

**Legislative Council  
of the  
Hong Kong Special Administrative Region**

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**Subcommittee on Children's Rights**

**R E P O R T**

**May 2018**

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### **Appendices**

- I. Terms of reference of the Subcommittee**
- II. Membership list of the Subcommittee**
- III. List of deputations and individuals that have submitted views to the Subcommittee**
- IV. List of motions passed by the Subcommittee**

## **Part I – Introduction**

### **Background**

1.1 Every child has rights, whatever their ethnicity, gender, religion, language, abilities or any other status. The United Nations Convention on the Rights of the Child ("UNCRC") is an international human rights treaty that grants all children aged under 18 a comprehensive set of civil, political, economic, social and cultural rights. Recognizing that every child's rights should be respected and safeguarded, the Government extended UNCRC to Hong Kong in 1994. These rights include the right to be protected against discrimination, abuse and gross neglect, the right to have access to services such as education and health care, the right to develop their personalities, abilities and talents to the fullest potential, the right to grow up in an environment of happiness, love and understanding, etc.

### **The Subcommittee**

1.2 On 14 October 2016, the House Committee ("HC") approved the setting up of a subcommittee to examine issues on how children's rights should be promoted and protected. The terms of reference and membership of the Subcommittee are set out in **Appendices I and II** respectively. The Subcommittee commenced work in November 2016. Pursuant to rule 26(c) of the House Rules, HC gave approval on 7 July 2017 for the Subcommittee to continue its work until 17 May 2018.

1.3 Under the chairmanship of Dr Hon Fernando CHEUNG Chiu-hung, the Subcommittee held 16 meetings to meet with the Administration and receive views from deputations on the various issues under study. The deputations/individuals which/who have given views to the Subcommittee are listed in **Appendix III**.

1.4 To encourage and provide children with opportunities of real participation, the Subcommittee has invited children aged under 18 to attend its meetings to express their views on the issues under study and their expectations on the Government. Participating children have highlighted that the Government should strive to improve their livelihood, give heed to their voices when drawing up policies, review the education system, provide more recreational and sports facilities, preserve ecological environment of country parks, and improve air quality and marine environment.

1.5 The Subcommittee has passed seven motions urging the Administration to take follow-up actions on various matters relating to children's rights. A list of the motions passed by the Subcommittee is in **Appendix IV**.

## **The Report**

1.6 This Report comprises 11 Parts. Part I is an introduction. Part II explores ways on preventing child abuse. Part III highlights the problems identified in the child protection system. Part IV examines the common causes of stress among students. Parts V to IX analyze the support for children with different disadvantages. Part X identifies the issues worth-exploring with a view to promoting and protecting children's rights. Part XI sets out the recommendations of the Subcommittee on each of the subject matter under study. The Subcommittee hopes that this Report will provide useful reference for the Administration in charting the way forward for upholding children's rights.

## **Part II – Child abuse**

### **Introduction**

2.1 At present, there is no legal definition of child abuse in Hong Kong. Child abuse is defined as any act of commission or omission that endangers or impairs the physical/psychological health and development of an individual under the age of 18 in the "Procedural Guide for Handling Child Abuse Cases (Revised 2015)"<sup>1</sup> ("Procedural Guide") drawn up by the Social Welfare Department ("SWD"). Child abuse includes physical abuse, sexual abuse, neglect and psychological abuse. According to the Child Protection Registry of SWD, the number of newly reported child abuse cases has increased from 892 cases in 2016 to 947 cases in 2017. Yuen Long, Kwun Tong and Tuen Mun have recorded the highest number of cases.

### **Major issues considered by the Subcommittee**

#### Children from drug-abusing families

##### *Early identification and intervention*

2.2 Members and deputations raise grave concern over the inadequacies of the Central Registry of Drug Abuse ("CRDA") which is a voluntary reporting system recording information on drug abusers who have come into contact with and have been reported by reporting agencies. To facilitate early identification of children from drug-abusing families, members see a need for the Administration to make CRDA a mandatory reporting system to capture the actual number of pregnant drug abusers. CRDA should also collect more comprehensive data, such as the number of children of drug abusers, for formulating suitable policies and measures. However, the Administration has reservation on making CRDA a mandatory reporting system. In its view, some drug abusers may be reluctant to disclose details of their drug abusing situation. Making CRDA a mandatory reporting system may lower their motivation to seek help. The mandatory requirement may also increase the workload of the reporting agencies.

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<sup>1</sup> The Procedural Guide provides reference to different professionals and those in close contact with children because of their job to facilitate the carrying out of the necessary preliminary assessment, investigation, multi-disciplinary case conference and follow-up of welfare plans when encountering suspected cases of child abuse.

2.3 The Comprehensive Child Development Service ("CCDS"), jointly implemented by the Labour and Welfare Bureau ("LWB"), Education Bureau ("EDB"), Department of Health ("DH"), Hospital Authority ("HA") and SWD, aims at early identification and provision of timely support for at-risk pregnant women, children (aged zero to five) and families with special needs. Some deputations have requested the Administration to extend CCDS to cover children aged over five and their families to enhance the support for needy children and families.

#### *Support for drug abusing families*

2.4 Members share many deputations' concern that children from drug-abusing families are at greater risk of abuse. They consider that cross-sector collaboration among different departments, professions and non-governmental organizations ("NGOs") should be enhanced to provide appropriate support for these families to prevent children from becoming victims. There is a suggestion that regular home visitation services should be provided to drug-abusing families by forming community multi-disciplinary outreach teams and providing systematic training to ex-drug abusers as peer counsellors.

2.5 Some deputations have pointed out that many mothers with drug problems are reluctant to stay in residential drug treatment and rehabilitation centres ("RDTRC") for addiction treatment because nobody can take care of their children. The Administration has been asked to explore the feasibility of providing family rooms in RDTRC to facilitate parents with drug problems in taking care of their children. As advised by the Administration, the collective and disciplined living mode in RDTRC may not be suitable for parenting children as the welfare and developmental needs of children should also be attended to while living in RDTRC.

#### *Training and public education*

2.6 There is general agreement among members and deputations that the Administration should provide more training for frontline staff to strengthen their sensitivity and skills in identifying and handling parents with drug problems and their children. More resources should also be allocated to enhance the community awareness to enable people to detect signs of drug abuse for early intervention; to raise the awareness of pregnant drug abusers on the availability of support services and the importance of seeking help early; and to educate the public not to discriminate against drug abusers and their families.

## Children affected by domestic violence

### *Definition of child abuse*

2.7 The Subcommittee notes with grave concern about the traumatic impact of witnessing domestic violence on a child's emotional and psychological development. Members share the views of many deputations that the definition of child abuse should cover psychological trauma caused by witnessing domestic violence. According to the Administration, the task group reviewing the Procedural Guide has collected views from different stakeholders on the definition of child abuse in early 2017. Two focus groups have been set up to discuss thoroughly the definition of child abuse, approaches in handling child abuse cases, identification of child abuse cases, initial assessment and risk assessment. It is expected that the review will be completed in 2019.

### *Early identification and intervention*

2.8 The Subcommittee agrees that prevention and early identification efforts are effective in reducing domestic violence and abuse. To prevent children from being victims, quite a number of deputations have stressed the importance of guidance and counselling for families where there is a risk of domestic violence. In this connection, members consider it necessary to proactively identify families at risk and provide home visitation services for these families. More resources should also be allocated to more widespread public education on ways to raise children, correct concepts and attitude towards domestic violence, and the need to seek help. In the long run, the Administration should study the prevalence of domestic violence in Hong Kong and its causes so as to enhance relevant social welfare services for families in need.

### *Support for children witnessing domestic violence and their families*

2.9 The Subcommittee considers it vital for the Government to offer children witnessing domestic violence immediate protection and child-oriented assistance. For this purpose, the places of refuge centres for women and residential child care centres should be increased. Each refuge centre should be provided with a clinical psychologist so that children affected by domestic violence can receive timely treatment services for psychological health. School placement services should also be provided to ensure that their schooling will not be affected. According to the Administration, it attaches great importance to the well-being of children and provides "child-centred, family-focused and community-based" welfare services to safeguard the well-being of children. Whenever necessary, assessment and treatment by

clinical psychologists or psychiatrists will be arranged for children affected by domestic violence.

2.10 Some deputations are of the view that many family tragedies will be avoided if timely housing assistance can be provided to victims of domestic violence and their children. They have urged the Administration to increase the Compassionate Rehousing ("CR") quota and raise the maximum level of rent allowance under the Comprehensive Social Security Assistance Scheme ("CSSA"). As advised by the Housing Department ("HD"), in view of the urgent nature of CR applications involving victims of domestic violence as recommended by SWD, the vetting will be completed within seven working days, followed by prompt arrangement of flat allocation.

2.11 Apart from victim assistance, an important component of the strategy on preventing and handling domestic violence is counselling for the batterers. SWD provides various types of counselling service for batterers, such as the Batterer Intervention Programme ("BIP") and Anti-violence Programme, to help them change their abusive attitude and behaviour. There are suggestions of requiring batterers to undergo mandatory counselling to prevent the re-occurrence of violence. Nevertheless, the Administration has reservation on the suggestion. As advised by SWD, according to its experience of conducting BIP for male batterers, the treatment results for batterers who are mandated in some way to join the programme are less favourable than those who participate on a voluntary basis. Since not every batterer will voluntarily participate in BIP which is of longer duration, short-term batterer programmes are conducted to encourage more batterers to receive short-term counseling.

#### Students' non-attendance

2.12 Schools play a very important role in identifying and reporting child abuse cases. Members and deputations welcome the new mechanism requiring kindergartens ("KGs") to report to EDB on students' absence for seven consecutive school days (instead of 30 days) without reasons or under doubtful circumstances, so as to early identify suspected child abuse cases. However, some deputations have questioned the procedures for handling students' frequent absence for less than seven consecutive days. In the absence of clear guidelines on how and when to report such cases, they are worried that the effectiveness of the new mechanism will be undermined.

2.13 Meanwhile, EDB has revised the procedures in handling non-attendance cases of secondary and primary schools to facilitate handling of non-contact cases more effectively and thoroughly. In gist, the Non-attendance Case Team ("NACT") of EDB will increase the number of contacts and home



visits for non-attendance cases, and strengthen collaboration with other departments (including SWD, Immigration Department ("ImmD"), HD, etc.). NACT will not close any cases because it is unable to contact the school aged students or their parents. Where necessary, the cases will be referred to ImmD for departure check and the Hong Kong Police Force ("the Police") for appropriate follow-up actions. While members appreciate EDB's effort in revising the procedures in handling non-attendance cases, some members are concerned whether ImmD's disclosure of non-contact students' departure records to EDB is exempted from the provisions of the Personal Data (Privacy) Ordinance (Cap.486). Some members have urged NACT to expedite its follow-up with the non-contact cases so as to offer appropriate support services.

