

A Proposal on Child Health Policy for Hong Kong



We need a dedicated and comprehensive
Child Health Policy for our future



Child Health Policy for Hong Kong

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Executive Summary

The Chief Executive emphasized in his second Policy Address 2014 on the importance of nurturing the next generation and support to youth. With the recent youth movement in Hong Kong, one may think that whatever has been done is not effective in relieving the grievances of our youngsters towards the government and Hong Kong Community as a whole. Some categorize as youth problems but in fact it is a developmental challenge starting from early childhood. The recent lead poisoning in children due to contaminated water source is another emerging child health problem urging for comprehensive short term, intermediate term and long term management strategies. Many of our children and young people are displaying worsening health and development outcomes from the effect of ‘new morbidities’ which result from exposure to biological, environmental, developmental and behavioral risks leading to increased obesity, eating disorders, poor oral hygiene, lack of exercise, poor sleep habits, internet addiction, smoking, alcohol use, unsafe sex, teenage pregnancy and substance abuse. These outcomes can have consequences much later in the life course. Furthermore, children in Hong Kong are facing the challenges of an increasing prevalence of single parent families, the rising divorce rate, cross-border marriages, dual working parents, poor parenting skills, new immigrants, ethnic minorities and indigenous groups.

While all these health challenges have set in, the usual remedial approach towards youth problem is not going to work. It would be too late to change the adolescents’ behaviour when possible intervention has been missed in early childhood. Intervening early in the life course has the greatest potential to prevent or significantly ameliorate some health and wellbeing problems seen in adult life. Cost-benefit studies have shown that prevention and early intervention are cheaper and more effective than treatment. Policies that support this stance make sound economic sense. Investment in early childhood needs to be incorporated into the economic debate, with equal weighting to that given to the ageing population at the opposite end of the dependency ratio. Ensuring the health of children at present will subsequently improve the overall adult health and reduce the burden of aging population and the cost of health issues among the elderly.

Child Health Policy for Hong Kong

A fully developed Child Health Policy will bring out the emerging problems of children and young people at present stage and subsequently direct the future strategic action plan to address their physical, psychological and social needs proactively. Child Health Policy has been used as a guide to government for their actions towards children and youth in most developed countries like Canada, Ireland, England, U.S.A and Australia. Although Hong Kong is a well-developed international city, there is so far no specific policy designated to children. Therefore, a long term comprehensive Child Health Policy for Hong Kong is urgently needed in response to the current situation.

1. Introduction

1.1 Background

This Framework for a Child Health Policy is formulated based on a 2-year qualitative exploration of multiple issues impacting the health of children in Hong Kong.

The task of this paper is to develop an actionable strategic planning framework for a Child Health Policy for Hong Kong. The resulting document - a synthesis of the work of professional sectoral data analysis and four drafting groups composing of different health sectors - provides the rationale for increased policy attention and investment in the medical, social, and educational environments, as well as the legislative and economic systems that influence and shape the course of children's health and development in Hong Kong, and therefore, their life course.

The recommendations listed in this document represent the views and inputs emerged during the consultation process from parents, youth, child health advocates, healthcare professionals and community leaders, who provided a major contribution to this policy.

The discussion that follows uses the concept of Life Course Theory as a framework for articulating the need for a Child Health Policy for Hong Kong that will respond to the future needs of local children and allow them to develop and realize their full potential¹.

This paper also sets out goals and definitions that have guided the sectoral policy drafting groups in their work, and suggests an "agenda for change" based on a SWOT (Strengths, Weakness, Opportunities and Threats) analysis of the current child health landscape which was conducted by a Steering Group.

Children are the most valuable asset of a "Society" and the hope for future. Their wellbeing and status reflect the values and quality of life within the society. Children deserve to be highly valued, well treated and allowed to develop their full potential. The United Nations Convention on the Rights of the Child (UNCRC) (the Convention) affirms the global idea of respecting children and protecting their rights². It is an international treaty which recognizes the basic human rights of all children (0-18 years) everywhere and all the time: the right to survive, to develop to full potential, to be protected from harmful influence and abuse and to participate equally in family, school and the society. Like many other countries in the world, Hong Kong signed the

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Convention in 1994, making promise to secure the rights of children. As a responsible society, we must ensure that all our children would benefit from the opportunities and be helped to tackle the challenges ahead of them.

