

**立法會**  
**Legislative Council**

LC Paper No. CB(2)2251/09-10  
(These minutes have been  
seen by the Administration)

Ref : CB2/PL/WS

**Panel on Welfare Services**

**Minutes of meeting**  
**held on Monday, 12 July 2010, at 10:45 am**  
**in Conference Room A of the Legislative Council Building**

**Members present** : Hon WONG Sing-chi (Chairman)  
Hon CHEUNG Kwok-che (Deputy Chairman)  
Hon Albert HO Chun-yan  
Hon LEE Cheuk-yan  
Hon LEUNG Yiu-chung  
Hon TAM Yiu-chung, GBS, JP  
Hon LI Fung-ying, SBS, JP  
Hon Frederick FUNG Kin-kee, SBS, JP  
Hon Ronny TONG Ka-wah, SC  
Hon Paul CHAN Mo-po, MH, JP  
Dr Hon LEUNG Ka-lau  
Hon WONG Kwok-kin, BBS  
Hon IP Wai-ming, MH  
Dr Hon PAN Pey-chyou  
Hon Alan LEONG Kah-kit, SC  
Hon LEUNG Kwok-hung  
Hon Albert CHAN Wai-yip

**Public Officers attending** : Item III

Mr Patrick NIP, JP  
Director of Social Welfare

Mrs Kathy NG, JP  
Assistant Director of Social Welfare (Elderly)

Ms Betty HO  
Principal Assistant Secretary for Labour and Welfare  
(Welfare) 3

Item IV

Mrs Alison LAU  
Principal Assistant Secretary for Labour and Welfare  
(Welfare)2

Mrs Anna MAK  
Assistant Director of Social Welfare  
(Family and Child Welfare)

**Clerk in attendance** : Miss Betty MA  
Chief Council Secretary (2) 4

**Staff in attendance** : Ms Yvonne YU  
Senior Council Secretary (2) 5

Miss Karen LAI  
Council Secretary (2) 4

Miss Maggie CHIU  
Legislative Assistant (2) 4

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**I. Confirmation of minutes**  
[LC Paper No. CB(2)1746/09-10]

The minutes of the meeting held on 14 May 2010 were confirmed.

**II. Information paper(s) issued since the last meeting**  
[LC Paper No. CB(2)1926/09-10(01)]

2. Members noted that the submission from the Parents' Association of Pre-School Handicapped Children had been issued since the last meeting.

3. Mr LEUNG Yiu-chung said that in the light of the recent High Court ruling on the judicial review of the one-year-continuous-residence requirement under the Comprehensive Social Security Assistance ("CSSA") Scheme, the Panel should consider following up the matter as well as the residence requirement for the Old Age Allowance ("OAA") applicants.

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4. At the invitation of the Chairman, Director of Social Welfare ("DSW") advised that the Social Welfare Department ("SWD") was studying the judgment and would decide whether to lodge an appeal against the court ruling. In view of the court judgment, SWD had shelved, with immediate effect, the one-year-continuous-residence requirement in handling applications for CSSA. DSW further said that the court judgment did not involve applications for OAA, and thereby OAA applications would be processed in accordance with the existing arrangement.

5. The Chairman said that in anticipation of the appeal proceedings, members might revisit the need to discuss the matter in due course.

**III. Pilot Scheme on Home Care Services for Frail Elders**

[LC Paper Nos. CB(2)1984/09-10(01) to (02)]

