

**For discussion  
on 22 December 2016**

**Legislative Council House Committee  
Subcommittee on Children's Rights**

**Support Measures for Children from Drug Abusing Families**

**Purpose**

This paper briefs Members on the support services for children from drug abusing families and their family members.

**Early Identification and Support for Drug Abusing Families**

*Integrated Family Service Centres and Integrated Services Centres*

2. The 65 Integrated Family Service Centres (IFSCs) and two Integrated Services Centres (ISCs) over the territory operated by the Social Welfare Department (SWD) and subvented non-governmental organisations (NGOs) provide a spectrum of preventive, supportive and remedial services including counselling, crisis intervention, family life education, parent-child activities, enquiry service, volunteer training, support/mutual help groups and referral service, etc. so as to strengthen family's capability in caring for children and offer assistance to improve parenting for those parents and carers who have difficulties in taking care of and parenting children. Social workers of the IFSCs/ISCs will assess service users' needs and provide appropriate service to them through different work strategies, such as early identification, service integration and partnership with other service stakeholders etc.

*Family Support Programme*

3. As some families in need of family support services are reluctant to seek help, IFSCs, ISCs, Family and Child Protective Services Units (FCPSUs) and Medical Social Service Units in psychiatric setting have been jointly implementing the Family Support Programme. Through

telephone calls, home visits and other outreaching services, personal contacts and making referrals, social workers ensure that families with members at the risk of domestic violence, mental illness, drug abuse and those with problems of social isolation will receive a host of support services. The service units will also recruit and train volunteers (including those with personal experience in overcoming family problems or crises) to contact the aforementioned families, and encourage them to receive appropriate support services with a view to addressing the problems before deteriorating.

### *Comprehensive Child Development Service*

4. The Comprehensive Child Development Service (CCDS), jointly implemented by the Labour and Welfare Bureau, the Education Bureau, the Department of Health (DH), the Hospital Authority (HA) and SWD aims to identify, at an early stage, various health and social needs of children (aged 0 to 5) and their families as well as provide necessary services so as to facilitate the healthy development of children. It makes use of the Maternal and Child Health Centres of DH, the hospitals of HA and other relevant service units (such as IFSCs, ISCs and pre-primary institutions) to identify at-risk pregnant women (including those who have a history of substance/drug abuse or those with mental illness), mothers with postnatal depression, families with psychosocial needs, and pre-primary children with health, developmental and behavioural problems. Children and families identified in need of assistance will be referred to relevant service units for appropriate health and/or social services.

5. To enhance the early identification of children and families in need of assistance and provide them with appropriate support, a task group formed under DH, HA and SWD is developing sets of assessment framework on parenting capacity to assess the child care capacity of parents/carers (including assessments of risk factors and related follow-up service plans). A user manual for social workers on the use of the assessment framework targeting children aged 0 to 1 year was issued in May 2015 during the first stage of implementation. The pilot use was launched in Tsuen Wan, Kwai Tsing and Yuen Long Districts in June 2015 and has been further extended to other districts starting from

November 2016. The task group will continue to develop the assessment framework for children aged 1 to 3 years for use by social workers and another version for children aged 0 to 3 years for use by other professionals (such as healthcare personnel).

### **Handling of Suspected Child Abuse Cases from Drug Abusing Families**

6. Any organisation, school, service unit or individual may report a suspected child abuse case. All such reports will be handled by SWD, relevant government departments and NGOs through multi-disciplinary collaboration in accordance with the Procedural Guide for Handling Child Abuse Cases (the Procedural Guide).

7. After receiving a referral or report of suspected child abuse, the case worker from one of SWD's 11 FCPSUs or the SWD/NGO case worker handling the case of the child or the family will take up the role of case manager to co-ordinate different intervention services rendered to the child victim by various parties in a structured manner. In the process of initial assessment or conducting social enquiry, if the child is in need of medical examination or treatment, the social worker or other professionals will arrange for the child to receive assessment at a HA hospital. If there is a need for other professional advice, social workers or other investigators will also arrange for the child to receive assessment conducted by other professionals (such as clinical psychologists and psychiatrists).

