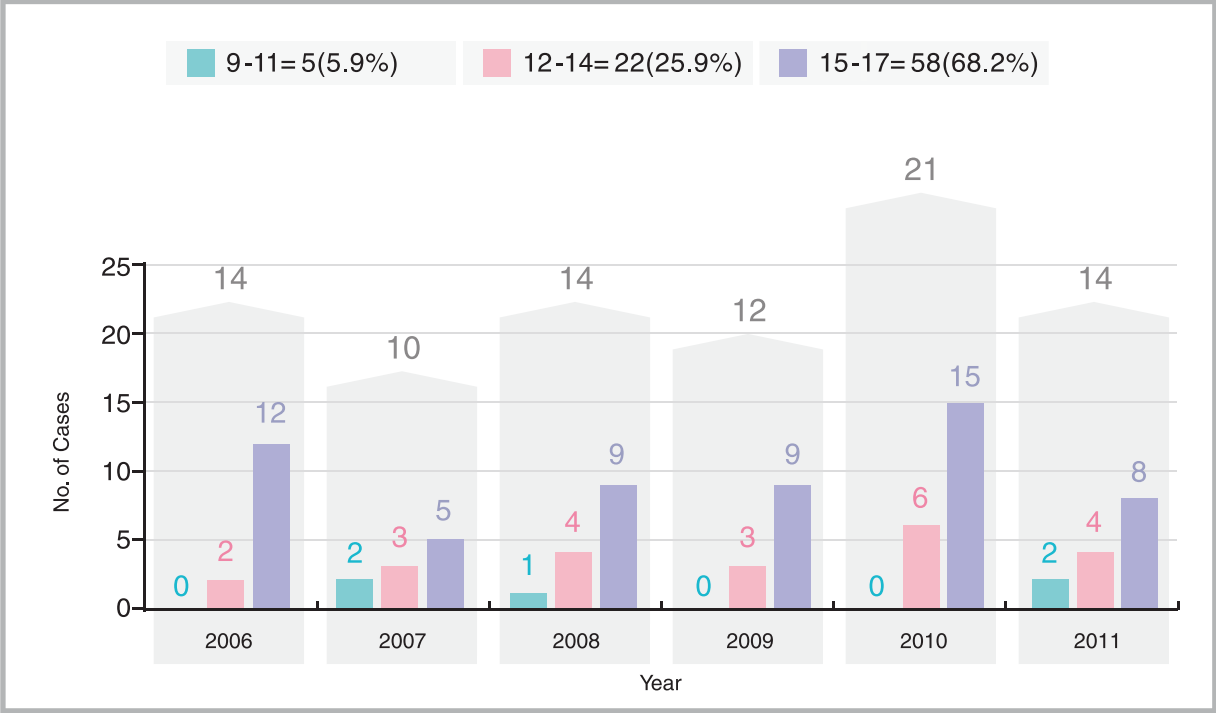
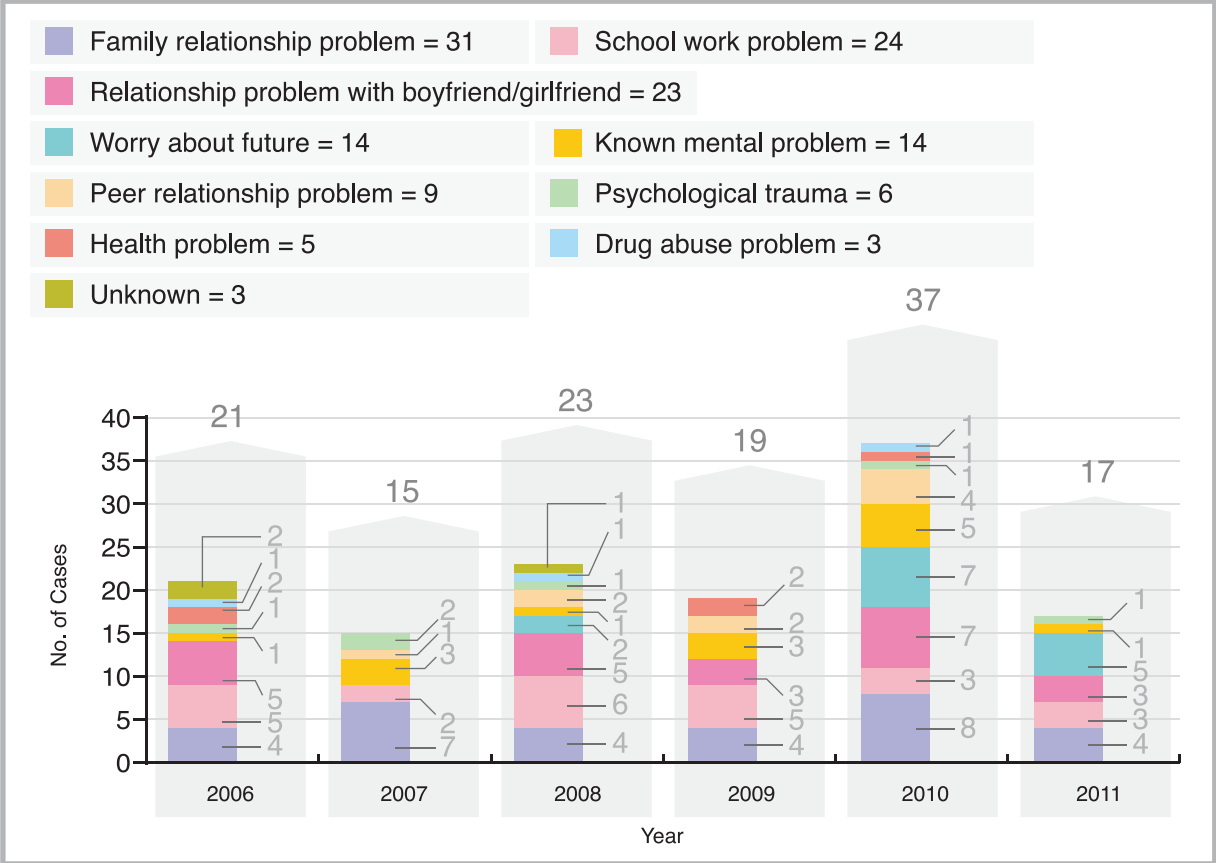


Chart 8.3.2: No. of Cases by Year and Reasons* of Committing Suicide



* Multiple reasons are allowed. The reasons were identified in the police death investigation reports and/or service reports of the reviewed cases.