2.14 The Subcommittee concurs that the key to early identification and early intervention of child abuse cases is the enhancement of awareness of the school personnel in identifying the abused children and their ability in crisis assessment and handling of the child abuse cases through multi-disciplinary collaboration. On this, members have requested EDB to strengthen related training for school personnel to enhance their capability in identifying and handling students in need; to extend the "one school, one social worker" policy to KGs; to evaluate counselling service in primary schools with a view to providing stable and sufficient manpower to schools; to increase the establishment of education psychologists and student guidance personnel to better support students' mental and emotional issues; and to reduce teachers' workload to enable them to have more capacity in helping their students.

#### Child care services

2.15 The Subcommittee notes with deep concern that single-parent and low income families are also at a higher risk of domestic violence and child abuse because social support for them is generally insufficient. For instance, the lack of child care services puts a lot of pressure on single parents, who have to balance between work and child care that is understandably highly stressful. The problem is made worse as working parents are often forced to turn to non-professionals for help because of a shortage of child care services. Some deputations have queried whether the Administration has neglected children in the light of the inadequate provision of child care places. There are strong calls for sufficient provision of high quality affordable child care services to enable women to go back to work confidently.

2.16 Members note that the demand for child care services, particularly aided standalone child care centres ("CCCs") providing services to infants aged zero to two, is acute. Parents generally need to wait for six months to three years for a place in CCCs. The Administration has been requested to review

the demand for various kinds of child care services by districts and adjust the provision of child care places having regard to the demographic profile and actual service needs in each district. There are also suggestions to increase whole-day ("WD") and long whole-day ("LWD") KG services and reserve more land for community child care and KG services.

2.17 At present, many working parents have to work long hours. To cater for their service needs, the Subcommittee considers it necessary to strengthen the services of CCCs and KG-cum-CCCs, Occasional Child Care Service and after-school care services for primary students by extending the service hours during weekdays, weekends and school holidays. To relieve needy families' financial pressure, consideration should be given to offering additional subsidies to needy families to acquire day child care services and extend the Free Quality Kindergarten Education Scheme to cover WD and LWD KG services. The Subcommittee also sees a need to improve the existing staff to children ratios for children aged zero to under two and children aged two to under three, which are currently at 1:8 and 1:14 respectively.

2.18 The Government has developed the Neighbourhood Support Child Care Project ("NSCCP") in order to provide more flexible and convenient services to parents. However, the operators of NSCCP have difficulties in recruiting home-based child carers because of the low level of incentive payment (about \$20 per hour). To ease parents' worries about the quality of home-based carers, some deputations have urged the Administration to provide professional training, such as infant care skills, home safety, care skills for children with special needs, etc. to these carers.

2.19 The Administration fully recognizes the need to enhance day child care services to meet the actual needs of parents and to formulate the way forward for the long-term planning of these services. SWD has commissioned the University of Hong Kong to conduct a "Consultancy Study on the Long-term Development of Child Care Services" ("the Study"). It is expected that the Study will be completed in mid-2018. Meanwhile, the Administration has undertaken to relay the views of members and deputations to the consulting team of the Study.

## **Part III – Child protection**

### **Introduction**

3.1 All along, the Government has been adopting a multidisciplinary approach towards child protection. To make the cooperation amongst multi-disciplinary professionals more effective, SWD has, in collaboration with LWB, EDB, DH, the Police, HA, the Hong Kong Council of Social Service, NGOs and related professionals, drawn up the Procedural Guide. The Procedural Guide serves as a reference for different professionals, including personnel engaged in social services, health services, education services and law enforcement as well as those who are in close contact with children through their work, in carrying out the necessary assessments, referrals, enquiries, examinations, multi-disciplinary case conferences ("MDCC") and follow-up services for suspected child abuse cases.

3.2 To support children who cannot be adequately cared for by their families due to family problems or crises, such as victims of child abuse and domestic violence, SWD has all along been subsidizing NGOs to provide various types of residential child care services ("RCCS") free of charge, including institutional service, such as residential child care centres, children's home, boys'/girls' homes and boys'/girls' hostels, as well as non-institutional service, such as foster care service and small group homes.

### **Major issues considered by the Subcommittee**

#### Review of the Procedural Guide

3.3 In November 2016, SWD formed a task group to review the whole Procedural Guide. It is anticipated that the review will be completed within the second half of 2019. The Subcommittee is fully aware that the review is a necessity. Nevertheless, some members consider that the review is taking too long to complete. As advised by SWD, although it will take three years to complete the review, enhancement measures will be implemented anytime as deemed necessary instead of waiting for the completion of the review.

3.4 Some deputations have suggested SWD to take this opportunity to include more information on how to handle cases involving ethnic minorities and marginalized families in the Procedural Guide. There is also a view that consideration should be given to reviewing the Procedural Guide on a regular basis, say every three years, taking into account views of children, parents and professionals.

### Multi-disciplinary case conference

3.5 At present, after receipt of a referral of suspected child abuse, a detailed social enquiry will be conducted by a social worker taking the role of a case manager. Upon completion of the social enquiry, a MDCC on child abuse has to be conducted. MDCC provides a forum for professionals to share their professional knowledge, information and concern, and most importantly, to formulate a welfare plan for the child suspected to have been abused and his/her family. MDCC members include professionals who are involved in the investigation of the case, those who have the knowledge of the abused child and his/her family members and those who may follow up the case in future. Any relevant parties who like to contribute in MDCC should contact the case manager. Subject to the views of MDCC chairman and the consent of MDCC members, they may be invited to attend the MDCC.

3.6 Many deputations are seriously concerned that MDCC is not conducted for all suspected child abuse cases. As MDCC will formulate a welfare plan for the child suspected to be abused, members consider it important to convene MDCC for all suspected cases. Concern has also been raised over the membership of MDCC. As MDCC chairman plays a vital role in leading the discussion and achieving the objective of protecting the best interest of the child in the forum, it is of the view that he/she should not be involved in the handling and management of the case to avoid conflict of interest. Quite a number of deputations consider that MDCC members should include legal professionals, police officers and NGOs which referred the child abuse case to SWD. The Administration has clarified that among 1 693 cases of suspected child abuse handled by the paediatric units in the past five years, 97% have conducted MDCC. If the case has been referred to the Police for investigation, the officer in charge of the case or his/her representative will attend MDCC to share investigation information.

### Welfare plan

3.7 MDCC will formulate a welfare plan for the child and the family, including arrangements to meet the need for caring, school work, medical and psychological treatments of the abused child. If MDCC considers that the family and relatives are not suitable for taking care of the abused child for the time being, the case manager will arrange RCCS according to the child's welfare needs. A key social worker will be assigned to implement the welfare plan. Where necessary, the casework unit following up the case will convene conferences to review the case progress, including the implementation schedules of welfare plans, provision of other follow-up services and review the plans based on the circumstances of individual cases. Subject to the needs of the

case and the agreement at MDCC, the key social worker will inform all members of MDCC in writing at an agreed time, say three months after MDCC, the implementation progress of the welfare plan.

3.8 The Subcommittee strongly appeals to the Administration to develop welfare/permanency plans with a view to providing a stable and safe environment for the children. The implementation timeline must be set out clearly and followed. Reference may be drawn from the practice of the United Kingdom which imposes a 26-week processing and determination timetable. Effective measures to monitor the implementation progress of permanency plans and adjust the plans whenever necessary should be put in place. Consideration should be given to providing a legal footing to these monitoring measures.

3.9 Members and deputations have, on one hand, called on the Administration to strive to facilitate children receiving RCCS to have reunion with their families when it is in the best interests of the children. On the other hand, they support the formulation of other long-term arrangements (such as adoption) for these children if parents are unable to fulfill the parental role. For children cease to receive RCCS, members have requested the Administration to follow up on their conditions and provide them with counselling and support services when necessary, in order to protect the best interests of the child.

### Residential child care services

3.10 The Subcommittee notes with grave concern that 36 children without medical needs were found overstaying in hospitals in December 2016 due to wait-listing of residential placement. The average length of overstay<sup>2</sup> is 65 days. In view of the high occupancy rates of RCCS and emergency child care services (86% and 92% respectively) and the long average waiting time for RCCS (about three months), the Subcommittee has strongly requested the Administration to increase the overall supply of residential child care places (including emergency places and places for children with special needs) and shorten the waiting time for placements. As many residential care homes were built in 1990s and their schedule of accommodation was made decades ago, some deputations find it necessary to carry out renovation and repair works for these homes and review the schedule of accommodation to cater for changing social needs. To cope with the increasing demand for residential child care places, the Administration should increase manpower supply and enhance professional skills of the staff in residential child care homes.

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<sup>2</sup> The "length of overstay" is calculated by subtracting the "medically fit for discharge date" from the "actual discharge date".

3.11 The Administration fully agrees that RCCS should be enhanced to meet the service demand. SWD increased 91 residential child care places from 2012-2013 to 2016-2017. As at September 2017, the total number of service places had been increased to 3 781, including the provision in 2017-2018 of a total of 30 additional places and five additional emergency/short-term care places in small group homes, as well as 84 additional places of a girls' home with school for social development on-site. In addition, SWD plans to provide nine additional places in a girls' home in 2017-2018 and 30 additional places in small group homes in 2018-2019. The Administration has assured members that SWD will closely monitor the utilization of different types of RCCS and, when necessary, increase the number of places through service re-prioritization or allocation of additional resources. Meanwhile, SWD will continue to review the development of RCCS with the welfare sector and refine various arrangements to meet the changes in societal needs where practicable.

3.12 Currently, RCCS units are required to notify the Central Referral System for Residential Child Care Services<sup>3</sup> ("CRSRC") of SWD within one working day after a child has left the service so that another child on the waiting list can be admitted at the earliest possible time. However, this mechanism of central waiting list does not apply to emergency child care services. Caseworkers have to directly approach the service providers for enquiries and referrals of emergency child care services. For better coordination and efficient allocation of placement, many deputations have called upon the Administration to apply the mechanism of central waiting list to emergency child care services. The Subcommittee also sees a need for greater support in enabling social workers to follow up individual cases more effectively including the enhancement of CRSRC to keep track of the service records of each child receiving RCCS. As advised by SWD, it is currently conducting a "Feasibility Study on Upgrade of the Client Information System", and will review the improvement measures for the system so as to enable social workers to follow up cases more effectively.

