



Hong Kong College of Paediatricians
香港兒科醫學院
(Incorporated in Hong Kong with Limited Liability)



Chairman,
Panel on Welfare Services,
Hong Kong Legislative Council,
24 May 2016

Dear Chairman,

Re: Discussions on the mechanism for handling abuse cases relating to children from high risk families: Concerns raised by the Hong Kong College of Paediatricians (Special meeting scheduled on 28 May 2016)

On behalf of the Council of the Hong Kong College of Paediatricians, I wish to raise the following concerns regarding the captioned subject with your Panel. The Hong Kong College of Paediatricians is part of the Hong Kong Academy of Medicine, and a statutory body established since 1991. It plays a critical role in developing and maintaining good practice in Paediatrics for medical professionals by ensuring the highest professional standards and high quality postgraduate training for the benefit of child and adolescent health in Hong Kong. In collaboration with other important sectors of Hong Kong society such as Education and Social Welfare, the College has an important role since the future wellbeing of Hong Kong depends much on Hong Kong children becoming competent, healthy and committed adults. It has a stated official duty to provide expert advice and education on key child health issues and to protect the wellbeing of Hong Kong children (www.paediatrician.org.hk)

The College is now writing to the Welfare Panel of the Legislative Council to express our serious concern on the quality of care provided in the handling of a tragic case relating to the death of a 5-year old disabled child (CW) as a result of methamphetamine poisoning on 23 March 2013. We are deeply saddened and shamed by this totally avoidable event which in our opinion is actually not a misadventure (Coroner's Court verdict, 17 March 2016 [3 years after the event]) but a consequence of the failure of our child protection systems in Hong Kong.

Throughout the postgraduate training of a paediatrician, relevant experience in the proper handling of child abuse cases is a basic requirement and key component emphasized by our College. Prevention of child abuse and avoidable deaths is a key concern. Disabled children are particularly vulnerable. As College members therefore, we are extremely disappointed by the management of this high risk case and, in our opinion, serious errors of judgement shown in handling the case and the eventual finding of the death of this child as a misadventure. In spite of the multi-disciplinary case conference's recommendation to remove CW from his risky household environment, a placement could not be secured and CW was allowed to return home and stay with his parents who had admitted to frequently smoking methamphetamine (ice) close to him. CW was found collapsed and died, around one month after returning home. It is also important to realize that CW's tragedy is not an isolated event. Substance abuse is a significant risk-taking behavior among Hong Kong parents. Our recent study conducted in Hong Kong hospitals



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found at least 2-3% of pregnant women have substance abuse (A study on illicit drug use among Chinese pregnant women, *Scientific Reports* 2015(5); doi:10.1038/srep11420). Given a local delivery rate of 30000-40000 per year, there should be at least 800 babies born every year and around 15000 children under 18 with substance abusing mothers. Parental problem drug use can and does cause serious harm to children's health and brain development at every age from conception to adulthood (The impact of parental problem drug use on children, *Addiction* 2004, 99(5):552-9). There are many other documented similar cases with children under care of substance abusing parents and living in risky household environment who have not received proper support and attention. We are particularly concerned about the existing child care policy and current professional practice which has and is failing to support the care and development of children from high risk families, and to reduce their risk of being maltreated and neglected. Evidence is clear that early intervention is essential in such cases to improve long term outcomes for such children.

We therefore have the following recommendations regarding the mechanism for handling abuse cases relating to children from high risk families:

1. There is an urgent need to conduct a comprehensive review of the current procedures in identification, handling and follow-up of child maltreated children and their families. Such a review can help to identify the current service gaps, and guide the necessary changes and implementation of more effective measures to bridge gaps whilst addressing the needs of abused children and their families.
2. There is an obvious need to strengthen the overall communication and collaboration of various disciplines involving caring of children from high risk families, not only gaps found in this case. For example, paediatricians looking after young children from families with substance abuse parents frequently report meeting resistance from case social workers who are reluctant to initiate a multi-disciplinary case conference in order to discuss amongst professionals and then formulate a comprehensive management plan to ensure not only child safety but also facilitate child care and development. The reasons for such reluctance are not clear. Formulation of a more structured risk assessment framework is necessary for handling of children from all high risk families.
3. We propose that the Director of Social Welfare actively review and revamp the current unsatisfactory (in our considered opinion) social worker rotation system. The current system with case social worker in rotation every 2-3 years results in lack of continuity of care and does not allow social workers to accumulate sufficient experience and competency based abilities in handling complicated child abuse cases. A more stable team of child abuse professionals with expertise and good experience (with a modified rotation system for training purposes) would provide a more reliable platform to link up various disciplines and deliver more effective services.
4. In spite of the increasing demand in past two decades, Hong Kong still lacks quality foster home and other small group placement services which would provide adequate



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stimulation and caring for disadvantaged children. This is shameful in a highly developed society with a well-resourced government such as Hong Kong. Relevant resources and expertise should be allocated as a matter of urgency to improve and expand the current foster home and placement services for understimulated and at risk children. The scientific evidence for the cost-effectiveness of early intervention is clear (Investing in early human development: timing and economic efficiency, *Econ Hum Biol.* 2009 7(1):1-6) and should be the best investment strategy for Hong Kong.

5. Hong Kong needs a comprehensive Child Protection Policy which not only focuses on ensuring safety of children being abused but also on how to improve parenting skills and enhance nurturing environment in disadvantaged families to prevent occurrence of child neglect and maltreatment. This can be set within an overall framework of a comprehensive Hong Kong Child Health Policy / Commission which has been supported in principle by LegCo in the past.
6. There should be a fundamental change in the approach of child abuse management in Hong Kong. The emphasis should be expanded and shifted from punishing parent perpetrators to include supporting their parenting task by provision of relevant education and modification of parents' risk-taking behaviours and home caring environment.
7. Hong Kong lacks a central database on information of child abuse and 'at risk' children with their families. The current system does not allow communication among different parties with analysis of data held separately in the Social Welfare Department, Hospital Authority and Police in a holistic way. We propose that the Hong Kong Government establish an official Central Registry to incorporate the social, health, family and caring data of child abuse cases from various sources in order to facilitate seamless case management and improve our understanding on the trend and situation of child abuse in Hong Kong. Programmes of evidence based interventions can then be developed and implemented.

Perhaps with these initiatives small CW will not be forgotten and his untimely death will provide a legacy of effective care for disadvantaged Hong Kong children in the future.

Yours faithfully,

Prof Lau, Yu Lung
President,
Hong Kong College of Paediatricians