Chart 8.3.3: No. of Cases by Year and Means of Committing Suicide

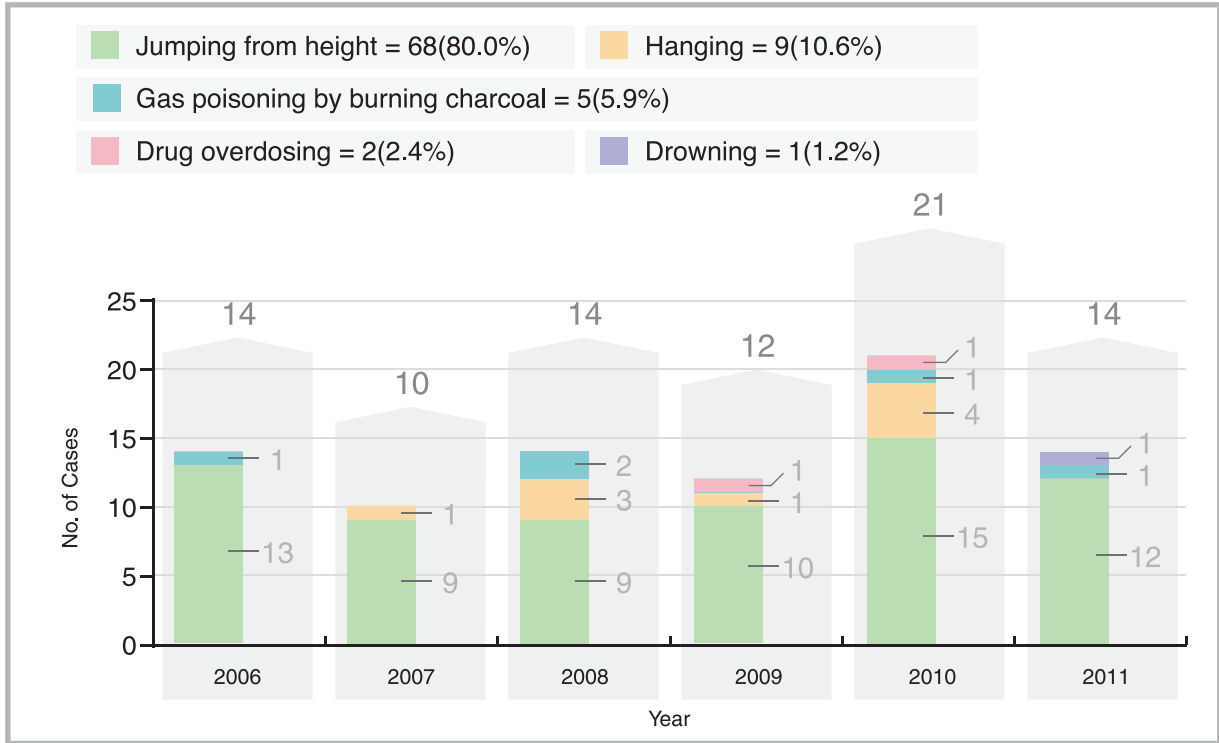
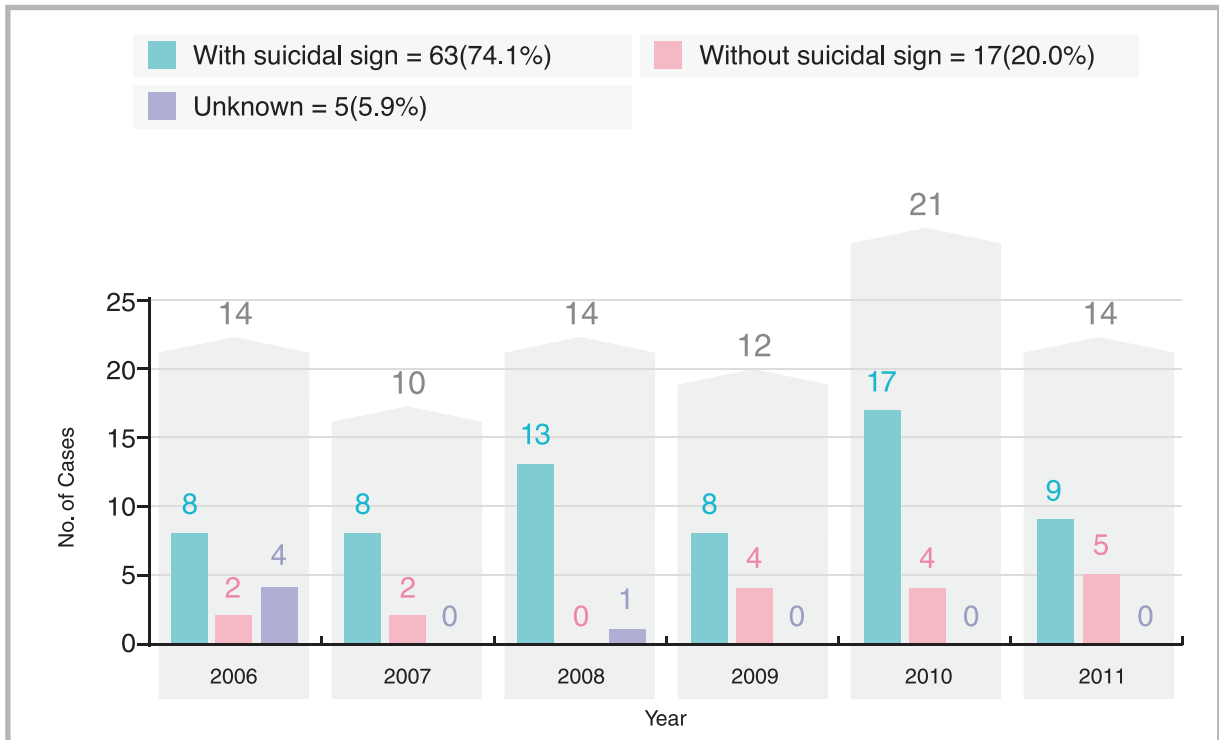


Chart 8.3.4: No. of Cases by Year and Identified Suicidal Signs*



Signs*: Include leaving suicidal notes; emotional/violent acts; verbal expression/threatening