#### Foster care service

3.13 The number of foster parents is on a decrease. The Subcommittee is deeply concerned that there are insufficient foster parents to deliver the service. Members have urged the Administration to step up its efforts in retaining and recruiting more suitable foster parents, including reviewing the effectiveness of its publicity programmes to enhance public awareness of foster care service,

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<sup>3</sup> CRSRC is part of SWD's Client Information System, which processes applications for RCCS and monitors demand/supply and utilization of various types of RCCS. Updated information of relevant cases (including acceptance of applications, withdrawal of applications, admission and discharge from service, etc.) will be recorded in the CRSRC.

increasing the level of foster care allowances, arranging incentive programmes to give credit to foster parents, making arrangements for foster parents to take leave occasionally, and organizing training programmes to enhance foster parents' knowledge and skills in taking care of foster children.

3.14 To ensure that children staying with foster families receive proper care, members consider that the Administration should adopt a more stringent assessment process to assess potential foster families and supervise closely foster families throughout the placement.

### Legal protection

3.15 Members share deputations' views that the current child protection system is riddled with holes. The legislation to protect children from abuse are scattered in a number of ordinances, and some of them are even out of date. In the absence of a comprehensive review of the relevant legislation on child protection, members and deputations are concerned about ways to ensure that the legal rights of children are duly protected. The Administration has been requested to update and consolidate the legislation into a comprehensive piece of child protection legislation.

3.16 Looking forward, deputations have made various suggestions to offer greater protection to children. Some deputations consider it necessary to work out a legal definition of child abuse, with the inclusion of witnessing domestic violence as a form of child abuse. There are also strong calls for a mandatory reporting system for people in certain professions like doctors, nurses and teachers to report suspected abuse to enable immediate intervention to save the children. In addition, there are views that corporal punishment should be banned at home and legislation with sufficient deterrence against abuse should be enacted. The Administration has been asked to suspend or terminate parental rights in case of child abuse, neglect and abandonment.

## **Part IV – Children amid examination and schoolwork stress**

### **Introduction**

4.1 According to the Administration, one of the major aims of education is to foster students' balanced and whole-person development in the moral, intellectual, physical, social and aesthetic domains, thereby allowing them to realize their potential and promote their healthy development in both physical and psychological aspects. In this connection, helping students develop a healthy lifestyle is instigated as one of the seven learning goals of the school curriculum. However, members and deputations are of the view that the education system in Hong Kong, which is exam- and homework-oriented rather than student-centric, fails to develop each child's personality, talents and abilities to the fullest as stipulated in Article 29 of UNCRC.

### **Major issues considered by the Subcommittee**

#### Study pressure

4.2 Members are gravely concerned that children have a very tight schedule every day – rushing to attend tutorial classes and interest classes, doing endless homework, and preparing for dictations, tests and examinations after long class hours. There are no sufficient breaks between lessons. Some schools even try to raise their academic standings by increasing the academic lessons and cutting down on extra-curricular activities, which goes against the original intention of launching a full-day schedule for primary students. The long hours and hard work imposed on students not only kill their appetite for learning, but also hamper their physical and psychological development. The Subcommittee strongly appeals to EDB to take concrete measures to alleviate students' academic pressure, such as capping the amount of time spent on homework each day, arranging music and sports activities in the afternoon, maintaining the total time of recess and lunch break at 100 minutes per day, abolishing unnecessary tests or assignments, reviewing the curriculum of junior primary schools in light of the characteristics of children, etc. There is also a view that children should be taught how to handle pressure.

4.3 Children's lack of time to play and rest is another major concern among members and deputations. Most parents believe that children should be trained to "win at the starting line" from early childhood. Hence, children are very often forced by parents to take part in two to three afterschool activities every day. As a result, children are deprived of the right to rest and leisure, to engage



in play and recreational activities and to participate in cultural life and the arts as stipulated in Article 31 of UNCRC. To address the problems, some deputations have suggested the Administration to collaborate with NGOs to enhance parent education so as to prevent parents from excessively boosting their children's learning and focusing too much on academic scores.

## **Part V – Children under poverty**

### **Introduction**

5.1 According to the Hong Kong Poverty Situation Report 2015, there were some 180,000 children living in poverty in 2015. The poverty rate was 18% which meant that nearly every one in five children were living in poverty. The rate is relatively high as compared with other developed economies.

5.2 Members are of the view that children living under poverty tend to have less access to opportunities and therefore are more likely to remain poor in adulthood. To safeguard the rights of development of these children, the Administration should formulate comprehensive policies with clear targets and timeline to eliminate child poverty, and conduct a holistic review of children-related welfare policies in the long run.

### **Major issues considered by the Subcommittee**

#### Education

5.3 To help ensure that no child is deprived of the access to education due to the lack of means, the Working Family and Student Financial Assistance Agency administers various means-tested and non-means-tested student financial assistance and loan schemes, covering students from pre-primary to post-secondary levels and people pursuing continuing education. Some deputations have pointed out that the financial assistance will only be disbursed several months after the start of each school year, which creates great financial burden on low-income families. They have called on the Administration to consider disbursing the grants when the school year commences so as to provide timely financial assistance to needy families. The student financial assistance schemes should also be reviewed to assist more needy students to meet various school-related expenses, such as lowering the application thresholds for the Examination Fee Remission Scheme. Given the high tuition fees of self-financed undergraduate programmes, many students from low-income families are heavily burdened by loan debts. The Subcommittee has requested the Administration to review the repayment arrangements under the student loan scheme and provide more publicly-funded undergraduate places in the long run.

5.4 In view of the growing importance of e-learning, members share some deputations' concern that the internet subsidy provided to children in low-income families may not be adequate. The Administration has been

requested to critically review the Internet Learning Support Programme ("ILSP") so as to provide sufficient services to bridge the "digital divide", and to give low-income families subsidies to purchase computers and pay the internet service cost to meet their learning needs. Meanwhile, members also note the suggestion of some deputations that the Administration should step up publicity of ILSP in order to entice more eligible families to participate in ILSP.

### Afterschool activities

5.5 Members concur with the importance of extra-curricular activities for whole-person development. However, many children from low-income families cannot afford to join extra-curricular activities. Some deputations have drawn the Administration's attention that the cash assistance of \$1,500 per child per year offered by the District Support Scheme for Children and Youth Development to address the developmental needs of disadvantaged children is insufficient and that the competition for the assistance is fierce. Some families need to skip meals to save money for extra-curricular activities. Moreover, there is only limited quota for the recreation and sports activities organized by the Leisure and Cultural Services Department ("LCSD"). Children from low-income families can hardly enroll in these activities most of the time. Members have called on the Administration to offer more subsidies and include payments to cover extra-curricular activities under CSSA. There is also a view that the Administration should increase the transportation fees under CSSA to ensure that these children will not be deprived of the rights to join extra-curricular activities due to a lack of transportation fees.

### Health care

5.6 According to the Administration, the Student Health Service under DH provides annual physical examination and health assessment to primary and secondary school students, which are designed to cater for the health needs at various stages of development. The screening for health problems related to spine has been included in the health assessment programme. The School Dental Care Service under DH provides basic and preventive dental care services for primary school students in the territory. Some deputations have drawn the Administration's attention to the unhygienic living condition of low-income families which results in health problems, such as skin diseases, spine problem, etc. Members consider it necessary to allocate more resources in healthcare services to better support children living in poverty, such as launching healthcare voucher scheme for children, extending chiropractic examinations under student health services to cover children aged under 10, extending the dental care service to cover KG and secondary students, etc.

## Social Welfare

5.7 While appreciating the Administration's effort in increasing the recurrent expenditure on social welfare from \$40 billion to \$73.3 billion in the past five years, some members have expressed serious concern about the insufficient social support provided by CSSA for low-income families. As many children from low-income families lack adequate food and suffer from malnutrition, members have urged the Administration to increase meal allowances for children under CSSA or provide free lunch for students from low-income families.

5.8 The Administration has clarified that the CSSA standard rates for children are higher than those for adults of similar physical conditions so as to meet their needs. In addition to the standard rates, eligible students on CSSA are entitled to a wide range of special grants to meet their educational expenses, which included monthly meal allowance for full-day students taking lunch away from home. The Administration has assured members that more new pilot schemes through the Community Care Fund will be drawn up and schemes with proven results will be regularized to better support needy children. Furthermore, it has earmarked \$447 million for extending the short-term food assistance service for three years up to 2020-2021 to support individuals and families who have difficulties in coping with their daily food expenditure. A comprehensive review of the service will be conducted in parallel.

5.9 To qualify for the Low-income Working Family Allowance Scheme ("LIFA"), families need to meet certain income and asset limits as well as working hour requirements. Members note with concern that many families cannot get the subsidies because they fail to meet the minimum required working hours, particularly for those engaging in casual or seasonal work, or to provide documentary proof on working hours. Some members have urged the Administration to relax the working hour requirements for these families. These members also take the view that the Child Allowance should be provided for all LIFA households with eligible children even if these households do not meet the working hour requirements. As advised by the Administration, it has no plan to delink the Child Allowance with working hour requirements as the objective of LIFA is to encourage self-reliance of low-income families through employment. Nevertheless, to address the public concerns over the effectiveness of LIFA, a series of improvement measures on the Scheme has been announced to provide further support for working households in need, including increasing the rate of Child Allowance.

### Support to children with special education needs living in poverty

5.10 At present, subvented rehabilitation services are provided for children with special education needs ("SEN") from birth to six years old. For children aged above six in primary and secondary schools, the schools will procure professional services (such as speech therapy) for them. Many parents have reflected that their children with SEN have stopped receiving direct subsidies from SWD for programmes such as speech therapy once they enter mainstream schools after the age of six. As the professional services procured by the schools may not suit individual needs of SEN children, parents have to dig deep into their pockets to join the programmes provided by NGOs on a self-financing basis, or they have to queue for up to two years to join the programmes at public hospitals. As advised by the Administration, SWD is working with EDB on ways to enhance support for SEN children so that they will be provided with appropriate services when they proceed to primary education.

