



Hong Kong College of Paediatricians
香港兒科醫學院



28 May 2009

Submission to Constitutional and Mainland Affairs Bureau on
An outline of the topics in the second report on the Hong Kong Special Administrative
Region under the Convention on the Rights of the Child

The Hong Kong College of Paediatricians is pleased that the government of the Hong Kong Special Administrative Region (HKSAR) will be responding to the concerns and recommendations raised in the United Nations Committee on the Rights of the Child's Concluding Observations of the previous report. It is unfortunate that the public consultation put out by the Constitutional and Mainland Affairs is only on the outline of the topics to be reported rather than the report itself. Our College sincerely hopes that the final government report does not stop at "information / explanations about any significant developments since the hearing of the previous report", but as stated in Article 44 of the Convention on the Rights of the Child, "indicate(s) factors and difficulties, if any, affecting the degree of fulfillment of the obligations" under the Convention and proposes solutions for these difficulties within a defined time frame. While previous reports often listed what services are available, this is a good opportunity to review as well, the accessibility, adequacy of quantity, and quality of the services for children. Information on the process of enhancing the rights of the child is important, but even more so, is the measureable outcome.

Child Policy, Child Commission, Legislation in the spirit of the Convention on the Rights of the Child

Our College notes that the government intends to provide updated information on the child policy, or more accurately, on the lack of such a policy, as policies spread over different bureaux pave the way for inco-ordination and potential conflict. The government believes that already the "best interests of the child are necessary considerations in all relevant decision-making in Hong Kong, including legislative proposal and policies." We would like to know for example, the rationale for the exemption of infant formula, follow-on formula and infant foods up to 36 months from the Nutrition Labelling and Nutrition Claim Scheme to be enforced in 2010, and the inaction in the adoption into local legislation the 1981 World Health Organization recommendations on regulation of marketing of breastmilk substitutes.

Under the principle of "No violence against children is justifiable" and that "All violence against children is preventable" (United Nation's World Report on Violence Against

Children), and when the government also professes zero tolerance to violence against children, we would like to know when the government will heed the Committee on the Rights of the Child's call to explicitly prohibit by law corporal punishment of children in the family.

The Child Rights Forum appears to be the government's answer to the urge for a Children's Commission although the Forum definitely does not serve the purpose of monitoring of children's rights or the implementation of the Convention. Neither does it serve the purpose of systematic collection of children's views as its membership is selective with a notable absence of disabled children and children of ethnic minorities. The government may like to explain what changes in policy and practice have been made as the result of the Forum since its first meeting in 2005.

After much deliberation, the government formed a Family Council in December 2007 at the same time stating there was no plan to set up additional independent commissions for individual age groups. This is despite the unanimous passage of a Legislative Council Motion in June 2007 to form a Commission for Children. One of the functions of the Family Council is to formulate "policies and strategies for supporting and strengthening the family." Regretably the interests and rights of children are not in the terms of reference of the Family Council. Yet overseas experience is that family policies are developed with children foremost as the focus. Our College fully supports the strengthening of family values and harmony but we fail to see how the present Family Council is representing the voice of children, how its jurisdiction would cover matters pertaining to children outside the family and how through the Council, there can be a strategic, coherent approach to the implementation of the Convention on the Rights of the Child in Hong Kong.

Central Databank

Data are essential for the "development, implementation and monitoring of appropriate policies and programmes for children." The government response in 2006 to the Concluding Observations was that a central databank will be formed. We would like to know the progress and time frame. The Committee on the Rights of the Child asked for various supplementary data on children just prior to the hearing before the Committee in 2005. These data could well form a basis for the databank with other information of importance to Hong Kong added. Many statistics in Hong Kong are presented in age groups from 0 to 14 years and then from 15 to 44 years although if disaggregated, that for 0 to below 18 years are available. To have these presented covering specifically the age definition of a child in the Convention is a good beginning of the Central Databank for

children. On the other hand, the government informed the Committee in 2005 that certain statistics related to e.g. sexually transmitted disease, drug abuse and alcohol abuse could not be disaggregated from those aged 18 and above. Such data on the health of the adolescents are vital for the planning of an adolescent health policy in Hong Kong. We would like to know if any action has been taken to address this. Around 40 percent of children born in Hong Kong, although residents of Hong Kong themselves, have one or both parents being residents of mainland China. Data on their health and wellbeing and their ability to access Hong Kong's provisions for children are important for Hong Kong.

Child's Right to Provision – strategies and measures to address the following issues:

Shortage of mental health services for children and adolescents

The increasing demand for child psychiatry services is unmet by the shortage of child psychiatrists and supporting personnel. Affected individuals belonging to the 'non-urgent' category (for example, attention deficit hyperactivity disorder, behavioural problems) often need to wait for 2 to 3 years to see a psychiatrist. Although their conditions may not pose immediate danger, the delay in intervention not only results in loss of a golden opportunity for learning and development, but also leads to a cascade of emotional, behavioural and social problems including drug abuse and delinquency.