of suicidal intention and past history of suicidal attempts. (The signs were identified through police investigation reports.)

8.4 Statistics of Child Death Cases by Accident

Chart 8.4.1: No. of Cases by Year and Age Group

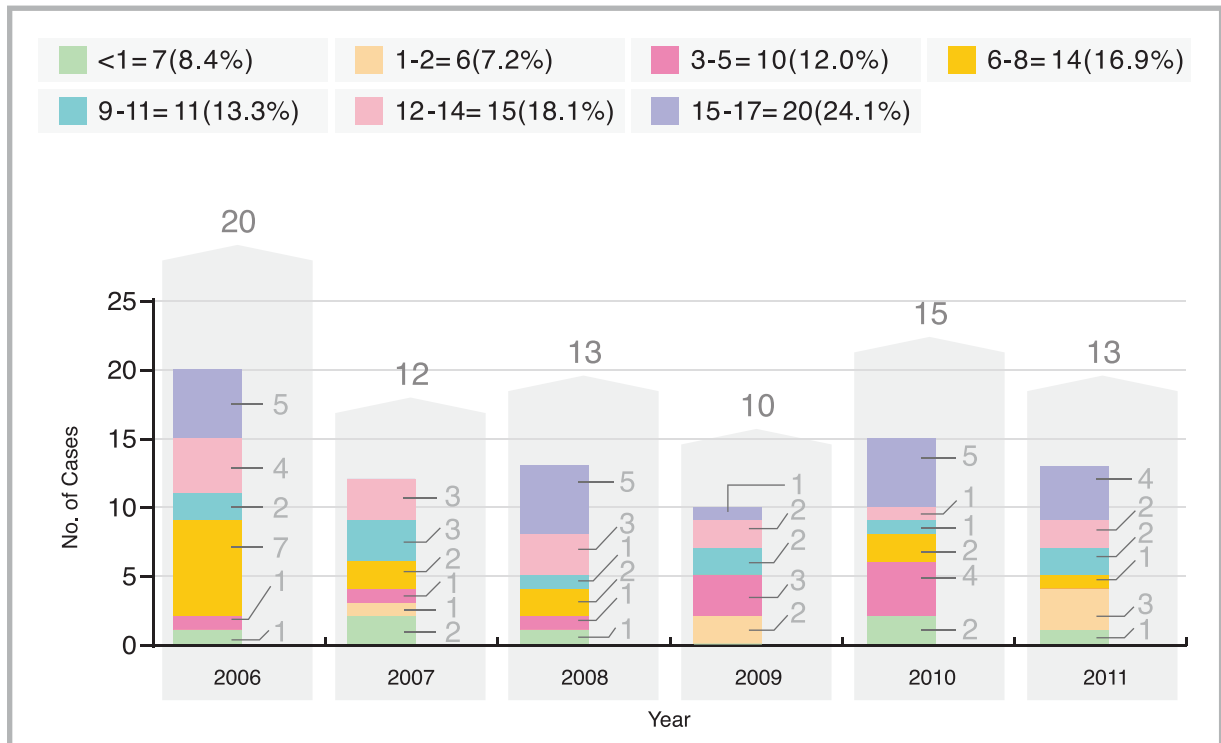
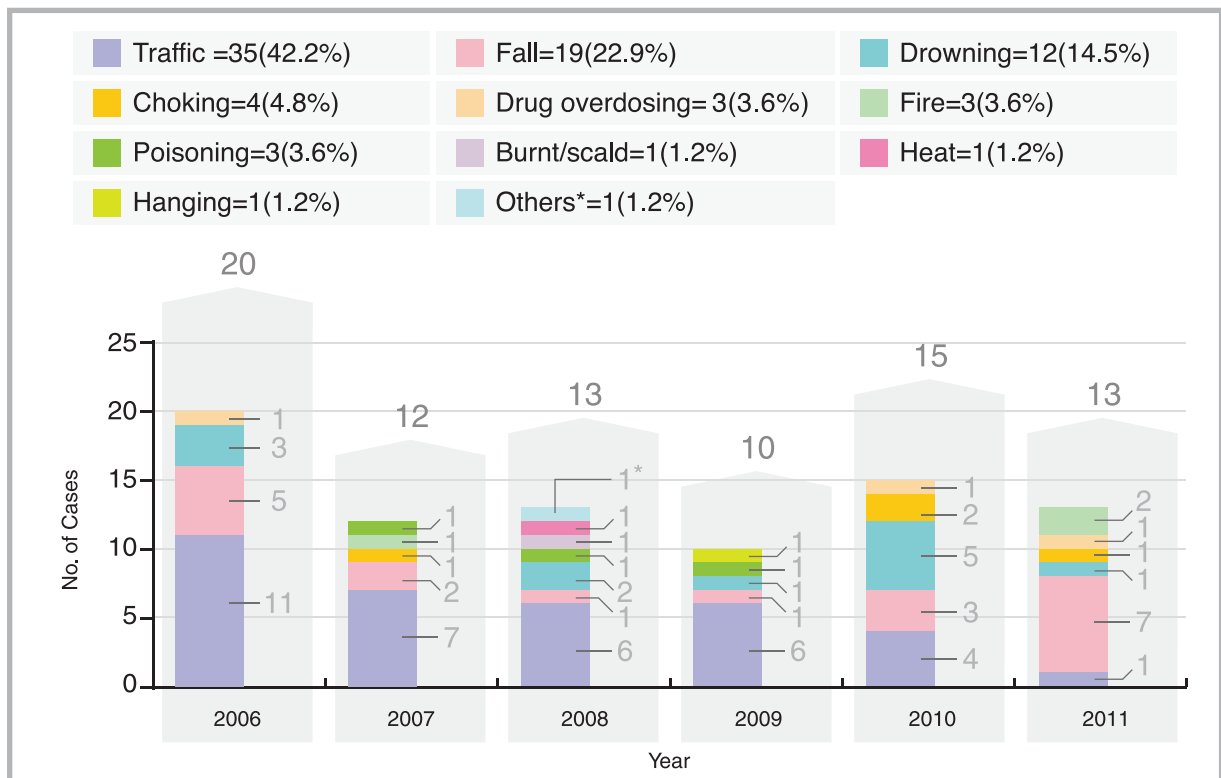