5.11 Members have suggested the Administration to consider providing extra subsidies to these children for procurement of assessment and rehabilitation services from NGOs or the private sector. However, the Administration has reservation about the suggestion owing to the fact that parents may not have sufficient information and professional knowledge in choosing appropriate service providers. Instead, the Administration considers that the existing mode of school-based support has proven to be effective and can meet the needs of students. It is also in line with the established practice worldwide. Providing schools with additional resources to hire services for students, where necessary, can ensure that students would benefit from the supplemental support.

### Support to ethnic minority children

5.12 Some deputations have pointed out that ethnic minority households are more susceptible to poverty risk in Hong Kong owing to language barrier and cultural difference. The Subcommittee has urged the Administration to help children of ethnic minorities learn Chinese language in schools and integrate into society, including reviewing the effectiveness of the Chinese Language Curriculum Second Language Learning Framework ("the Framework") and the existing requirements in the Chinese Language under the Joint University Programmes Admission System to ensure their equal access of university education. Meanwhile, there is only little support available for non-Chinese speaking ("NCS") children with SEN. Members and deputations see an urgent need for an English-language public special school.

## **Part VI – Ailing children**

### **Introduction**

6.1 DH provides different types of public health services for children, including Family Health Service, Student Health Service, School Dental Service, Child Assessment Service, Clinical Genetics Service, etc. If further treatment is required, paediatric patients will be referred to appropriate service provider, such as paediatric specialist clinics of HA, for further management.

6.2 HA's Paediatrics Service provides neonates, children and adolescents with comprehensive paediatric services, from outpatient to inpatient services, and from acute care to rehabilitation services. To meet the healthcare service demand of Hong Kong in the long run, the Hong Kong Children's Hospital ("HKCH") is scheduled to commence services by phases starting from the fourth quarter of 2018. HKCH will provide healthcare services in areas including paediatric oncology, cardiology, pathology and anaesthesia services.

### **Major issues considered by the Subcommittee**

#### Healthcare services

6.3 Members consider that Hong Kong should comply with Article 24 of UNCRC which stipulates that every child should have the right to enjoy the highest standard of health and facilities for treatment of illness and rehabilitation. The Administration has been requested to ensure all children, even those less privileged children (i.e. young offenders, refugee and asylum seeking children, children of foreign domestic helpers, children with SEN, etc.) have equal access to medical services. To cater for the physical and mental well-being of children, some deputations have urged for the formulation of a comprehensive healthcare policy for children and the enhancement of community paediatric care.

6.4 Members share the concern of many deputations that children staying in hospitals will be frightened by the environment. In their view, a "child-centred, family-friendly" hospital design should be adopted to alleviate children's fears. Hence, the setting and facilities in paediatric wards should be designed according to the needs of the children and their families. Overnight stay rooms should be provided for parents. Children and/or their parents should be fully informed of the progress of the medical treatment and their participation in decision making should be encouraged. Most importantly,

children in hospitals should not be deprived of the right to play and learn. As advised by HA, the Hong Kong Red Cross Hospital Schools ("the Red Cross") provides education services to hospitalized children from 5 years 8 months to 18 years of age (from Primary 1 to Secondary 6). The children receive lessons either in classrooms or in wards. Those who are less mobile receive individual bedside teaching. The attending doctors will assess the health status of each child and refer them to the hospital school if appropriate. In addition, the Red Cross provides the mobile library services in some hospitals to meet the reading interests of children.

6.5 To strengthen preventive care for children, some members have suggested the inclusion of seasonal influenza, human papilloma virus and rotavirus vaccines in the Childhood Immunization Programme of DH. Some deputations have asked whether consideration will be given to issuing rehabilitation service voucher to children with vision problem, such as squint and double vision, for purchasing corrective glasses.

#### Hong Kong Children's Hospital

6.6 The Subcommittee notes that HKCH will serve as a tertiary referral centre for complex, serious and uncommon paediatric cases requiring multidisciplinary management, providing diagnosis, treatment and rehabilitation services for needy patients from birth to 18 years of age territory-wide. It will also pool together expertise to strengthen research and training regarding paediatric and genetic diseases. Members and deputations have called for a one-stop centre to diagnose, treat and educate children suffering from inborn rare diseases. A database tracking rare cases should also be set up to facilitate the research development of rare diseases. The Subcommittee also sees a need for a transition care plan to ensure the smooth transition to other medical departments when these children reach the age of 18.

6.7 According to the Administration, in capacity planning of HKCH, HA has taken into account a number of factors including the service demand as a result of projected demographic changes in the paediatric population, service utilization, as well as the service re-organization of the paediatric service network upon service commencement of HKCH in the fourth quarter of 2018. Some members have queried whether HKCH's planned capacity of 468 inpatient and day beds is sufficient to meet the future demand.

6.8 While understanding that HKCH will commence service by phases to allow reasonable time for testing the service models and clinical work flow before the hospital is in full service, so as to ensure patient safety, quality of service and smoothness in operation, members have urged HA to set a concrete

timeline for HKCH's migrating to full service. As HKCH's service commissioning may further strain the healthcare manpower resources of the paediatric departments in existing HA hospitals, the Subcommittee considers it necessary for the Administration to put in place measures to ease manpower pressure by increasing the recurrent expenditure of HA.

6.9 Members share the view of many deputations on the need to provide sufficient training to equip HKCH's healthcare staff with knowledge and skills for working in such a unique hospital environment. According to the Administration, from 2011-2012 to 2017-2018, 128 doctors, 77 nurses and 48 allied health staff have undergone overseas training to cater for the preparation for HKCH's phased service commissioning. There have been another 6 000 attendances at local training. Overseas and local training activities will continue in the coming years to enhance the professional standard of healthcare staff.

6.10 Members have also called on the Administration to ensure adequate public transport facilities and services to dovetail with the commissioning of HKCH. As advised by HA, it has been liaising with the Transport Department to strengthen the transport accessibility in future, including the opening of new routes, extending service hours, increasing frequency, etc., to tie in with HKCH's service commissioning.

6.11 While noting that a Hospital Governing Committee has been set up for HKCH under the HA Ordinance (Cap. 113) to receive reports from the hospital management and discuss governance work of the hospital, members has strongly urged HA to appoint patient groups and child concern groups as members of the Committee.



## **Part VII – Deaf and hard-of-hearing children**

### **Introduction**

7.1 The Government has been providing services for children with hearing impairment ("HI") through DH, HA, SWD and EDB. Specifically, DH and HA arrange assessment, treatment and referral of rehabilitation services for children with HI. SWD provides pre-school rehabilitation services for children with HI from birth to the age of six. EDB provides learning support for school-aged children with HI.

7.2 A "dual-track" approach is adopted in delivering integrated education and special education. EDB will, subject to the assessment and recommendation of specialists and the consent of parents, refer students with severe or profound HI or those who cannot construct knowledge because of inadequate speech abilities (i.e. those students who may need to use sign language in communication and learning) to special schools for children with HI to receive intensive support services. Other students with HI will attend ordinary schools.

7.3 It has come to members' attention that there are misconceptions about deafness among the general public. To help deaf and hard-of-hearing children integrate into the community and enjoy the same basic rights as those enjoyed by other children, some members consider it necessary for the Administration to step up publicity on spreading the message that deafness is not the same as muteness, hearing aids and cochlear implants cannot restore hearing to a normal level, lip-reading cannot put deaf and hard-of-hearing children on par with hearing children, etc.

### **Major issues considered by the Subcommittee**

#### Early identification and intervention

7.4 Members concur with the importance of early identification of hearing loss. The Subcommittee has requested the Administration to allocate additional resources to facilitate early identification of deaf and hard-of-hearing children to ensure that they can receive timely treatment and provide sufficient resources that can really suit the needs of these children thereafter.

7.5 To support parents whose children are newly identified as deaf or hard-of-hearing, medical social workers of Child Assessment Centres under SWD will provide specific information on social rehabilitation services for their reference. Some deputations have drawn the Administration's attention that the current information is unable to disseminate to parents clearly relevant support service according to individual circumstances of their children. Some members have suggested that the Administration should strengthen the counselling services and assistance to the parents for facing their children's problem and difficulty.

7.6 SWD has undertaken to review and integrate the existing information provided to relevant parents and step up training for relevant frontline staff, with a view to assisting relevant parents in obtaining the most appropriate support, including provision of relevant information to facilitate parents in choosing the most appropriate teaching method and support for their children.

#### Provision of assistive hearing devices

7.7 The Subcommittee notes that for students with persistent HI, they are referred by HA/DH to EDB for provision of free hearing aids. Some deputations have pointed out that the free hearing aids provided by EDB cannot meet the specific needs of some children. There is support among some members and deputations for providing children the option of using the hearing aids provided by EDB or purchasing suitable hearing aids from a list of approved suppliers with government subsidy or vouchers.

7.8 For those suffering from profound HI, cochlear implant surgery is usually performed. The cochlear implant is made up of an implant which can usually last for a lifetime, and an external speech processor subject to three-year warranty. These processors are not covered by the services of standard charges of HA. Since April 2013, the replacement of external speech processor and related accessories has been covered under the Samaritan Fund, subject to means test. As the repair and replacement of external speech processor is costly after the warranty period, some deputations consider that subsidies should be provided to relieve the financial burden of students with HI from low-income families. Criticism has also been made by some deputations about the tendering system for cochlear implants. These deputations claim that HA may procure different cochlear models in its various procurement exercises. As a result, deaf children with binaural hearing loss are likely to have different models of implants if the surgeries are performed separately in different periods. Different models of implants which vary in functionality adversely affect the hearing ability of deaf children.

7.9 According to EDB, the current outsourced arrangement for the provision of hearing aids by the Government is in the best interest of students with HI and their parents. The practice will eliminate parents' inconvenience in choosing hearing aids everywhere and the risk of purchasing overpriced hearing aids, and allow EDB more effective monitoring of the quality of hearing aids and related services. EDB has been collecting views from parents on the outsourced services through questionnaires. For the 2012-2016 tender contracts, more than 98% of the parents indicated that they are satisfied with the quality of hearing aids provided by EDB. Nevertheless, EDB will continue to review the specifications of the hearing aids, taking into account the feedback from stakeholders.