Tackling adolescent problems at their roots

Recognizing the escalating problem of adolescent drug abuse, the Government is introducing new measures to combat this problem through public education and early detection at school. It is important to understand that drug abuse, like many adolescent problems including teenage pregnancy and suicide, has its roots in ineffective parenting, family disharmony and school failure. Tackling the problem upstream and strengthening the vulnerable adolescent are equally if not more important than stopping drug abuse at the front.

Combating obesity in the young

Obesity is an alarming health problem in children and adolescents in Hong Kong. According to the Student Health Service, 21% of primary school children are obese in 2007-8. An obese child will likely become an obese adult, and stands a higher risk for diabetes mellitus, hypertension and coronary heart disease. Every effort should be made to prevent obesity at a young age. Through education at school and campaigns conducted by the Department of Health, most people understand the importance of a healthy lifestyle. However, hurdles in practicing a healthy lifestyle remain to be overcome. Examples of obstacles include, parents are ineffective or too busy to cultivate good eating habits in their children, much time is spent in doing homework leaving no time for

exercise, indulgence in electronic games or television, schools are not providing adequate exercise time or restricting sale of unhealthy food. These issues need to be addressed before we get can a better outcome.

Learning difficulties

Local studies showed that the prevalence of specific learning difficulties in reading and writing were as high as 9.7 to 12.6%. Though this problem is receiving increasing attention, provision of assessment and remediation services is disproportional to the large caseloads. Learning difficulty is an important cause of school failure which further leads to various adolescent problems.

Cultivating effective parenting

Good parenting is important in the development of physical, psychological and social health. On the other hand, ineffective parenting is associated with child abuse, household injuries and adolescent problems. Positive parenting programmes are available in Maternal & Child Health Centres for motivated parents while support services for parents in need are also organized by social welfare agencies. Good parenting is not necessarily an inborn skill but many parents, irrespective of education or income level, are not aware of their needs for improvement. Our government should develop strategies towards cultivating good parenting for the population, and providing adequate services to those in need, particularly the hard to reach groups. To assist low income parents in performing their child-rearing responsibilities, tangible measures should also include reasonable living wages and reasonable working hours, other than the Neighbourhood Support Child Care Project.

Services for children with special needs including transition care services into adult programmes and measures to address the prolonged waiting time

Drugs which pharmaceutical companies are reluctant to import into Hong Kong because of the relative quantities required and hence considered non-profitable items.

Expensive medications with the orphan drug status for treatment of uncommon inherited metabolic and genetic conditions in children.

Measures to formalize and practice the Charter for Children in Hospital including

- provision for the psychosocial needs of children in hospital such as hospital play service, particularly within various infectious control units and when volunteer services are suspended

- provision and waiting time for alternate placement for children admitted for suspected abuse to shorten their hospital stay when no medical treatment is required

With the concerns of malnutrition, including obesity, measures taken to implement the World Health Organization Global Strategy for Infant and Young Child Feeding

Provision of baby friendly community supportive of breastfeeding, Baby Friendly Hospitals i.e. hospitals with maternity units that implement ALL World Health Organizations' Ten Steps to Successful Breastfeeding and comply with the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions which should go hand in hand with promotion of breastfeeding in the community

Child's Right to Protection – measures for the following:

Preventing and protecting children from household injuries and accidental poisoning other than ad hoc public education

Protecting young children from being left unattended other than the recent Neighbourhood Support and Child Care Project or ad hoc public education

When there are over twenty thousand Accident and Emergency Department attendances of children each year for household injuries and accidental poisoning, there needs to be a co-ordinated effort in prevention that covers multi-departments. Preventive measures includes a review of legislative measures on children left unattended, safety measures in household with children like child-safe window grids, child-safe medicine bottles, sale of chemicals in designated containers, support in childcare, crowded living environment, housing and road design to include safe play areas outside the home, etc. For children left unattended, apart from physical injuries, the psychological and developmental consequences can be long-lasting.

Ensuring child safety including protection from abuse when under the Neighbourhood Support and Child Care Project in view of the Sex Offender Register being still under discussion, and how child health and development is not compromised if the scheme is used regularly from 7 am to 11 pm

Protecting children from air pollution

Child's Right to Participation – measures for the following:

Gauging the awareness and understanding of the Convention on the Rights of the Child among children (and adults) since the extension of the Convention to Hong Kong in 1994

Providing child-friendly versions of various government consultations on matters related to children

Participation of the child in child abuse multidisciplinary case conferences, the rate of participation according to age groups of children involved

Conclusion

More and more scientific evidence demonstrates that early childhood experience is vital to the brain development of the child and that adverse childhood experiences have a strong and graded relationship with health problems in the adult. On the other hand child empowerment through the ability to exercise the rights of the child increases the child's resilience to adversity and his sense of responsibility for his own health. Whether for the intrinsic right of the child to health in a holistic sense, or for the relief of the economic burden of ill-starts to the life of our children, Hong Kong needs to take seriously the implementation of the letter and the spirit of the Convention on the Rights of the Child. Our children cannot wait. Hong Kong cannot wait.