6. DSW briefed members on the latest progress of the Pilot Scheme on Home Care Services for Frail Elders ("Pilot Scheme") and the way forward. He highlighted that a one-off funding of \$55 million had been earmarked under the Lotteries Fund ("LF") to implement the Pilot Scheme which aimed to provide a new package of intensive and tailor-made home care services for frail elders waiting for subsidised Nursing Home ("NH") places. DSW said that SWD had invited potential operators to submit Expression of Interest on a non-committal basis in March 2010, a total of 13 operators had offered suggestions on the service model and content of the Pilot Scheme. This apart, SWD had also collected data of severely frail elders who were users of the existing 24 Enhanced Home and Community Care Service ("EHCCS") Teams, so as to better understand their service needs and those of their carers. DSW further said that having considered the views and data collected, the Administration considered that the Pilot Scheme should adopt an elderly-oriented case management approach to provide "tailor-made" services for the elders, strengthen support for family members and carers, and strengthen neighbourhood networks to support elders and their families to continue to stay in the community for as long as possible. DSW added that SWD was drafting the service details of the Pilot Scheme. Eligible organisations would be invited to submit proposals in August 2010, with a view to commencing the three-year Pilot Scheme in early 2011 to serve a total of 510 frail elders in six districts in Kowloon. SWD would conduct an interim review for the Pilot Scheme and an overall review upon its completion.

7. Ms LI Fung-ying noted with concern that the Pilot Scheme was expected to serve a total of only 510 frail elders. In her view, this was far from adequate to meet the care needs of frail elders in the community. Ms LI enquired about the Government's plan to alleviate the waitlisting situation of the services and the

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criteria for providing services to the 510 frail elders under the Pilot Scheme. Pointing out that the home environment of most frail elders was not equipped with rehabilitation facilities, Ms LI asked how the rehabilitation needs of the frail elders could be catered for under the Pilot Scheme.

8. DSW advised that the Pilot Scheme aimed to serve the special needs of those elders waiting for NH places and were not using subsidised community care services. Apart from the Pilot Scheme, the Government provided subsidised centre-based care services to frail elders who had long-term care needs and could not be taken care of by their family members during daytime through the Day Care Centres/Units for the Elderly. Currently, there were some 2 300 day care places. This apart, the Government also provided home-based Integrated Home Care Services and EHCCS for frail elders, i.e. elders who were assessed to be of moderate or severe level of impairment by the Standardised Care Need Assessment Mechanism for Elderly Services ("SCNAMES"). The services covered personal care, basic and special nursing care, rehabilitation exercise, meal delivery, etc. There were currently some 4 700 service places, with a utilisation rate ranged from 80% to 90% and the average waiting time was one to two months. DSW further advised that based on the service model of EHCCS, the Pilot Scheme aimed to provide a new package of intensive and tailor-made home care services with emphasis on the rehabilitation and nursing care elements to cater for the special care needs of elders on the waiting list for NH places. He added that a case manager approach would be adopted for the provision of services under the Pilot Scheme, whereby the responsible case manager and his team would review and update the details of the care plan on a regular basis, taking into account the health conditions and living environment of the elders, as well as the support they had in performing daily activities, to ensure that the elders would be provided with services suiting their changing physical conditions and the needs of their carers.

9. Ms LI Fung-ying remained concern about the lack of adequate support and rehabilitation services for severely impaired elders to age in the community. DSW reiterated that the Pilot Scheme aimed to serve severely impaired elders on the waiting list for NH places. Currently, there were some 1 900 elders on the waiting list for NH places who were staying at home. Of them, 1 400 elders were not using subsidised community care services. In view of the relatively large elderly population in Kowloon, the Administration would invite the 695 elders residing in the region covering Wong Tai Sin, Sai Kung, Kwun Tong, Yau Tsim Mong, Kowloon City and Sham Shui Po districts and were waiting for NH places to join the Pilot Scheme. It was expected that the three-year Pilot Scheme would serve 300 elders each year, serving about 510 elders in total.

10. Mr LEUNG Yiu-chung asked about the service plan for those frail elders residing in other districts and whether the Pilot Scheme would be extended to all

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districts across the territory immediately if the findings of the interim review were encouraging. Mr LEUNG said that in drawing up a personal care plan for each elder, due care should be given to the housing needs of the elders so as to enable them to age in place. For instance, the case manager should maintain close communications with the Housing Department such that elders concerned could be allocated with public rental housing flats in close proximity with their family members.