The guiding principles of the Convention are:

- *All children should be entitled to basic rights without discrimination;*
- *The best interests of the child should be the primary concern of decision-making;*
- *Children have the right to life, survival and development;*
- *The views of children must be taken into account in matters affecting them.*

The modern concept of “**Child Health**” covers the age from newborn to adolescents (0-18 years as defined by the United Nations (UN) under the UN Charter for the Rights of the Child 1989) and includes the sectors of medical, social and education. The World Health Organization (WHO) definition of health evolves over the past five decades from “a state of freedom from diseases (1946)” to the “state of complete physical, mental, psychological, spiritual and social wellbeing (1988)” and now the “ability to attain one’s potential in life (2003)”. This illustrates the concept of health consequent to the good control of infectious and genetic diseases, effective medical care of pregnancy and child delivery, excellent paediatric care in decreasing birth asphyxia and complication of prematurity as well as improvement of environmental health which we have just started to promote. The International Pediatric Association (IPA), WHO and United Nations Children’s Fund (UNICEF) unanimously stress on the importance of early development on the basis of genetics, biology, anatomy, physiology, biochemistry, ecology and objective outcome measures. They appeal to all professionals and politicians to pay attention, devote resources and provide ample opportunities and favourable environment for our children to grow and develop. It thus follows that the professional team taking care of child health should be transdisciplinary and intersectoral comprising of doctors, nurses, midwives, allied health professionals, teachers, social workers, parents and others. An effective healthcare team demands a good coordinator to bring the team into harmonious functioning and to realize the best health effect on the children we serve.

1.2 Child Health Policy in Other Countries of the World

According to the 2013 World Development Report, the returns on investment in health were the most impressive and worthwhile. Health intervention in the first year of life was found to be most cost-effective. The Lancet Commission on Global Health 2035³ anticipates the achievement of a “grand convergence” in health by 2035 with current financial and improving technical capacity to reduce infection, and lower child and maternal mortality rates universally.

In many countries of the world, in order to ensure the best interests of all the children, a Child Health Policy is an essential tool to guide all the actions and strategic planning for children⁴. Developed countries like Canada, Australia, New Zealand, Ireland, United Kingdom and United States already have Child Health Policies in place for decades⁵⁻¹⁴. Even some developing countries such as Nigeria and India, also recognize the importance and cost-effectiveness of a Child Health Policy in directing government’s action plans towards children and youth. Among all, the Child Health Policy from Ireland is the most child-centered and treats the opinions from children and youth as valuable assets of the country in promoting the health of children and adolescents¹⁰. Hong Kong, being an international city with advanced medical technologies and health expertise, should not fall behind the global vision to safeguard children’s health in order to secure the health of the entire population. The model in other countries may not be totally applicable to Hong Kong so we should develop our own Child Health Policy based on local needs.

2. Importance of a Child Health Policy

In the past 100 years, the public health programmes of the developed world have overcome the major causes of childhood morbidity, mortality, infections and poor nutrition. Now, the transition from child to adult appears to be less risky and more children survive from medical complexities and live with the chronic illnesses through adulthood. Increasingly, children and youth in the modern era are facing new types of health challenges such as obesity, life-style related morbidities and mental health problems which will jeopardize their long term health. The UN declaration adopted in September 2011, recognizes that “the most prominent non-communicable diseases are linked to common risk factors, namely tobacco use, harmful use of alcohol, an unhealthy diet and lack of physical activity”. All these risk factors have their origins in childhood and adolescence.

Good health does not happen automatically. Ongoing, positive investments are needed for an infant to grow and develop into a competent, participating adult member of the community. Each individual should realize the importance and effective strategies of maintaining good health. This is “*Health Literacy*”¹⁵. Children and young people are particularly vulnerable because they depend on their families and the community in general to ensure that their health needs are met. As they become more mature, they should be guided to take responsibility for their own health needs.

In fact, health in childhood and adolescence has significant effect on the lifelong health. The earlier we invest in children’s health, the greater the return. It is always our prime responsibility as adults and healthcare professionals to nurture children and young people. Children and youth represent a society’s future. Strategic investments in the health of children, adolescents and families will benefit the society as a whole for now and in the future.

The health of our children in Hong Kong is always commented to be healthy as reflected by low infant mortality rate and yet, our children and young people are facing increasing challenges to their health as those children in other parts of the world. Developing a Child Health Policy for Hong Kong at this time complements recent government initiatives relating to health such as the Voluntary Insurance Health Scheme (VIHS) and the Regulatory Framework on Nutrition and Health Claims for Infants and Young Children.

The recent incident of raised lead level in water supply in Hong Kong is a good demonstration of how environmental hazards jeopardize the health of children and

trigger a serial of public health crisis. The best solution towards such child health challenges is to formulate a Child Health Policy for Hong Kong so that we can have short and long term planning of common child health issues, prompt action, effective intervention and monitoring of emerging health problems for children.