8. When conducting a detailed social enquiry, the case manager looks into the situation of the child and the family members to assess their needs so as to formulate an initial welfare plan. If the case involves a criminal offence, social workers or other professionals will refer the case to the Police for investigation. Police officers will ensure the safety of the child concerned and arrange for necessary medical treatment.

9. After completing the social enquiry, the case manager will convene a Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse whereby professionals having a major role in the handling and investigation of a suspected child abuse case such as

medical personnel, school personnel, social workers, police officers and clinical psychologists, etc. can share their professional knowledge on the health, development, functioning of the child and the ability of parents/carers in ensuring the child's safety. They will also conduct risk assessments on related factors including the physical, mental and psychosocial conditions of the child and the abuser, any undesirable habits of the abuser (e.g. substance/drug/alcohol abuse), any stresses or crises being faced by the abuser (e.g. marital conflicts), attitude and level of co-operation of the abuser, etc. in accordance with the Procedural Guide and formulate a welfare plan for the child concerned and his/her family.

10. When following up a child abuse case, the key social worker will provide appropriate services for the abused child as well as the child's family members, including the abuser. Aiming to protect the well-being of the child, these services include regular visits, counselling services (such as emotion control and counselling, parenting skills and parent-child relationship), financial assistance, referral for drug withdrawal treatment service, psychological counselling service and residential care service. Having regard to the family's situation, the key social worker will also review the parents' progress in drug treatment, their ability to take care of the child and the condition of the child from time to time. In the process, the key social worker will consult other professionals (such as doctors, psychologists, teachers and workers of drug treatment organisations) who are also following up the case.

11. Pertaining to risk assessment of suspected child abuse cases of drug abusing families, SWD has commenced, since May 2016, the preparatory work for the review of the Procedural Guide by studying the relevant information on the definition of child abuse and approaches for handling suspected child abuse cases in overseas countries. SWD formed a task group in November 2016 to review the Procedural Guide. The review covers, among others, the definition of child abuse, risk assessment framework, intervention protocol and monitoring mechanism of the implementation of the welfare plans. In particular, the task group will review how the risk factors and assessment matrix in the Procedural Guide can be enhanced to give due consideration to cases with suspected substance/drug-abusing carers.

## **Legal Protection**

12. Where statutory protection is required for a child from drug abusing family, social workers of SWD or police officers may apply for a care or protection order under the Protection of Children and Juveniles Ordinance (Cap. 213) in respect of a child or juvenile who has been or is being assaulted, ill-treated, neglected or sexually abused; whose health, development or welfare has been or is being neglected or avoidably impaired; or whose health, development or welfare appears likely to be neglected or avoidably impaired; and who requires care or protection. The Ordinance empowers the court to grant a supervision order in respect of a child or juvenile who is in need of care or protection, commit the child to the care of any person who is willing to undertake the care of the child, or appoint a legal guardian.

## **Residential Child Care Services**

13. In case a drug abusing family is assessed to be not suitable for taking care of the child for the time being, the social worker will place the child under the care of his relatives as far as possible. If care by relatives is not feasible, suitable residential care services will be arranged according to the welfare needs of the child. Residential child care services are provided for children under the age of 21 who cannot be adequately cared for by their families because of family problems or crises, so that they may grow up healthily in a stable and safe environment outside their home until other long-term care arrangements, such as reunion with family members and adoption, are available or the time when they can live independently.

14. There are two types of residential child care services, namely institutional and non-institutional care. Institutional care includes residential child care centres (formerly known as residential creches and residential nurseries), children's reception centres, children's homes, boys'/girls' homes and boys'/girls' hostels. Non-institutional care includes foster care or small group homes where a home-like environment is provided for children with residential care need. For children whose families cannot care for them because of emergency or crisis situation, emergency residential care will be provided through

foster care (emergency), emergency/short-term care in small group homes and children's reception centre. Caseworkers may approach the service providers of emergency residential care direct for enquiries and referrals.

### **Drug Treatment and Rehabilitation Services for Substance/Drug Abusers**

15. The drug treatment and rehabilitation services provided for drug abusers include compulsory drug treatment programme provided by Correctional Services Department, methadone treatment programme operated by DH, voluntary residential drug treatment and rehabilitation services operated by NGOs, community-based counselling service provided by counselling centres for psychotropic substance abusers (CCPSAs) and centres for drug counselling subvented by SWD, and HA's substance abuse clinics (SACs).