#### Use of sign language

7.10 The Subcommittee has exchanged views with the Administration and deputations on the use of sign language, having regard to Article 24 of the United Nations Convention on the Rights of Persons with Disabilities which points out the importance of sign language to deaf and hard-of-hearing people. There is a view that the role of sign language should be clearly stated in Hong Kong's education policies to safeguard the right of deaf and hard-of-hearing children to access an inclusive and quality education. Some deputations have strongly requested that sign language should be included in the regular school curriculum so that deaf and hard-of-hearing children can choose to learn either oral language or sign language, or both; and that EDB should support the continuation of the Sign Bilingualism and Co-enrolment in Deaf Education Programme ("the Programme") on account of its success. Some members have suggested the Administration to promote the use of sign language in the community, including the provision of sign language interpretation in the delivery of public services and building up of a sign language database. Concern has also been raised by some deputations about the lack of support services for deaf and hard-of-hearing students in senior secondary level and higher education sector.

7.11 According to EDB, it has all along encouraged teachers to adopt the most appropriate mode to teach and communicate with students with HI having regard to their needs and abilities. If ordinary schools opt to use sign language in providing support for students with HI, schools should have appropriate arrangements, such as formulating the criteria of using sign language by these students, arranging subject teachers and teaching assistants to learn sign language, etc. EDB will further enhance the communication with these schools to ensure that schools can provide appropriate support for students with HI. In response to members' calling for supporting the Programme, EDB has explained

that it has not found strong empirical evidence confirming that the use of sign language is the major contributing factor leading to the academic attainment of the students under the Programme. Instead, a conglomerate of factors, such as the in-class, pull-out and after-school remedial support, the school-based speech therapy services, etc., offered by the schools for children with HI, rather than solely the use of sign language, contribute to the development of these students.

## **Part VIII – Children in Correctional Home and Correctional Institutions**

### **Introduction**

8.1 The Government recognizes the importance of rehabilitation in helping young offenders re-integrate into society. SWD provides residential treatment service for mal-adjusted children and juveniles and young offenders through the Tuen Mun Children and Juvenile Home. Personalized training programmes are offered for the residents with a view to improving family relationships and facilitating ongoing contact and interaction with the community.

8.2 The Correctional Services Department ("CSD") assigns young offenders to correctional institutions according to their age, gender and security ratings based on the severity of their offence. Young offenders aged from 14 to 20 may be admitted to a training centre or a rehabilitation centre, while offenders with drug addiction problems may be placed in a drug addiction treatment centre<sup>4</sup> ("DATC"). Males aged between 14 and 24 may undergo a detention centre programme.

8.3 While noting that the detention centre has emphasized strict discipline, hard work, strenuous physical training and foot-drill, some members have queried whether such a short, sharp shock regime can help the young offenders nowadays. They consider it necessary for the Administration to provide young offenders in detention centres with education and vocational training programmes, and explore whether such imprisonment can be substituted with other forms of penalty. The Subcommittee also sees a need to conduct a comprehensive review on the correctional services for young offenders in the long run.

### **Major issues considered by the Subcommittee**

#### Complaint system

8.4 Some members and deputations are gravely concerned about the care given to young offenders in correctional institutions, with complaints made about food and clothing and even an allegation of abuse. In their view, although young offenders have lost their personal freedom, they should still enjoy other basic rights.

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<sup>4</sup> Young and adult offenders may be ordered to be detained at a DATC in accordance with the Drug Addiction Treatment Centres Ordinance (Cap. 244). The legislation does not prescribe an age limit.

8.5 According to the Administration, it adopts a zero-tolerance attitude towards violation of regulations by their staff. To ensure persons-in-custody ("PICs") are treated fairly and reasonably during custody, CSD attaches great importance to the uprightness and integrity of correctional officers. If a PIC is aggrieved by any treatment he received, he may make representations or lodge a complaint through various channels. The Complaints Investigation Unit of CSD is responsible for handling such complaints. In addition, PICs may lodge a complaint through other channels, such as the Chief Executive, Legislative Council Members, Justices of the Peace, The Ombudsman, and the Commissioner of the Independent Commission Against Corruption, etc. Moreover, the rights of offenders are safeguarded by the installation of closed-circuit television ("CCTV") systems within the areas of penal institutions (except specific areas such as shower rooms, toilets and sick bays). CCTV footage will be retained and reviewed during complaint investigation and admitted as evidence, if necessary.

8.6 Some members have further pointed out that the length of imprisonment for young offenders at correctional institutions is determined by the Commissioner of Correctional Services taking into account their progress and conduct. Young offenders may fear that making a complaint will lead officers to write negative reports on them, leading to a longer sentence. Members strongly appeal to the Administration to establish an independent complaint system to conduct fair investigation into complaints to ensure that the basic rights of young offenders are intact.

#### Healthcare services

8.7 The Subcommittee notes that some 30 in-house clinical psychologists of CSD provided counselling services for offenders who have emotional problems, adjustment difficulties or any psychological issues. However, some deputations have expressed disappointment that no systematic physical and mental health assessments are conducted for young offenders who are at high risk of physical and mental health problems. CSD has been urged to conduct a comprehensive screening for physical, mental and high-risk behaviours for newly admitted offenders so that timely treatment and medication can be provided. As thoughts of suicide and self-harm are common for young offenders, there is a suggestion that suicidal risk of young offenders should be assessed regularly so as to provide timely assistance.

### Support for rehabilitated young offenders

8.8 The Subcommittee is pleased to note that in 2016-2017, CSD has provided a total of 20 vocational training courses for young offenders, covering a wide range of subjects. To enhance their employability after discharge, members find it vital for CSD to constantly review the relevance of vocational training courses to ensure that the courses are market-oriented. There is also a view that the Administration should take the lead in recruiting rehabilitated young offenders and continue to encourage employers to offer job opportunities for them.

8.9 Meanwhile, members share some deputations' view that apart from a job, the presence of a home is also essential to prevent a rehabilitated person from re-offending. Members have called upon the Administration to help rehabilitated young offenders with their housing problems.

8.10 Concern has also been raised over the conviction record of discharged young offenders. The Rehabilitation of Offenders Ordinance (Cap. 297) provides for the conditions under which an offender will be deemed to have no conviction record if a period of three years has elapsed and he has not been again convicted of an offence in Hong Kong. However, as young offenders of detention, rehabilitation, training and drug addiction treatment centres are subject to a statutory supervision period of one to three years after release, it will take more than three years for their conviction to be spent.

## **Part IX – Refugee and asylum seeking children**

### **Introduction**

9.1 The United Nations Convention relating to the Status of Refugees has never been applied to Hong Kong. According to the Administration, it has always maintained a firm policy of not granting asylum and not determining or recognizing refugee status of anyone. As at end June 2017, there were 8 205 non-refoulement claims<sup>5</sup> pending determination by ImmD, out of which 387 claimants were minors. Separately, there were 483 minors pending determination of appeal on their rejected non-refoulement claims, or pending removal from Hong Kong.

### **Major issues considered by the Subcommittee**

#### Access to education

9.2 At present, only children of non-refoulement claimants whose removal is unlikely for a considerable length of time will be provided schooling on a case-by-case basis. As the right to education is a child's fundamental right, there is support among members and deputations for ensuring all these children to have the opportunity to receive education during the vetting process of their claims. There is also a suggestion that these children should be given the opportunity to take part in international competitions outside Hong Kong. The Administration has informed the Subcommittee that except those who are subject to removal within short periods, EDB has successfully placed all school-age children of non-refoulement claimants in the past five years. Meanwhile, non-refoulement claimants can approach EDB direct if they encounter problems in schooling arrangement of their children.

9.3 Some members and deputations have expressed grave concern that a number of refugee and asylum seeking children are denied access to education due to the lack of means. Refugees and asylum seekers have reported difficulties in paying for the school-related expenses because the Working Family and Student Financial Assistance Agency only considers applications for relevant fee subsidy on a case by case basis and disburses the grants several months after the start of each school year. According to the Administration, if applicants submit their applications with complete information and necessary supporting documents on time, disbursement of subsidies will be arranged to the

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<sup>5</sup> For the purpose of this report, the term “non-refoulement claimants” is used interchangeably with “refugees” and “asylum seekers”.



eligible students before the commencement of each school year. However, the processing time may vary depending on the circumstances of each case. Parents who have such difficulties may approach EDB for assistance, and EDB will liaise with schools to offer assistance to needy parents.

### Social welfare support

9.4 One of the critical issues deliberated by the Subcommittee is the need to ensure sufficient support for refugee and asylum seeking children. According to the Administration, on humanitarian grounds, SWD, in collaboration with an NGO (i.e. the International Social Service Hong Kong Branch ("ISS-HK")), offers in-kind assistance to non-refoulement claimants to prevent them from becoming destitute. Each month, each minor claimant may receive \$1,200 for food as supermarket coupons, \$750 for housing, \$300 for utilities, \$200-\$420 for transportation, and other basic necessities (in-kind), based on the needs and circumstances of individual child. For special cases with extra needs, ISS-HK may adjust the amount of assistance, subject to an assessment of the actual situation based on justifications and documental proofs provided.

9.5 Quite a number of deputations have criticized that the assistance items provided to refugee and asylum seeking children are not adequate to prevent them from becoming destitute. The Subcommittee notes that there are suggestions of increasing their assistance to a level comparable to that of CSSA which seeks to meet basic needs of beneficiaries, increasing the support for children under three, providing additional transportation allowance to children who are in need of regular medical appointments at hospitals and providing special grant for dental treatment items (i.e. dentures, scaling and filings), providing an allowance for baby diapers, and providing annual or half-year, rather than one-off, medical fee waiver. SWD welcomes stakeholders' feedback on the services provided by ISS-HK and has undertaken to carefully and constantly review the level of assistance for the claimants. As regards medical fee waiver, HA will continue to collaborate with the relevant bureaux/departments to explore the feasibility of implementing any enhancement measures.

### Provision of library services

9.6 The Subcommittee concurs with the importance of library services for refugee and asylum seeking children. Members and deputations call upon the Administration to explore the possibility of issuing library cards to these children. As advised by the Administration, all minor claimants can gain free access to the 70 public libraries and 12 mobile libraries without the requirement

of a library card. Outside libraries, they may visit the Hong Kong Public Libraries ("HKPL") website through the internet to gain access to some of the digitized collections in the Multimedia Information System. HKPL has also extended its services to various communities by offering block loan of library materials and professional advice to the participating non-profit making organizations for setting up community libraries under the "Libraries@neighbourhood - Community Libraries Partnership Scheme". NGOs serving minor claimants can approach HKPL for setting up community libraries.