Chart 8.4.2: No. of Cases by Year and Type of Accident



* The deceased child was a newborn who died a few hours after birth due to complication during birth. The Coroner's Court ruled that the death cause was "Other accidental threats to breathing".

Chart 8.4.3: No. of Traffic Accident Cases by Year and Age Group

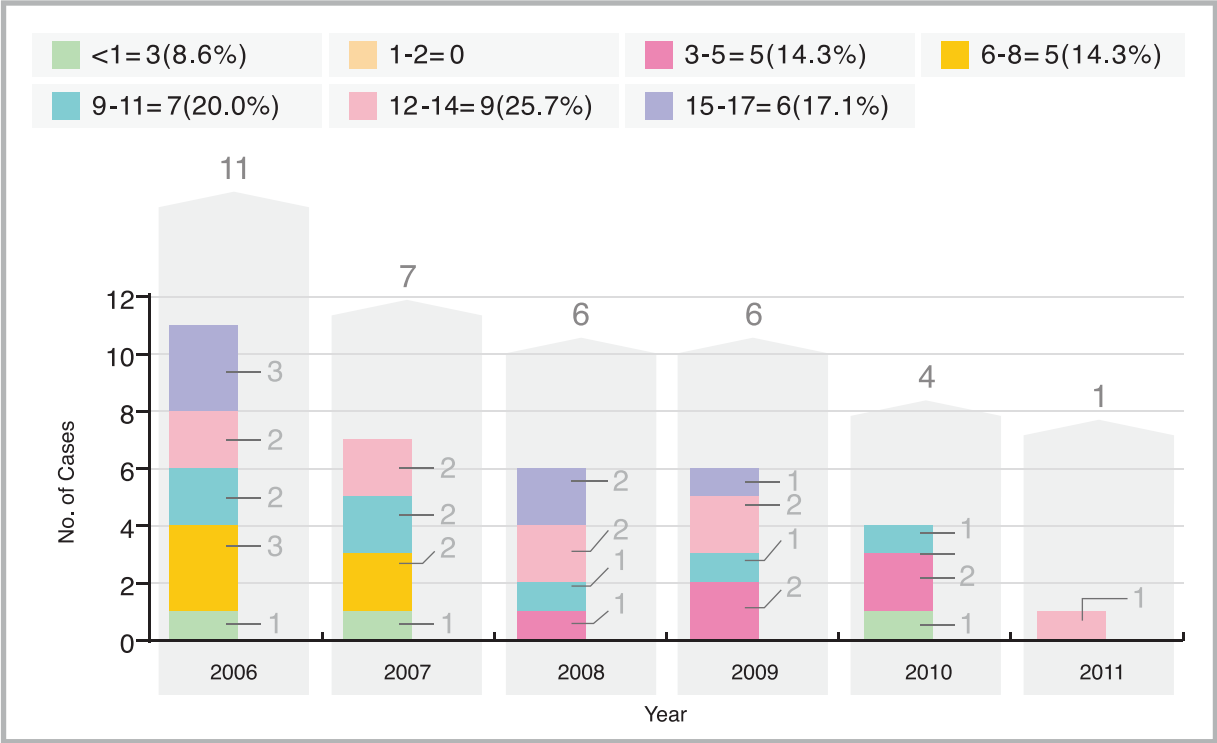


Chart 8.4.4: No. of Cases by Year and Type of Traffic Victim

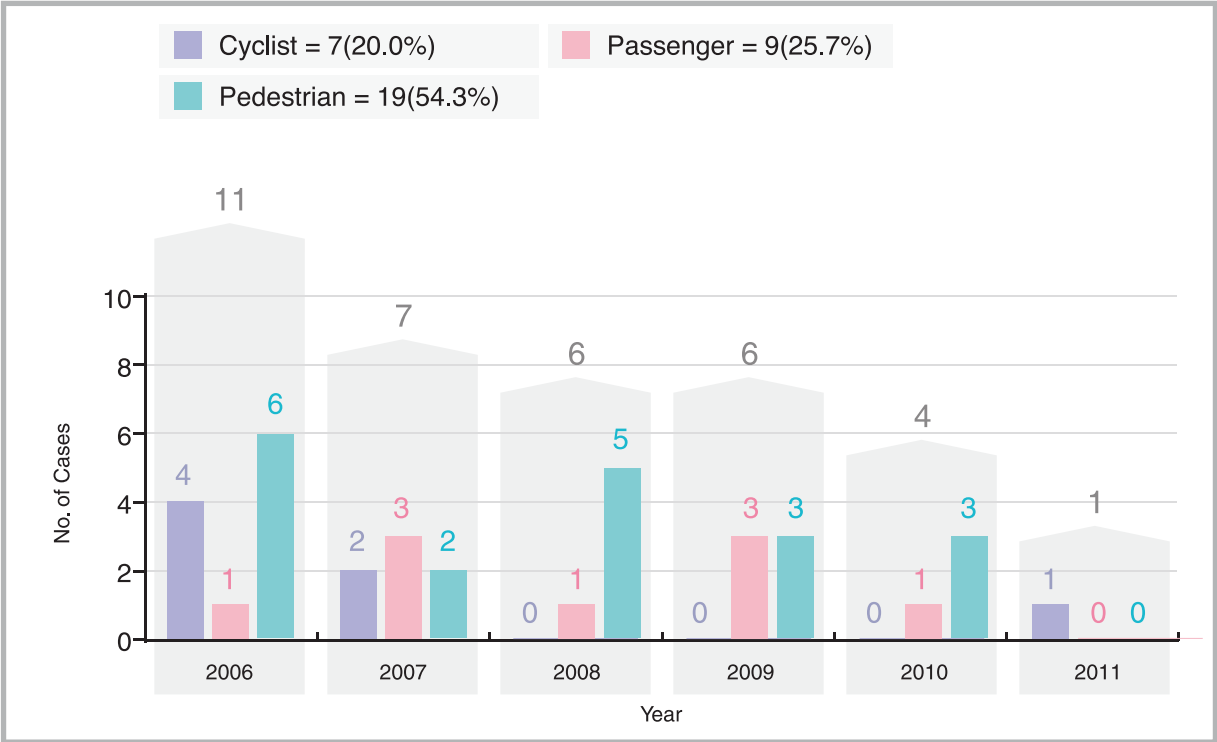


Chart 8.4.5: No. of Fall Accident Cases by Year and Age Group

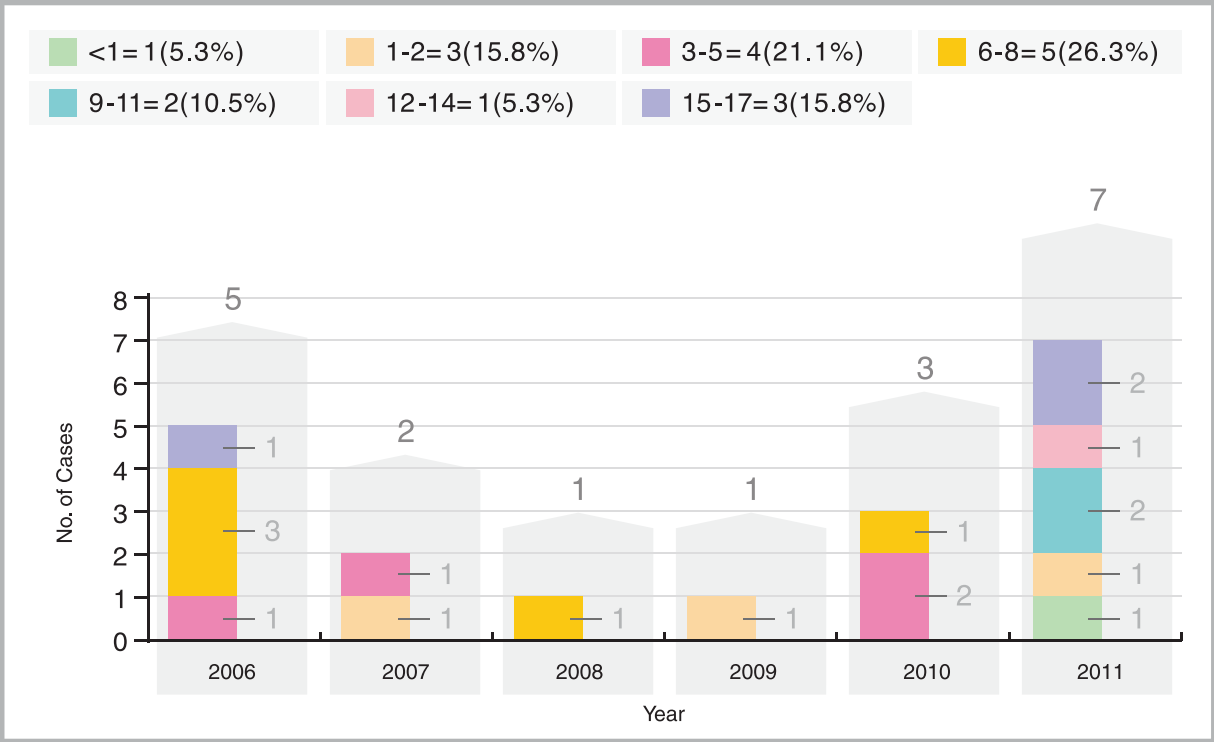
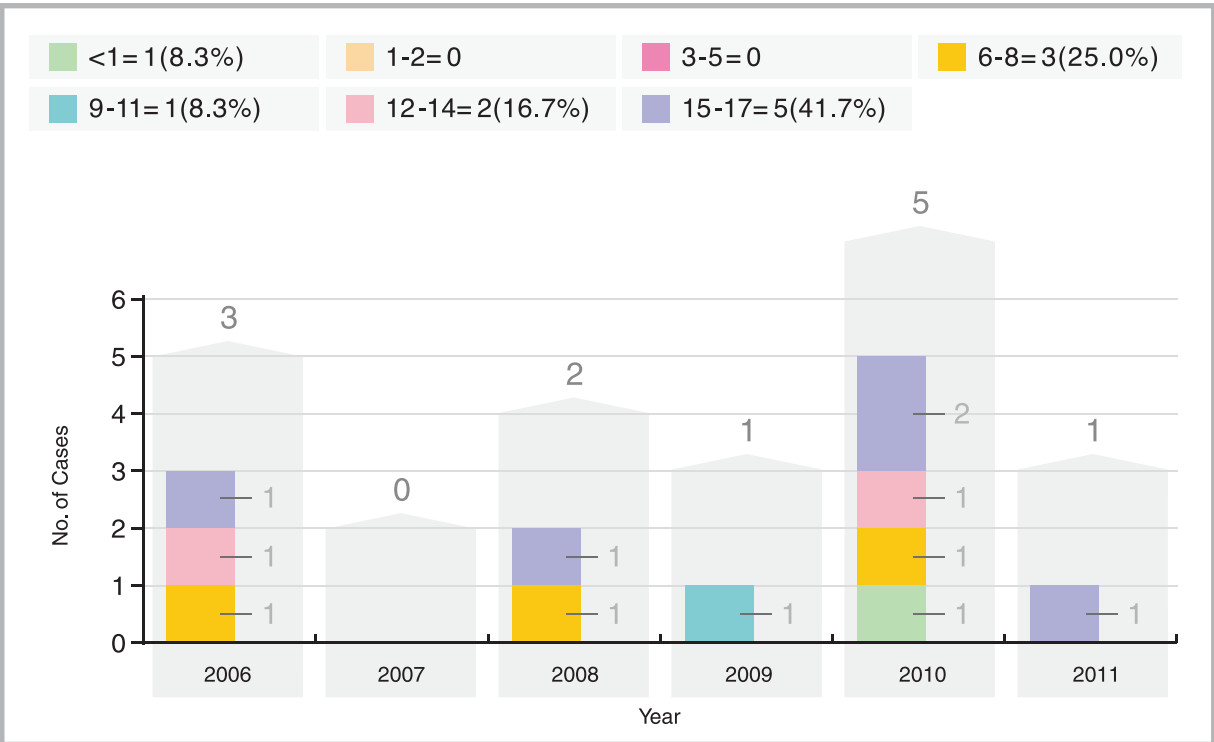