16. At present, there are 38 residential drug treatment and rehabilitation centres and halfway houses (drug treatment centres) across Hong Kong, of which 13 are subvented by SWD, 6 subvented by DH and the remaining 19 operating on a self-financing basis. Drug treatment centres aim to provide drug abusers with voluntary residential drug treatment and rehabilitation services, which include counselling, vocational training, social skills training and after-care services.

17. Currently there are 11 CCPSAs and two centres for drug counselling operated by non-governmental organisations receiving subvention from SWD. They offer drug counselling services for drug abusers and their family members mainly through casework counselling and group activities, while providing on-site medical support services including the hiring of registered nurses (psychiatric) and the procurement of medical consultation services to motivate them to seek treatment and rehabilitation services as early as possible. Apart from providing the above services, social workers of the centres coming into contact with families with drug abuse problem will, upon obtaining their consent, refer them and their family members (including their children) to

appropriate service units for follow-up having regard to their family circumstances and needs.

18. The multi-disciplinary healthcare teams of HA, comprising doctors, nurses, clinical psychologists, occupational therapists and medical social workers, have been providing holistic and continuous healthcare services for patients with varying degrees of mental health problems (including those with mental problems caused by drug abuse). Healthcare professionals will provide appropriate in-patient, out-patient, daytime rehabilitative training and community support services for patients having regard to the severity of their conditions and needs. At present, there are eight SACs in various HA clusters, mainly providing treatment for persons with mental health problems caused by substance abuse and psychiatric patients who have the habit of substance abuse. Services provided by SACs include drug treatment, counselling, psychiatric treatment and psychotherapy. The SACs in each cluster will formulate appropriate treatment options for patients according to the severity of their conditions and clinical needs. Where necessary, healthcare professionals will refer patients to other specialties for treatment. Apart from providing healthcare services, SACs also work with local community partners to provide relevant support services for those in need of them.

19. Furthermore, where a person before the court is convicted of an offence, the court, having regard to the circumstances including the nature of offence and the background of the offender, may make a probation order requiring that person to be placed under the supervision of a probationer officer in accordance with the Probation of Offenders Ordinance (Cap. 298). If the offender is not less than 14 years of age, he/she should express his/her willingness to comply with the requirements of such probation order otherwise no such order would be made by the court. If the probationer is convicted of any drug-related offence or having drug abuse habit, the probation officer may recommend the probationer to comply with special requirements of the order during the order period including the probationer shall: (1) abstain from drug abuse; (2) join drug treatment and rehabilitation services; (3) receive drug

counselling; and/or (4) submit urine test regularly as directed by the probation officer to monitor his/her abstinence from drug abuse.

### **Training for Frontline Professionals**

20. To strengthen the frontline professionals' knowledge and skills in handling drug abusing family cases, SWD has enhanced the part of risk assessment when organising training courses on handling suspected child abuse cases since June 2016. In addition, SWD has organised a training course on ways to identify and handle high-risk child welfare cases in the light of observations from child death cases in July and a training course on cases of substance/drug-abusing carers and domestic violence in November. Individual District Social Welfare Offices have also organised related courses. In future SWD will continue to organise courses on enhancing the skills of the social workers and other professionals in handling this kind of cases, based on needs.

21. Furthermore, SWD has issued an electronic newsletter to remind frontline caseworkers of the points-to-note in handling cases with suspected substance/drug-abusing carers. At the Committee on IFSCs meeting and service meeting of FCPSUs, SWD has reminded members of the points-to-note in handling related cases. SWD has set up a task group to help prepare reference materials on the continuous assessment and modes of intervention for following up various categories, mainly for use by FCPSU social workers in handling child abuse cases. The contents in these reference materials concerning handling of cases with suspected substance/drug-abusing carers will also be reinforced.

### **Advice Sought**

22. Members are invited to note the content of this paper.



**Labour and Welfare Bureau  
Security Bureau  
Department of Health  
Hospital Authority  
Social Welfare Department**

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