11. DSW said that as mentioned earlier, an interim review would be conducted. Having regard to the review findings, the Administration would then consider the need for extending the Pilot Scheme to other districts in the territory or refining the service model or content of the Scheme. DSW stressed that apart from the Pilot Scheme, the Administration had introduced a number of initiatives in recent years to support elders ageing in the community, including the Integrated Discharged Support Trial Programme for Elderly Patients, and the District-based Scheme on Carer Training. Notwithstanding this, elderly centres throughout the territory provided various support services to the elders and their carers. In tandem with community support services, the Administration would also endeavour to increase the subsidised places in residential care homes for the elderly ("RCHEs"), in particular NH places. Notably, the proportion of NH places in the existing contract RCHEs would be raised from 50% on average to 90% upon contract renewal or re-tendering. From 2010-2011 to 2013-2014, an additional 1 095 NH places would be offered, which accounted about 50% of the existing provision of subsidised NH places. DSW further said that given that a case management approach would be adopted under the Pilot Scheme, the responsible case manager would, in the light of the specific needs of the elders including welfare and housing needs, draw up a personal care plan and make referrals for other assistance as appropriate.

12. Welcoming the introduction of the Pilot Scheme, Mr Albert HO considered that a vast majority of frail elders had been left out of the Pilot Scheme. In his view, the Administration should extend the Scheme to other districts should the findings of the interim review be encouraging. Mr HO noted from paragraph 8 of the Administration's paper that of the elders interviewed who were waiting for residential care services, only 60% of them indicated that they would not move to residential care homes if they were allocated a subsidised place immediately. He took the view that the Administration should address squarely the waitlisting situation of subsidised RCHE places, in particular those severely frail elders who needed intensive and professional care services. This apart, the case manager should be given the discretion to recommend priority admission to subsidised NH places for severely frail elders having regard to their actual physical conditions and support from carers.

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13. DSW reiterated that there would be an interim review to be followed by an overall review upon the completion of the Pilot Scheme. If the review findings of the Pilot Scheme were encouraging, the Administration would consider extending the Scheme to other districts after the three-year pilot period. DSW stressed that the Government provided a range of subsidised home-based community care services to enable elders with long-term care needs to age in the community. To better understand the service needs of the frail elders living in the community, DSW said that SWD had collected data of severely frail elders. Of the elders interviewed, 60% of them said they would not move to RCHEs even if they were allocated the place immediately. In view of the elders' wish of ageing at home, the Administration launched the Pilot Scheme to provide tailor-made support to those frail elders who required nursing level of care to continue staying at home. Besides, the ability of their carers played an important role in supporting the elders to age in place. In this connection, the Administration would provide more training and support to their carers. DSW further said that in the event that the frail elders were hospitalised, discharge plans would be drawn up having regard to the level of nursing care required so as to provide timely support to elderly discharges and their carers and to help the elders recuperate at home. Arrangement for priority admission to subsidised NHs would be made if so warranted. DSW added that under the Pilot Scheme, the responsible case manager and his professional team would draw up a personal care plan for each elder having regard to his changing physical and health conditions.

14. Mr TAM Yiu-chung considered that the introduction of the Pilot Scheme sought to alleviate the inadequacy of the community support services for the frail elders. In his view, the Administration should extend the Pilot Scheme to enable more frail elders to participate. While training on nursing skills would be provided for family carers of frail elders, Mr TAM said that the specific training needs of aged spouses should be duly considered bearing in mind that they were slow learners. Mr TAM then enquired about the fees and charges for services under the Pilot Scheme. Lastly, Mr TAM asked about the way forward for the Pilot Scheme and whether those who had joined the Scheme could continue receiving the tailor-made services after the three-year pilot period.

15. DSW responded that if the review findings were encouraging, the Administration would consider financing the services under recurrent funding. DSW said that the Administration was mindful of the crucial role played by carers in supporting elders who aged in place. Therefore, in designing the service model and content under the Pilot Scheme, the Administration would look at the needs of the elders and their family carers as a whole and strengthen support for them. For example, outreaching nursing and rehabilitation services and 24-hour emergency support would be provided and the service hours would be extended to seven days to enhance service flexibility. The selected service

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operators would also organise volunteers to visit the elders regularly. As regards the service charges under the Pilot Scheme, DSW said that SWD would make reference to the existing three-level fee-charging scale for subsidised community care services when designing the appropriate fee levels. SWD was examining the possibility of introducing a few more fee levels on top of the existing charging scale, so that elders with higher income could contribute more to the service cost.