## **Part X – The way forward**

10.1 In the foregoing Parts, the Subcommittee has examined issues relating to the rights of and support for various groups of children. In the course of its study, these issues have highlighted that there is considerable room for improvement insofar as the role played by the Government in promoting and protecting children's rights. To truly protect children in Hong Kong, the Subcommittee has strongly called for the establishment of a children's commission and a central database for children. They are discussed in the ensuing paragraphs.

### **Commission on Children**

10.2 Since the setting up of the Subcommittee, members and deputations have criticized that as quite a number of bureaux/departments are involved in the implementation of policy in relation to the rights of children, there are serious co-ordination problems due to the lack of steer by any of the bureau. To uphold children's rights, members and deputations have all along requested the Administration to set up an independent statutory children's commission or appoint a commissioner for children without delay.

10.3 The Chief Executive announced in her 2017 Policy Address that a Commission on Children ("the Commission") will be set up in mid-2018 to amalgamate the efforts made by relevant bureaux/departments and child concern groups, and focus on addressing children's issues as they grow.<sup>6</sup> To this end, the Government established a Preparatory Committee chaired by the Chief Executive with the Chief Secretary for Administration as the Vice-chairperson.

10.4 According to the Administration, it plans to establish the Commission as a high-level advisory committee to be chaired by the Chief Secretary for Administration, with the Secretary for Labour and Welfare being the Vice-chairperson. Members of the Commission include the Policy Secretaries of relevant bureaux/Heads of relevant departments, as well as independent non-official representatives of children affairs.

10.5 Members and deputations welcome the setting up of the long-awaited Commission. However, they are disappointed that it is merely an advisory committee with no clear legal mandate. They reiterated the importance of an independent statutory Commission comprising child advocates, parents and

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<sup>6</sup> See LC Paper No. CB(4)633/17-18(01)

children in particular to enable it to act in the best interests of children. They consider that only a Commission with real statutory power can review and improve the existing legislation and policies on children's welfare. The Commission should be provided with sufficient financial and manpower resources to ensure it can help with the development and protection of children. As advised by the Administration, the Commission will first be set up as an advisory body. With practical experience in the running of the Commission, the Administration will study the feasibility of making it an independent statutory organization.

10.6 The Preparatory Committee proposes that children under the age of 14 should be the primary target group of the Commission in order to minimize possible duplication with the work of the Commission on Youth (and the future Youth Development Commission upon re-organization). However, members share many deputations' view that the target group of the Commission should be children under the age of 18 as stipulated in UNCRC.

10.7 Deputations have made various suggestions to the Preparatory Committee. They consider that the Commission should be empowered first, to investigate complaints on suspected breaches of children's rights and monitor the implementation of UNCRC in Hong Kong. Second, to provide overall coordination and implementation of children-related policies and assess the impact of these policies to ensure the best interest of children. Third, to administer a central database for children and collect children-related information to facilitate policy formulation on matters pertaining to children. Fourth, to initiate researches and formulate "Children Wellbeing Indicators" to track the overall development of children in Hong Kong, and finally, to provide an avenue to extensively canvass stakeholders' and children's views and enhance public awareness of children's rights.

10.8 Deputations have also suggested that the Commission should accord priorities to address issues in different areas, including support for less privileged children namely, children of ethnic minorities, new immigrants, asylum seeking children, children in poverty, etc.; formulation of a comprehensive child-health policy to cater for the physical and mental well-being of children; improvement measures to facilitate early identification and intervention of SEN children; review of sex education and prevention of child abuse; review of existing child care policy; reform of child protection legislation; and parent education.

10.9 According to the Administration, a series of public engagement activities have been conducted to ensure that the functions and the work of the Commission will have the support of the community. The Administration will

relay the concerns of members and deputations to the Preparatory Committee, and formulate a mechanism to take heed to children's voices.

### **Central database for children**

10.10 Hong Kong does not have a central data bank for children nor does it have a central and independent body analyzing such data, disseminating them and working out proactive child-related initiatives. Currently, various Government bureaux/departments, including EDB, DH, SWD, etc., collect data relating to children with regard to their respective policy and service areas as well as legislation provisions. The Subcommittee sees a pressing need for the setting up and shared use of information of a central database for children, so that the relevant Government departments and major service providers, including hospitals/the medical sector, NGOs, etc., will be able to understand the background of individual cases comprehensively and take more informed and effective follow-up actions.

10.11 To enable the Government to understand the macro situation so as to develop more integrated and effective child-related initiatives, the Subcommittee considers that the central database should collect data about children on all fronts, for instance, children with rare diseases/disabilities/SEN, student suicide, RCCS, children of ethnic minorities/refugees/new immigrants, children in poverty, children suffering from domestic violence/abuse, etc. Furthermore, this data platform should allow access by the academia and general public to facilitate the enhancing of the quality of services for children or general academic research on or the public's understanding of children affairs.

10.12 According to the Administration, it will explore the possibility of enhancing the sharing of information before deciding the way forward. While various service units of SWD have captured statistics according to their own needs, the Administration will study how to consolidate related information from existing databases into the Central Information System of SWD.

## **Part XI – Recommendations**

The Subcommittee has identified various areas for improvement in the promotion and protection of children's rights. The Subcommittee recommends that the Administration should:

### Child abuse

- (1) explore measures to ensure that families at risk can receive early identification and intervention, including encouraging timely and accurate reporting to CRDA by agencies, expanding the community multi-disciplinary outreach services to conduct frequent home visitations to high-risk families, extending CCDS to cover children aged over five and their families, and developing sets of assessment framework on parenting capacity to assess the child care capacity of parents with drug problems or with domestic violence history;
- (2) deploy necessary resources to early identify and handle suspected cases of child abuse in time, such as increasing the establishment of education psychologists and social workers, and providing more training for frontline staff;
- (3) encourage schools/KGs to implement holistic measures to prevent non-attendance cases, to take prompt action for tackling and following up those cases, and to make referrals to SWD when necessary;
- (4) offer adequate support measures to abused children and children affected by domestic violence, such as schooling arrangement and provision of medical and psychological treatment;
- (5) get tough on abusers by imposing a higher level of penalty for a stronger deterrent effect and requiring them to undergo mandatory counselling;
- (6) enhance transparency of EDB for handling of non-attendance cases;
- (7) expedite follow-up actions with relevant B/Ds, e.g. SWD, ImmD, the Police, HD, etc. for handling of non-attendance cases;
- (8) study the prevalence of domestic violence in Hong Kong and its causes so as to enhance relevant social welfare services for families in need;

### Child care services

- (9) assess the demand for child care services by districts, devise plans to increase the provision of child care services having regard to the demographic profile and actual service needs in each district, and earmark more premises for various kinds of child care services at the town planning stage;
- (10) set up a 24-hour hotline to facilitate parents to access relevant child care services information;
- (11) increase the incentive payment rate to attract more carers to join NSCCP and strengthen the services of CCCs and KG-cum-CCCs, Occasional Child Care Service and after-school care services for primary students, and increase the provision of WD and LWD KG services;
- (12) improve the existing staff-to-children ratios for children aged zero to under two, and children aged two to under three;
- (13) explore measures to ensure provision of child care services with affordable means such as reviewing the threshold to apply for the means-tested Kindergarten and Child Care Centre Fee Remission Scheme;
- (14) review critically the Administration's role in the provision of child care services and publish the Study to keep child care sector informed of the future development of child care services;

### Child protection

- (15) conduct a cross-departmental collaboration mechanism among social welfare, education and health authorities to constantly review the Procedural Guide;
- (16) convene MDCC for all suspected cases, improve the mechanism to convene MDCC and speed up the process for convening MDCC to protect the best interest of children, and step up monitoring to ensure that welfare plans are properly implemented, including formulating measures with legal footing;

- (17) increase the transparency of the membership of MDCC, include legal professionals, police officers and NGOs which referred the child abuse case to SWD to attend the MDCC;
- (18) take practical steps to shorten the waiting time for RCCS so that no children will overstay in hospitals due to wait-listing of RCCS, and step up publicity to recruit and retain more suitable foster parents;
- (19) overhaul the existing child legislation to extend full protection to the vulnerable child and develop an archive of child abuse cases for future reference;
- (20) extend the ban on corporal punishment at home, and deliver a strong message to society that physical punishment is a form of violence, not parenting;
- (21) consider setting up a mandatory reporting system for certain professionals to report suspected abuse to enable immediate intervention;

#### Children amid examination and schoolwork stress

- (22) review the education system with a view to alleviating students' academic pressure and fostering a balanced development and a healthy lifestyle for them;
- (23) shorten duration of taught lessons at school, maintain the total time of recess and lunch break at 100 minutes a day, set an "upper homework time limit" for all schools and increase the places of publicly-funded degree programmes;
- (24) explore measures to enhance children's awareness of help-seeking and strengthen their ability to cope with adversity, including ensuring sufficient social workers, counselling personnel and education psychologists at schools, reducing teachers' workload to enable them to have more capacity in helping students resolve their academic and emotional problems, etc.;
- (25) strengthen parent education to enhance parents' efficacy in nurturing their children, assist them in early identifying their children's emotional problems and fostering positive thinking in their children, and prevent parents from excessively boosting their children's learning and focusing too much on academic scores;



- (26) provide more family-friendly measures to support parents, such as introducing standard working hours, increasing the provision of child care services and after-school care services, and providing more recreation facilities for children;

#### Children under poverty

- (27) review student financial assistance schemes such as extending the School Textbook Assistance Scheme to cover KG students and streamline the application process with a view to better supporting children from low-income families;
- (28) give more subsidies for children living in poverty to participate in extra-curricular activities as well as overseas exchange programmes so as to broaden their horizons, and allocate more resources for LCSD to organize more free-of-charge recreation and sports programmes;
- (29) introduce child-based subsidies and allowances, and review and reform CSSA to provide sufficient support for children in low-income households;
- (30) delink the Child Allowance of LIFA with its working hour requirements;

#### SEN and NCS children

- (31) expand subvented rehabilitation services to SEN children aged above six, and set up panels with parents' representatives at schools to give support to SEN children;
- (32) explore other options, such as the issuance of vouchers to children with SEN to procure the necessary services from NGOs/service providers in a timely manner;
- (33) review on a regular basis the effectiveness of the Framework and make necessary adjustment to facilitate NCS students learning Chinese;
- (34) provide sufficient special school places for NCS students with SEN;

