

**Submission from Medical Coordinators on Child Abuse (MCCA)
of the Hospital Authority to the Panel on Social Services**

Child Fatality Review & Child Protection

Monday 14th May 2007

Child Fatality Review (CFR)

CFR is an international movement with an aim to reduce preventable child deaths. It is a systematic, multidisciplinary, multi-agency and multimodality review of child fatalities. Lessons learnt from the review as supported by data collection and research generate recommendations to effect child protection system changes. We summarize our views and recommendations on the existing Child Fatality Review in the following table.

CFR Team	Proposed CFR	<u>Recommendations from MCCA</u>
Aim	<ul style="list-style-type: none"> ▪ Prevent or reduce number of child deaths 	<ul style="list-style-type: none"> ▪ Prevent or reduce number of child deaths
Responsible to	<ul style="list-style-type: none"> ▪ Director of Social Welfare Department (SWD) 	<ul style="list-style-type: none"> ▪ A statutory body (eg Child Commission) independent of the HKSAR government
Convener	<ul style="list-style-type: none"> ▪ Appointed by the Director of SWD 	<ul style="list-style-type: none"> ▪ Appointed by a statutory body (eg Child Commission) independent of the HKSAR government
Composition of the CFR Team	<ul style="list-style-type: none"> ▪ Review panel with secretarial support from SWD 	<ul style="list-style-type: none"> ▪ Broader representation ▪ Multidisciplinary, led by a convener, members from SWD, Health, Police, Justice, Education, Coroner and relevant parties
Function and Focus	<ul style="list-style-type: none"> ▪ The CFR team does not investigate child deaths ▪ Examine practice and service issues ▪ Identify feasible and practical improvements ▪ Identify patterns and trends for prevention strategies ▪ Promote multi-disciplinary and inter-agency cooperation for prevention of child death 	<ul style="list-style-type: none"> ▪ The CFR team does not investigate child deaths ▪ Identify system faults ▪ Identify patterns and trends of child deaths for prevention of deaths ▪ Examine practice and service issues ▪ Suggest areas for improvement ▪ Data driven research summary ▪ Upkeep a child death register

Reports & Recommendations	<ul style="list-style-type: none"> ▪ Recommendations to relevant parties ▪ Annual overview report 	<ul style="list-style-type: none"> ▪ Report transparency ▪ Recommendations on legislative and policy changes ▪ Reports to the Independent Body (eg Child Commission) and the Legislative Council ▪ Regular and timely reports
Power and Access to Information	<ul style="list-style-type: none"> ▪ Access to information from involved agency, documentary review ▪ May involve interview 	<ul style="list-style-type: none"> ▪ Full and unrestricted access to information from involved agencies, in parallel and independent of criminal investigation and judiciary procedures
Referer		<ul style="list-style-type: none"> ▪ Open to concerned disciplines
Term of Office		<ul style="list-style-type: none"> ▪ Expertise based ▪ Not necessarily on a fixed term
Cases	<ul style="list-style-type: none"> ▪ Unnatural deaths ▪ 18 months prior to inception of CFR project ▪ Individual child deaths or as a group 	<ul style="list-style-type: none"> ▪ Unnatural deaths ▪ Serious injuries ▪ Individual child deaths or as a group
Commencement of CFR	<ul style="list-style-type: none"> ▪ At completion of criminal and judiciary procedures 	<ul style="list-style-type: none"> ▪ Parallel and independent of criminal and judiciary procedures

Child Protection

1. There are no guiding principles for child protection policies specified by the law.
2. There is no outcome framework to guide its policies.
3. There is no statutory requirement for a partnership between government and NGO in child protection policies. NGOs providing services in child protection are funded by the SWD.
4. More emphasis should be put on early identification and prevention. The group applauds the initiation of programme such as the Comprehensive Child Development Service .
5. Children's legal representation lags behind overseas countries.
6. Systematic research, data collection, professional training and specialization are lacking behind developed countries.
7. There is no statutory body independent of the government to safeguard or promote children's rights and to monitor child protection measures.

Recommendations from MCCA

1. There should be professional specialization in child protection.
2. There should be a systematic collection of data, followed by vigorous analysis and research aiming to effect changes in child protection practices.
3. A child protection policy should be clearly spelled out and guided by an outcome framework.
4. We propose a statutory body independent of the government be set up to look into matters related to child welfare, to safeguard and to promote children's rights and to monitor child protection measures.

Medical Coordinators on Child Abuse (MCCA) of the Hospital Authority

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 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
Wong Hiu Lei 王曉莉, Tseung Kwan O Hospital
Wu Shun Ping 胡信平, Queen Elizabeth Hospital
Yau Fai To 邱徽道, Alice Homiuling Nethersole Hospital
Yu Chak Man Aaron 余則文, Caritas Medical Centre