16. Mr CHEUNG Kwok-che welcomed the introduction of the Pilot Scheme, in particular the case management approach. Pointing out that there were 695 frail elders residing in Kowloon and the Pilot Scheme aimed to serve 510 frail elders in the region only, Mr CHEUNG said that additional funding should be sought from LF with a view to extending the Pilot Scheme to all eligible elders in the region. Consideration should also be given to further extending the scheme to all the 1 400 waitlistees for NH places who were not using subsidised community care services. Given that limited places were available under the Pilot Scheme, Mr CHEUNG asked about the caseload of the case manager and the priority for providing services to the frail elders. On the service content, Mr CHEUNG said that guidelines should be drawn up to ensure that case managers would make timely referral for admission to NH places having regard to the rapid deteriorating physical conditions of individual elders. In providing support for aged carers of frail elders, the Administration should take into account their ability and physical conditions and provide specific support for these carers.

17. DSW said that of the frail elders waiting for NH places, some had not made use of the subsidised community care services and they would not opt for the new package of home care services even when they were allowed to do so. The Administration would, in the light of the operational experience including the number of service users, review the effectiveness of the Pilot Scheme, and then consider the way forward. As regards the case management approach, DSW pointed out that the case manager, who would be taken up by the professionals such as social workers, nurses, physiotherapists or occupational therapists in the service team, would draw up a personal care plan for each elder having regard to his actual conditions. Each case manager would be expected to handle 25 cases. DSW further said that the Administration was mindful of the support for family carers of elders. The Administration had adopted a multi-pronged approach in providing support for carers, including teaching them basic nursing skills, providing respite or temporary care service for the elders as well as emotional support and counselling.

18. Mr LEE Cheuk-yan expressed reservation about the rationale for launching the Pilot Scheme. In his view, the Pilot Scheme should be extended to all the frail elders in the territory. Mr LEE reckoned that the cost for

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providing community care services would be lower than that of residential care services and asked about the unit cost of the new package of services under the Pilot Scheme.

19. DSW stressed that the Government provided a range of subsidised centre-based and home-base community care services to help elders with long-term care needs age in the community, and about 80% to 90% of elders on the waiting list of subsidised NH places were receiving such services. DSW said that the Pilot Scheme was specially designed for severely frail elders. To ensure that the Scheme would meet their specific care needs and the proper use of public money, the Scheme would try out as a new model for three years to solicit the views and feedback from users, carers, and service providers. Having regard to the views collected, the Administration would devise a cost-effective model for full implementation. As compared with the unit cost of EHCCS (\$3,500), the unit cost of the enhanced package of nursing and rehabilitation services under the Pilot Scheme would be around \$4,500.

20. Mr WONG Kwok-kin asked whether SWD had gauged views from singleton elders who were currently service users of EHCCS. Considering that family carers faced immense pressure in taking care of frail elders at home and some had indeed quitted their full-time job to look after the elders, he asked whether the Administration would consider providing an allowance to support the carers.

21. DSW said that as revealed from the statistics collected by SWD, most severely frail elders were taken care of by family members if they were staying at home. It was understandable that severely frail elders would have been admitted to NHs if they did not have care support at home. DSW further said that the Administration fully recognised the crucial role played by carers in supporting elders who aged in place. Given that severely impaired elders required various kinds of care services which would better be met by care professionals of residential and community care services, the Administration would continue to enhance the community care support services and provide more training to relieve carers' pressure.

22. Dr PAN Pey-chyou considered that the Pilot Scheme would provide interim support to frail elders to age in place while they were waiting for NH places. However, the Administration should not regard the Pilot Scheme as a substitute for subsidised residential care services. Considering that the service contracts of the Pilot Scheme would very likely be granted to the existing service providers of EHCCS, Dr PAN was concerned whether support would be provided for them to deliver the enhanced professional care services.