### Ailing children

- (35) consider the feasibility of formulating a comprehensive healthcare policy for children to cater for the physical and mental well-being of children;
- (36) enhance the community network of paediatric care, cover more vaccines under Childhood Immunization Programme of DH and provide more subvented special care dentistry services to children who cannot receive routine oral care services due to physical, intellectual, mental and medical issues, etc.;
- (37) collaborate with overseas experts or medical organizations to continuously introduce new treatment and medicines for patients with inborn rare diseases;
- (38) devise a comprehensive transition care plan to ensure every paediatric patient's smooth transition to other medical departments when they reach the age of 18;
- (39) implement more effective measures to ease manpower pressure of HA, such as hiring of overseas doctors, and attend to the training needs of the staff of HKCH;
- (40) set a concrete timeline for HKCH's migration to full service, and review the composition of the Hospital Governing Committee of HKCH to include children advocates, parents and children;
- (41) examine the feasibility of setting up a database to record and track rare diseases cases and a one-stop center for rare diseases in HKCH;

### Deaf and hard-of-hearing children

- (42) strengthen the counselling services and assistance to parents of deaf and hard-of-hearing children;
- (43) provide subsidies for repairing and replacing cochlear implants, and explore other options, such as the issuance of vouchers to deaf and hard-of-hearing children to procure hearing aids from a list of approved suppliers, etc.;

- (44) keep in view the developments of different teaching/support modes for deaf and hard-of-hearing students such as sign bilingualism, and listen to the views of stakeholders with a view to helping schools address the education needs of these students more effectively;
- (45) incorporate sign language into the education system, allocate additional resources in training more sign language teachers/social workers;
- (46) promote the use of sign language in the community, including the provision of sign language interpretation in the delivery of public services and building up of a sign language database;

#### Children in Correctional Home and Correctional Institutions

- (47) consider the feasibility of establishing an independent complaint-handling mechanism for dealing with complaints against CSD;
- (48) conduct medical, mental and/or psychological assessment for newly admitted young offenders and assess regularly their suicidal risk;
- (49) review constantly the effectiveness of different rehabilitation programmes for young offenders to ensure they are provided with appropriate and comprehensive rehabilitation services, including personal development programmes, market-oriented training courses, counselling services;
- (50) continue to appeal for community support for rehabilitated young offenders through education, publicity and public involvement;
- (51) review and reform the correctional services for young offenders, particularly the treatment of young offenders;

#### Refugee and asylum seeking children

- (52) explore measures such as working with schools/KGs to regularly review their admission arrangements to ensure that refugee and asylum seeking children will not be unfairly denied access to education;

- (53) improve the social welfare support for refugee and asylum seeking children, including increasing the value of monthly food coupons, providing a separate monthly coupon for baby diapers, linking current allowances provided to refugee and asylum seeking children to basic cost of living adjustment, etc.;
- (54) explore in collaboration with NGOs on ways to better support refugee and asylum seeking children such as setting up uniform banks;
- (55) speed up handling the applications of non-refoulement claims and build a database on the countries they come from to help make scrutiny easier;
- (56) identify and eliminate all forms of discrimination against refugee and asylum seeking children;

#### The way forward

- (57) seriously consider making the Commission an independent statutory body to review and improve the existing laws and policies on children's welfare;
- (58) review and update child protect legislation according to the best interest of child;
- (59) explore the possibility of establishing a centralized database for children;
- (60) expedite the improvement of data compatibility among bureaux/departments and the progress of opening up Government data to the public;
- (61) conduct more research studies and analyses to formulate effective long-term child development policies, strategies and indicators; and
- (62) compile thematic statistics reports on children under 18 in disseminating results of population census/by-census.

**Subcommittee on Children's Rights**

**Terms of reference**

To study and review the existing child policy, including the respective services and policies for children with different disadvantages, encourage children to participate and express for themselves, analyze and study international policies, discuss relevant policies with the Administration and make timely recommendations.

**Subcommittee on Children's Rights**

**Membership list\***

**Chairman** Dr Hon Fernando CHEUNG Chiu-hung

**Deputy Chairman** Hon SHIU Ka-chun

**Members** Hon LEUNG Yiu-chung  
Dr Hon KWOK Ka-ki  
Hon KWOK Wai-keung, JP  
Dr Hon Helena WONG Pik-wan  
Hon IP Kin-yuen  
Dr Hon Elizabeth QUAT, BBS, JP  
Hon Alvin YEUNG  
Hon Andrew WAN Siu-kin  
Hon CHU Hoi-dick  
Hon HUI Chi-fung  
Dr Hon CHENG Chung-tai

(Total : 13 members)

**Clerk** Ms Angel WONG

**Legal Adviser** Miss Rachel DAI

\* Changes in membership are shown in Annex to Appendix II.

**Subcommittee on Children's Rights**

**Changes in membership**

<b>Member</b>	<b>Relevant date</b>
Hon LAU Kwok-fan, MH	Up to 20 November 2016
Dr Hon Priscilla LEUNG Mei-fun, SBS, JP	Up to 21 February 2017

According to the Judgment of the Court of First Instance of the High Court on 14 July 2017, LEUNG Kwok-hung, Nathan LAW Kwun-chung, YIU Chung-yim and LAU Siu-lai have been disqualified from assuming the office of a member of the Legislative Council, and have vacated the same since 12 October 2016, and are not entitled to act as a member of the Legislative Council.

**Subcommittee on Children's Rights**

**List of deputations/individuals which/who have given oral representation to the Subcommittee**

Deputations

1. 0-3 Child Care Service Network
2. Advisory Committee of Hong Kong Association of the Deaf
3. Against Child Abuse
4. Alliance for Children Development Rights
5. Alliance of Social Democrats
6. Anti480 Anti-Sexual Violence Resource Centre
7. Association for Concern for Legal Rights of Victims of Domestic Violence
8. Baby Friendly Hospital Initiative Hong Kong Association
9. Baptist Oi Kwan Social Service
10. Caritas District Youth Outreaching Social Work Team -Southern
11. Centre for Comparative and Public Law, Faculty of Law, The University of Hong Kong
12. Children Rights Association
13. Children's Council
14. Christian Action Centre for Refugees
15. Christian Fellowship of Pastoral Care for Youth Limited
16. Christian Prison Pastoral Association
17. Community Drug Advisory Council
18. Daly, Ho & Associates
19. Democratic Alliance for the Betterment and Progress of Hong Kong
20. Demosisto
21. Education Forum Hong Kong
22. Edutable Foundation
23. Equal Children's Rights Concern Group
24. Health In Action
25. HKEd4All
26. Hong Kong Alliance for Rare Diseases
27. Hong Kong Association of Squint and Double Vision Sufferers
28. Hong Kong Association of the Deaf
29. Hong Kong Christian Service – Foster Care (Emergency) Service
30. Hong Kong Christian Service - PS33 Counselling Service for Psychotropic Substance Abusers



31. Hong Kong Christian Service Early Childhood Education Service
32. Hong Kong Christian Service Shamshuipo East Happy Teens Club
33. Hong Kong Christian Service
34. Hong Kong Committee on Children's Rights
35. Hong Kong Council of Social Service
36. Hong Kong Family Law Association
37. Hong Kong Family Welfare Society – Foster Care (Emergency) Service
38. Hong Kong Family Welfare Society
39. Hong Kong Federation of Women's Centres
40. Hong Kong Paediatric Foundation
41. Hong Kong Parents Association for the Hearing Impaired
42. Hong Kong Parents League for Education Renovation
43. Hong Kong Professional Teachers' Union
44. Hong Kong Social Workers' General Union
45. Hong Kong Society for the Protection of Children
46. Hong Kong Unison
47. Hong Kong Women Workers' Association
48. Justice Centre Hong Kong
49. Kids' Dream - Advocacy and Education Working Group
50. Kids' Dream - Study and Development Working Group
51. Kid's Dream Secretariat
52. Kids' Dream
53. Lab in Hong Kong
54. Labour Party
55. League of Social Democrats
56. Left 21
57. Liberal Party Youth Committee
58. Liberal Party
59. NCS Parents Education Concern Group
60. Neo Democrats
61. New People's Party
62. No Kiddings
63. Passion Babies
64. PathFinders
65. Po Leung Kuk
66. Precious Blood Children's Village
67. Rainbow Lutheran Centre
68. Roundtable
69. S.K.H. St Christopher's Home – On Yam Small Group Home
70. S.K.H. St Christopher's Home
71. Save the Children (Hong Kong)

72. Shinda Sekai Sensen
73. Silence Social Enterprise
74. Silence
75. Social Service Centre For Personality Development Limited
76. Socialist Action Anti-Racist Campaign
77. Socialist Action
78. Society for Community Integration
79. Society for Community Organization
80. Special Educational Needs Rights Association
81. Suen Mei Centre for Children
82. Suen Mei Speech & Hearing Centre
83. The 1.1 Million Children's Campaign Team
84. The Boys' & Girls' Clubs Association of Hong Kong
85. The Civic Party
86. The Democratic Party
87. The Federation of Hong Kong & Kowloon Labour Unions
88. The Hong Kong Association of Business and Professional Women
89. The Hong Kong Society for Asylum-Seekers and Refugees
90. The Law Society of Hong Kong
91. The Lion Rock Institute
92. The Society for the Aid and Rehabilitation of Drug Abusers
93. The Society for Truth and Light
94. The Society of Rehabilitation and Crime Prevention, Hong Kong
95. The Vine Community Services Limited
96. The Young Civic
97. The Zubin Mahtani Gidumal Foundation Limited
98. Tuberos Sclerosis Complex Association of Hong Kong
99. UNICEF Young Envoys Club
100. Young Children SEN Concern Group
101. Youth Against Repression
102. 一人一樂器
103. 升中學呈分試關注組
104. 天水圍社區發展網絡
105. 天水圍基層家長權益會
106. 天水圍學童關注組
107. 太子學童關注組
108. 心義行服務社
109. 世看
110. 功課遊戲要平衡
111. 平等學習權利平台