Chart 8.4.6: No. of Drowning Accident Cases by Year and Age Group



8.5 Statistics of Child Death Cases by Assault

Chart 8.5.1: No. of Cases by Year and Age Group

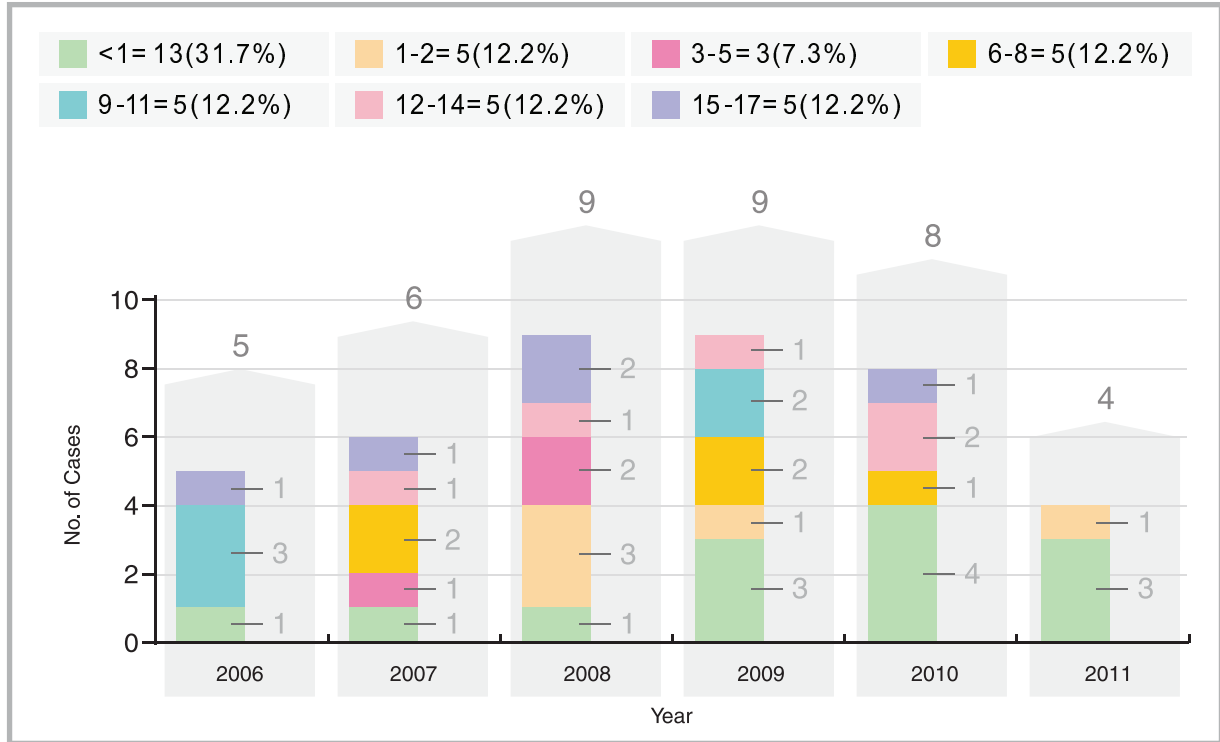


Chart 8.5.2: No. of Cases by Year and Type of Assault

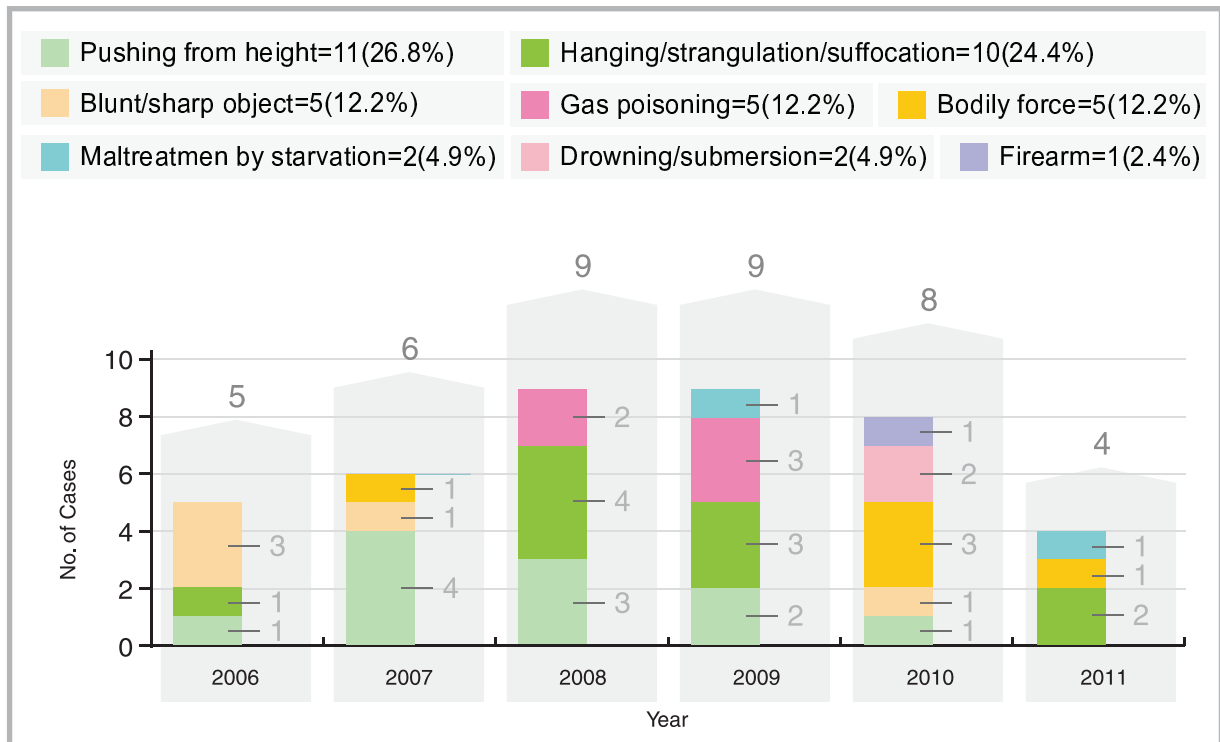


Chart 8.5.3: No. of Cases by Year and Perpetrator's Relationship with the Deceased Child

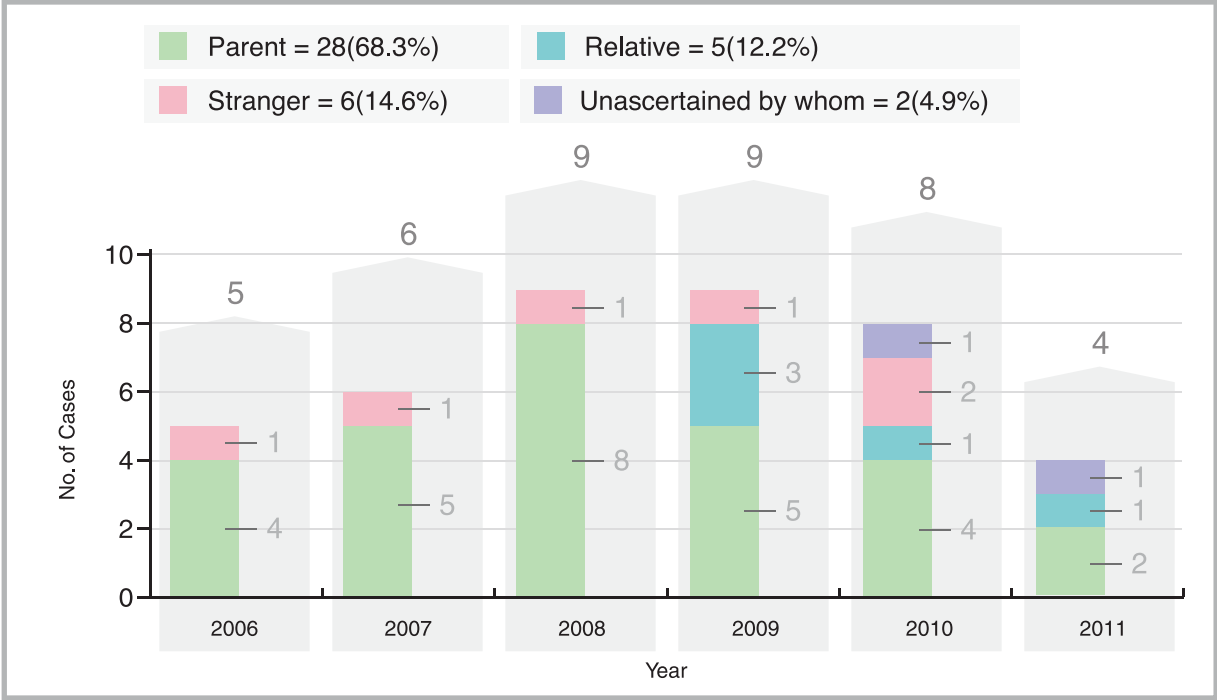
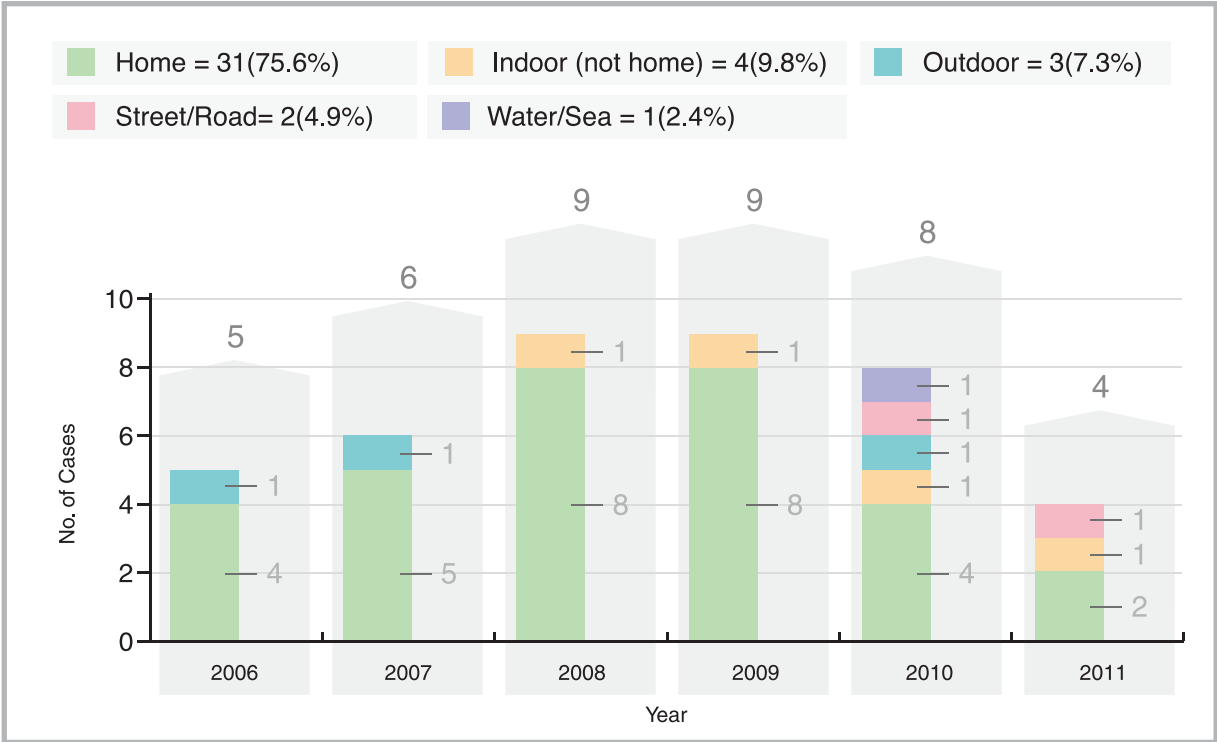