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23. DSW assured members that the Pilot Scheme would by no means replace the provision of NH places. As explained, the Pilot Scheme aimed to provide a new package of specific home care services for elders waiting for NH places. Further development of community care services would encourage elders to age in place and thus avoid premature and unnecessary institutionalisation. Regarding the support for service providers, DSW said that when designing the service content of the Pilot Scheme, the Administration had given due consideration to the staffing of the professional care services. Under the Pilot Scheme, the case manager, which was to be appointed by the service provider, should be taken up by professionals and supported by a multi-disciplinary team comprising social workers, nurses and occupational therapists or physiotherapists.

24. Mr Paul CHAN said that the duration of the Pilot Scheme should be shortened by advancing the timing for conducting the review. Pointing out that LF had recorded a surplus of \$6.15 billion, \$7.1 billion and \$7.8 billion in the past three consecutive years, Mr CHAN considered it financially viable for the Administration to extend the scope of the Pilot Scheme to cover more frail elders. He appealed to the Administration to accord high priority for the provision of community care services for the needy elders in its forthcoming Policy Address and Budget.

25. DSW elaborated that it was the established arrangement for providing funding under LF, which was also public fund, for pilot welfare projects. For instance, funding was sought from LF for setting up the \$1 billion Social Welfare Development Fund to support training and professional development of subvented non-governmental organisations in the welfare sector. DSW undertook that if the review findings were encouraging, the Administration would consider extending the scope of the Pilot Scheme.

26. In view of the ever-growing demand for community support services for frail elders, Mr Alan LEONG wondered why it would take the Administration three years to try out the new service model. As the launch of a pilot scheme was to sort out teething problems, the trial period of the Pilot Scheme should be curtailed to, say, one year. He then asked about the content of the overall review to be conducted upon the completion of the Pilot Scheme.

27. DSW said that the Administration would gauge views and feedback from the service providers, users and the stakeholders on the operation of the Pilot Scheme, such as the service content and fee charges, when conducting the interim review and overall review of the Pilot Scheme. To assess the effectiveness of the Pilot Scheme, it would consider whether the provision of tailor-made services for the frail elders had helped reduce the frequency of emergency hospitalisation and avoid premature and unnecessary

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institutionalisation. DSW further said that as the Pilot Scheme would last for three years, it would be appropriate to conduct an interim review around 18 months after implementation. He stressed that the Administration would closely monitor the implementation of the Pilot Scheme and refine the service content and delivery mode if such needs arose. As regards the number of service users under the Pilot Scheme, DSW said that in view of the relatively large elderly population in Kowloon, the Administration would roll out the Pilot Scheme in the region. Given that SCNAMES was non-means-tested, some elders waiting for NH places might have other forms of support at home and did not have the need for subsidised home-based community care services. It was therefore expected that the Pilot Scheme would serve about 510 elders in total.

28. Mr Albert CHAN expressed strong dissatisfaction at the Government's apathy towards the huge demand for subsidised RCHE places despite its reserve surplus. He cast doubt about the effectiveness of the Pilot Scheme in providing adequate home-based care services to meet the intensive care needs of individual frail elders. In his view, the Administration should address the specific needs of frail elders by introducing more flexible policies related to elderly services. For instance, the Housing Department should grant the domestic helpers, who were responsible for taking care of the frail elders, temporary stay in public rental housing flats. Moreover, as the unit cost of services under the Pilot Scheme would be more than adequate for engaging a full-time domestic helper to take care of the elders who stayed at home, the Administration should consider providing an allowance for employment of domestic helpers in lieu of participating in the Pilot Scheme.

29. DSW said that the Administration had endeavoured to provide more subsidised RCHE places and enhance community care support. Noting that most elders who resided at home were supported by carers including full-time domestic helpers, training would be provided to enhance their skills in elderly care under the Pilot Scheme. In addition, intensive nursing and rehabilitation services would be provided to the elders by a multi-disciplinary professional team according to their health conditions and needs of their carers.

