

The Nobody's Child

Responses and Recommendations by the **Medical Coordinators on Child Abuse**¹ to the Special Meeting on Child Protection, Panel on Welfare Services, the Legislative Council

29 June 2006

The Incident

- Two years after the Tin Shui Wai Incident, four children were found to be victims of neglect. The incident had sparked a chain of discussion in the media. These children had barely enough food to feed (physical neglect) and were left to look after themselves (emotional neglect) with little, if any, parental guidance (developmental neglect). The grandmother, aged 83 and looking after the children in the capacity of a single parent, may have been a subject to be looked after by others. Unfortunately, the precarious situation of the children had not been identified until a young child was seriously scalded even though the family had been receiving social security. (Wen Wei Po, April 7, 2006)

The Neglected Children

- In our community, there is a group of children who are under the care of disadvantaged persons such as those affected by mental health disorders, drug addiction, intellectual or physical impairments, etc. Many of these children may be poorly cared for and are not easily identified under the existing mechanisms of social or voluntary services. Hence, they cannot receive the help they require. *We need to address the health and welfare issues of this group of disadvantaged children.*
- For adult caretakers with health problems, in particular, a rehabilitation or treatment plan is necessary for the benefit of the children under their care. In the oft-encountered situation when the planned rehabilitation is not followed, the protection of the children requires a separate assessment. Unfortunately, the knowledge and skills to understand and manage child neglect is often lacking. *We believe that a systematic and child-based approach in multidisciplinary professional training and procedural collaboration can rectify the current insufficiency.*

Child Fatality Review

- Injuries, either because of violence or omission by caretakers, are the leading cause of death and serious disabilities in most developed countries or regions. As specified in our recent letter dated April 27 to the Chief Executive, there have been more than a score of children who died as a result of commission or omission of their guardian in the past 3 years.

¹ The Medical Coordinators on Child Abuse (MCCA) are designated paediatricians working at the various paediatric departments of Hospital Authority hospitals. They have been charged with the duty to liaise and cooperate with professionals from other disciplines on the handling of suspected child abuse cases and child protection. The current list of MCCA can be found on the last page.

- While it is easy to lay the blame on a few individuals or perhaps a particular public organization over the isolated deaths of the children, such incrimination does little help to prevent similar incidents in the future. Child Death (or Fatality) Review, successfully carried out in Australia for over ten years and the United States of America for over twenty years is a powerful way of analyzing such incidents, taking into consideration the wider perspective of parental roles (not just prosecution), housing and traffic design and regulations, healthcare, social welfare, legal protective provisions and immigration policies, and finally providing effective solutions for child protection.

Children's Rights Commission

- Because of the uniqueness and complexities of child welfare issues involved in child protection, we recommend the establishment of an independent institution with statutory power to monitor, promote, and protect the rights of children on a continual basis. The proposal of a Children's Rights Commissioner by the United Nations Children's Fund (UNICEF) is a suitable model to follow².

Summary Statements

Our Messages

- The basic needs of children include not only food, shelter and health (*physical*), but also a sense of being nurtured, loved and valued (*emotional*), and an opportunity to develop into a responsible individual in the community (*developmental*). Failure to provide any or all of these needs constitutes child neglect.
- The battered child grows up in pain; the neglected child grows up in numbness. They are predisposed to antisocial behaviours and personalities.
- Children are not the possessions of adults. When it comes to child neglect and protection, the basic needs of children take priority over the wants of their guardians.

Our Concerns

- The immediate dangers of leaving young children unattended at home have been widely publicized. Despite the increasing availability of occasional childcare and other arrangements provided by the Social Welfare Department and non-government organizations, it is disappointing to see mishaps of this kind to take place again and again. Actions are needed to make changes

² Information sheet – Children's rights commissioner. London: UNICEF, 2001.

Our Recommendations

1. We recommend that frontline professionals and volunteer workers providing services to children and families be **advocates** of children's rights and health, and be sensitive to the physical, emotional and developmental needs of the growing child. Child protection **procedures** should be invoked to solicit the needed resources for the neglected children.
2. We recommend an independent institution with statutory power to monitor, promote, and protect the **rights of children** on a continual basis.
3. We recommend an independent institution with statutory power to **review deaths and serious injuries** in childhood, including unintentional injuries and deaths as a result of neglect, from a public health perspective.

Jointly prepared by the **Medical Coordinators on Child Abuse (MCCA)**

The current list of MCCA:

But Betty 畢慧文, Queen Elizabeth Hospital
Chan Winnie 陳桂如, Queen Elizabeth Hospital
Cheng Wai Fun Anna 鄭惠芬, Princess Margaret Hospital
Cherk Wan Wah Sharon 卓蘊華, Kwong Wah Hospital
Cheung Patrick 張志雄, United Christian Hospital
Chow Chun Bong 周鎮邦, Caritas Medical Centre
Chui Kit Man Kitty 徐潔雯, Prince of Wales Hospital
Ho Che Shun 何誌信, Kwong Wah Hospital
Ho Linda 何慕清, United Christian Hospital
Huen Kwai Fun 禡桂芬, Tseung Kwan O Hospital
Ip Patricia 葉麗嫦, United Christian Hospital
Ku Wai Hung 古慧雄, Tseung Kwan O Hospital
Kwok Ka Li 郭嘉莉, Kwong Wah Hospital
Lam Ping 林萍, Caritas Medical Centre
Lau Ka Fai Tony 劉家輝, Tuen Mun Hospital
Lee Chi Wai Anselm 李志偉, Tuen Mun Hospital
Lee Lai Ping 李麗萍, Princess Margaret Hospital
Lee Shuk Han 李淑嫻, Queen Elizabeth Hospital
Lee Wai Hong 李偉航, Queen Elizabeth Hospital
Leung Wing Kwan Alex 梁永昆, Prince of Wales Hospital
Li Chak Ho Rever 李澤荷, Tuen Mun Hospital
Ma Yee Man 馬綺雯, Pamela Youde Nethersole Eastern Hospital
Poon Grace 潘永潔, Queen Mary Hospital
So Kwan Tong 蘇鈞堂, Tuen Mun Hospital
Tai Shuk Mui 戴淑梅, Pamela Youde Nethersole Eastern Hospital
Tong Chi Tak 唐志德, Alice Homiuling Nethersole Hospital
Tsang Man Ching Anita 曾雯清, Queen Mary Hospital
Tse Winnie 謝詠儀, Queen Elizabeth Hospital
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