Chart 8.5.4: No. of Cases by Year and Place of Incident



8.6 Statistics of Child Death Cases by Non-natural Unascertained Causes

Chart 8.6.1: No. of Cases by Year and Age Group

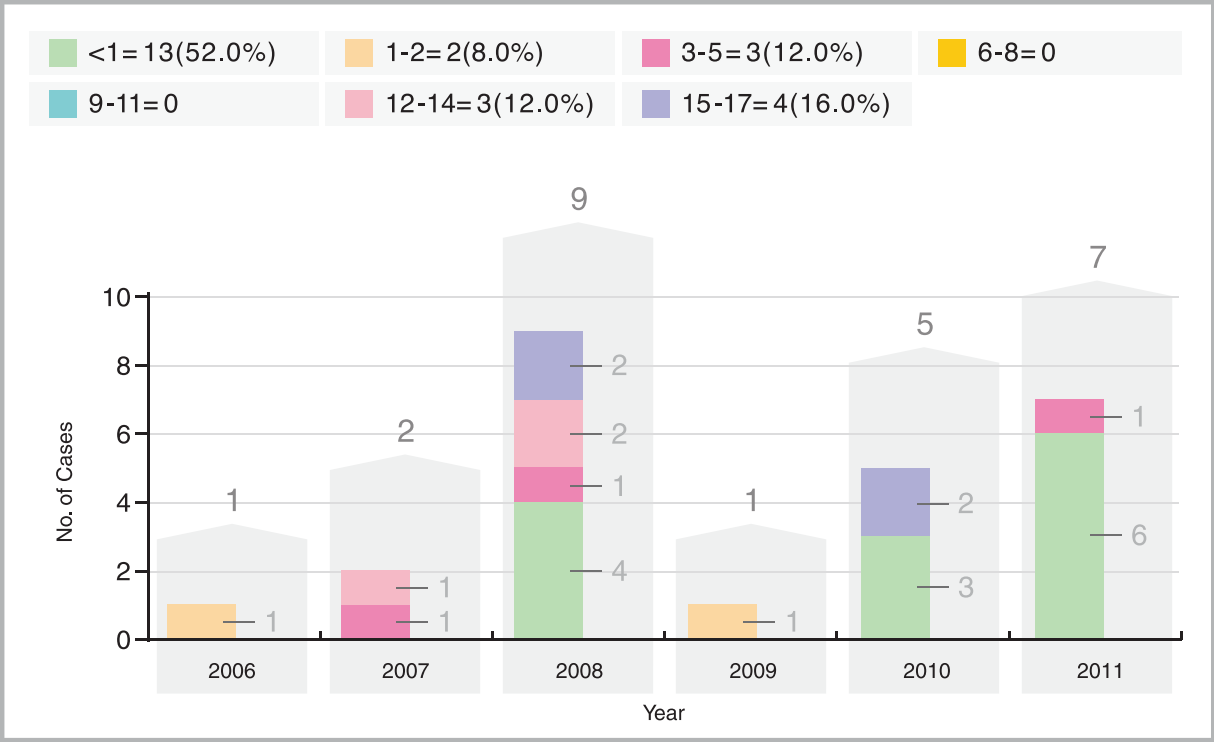
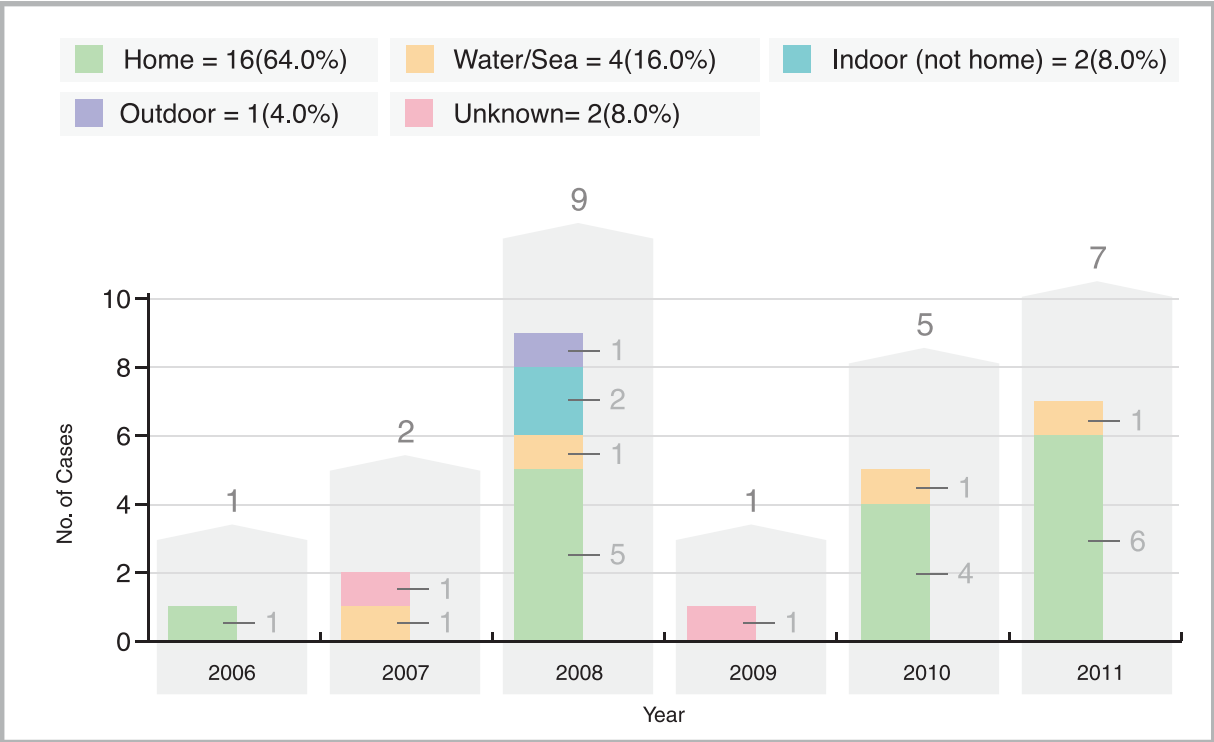
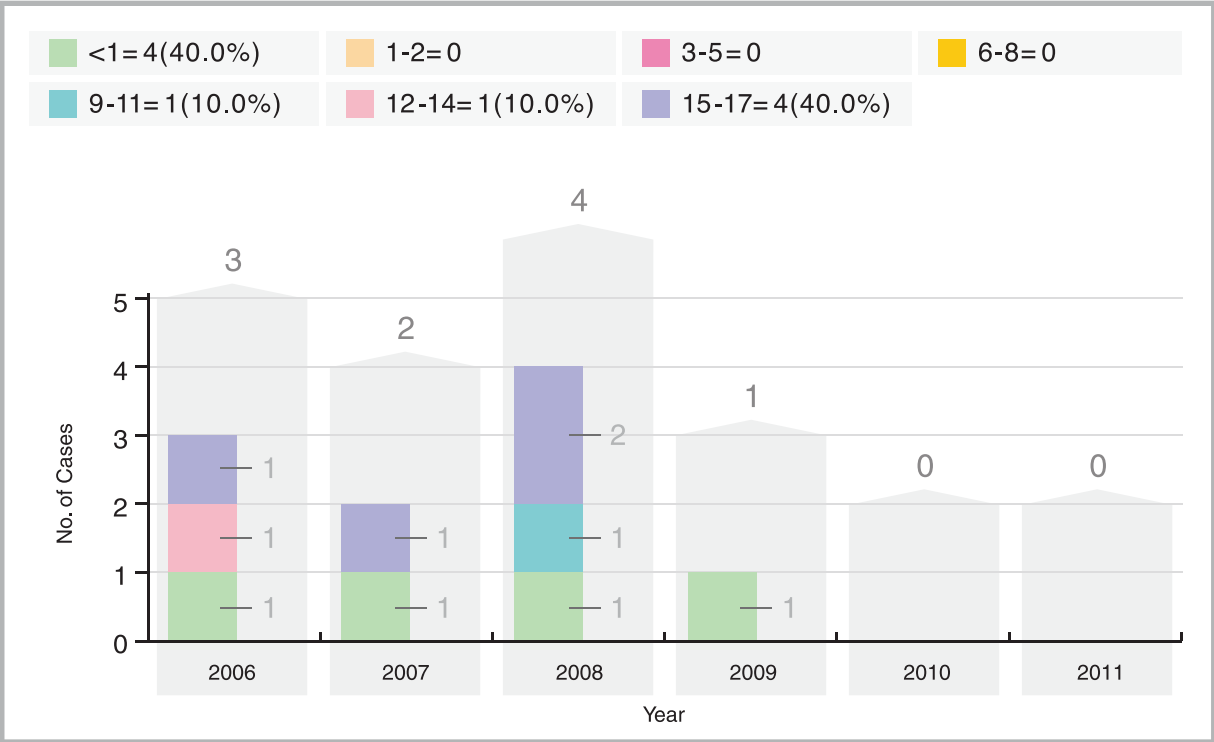