30. Mr Frederick FUNG took the view that the Pilot Scheme was a tactic to delay the provision of additional residential care homes for frail elders. He recalled that when issues relating to the provision of subsidised residential care places were discussed by the former Subcommittee on Elderly Services, the Administration had advised that it would consider the long-term planning of the provision of residential care services for the elderly in consultation with the Elderly Commission ("EC"). He expressed dissatisfaction at the slow progress.

31. DSW reiterated that the Administration was committed to providing more subsidised residential care places and at the same time enhancing the community

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care and support services. DSW advised that the findings of the Study on Residential Care Services for the Elderly initiated by EC were released in December 2009. EC was conducting a more in-depth study on possible service enhancement on community care services with a view to further encouraging elders to age in place and thus avoiding premature and unnecessary institutionalisation.

32. The Chairman said that while members expressed general support for the Pilot Scheme to alleviate the waitlisting situation for subsidised NH places, members were of the view that the Administration should extend the Pilot Scheme to cover all other districts. The Chairman further said that when conducting the interim review, the Administration should draw up objective criteria for assessing the effectiveness of the Pilot Scheme.

33. Mr LEE Cheuk-yan moved the following motion which was seconded by Mr CHEUNG Kwok-che and tabled at the meeting -

"That this Panel urges the Government to extend the Pilot Scheme on Home Care Services for Frail Elders to all of the 1 400 frail elders in the territory who have been assessed to have such service needs." (Translation)

34. The Chairman put the motion to vote. All seven members present at the meeting voted for the motion unanimously. The Chairman declared that the motion was carried. The Chairman urged the Administration to take immediate action to accede to members' request for extending the Pilot Scheme to all the eligible frail elders.

**IV. Child Fatality Review**

[LC Paper Nos. CB(2)1984/09-10(03) to (04)]

35. At the invitation of the Chairman, Assistant Director of Social Welfare (Family and Child Welfare) ("AD/SW(FCW)") briefed members on the progress of the Pilot Project on Child Fatality Review ("Pilot Project"). AD/SW(FCW) said that under the two-year Pilot Project launched on 15 February 2008, a Review Panel was formed with secretarial and liaison support from SWD, to review the child death cases which occurred in 2006 and 2007. The initial scope of the review covered death cases involving children aged under 18 who died of non-natural causes which were reported to the Coroner's Court. The Review Panel later decided to widen the scope to cover cases involving children who died of natural causes so as to make the review more comprehensive.

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36. AD/SW(FCW) further said that the Review Panel had completed the review of the child death cases which occurred in 2006 and 2007, and published its First Report in January 2010 on the review of 107 child death cases (61 cases of natural causes and 46 cases of non-natural causes) which took place in 2006. The Report summarised the work of the Review Panel including its 47 recommendations as well as the responses and improvement measures given and implemented by various government departments and concerned service organisations. AD/SW(FCW) added that the report together with the recommendations had been distributed to the concerned government bureaux/departments, service organisations and interested bodies for their response. The respondents generally supported the recommendations and the relevant measures as recommended in the First Report were introduced or incorporated into their existing practices. Major findings related to the 46 child death cases of non-natural causes, the recommendations and related improvement measures taken were highlighted in the Administration's paper.

37. AD/SW(FCW) said that with the completion of the initial review on the child fatal cases, the Review Panel had commenced evaluation of the Pilot Project in consultation with concerned stakeholders, including those who had responded to the recommendations in the First Report and organisations which had shown an interest in its work. Currently, the Secretariat of the Review Panel was collecting feedback and comments from concerned stakeholders on the Pilot Project. Evaluation of the Pilot Project was still under way and the Review Panel aimed to complete the evaluation around end 2010. It was estimated that the final report with the evaluation of the Pilot Project would be available in early 2011 and a report would be made to members thereafter.