112. 民間青年政策倡議平台
113. 同根同天空
114. 同根社
115. 多元活動要發展
116. 多元活動發展組
117. 我要一人一樂器
118. 我要上網穩定關注組
119. 我要爭取電腦組
120. 我要真打機關注組
121. 我想有地方跑關注組
122. 兒童不兒
123. 兒童權利要發展
124. 兒童權利要實踐
125. 兒童權利優先小組
126. 和諧之家
127. 東華三院芷若園
128. 油尖旺區兒童權利關注組
129. 爭取一人一電腦
130. 爭取小朋友學習平台
131. 爭取少功課團體
132. 爭取成立兒童事務委員會關注組
133. 爭取真休息平台
134. 爭取基層兒童發聲組
135. 爭取學童休息時間
136. 社工復興運動
137. 社民連政策組
138. 社區前進
139. 屋企唔再有蟲蟲關注組
140. 食得健康又有營關注組
141. 香港兒童基金會
142. 香港社區組織協會-兒童權利關注會
143. 香港保護兒童會日託嬰兒園服務
144. 香港政策透視
145. 個個星期環港遊關注組
146. 家長聯盟
147. 特殊學習需要家長組
148. 基層家長大聯盟
149. 搵電腦上網日日愁關注組
150. 跨代跨齡民生關注及研究
151. 學多 d 電腦技能關注組

152. 關注電腦唔再嗚嗚聲組
153. 關學聯青年關注組
154. 難民兒童關注組

### Individuals

155. CHAN Long-yat
156. CHONG Wang-ngai
157. Dr Patricia IP Lai-sheung
158. Dr WONG Chi-tak
159. Hector HO Cheuk-fung
160. Henry
161. HO Pik-ying
162. HUI Chak-lam
163. Icy Regyes Dane-izz GREGORIO
164. LAI Wai-him
165. LAW Tsui-man
166. Miss Annie CHEUNG Yim-shuen
167. Miss CHAN Pui-ching
168. Miss CHAN Tsz-yan
169. Miss CHAN Yu-ling
170. Miss Chloe WONG
171. Miss CHOW Man-sze
172. Miss CHU Man-him
173. Miss HALIMAH
174. Miss Iqra QUNWAL
175. Miss Isabella LEE Zhi-xin
176. Miss Joey YU Wing-yung
177. Miss Judy CHAN, South District Council Member
178. Miss JURIYAH
179. Miss Kamaljit KAUR
180. Miss LAU Hiu-tung
181. Miss LI Xiao-wu
182. Miss LI Yuet
183. Miss LO Mei-kei
184. Miss NG Ching-wai
185. Miss NG Lok-hei
186. Miss Syeda Muneeba
187. Miss TAM Tsz-yan
188. Miss TONG Po-yu
189. Miss WIJESINGHE Manisha-roshendri Leonie
190. Miss WONG Lai-hang
191. Miss WONG Suet-ying
192. Miss WU Lake-yan
193. Miss YAU Chui-wah
194. Miss YEUNG Hoi-yin

195. Miss YEUNG Tsz-wai
196. Miss YUEN Pui-wan
197. Miss Zoé CHOW Wing-heng, Sham Shui Po District Councillor
198. Mr Aaron WONG Yiu-leung
199. Mr Azan MARWAH
200. Mr CHEUNG Kwan-ting
201. Mr CHEUNG Sze-yin
202. Mr CHONG Wah-yeung
203. Mr CHOW Fu-kin
204. Mr CHUNG Chi-ho
205. Mr Danilo Andres REYES
206. Mr GUO Ning
207. Mr KAN Ming-yue
208. Mr KONG Pak-ho
209. Mr KUNG Wai-sum
210. Mr LAI Ka-yau
211. Mr LAI Pak-yin
212. Mr LAM Siu-pan
213. Mr LEE Hon-tung
214. Mr LEE Ka-leung, Sai Kung District Council Member
215. Mr LEUNG Kwok-hung
216. Mr LO Kai-chun
217. Mr MAK Kang-ying
218. Mr Mario SO
219. Mr MCLAUGHLIN Connor-takezo
220. Mr NG Kong-fung
221. Mr Sabih Ur REHMAN
222. Mr Shaphan MARWAH
223. Mr SUM Kai-hong
224. Mr TANG Ka-hang
225. Mr WHY
226. Mr YEUNG Sik-ho
227. Mr YIU Kun-man
228. Mrs CHAN Chi-ping
229. Mrs CHAU Mei-mei
230. Mrs CHUNG Ho-yee
231. Mrs Darcy DAVISON-ROBERTS
232. Mrs Gloria TIEN LUK Sau-kuen
233. Mrs HO Sum-kit
234. Mrs Sasa LEE Pui-shan
235. Mrs WONG Ching-yung
236. Ms Billy WONG
237. Ms CHAN Sze-nga
238. Ms CHEUNG Lai-yin
239. Ms CHOI Tsz-wan
240. Ms Gloria CHAN Ching-yee

241. Ms HO Shuk-yi
242. Ms Isabella NG
243. Ms KHAN Sarish Zaitha
244. Ms LO Yuen-kei
245. Ms Priscilla KO Wai-kam
246. Ms TAM Kam-yee
247. Ms WAN Shuk-ha
248. Ms WONG Hoi-yan
249. Ms WONG Yuet-on
250. Noel-Vanessa KWOK
251. Olivea
252. Pena Patrick KELSEY
253. Shafiq HUSSAIN
254. Shahid
255. SIN Wai-han
256. TAI Cheuk-on
257. Tiffany WONG
258. TONG Chung-yee
259. WONG Long-fun
260. 王樂行
261. 古睿謙
262. 任寶珠女士
263. 伍偉華
264. 何家銘
265. 李想
266. 周美美女士
267. 周曼斯
268. 阿峰
269. 徐浚禧
270. 張文倩女士
271. 張詠恩女士
272. 張碧琮女士
273. 陳浩賢
274. 馮美珍小姐
275. 楊敏敏女士
276. 葉嘉琦
277. 鄒玉婷小姐
278. 廖霆皓
279. 趙必和先生
280. 劉浩正先生
281. 劉海球女士
282. 歐陽結瑩女士
283. 潘若詩小姐

284. 鄧婉儀女士
285. 鄭彧文
286. 鍾可欣女士
287. 藍文凱
288. 譚啟聰
289. 譚嘉豪
290. 譚潔瑩女士
291. 6 members of the public

**List of deputations/individuals which/who have provided written views to the Subcommittee**

1. Amnesty International Hong Kong
2. Arif ABBAS
3. Car Car
4. Cecilia LEE
5. Dr Maggie LAU
6. Eliza CHAN
7. End Child Sexual Abuse Foundation
8. Equal Opportunities Commission
9. Hong Kong Patients' Voices
10. Joint submission from 12 deputations/individuals
11. Joint submission from Professor Lena WONG, Professor Bradley McPHERSON, Dr Iris NG, Ms Annabelle WONG and Mrs Bessie PANG
12. Lion Rock Nation Council
13. Miss Connie LO Chun-yi
14. Miss Felicia FU Yau
15. Miss LAU Hoi-sze
16. Miss LEUNG Sze-wan
17. Mother's Choice
18. Mrs Abeer TAFAZZUL
19. Ms LM
20. Ms NI CHAN
21. Ms Suki SO
22. Ms WONG Suk-nam
23. Nation de la Sierra Lionne
24. NG Ka-yee
25. Professor Mooly WONG Mei-ching
26. Queenie LIU
27. Sekai CHAN
28. 全國青少年救國同盟
29. 張錦權先生
30. 蕭潤威先生
31. Two members of the public

## Subcommittee on Children's Rights

### Motions passed at the meetings

<u>Meeting Date</u>	<u>Motion</u>
20.6.2017	<p data-bbox="470 555 1428 600"><b>Support measures for Deaf and Hard-of-Hearing children</b></p> <p data-bbox="470 638 1428 1198">(1) According to the information in the "Special Topics Report No. 62—Persons with disabilities and chronic diseases" published by the Census and Statistics Department in 2014, 25.5% of the total population in Hong Kong may receive tertiary education, but only 6.1% of deaf and hard-of-hearing persons may do so. This Subcommittee urges the Education Bureau to immediately review the situation of teaching by sign language under the existing education system (including primary and secondary schools, vocational training schools and universities), as well as strengthen the provision of substantial support for deaf and hard-of-hearing students.</p> <p data-bbox="470 1276 1428 1657">(2) This Subcommittee takes the view that while the Government must comprehensively review and enhance the support for deaf children in relation to the provision of equipment such as hearing aids, cochlear, etc., it should also review the adoption of sign bilingualism (to learn with both sign and spoken languages) and co-enrolment in deaf education, in order to provide deaf children with enhanced and more suitable learning environment.</p>
4.11.2017	<p data-bbox="470 1742 1428 1787"><b>Human rights of children under poverty</b></p> <p data-bbox="470 1814 1428 1982">(3) This Subcommittee urges the Government to include rehabilitation services for children above six years of age with special educational needs in the scope of subvented services under the Social Welfare Department.</p>



<b><u>Meeting Date</u></b>	<b><u>Motion</u></b>
	<p>(4) This Subcommittee urges the Government to provide subsidies for primary school students with special educational needs for the purpose of using the relevant community support services (with the suggestion for its implementation by making reference to the existing funding mode of "Training Subsidy Programme for Children on the Waiting List of Subvented Pre-school Rehabilitation Services" under the Social Welfare Department).</p>
	<p>(5) The Subcommittee on Children's Rights of the Legislative Council strongly calls on the Government to review the Low-income Working Family Allowance ("LIFA") Scheme, so that Child Allowance under the LIFA Scheme should not be limited by working hours of parents and that all grassroots children should be equally benefited; the Subcommittee also requests the Government to provide an equivalent amount of cash grant for those children who are receiving textbook assistance but not Child Allowance, as well as comprehensively review the Internet Learning Support Programme to offer grassroots children computer allowances for purposes including purchases and repair of computers, purchases of learning software and learning support services, etc.</p>
	<p>(6) The Subcommittee on Children's Rights of the Legislative Council requests that the Government, when setting up a "commission on children", should ensure sufficient engagement of community groups with the compulsory involvement of representatives from grassroots families and children, and that lowering the child poverty rate should be set as the work target and performance indicator for the aforesaid commission.</p>

<b><u>Meeting Date</u></b>	<b><u>Motion</u></b>
25.11.2017	<p data-bbox="469 331 1423 369"><b>Rights of children amid examination and schoolwork stress</b></p> <p data-bbox="469 416 1423 533">(7) This Subcommittee urges the Education Bureau to review the homework guidelines and their effectiveness, and to consider :</p> <ul data-bbox="568 602 1423 969" style="list-style-type: none"><li data-bbox="568 602 1158 640">(a) setting maximum homework time;</li><li data-bbox="568 703 1423 786">(b) requiring schools to assign same amount of homework on Fridays and other school days; and</li><li data-bbox="568 848 1423 969">(c) requiring schools to arrange at least one long holiday homework-free so as to let students have the right to learn in a truly self-directed way.</li></ul>