Chart 8.6.2: No. of Cases by Year and Place of Fatal Incident



8.7 Statistics of Child Death Cases with Causes Related to Medical Complication

Chart 8.7.1: No. of Cases by Year and Age Group



Appendix 9.1 List of Child Fatality Review Panel Members

Members of the Child Fatality Review Panel (from June 2011 to May 2015) are listed in the following :

A	Chairman and Convenors:	
	Name	Profession/Discipline
1.	Professor Leung Nai-kong (Chairman)	Medical (Paediatrics)
2.	Dr Hung Se-fong (Convenor of Group A - Suicide)	Medical (Child Psychiatry)
3.	Ms Lam Wai-ling, Leona (Convenor of Group B - Accident)	Education
4.	Mr Hui Chung-shing, Herman (Convenor of Group C - Assault & Non-natural Unascertained Causes)	Legal
5.	Dr Cheung Chi-hung, Patrick (Convenor of Medical Group - Natural Causes)	Medical (Paediatrics)

Appendix 9.1 List of Child Fatality Review Panel Members (cont'd)

B	Other Members:	
	Name	Profession/Discipline
1.	Dr Beh Swan-lip, Philip	Medical (Forensic Pathology)
2.	Ms Chan Kit-bing, Sumee	Clinical Psychology
3.	Ms Chan Mei-lan, Anna May (up to May 2012)	Legal
4.	Ms Chan Mi-har, Grace (up to May 2013)	Social Welfare
5.	Dr Dunn Lai-wah, Eva (from June 2012)	Medical (Psychiatry)
6.	Mr Fong Cheung-fat (from June 2012)	Social Welfare
7.	Ms Hung Wing-chee, Anna (up to May 2012)	Education
8.	Dr Lam Chan Lan-tak, Gladys (up to May 2012)	Academia
9.	Ms Lam Tze-yan (from June 2012)	Legal
10.	Dr Lau Ka-fai, Tony (from June 2013)	Medical (Paediatrics)
11.	Dr Lee Lai-wan, Maria (up to May 2013)	Child Education
12.	Ms Lee Shuk-ye, Charrix (from June 2013)	Social Welfare
13.	Professor Albert Martin Li	Medical (Paediatrics)
14.	Professor Shek Tan-lei, Daniel (up to May 2013)	Academia
15.	Professor Sin Kuen-fung, Kenneth (from June 2013)	Child Education
16.	Ms Tao Chee-ying, Theresa (from June 2012)	Education

B	Other Members:	
	Name	Profession/Discipline
17.	Mr Tong Siu-hon, David (from June 2012)	Parent Representative
18.	Ms Tsang Lan-see, Nancy (up to May 2012)	Social Welfare
19.	Dr Tsang Man-ching, Anita	Medical (Paediatrics)
20.	Ms Wong Yu-pok, Marina (up to May 2013)	Accounting
21.	Dr Yeung Ka-ching (from June 2012)	Academia
22.	Dr Yiu Gar-chung, Michael (up to May 2012)	Medical (Psychiatry)
23.	Dr Yu Chak-man (up to May 2013)	Medical (Paediatrics)
24.	Mr Yu Wing-fai, Christopher (up to May 2012)	Parent Representative

Appendix 9.2 Terms of Reference

The Terms of Reference of the Child Fatality Review Panel are:

- (i) To examine the circumstances and service delivery process of organisations/ departments concerned (if any), preceding child's death through review of child death cases;
- (ii) To identify good practice and lessons learnt in related service delivery process, systems and multi-disciplinary collaborative efforts in the cases reviewed and to recommend improvements;
- (iii) To keep in view the implementation of the recommendations made by the Child Fatality Review Panel in service enhancement;
- (iv) To identify patterns and trends of child death cases for formulation of preventive strategies; and
- (v) To promote inter-sector and inter-disciplinary collaboration in the delivery of child welfare services to prevent child death.

Appendix 9.3 Information Brief on Child Fatality Review

Background

The Social Welfare Department (SWD) has launched the Pilot Project on Child Fatality Review (Pilot Project) which lasted from 15 February 2008 to 14 February 2011. The findings of the Pilot Project confirm the value and worth of child fatality review in facilitating the improvement of social service systems to enhance child welfare (details of the Pilot Project can be found in the Final Report of its Review Panel at website: <http://www.swd.gov.hk/doc/whatsnew/201101/PPCFRFR.pdf>.) This leads to setting up of the standing child fatality review mechanism on 1 June 2011.

Purpose

The review aims 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 is not intended to identify death causes or attribute responsibility to any party.

Objectives

1. To examine the practice and service issues in relation to the child death cases under review;
2. To identify and share good practice and lessons learnt for service improvement;
3. To keep in view the implementation of recommendations made after review for service enhancement;
4. To identify patterns and trends in relation to the reviewed child death cases for formulation of preventive strategies; and
5. To promote inter-sectoral collaboration and inter-disciplinary cooperation for prevention of occurrence of avoidable child death cases.

Levels and Scope

1. All cases with children aged under 18 died on or after 1 January 2008 reported to the Coroner with all criminal and judicial processes completed so as to avoid prejudicing such processes.
2. Cases not reported to the Coroner but worthy of examination.

The Standing Review Mechanism

1. A non-statutory Child Fatality Review Panel (CFRP), with members appointed by the Director of Social Welfare will conduct review with secretariat support from the SWD.
2. The Secretariat will obtain the list of cases and relevant information from different sources for review by the CFRP. The review is primarily documentary in nature, supplemented by use of other means such as focus group or interview with concerned parties where necessary.
3. 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 CFRP. Relevant forms can be obtained from the Secretariat upon request.
4. A database of child death cases is set up to facilitate the review and for future statistical or research purpose of the CFRP.
5. The review findings and recommendations of the CFRP will be released to the public through integrative reports. Recommendations will be distributed to relevant parties/organisations for feedback, consideration and follow-up action.
6. Where appropriate, the CFRP will request the organisations concerned to provide update of the progress of implementation of improvement measures.
7. No individual case details or personal particulars of persons or agencies concerned will be included in CFRP's report to ensure strict confidentiality. Information furnished by organisation(s) to the Secretariat will be used for the purpose of conducting child fatality review only. Such information will be kept strictly confidential and will not be disclosed without the prior consent of the organisation(s) concerned unless its disclosure is authorised or required by law. The information collected will be destroyed upon completion of review.

Report of the Child Fatality Review Panel

The Child Fatality Review Panel has completed the review of child death cases occurred in 2008 and 2009 and published its First Report in May 2013. The First Report is available at website: [http://www.swd.gov.hk/doc/whatsnew/201312/CFRP First Report-201312E.pdf](http://www.swd.gov.hk/doc/whatsnew/201312/CFRP%20First%20Report-201312E.pdf).