38. The Chairman pointed out that notwithstanding that the Pilot Project aimed to review the child death cases which occurred in 2006 and 2007, the Review Panel had yet to complete its evaluation of the Pilot Project. He was dissatisfied with the slow work progress. The Chairman said that although the First Report was published in January 2010, members were provided with the English version of the Report just before the Panel meeting; thereby members did not have time to study thoroughly the report and its recommendations.

39. Mr Ronny TONG and Mr Alan LEONG took the view that it was unduly long for the Review Panel to take four years to review 107 child death cases which took place in 2006. Mr Ronny TONG was concerned about the patterns and trends for child suicide cases and the comparison of such cases with other overseas countries. In his view, the sooner the Review Panel could conduct its review, the better it could identify gaps and deficiencies in the delivery of services prior to the child's death, and formulate improvement measures to prevent child death.

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40. AD/SW(FCW) explained that to avoid prejudicing any criminal or judicial processes, review on child death cases would be conducted after completion of all such processes. Operationally and procedurally speaking, there was a need to wait until the Police had finished investigation into the cases and the Coroner's Court had defined as to whether the causes of death were "natural", before commencement of the review. Therefore, the review of child deaths which occurred in 2006 began in May 2008. With the lapse of time, the Review Panel fully understood that the recommendations made, which were based on information at the time of the incidents, might not be most timely and improvement measures as well as policies might have already been put in place. This explained why the process of inviting responses on the recommendations, including updating and reporting on current service provisions, became an integral part of the review to promote inter-disciplinary sharing of experiences in improvement measures and lessons learnt. During the course of its work, the Review Panel had shared the recommendations and facilitated concerned and related parties (including schools, social service organisations, interested bodies of various sectors and government bureaux/departments) to exchange views and responses with one another. The Review Panel believed that this move could promote multi-disciplinary and inter-agency collaboration in service delivery to prevent child death in future.

41. Mr Ronny TONG remained of the view that it was unnecessary to conduct the review of suicide cases after completion of all criminal proceedings, having regard to the fact that such cases did not necessarily involve inquiry by the Coroner's Court. In his view, the Panel should follow up with the evaluation of the Pilot Project in the next legislative session. The Chairman and Ms LI Fung-ying supported the proposal.

42. Ms LI Fung-ying noted with concern that 14 adolescents had committed suicide in 2006. She was concerned whether the Review Panel had analysed the root causes of each case with a view to formulating specific preventive strategies. The Chairman also asked why information on individual cases was absent from the report.

43. Principal Assistant Secretary for Labour and Welfare (Welfare)2 ("PAS(W)2") responded that to protect personal data and privacy, and to avoid arousing sentiment or traumatic feelings of families in relation to the deaths of beloved children, the findings and recommendations were presented in aggregate terms and details of individual case were not included.

44. The Chairman and Ms LI Fung-ying stressed that members had no intention to identify personal particulars of persons and parties concerned involving in the reviewed cases, but to better understand the background of the children involving in the death cases and the causes attributed to the deaths so as

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to prevent the recurrence of similar incidents in future. AD/SW(FCW) said that the review aimed to identify room for service improvement at the system level, and it was the conscious decision of the Review Panel that details of individual cases would not be discussed in the report. In the light of members' views, she would invite the Review Panel to consider the presentation of the final report so as to facilitate the public in understanding the causes of the reviewed cases through the aggregate data received.

45. Noting that among the 46 child deaths with non-natural causes, 20 cases were due to accidents, 14 suicide cases and 12 cases of other causes, Dr PAN Pey-chyou asked about the nature of those 12 cases under the category of other causes. In response, AD/SW(FCW) said that of these 12 cases, in accordance with the opinion of the Coroner's Court, six were categorised as unknown causes, two were caused by medical complications and four by assaults.

46. Dr PAN Pey-chyou said that to his knowledge, those cases with unknown causes of deaths were largely related to suicide. He sought more information on the patterns and trends for adolescent suicide cases in Hong Kong in the past five years.

47. AD/SW(FCW) said that the purpose of the review aimed to prevent child deaths through identifying good practices and possible areas for improvement, and promoting inter-sectoral collaboration and multi-disciplinary cooperation. Therefore, the Review Panel did not collate the requisite information. To her understanding, the Census and Statistics Department had compiled statistics on death cases by different age groups. She would obtain and provide the relevant information to members after the meeting, if available.

Admin

48. Mr CHEUNG Kwok-che expressed grave concern about the suicide cases. He requested the Administration to provide information on attempted and successful cases concerning child suicide which occurred between 2006 and 2010 when the subject was further discussed by the Panel.

Admin

49. In response to Mr Alan LEONG's enquiry about the implementation progress of the recommendations made by the Review Panel, AD/SW(FCW) said that the Review Panel had made 47 recommendations and distributed these recommendations to the related service organisations and/or government departments concerned. The various government departments and concerned service organisations expressed general support of the recommendations and had already introduced or incorporated the relevant measures into their existing practices as appropriate, notwithstanding that the final report had yet to be published. AD/SW(FCW) further said that most of the respondents were committed to working together to improve the child protection service system

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and welcomed the recommendations distributed to them and agreed to consider the suggestions of improvements, which had not yet implemented, in their future planning of services and training for helping professionals. AD/SW(FCW) added that the Secretariat of the Review Panel was collecting feedback and comments from concerned stakeholders on the Pilot Project and aimed to complete the evaluation around end 2010. To facilitate members' future deliberations on the subject, Mr Alan LEONG and the Chairman requested the Administration to provide information on the number of meetings held by the Review Panel and the progress made in respect of the 47 recommendations when the subject was further discussed by the Panel.

Admin

50. Mr Alan LEONG queried the rationale for launching the review in the form of a pilot project. AD/SW(FCW) said that in response to the call for a review mechanism to examine fatal and serious injury cases to identify ways to prevent recurrence of similar tragedies, SWD launched the two-year Pilot Project in February 2008. As explained earlier, the purpose of the review was for identifying and sharing lessons learnt and good practices among professionals from different disciplines and sectors without attributing responsibilities. An evaluation of the review would be conducted at the end of the pilot project with a view to throwing light on the way forward of the review mechanism.

51. Mr Albert HO held the view that in the absence of information on the background of deceased children, it was unable to examine in-depth the causes of child deaths, not to mention formulating preventive strategies. Citing his experience in attending two Coroner's Inquiry in 2006 and 2007 involving child deaths caused by domestic violence, Mr Albert HO said that he was given the impression that the prosecution was not willing to touch upon recommendations for prevention of such tragedies. While he understood that the issue was beyond its scope of work, he hoped that the Review Panel would take this into account and conduct more comprehensive review of each child death case when studying the relevant Coroner's reports.

52. Mr Albert CHAN held the view that the review mechanism should seek to examine the causes of deaths and identify the patterns and trends for such cases, with a view to facilitating early intervention and formulating preventive strategies. In his view, an in-depth study into the causes leading to the death cases and the background of the children and their families was part and parcel of the review process. As the review report had failed to analyse the causes of death cases and the respective family background of the deceased children, Mr CHAN requested the Research and Library Services Division of the Legislative Council Secretariat to prepare an information note on the major causes of death cases involving children died of non-natural causes and their family background in other overseas jurisdictions.

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Secretariat

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53. Mr LEUNG Kwok-hung considered that if the concerned parties refrained from attributing responsibilities to the child deaths, it would be difficult, if not impossible, to identify real deficiencies in the delivery of services and to improve/enhance the current child protection and welfare systems, and help prevent child fatality from recurrence in the future. To assess the effectiveness of the improvement measures, Mr LEUNG urged the Administration to conduct a longitudinal study on the families of the deceased children and the parties concerned after the latter had introduced and incorporated such measures into their work practices.

54. In the light of members' grave concern about the work progress of the Review Panel, the Chairman said that the Panel might consider further discussing the matter in the next session. Representatives of relevant departments and deputations might be invited to give views when the subject was discussed.

**V. Any other business**

55. There being no other business, the meeting ended at 1:05 pm.