Enquiries

Secretariat/Child Fatality Review Panel
Room 721, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong
Tel. No. : 2892 5670 E-mail : srp@swd.gov.hk

Appendix 9.4 The 20 Categories of Deaths Reportable to the Coroners

The 20 Categories of Reportable Deaths

- Death the medical cause of which is uncertain
- Medically unattended within 14 days prior to the death, except where the person was diagnosed as having a terminal illness before his/her death
- Death caused by an accident or injury
- Death caused by a crime or suspected crime
- Death caused by an anaesthetic or the deceased was under the influence of a general anaesthetic or which occurred within 24 hours after the administering of a general anaesthetic
- Death caused by an operation or which occurred within 48 hours after a major operation
- Death caused by an occupational disease or which is directly/indirectly connected with the person's present/previous occupation
- Still birth
- Death of a woman which occurred within 30 days after the birth of her child/an abortion/a miscarriage
- Death caused by septicaemia with unknown primary cause
- Suicide
- Death in official custody
- Death occurred during discharge of duty of an officer having statutory powers of arrest or detention
- Death in the premises of a Government department, any public officer of which has statutory powers of arrest or detention
- Death of certain mental patients (as defined by law) in a hospital or in a mental hospital
- Death in private care premises
- Death caused by homicide
- Death caused by administering of a drug or a poison
- Death caused by ill-treatment, starvation or neglect
- Death which occurred outside Hong Kong where the body of the person is brought into Hong Kong

Source : The Judiciary (Website: http://www.judiciary.gov.hk/en/crt_services/ppht/html/cor.htm)

Appendix 9.5 Recommendations for Child Death Cases in 2010 and 2011

For Cases Died of Natural Causes :

N1	Newborn screening for inborn errors of metabolism will help identify and prevent re-occurrence of death related to these hereditary diseases. Medical teams coming across such cases should encourage family members to receive genetic counselling.
N2	Over-the-counter cough mixtures (i.e. not prescribed by doctors) are generally not recommended for children under the age of 6 years. Cough suppressants containing codeine should not be used in children under 12 years old.
N3	In some cases, autopsy could have helped enlighten the cause of death for prevention purpose.

For Cases Died of Suicide :

S1	To strengthen public education on no alcohol-drinking before adulthood, with emphasis on the harmful effects of alcohol on the youth's physical and emotional health, and its adverse effects on their judgement.
S2	To provide education and support for the youth for handling courtship problem and coping with relationship breakup.
S3	Through public education, to advise parents on handling adolescents' courtship problem and relationship breakup.
S4	To have strategic planning when handling children/adolescents facing impending disciplinary sanction/punishment.
S5	To enhance the pre-discharge assessment upon the expiry of probation order, particularly for children and youth with weak support network, to ensure that adequate support be provided if they still have service need after completion of the statutory supervision.
S6	Through public education, to encourage children and youth to seek help from reliable adults or helping professionals promptly when they face difficulties or experience distress or when their peers express suicidal idea.

S7	Through public education, to enhance the awareness of individuals, families and the general public to enable them to attend to and detect any suicidal signs for early intervention with those in need.
S8	To provide public education targeting the youth to take positive attitude towards life and be resilient facing possible adversities/failures.
S9	Through training, to enhance professionals' awareness of the emotional expressions of the children as well as competency in conducting accurate assessment on the psycho-social needs of the children and their families, and detecting suicidal ideas of the children.
S10	To enhance multi-disciplinary communication and cooperation for ensuring that children with mental illness could receive appropriate treatments and support services.
S11	To take measures to prevent bullying in school.
S12	To revisit the policy and arrangement of Integrated Education for students with special educational needs, including overall need assessment for students transferring from special to ordinary school; guidance to students and parents in decision-making on transfer; continuous school work and emotional support for the students transferred to ordinary school; and strengthening of collaboration among involved professionals in providing services for these students collectively.
S13	To consider using exit interviews in schools to identify the needs of outgoing students, e.g. school drop-outs, and make case referrals as needed for better support for them.
S14	To provide parent education to equip parents with effective parenting skills for improving family members' communication and relationship and maintaining a harmonious family environment.
S15	Through public education, to remind parents that they should nurture their children according to their capabilities and accept their limitations.

For Cases Died of Accidents :

A1	Through public education, to remind care-givers to take extra care especially when accompanying pre-school children on the street and road.
A2	To consider legislation for compulsory use of baby car seats for infant passengers.
A3	Through public education, to remind parents to educate their children on proper problem-solving skills, such as avoiding rush and risky behaviours.
A4	To include training of problem-solving skills and subject of "safe living" in the school curriculum, such as what could be done when they are late for school bus, how to handle different crisis situations, etc.
A5	Relevant government departments to strictly enforce rules and regulations to ensure safe cycling by children.
A6	To organise targeted public education and campaigns to promote safe cycling and alert vehicle drivers to observe cyclists on road.
A7	Through public education, to encourage families with parent-child communication/relationship problem to seek professional assistance early to facilitate family functioning.
A8	Life guards should enhance vigilance in all pools including leisure pools and warning signs should be posted up at swimming pools to remind swimmers of the safety issues when swimming.
A9	To put up warning signs where accidents have occurred, reminding hikers that they should be particularly careful in their activities in that area.
A10	To promote the use of emergency number 112 as dialling 112 could connect the caller to the 999 emergency call centre from any local mobile phone network that has coverage in that location.
A11	To promote basic home safety knowledge and first aid skills which are useful for parents and carers in taking care of the children, especially those with special needs. For example, to conduct training courses on first aid and home safety knowledge by special schools for students and their parents/carers.

A12	Through public education, to raise the general public's awareness of the risks of taking medication of own accord without prescription as well as the importance of safe keeping, storage and labelling of medication at home.
A13	<p>To support the following recommendations made by Coroner's Court :</p> <ol style="list-style-type: none"> 1. Commissioner of Customs and Excise to prohibit the import and local manufacturing of folding tables that had no safety locking device similar to the one involved in present death case. 2. Consumer Council to explain to the public of the potential risks of using folding tables that had no safety locking device similar to the one involved in present death case, and to encourage the public to use folding tables with safety locking device. <p>These recommendations might also be extended to other home appliances easily reachable by children for ensuring better home safety.</p>
A14	Government departments and authorities/organisations involved in the licensing and monitoring of the operation of high-risk amusement machineries/facilities should ensure that adequate measures to enforce the safety regulations be in place.
A15	Concerned departments to require owners to carry out improvement works on fire prevention and building safety including electricity works to the buildings if irregularity is detected.
A16	To conduct regular inspections to check whether the sub-divided flats meet the fire/building safety requirements and strictly enforce all the safety rules and regulations.
A17	To continue to provide and strengthen public education on fire prevention and safety issues such as ways of escape from a fire.

For Cases Died of Assault and Non-natural Unascertained Causes :

AS1	To enhance new/prospective parents' awareness of postpartum depression and encourage them to seek help when the mothers are noted to have symptoms of postpartum depression through various preventive measures including designing and uploading a questionnaire for initial screening with information and contact means of relevant services on the internet, as well as producing and distributing service pamphlets in public and private hospitals providing obstetrics services.
AS2	To facilitate families of ethnic minorities to gain information and access to the support services they need.
AS3	To provide training to increase caseworkers' sensitivity in handling cases with high risk indicators.
AS4	To devise a checklist for observation/examination during home visits to cases with high-risk factors to facilitate caseworkers' intervention.
AS5	Through public education, to encourage the public to seek help when facing personal/family problems especially involving child care.
AS6	To remind parents that they should closely monitor the quality of care provided by the care-givers.

Across Child Deaths of Different Nature :

G1	Through public education, to encourage couples having marital problems to seek professional assistance early to facilitate family functioning.
G2	Through public education, to raise care-givers' awareness of the home safety issues, including: <ul style="list-style-type: none"> - never leaving children unattended/alone at home; - keeping close monitoring of children to prevent them from falling from height as well as from bed and sofa; and - installing home safety devices and ensuring that they were properly used/secured.

G3	Through public education, to raise children's self-awareness of own strengths/ limitations and the potential risks arising from the illness they suffer and remind them to adhere to medical and safety advices and not to under-estimate the risk of certain sports/activities like swimming; and that care-givers should be aware of the safety issues and closely supervise children undergoing these sports/ activities.
G4	<p>Access to comprehensive sexual and reproductive health information is important in the prevention of unintended pregnancies. Schools play an important role in this regard. To enhance a comprehensive Sex & Relationship Education in secondary schools with substantiation on :</p> <ul style="list-style-type: none"> (i) helping students learn proper sexual knowledge and establish their analytical ability for development of personal attitude, morals and values towards sex; (ii) the adverse consequences of teenage pregnancy; (iii) the undesirability and possible fatal consequence of concealing pregnancy, and; (iv) appropriate help-seeking behaviours in handling unintended pregnancy; as well as educating parents on the handling of unintended pregnancy of their adolescent children.
G5	Through public education, to arouse awareness of the possible fatal consequence of concealment of pregnancy, with emphasis on the consequence of unintended pregnancy and the appropriate ways of handling it.
G6	Through public education, to reiterate the fatal risk of co-sleeping with babies.