The Child Health Policy will also fulfill the recommendations from the Committee on the Rights of the Child of the United Nation (the Committee) listed at its sixty-fourth session on 4 Oct 2013¹⁶⁻¹⁷:

- 1. The Hong Kong SAR should adopt a comprehensive policy on children and on the basis of that policy, develop a strategy with clear objectives and coordinated plans for actions for the implementation of the Convention, and allocate adequate human, technical and financial resources for their implementation, monitoring and evaluation.*
- 2. In Hong Kong SAR, resource allocations to education and social welfare remain inadequate and do not effectively target the most vulnerable groups, particularly children of ethnic or linguistic minorities, asylum seeking children, children living in poverty and children with disabilities.*
- 3. The Committee strongly recommends that the Hong Kong SAR government establishes centralized data collection systems to collect independently verifiable data on children, and to analyze the data collected as a basis for assessing progress achieved in the realization of children's rights, and for designing policies and programmes to implement the Convention.*
- 4. The Hong Kong SAR should expedite the establishment of a Children's Commission with a clear mandate to monitor children's rights and provide it with adequate financial, human and technical resources.*

2.1 New Morbidities and New Challenges

Yet, in place of those old public health problems such as infections and poor nutrition, there is a new set of diseases rapidly rising in prevalence. Many of our children and young people are displaying worsening health and developmental outcomes from the effect of these 'new morbidities' which are resulted from exposure to biological, environmental, developmental and behavioural risks. Unchecked by early intervention, exposure to these risks can lead to, inter alia, increased poor cardio-

pulmonary development arising from air pollution, obesity, eating disorders, poor oral hygiene, myopia progression, lack of exercise, poor sleep habits, internet addiction, smoking, alcohol use, unsafe sex, teenage pregnancy and substance abuse.

In Hong Kong, other risk factors that may give rise to health challenges to our children include the increasing prevalence of single parent families, the rising divorce rate, cross-border marriages, dual working parents, ineffective parenting skills, new immigrants, ethnic minorities and indigenous groups.

These outcomes can have consequences much later in the life course. Many of the health and wellbeing problems we see in adults – obesity and its associations such as diabetes and heart disease, mental health problems, criminality, family violence, poor literacy, unemployment and welfare dependency – have their origins in pathways that begin much earlier in life, often in early childhood¹⁸. This does not mean that what happens in early childhood determines later development; however, early experiences set children on development trajectories that become progressively more difficult to modify as they get older¹⁹.

2.2. Implications of the Child Health Policy

Currently, much of the public health policy is focused on increasing access to medical care, improving the quality of healthcare services while reducing costs, building systems to meet the growing needs of the aging population, and the treatment of specific conditions and chronic illnesses, even among the youth.

However, enhancing access to medical care alone will not address the social, economic and environmental factors that affect a child's health and development. Disease-by-disease funding makes it more difficult to focus on and address common causal pathways across conditions; and stage-by-stage services can result in missed opportunities and inefficient use of resources.

There is a clear need to rethink and revise some of the current strategies and place a greater focus on the early (“upstream”) determinants of health in the context of health trajectories across the lifespan, or on continuity from infant to child, adolescent, adult and ageing adult. This ‘joined-up thinking’ approach requires integrating early detection of risks with earlier intervention; and promoting protective factors while reducing risk factors at the individual child, family and community levels. This calls for the development of integrated, multi-sector, multidisciplinary service systems that have been described as lifelong ‘pipelines’ for healthy development²⁰.

2.3 Health Status of Children in Hong Kong

Hong Kong is a well-developed international city with an effective healthcare system. We have one of the lowest infant mortality rates in the world. Our universal immunization programme also covers over 90% babies from vaccine preventable diseases. Nevertheless, children are remarkably invisible in many areas of government policy which impinge significantly on the quality of their lives. Children and youth in Hong Kong are still facing a number of health challenges which will jeopardize their long term wellbeing and development. More than 24.3% children aged below 14 are living in poverty. The burden of mortalities and morbidities from non-communicable diseases, injuries and mental health problems are dramatically increasing. The current tactics towards these health burdens are mainly reactive and short term. Resources are used for remedial management rather than preventive measures. This is a losing battle in the long run especially with aging population. We shall expect more complicated health issues encountered by the elderly in future if the health of children at present has not been handled appropriately and timely.

Recent research has shown that early childhood adversity can alter gene regulation of the stress response and the function of the immune system in ways that predispose people to many adult chronic diseases and mood disorders. There is a fundamental need to address the deteriorating child health due to the socioeconomic challenges in modern societies.

3. Development of the Proposed Child Health Policy

3.1 Setting up a Steering Committee and Four Drafting Groups

The Hong Kong Paediatric Society (HKPS), a professional body established in 1962 consisting of paediatricians and child health professionals, together with the Hong Kong Paediatric Foundation (HKPF), a non-profit organization wholly owned by the HKPS and established in 1994 by paediatricians and public notaries, committed to develop a Child Health Policy for Hong Kong at the time of our 50th Anniversary Celebration in 2012.

A Steering Committee was firstly formed in November 2012 to study the necessity and indication for a Child Health Policy for Hong Kong. Subsequently, four Drafting Groups were set up to look into the child health issues from the perspectives of “*medical*”, “*social*”, “*educational*” and “*nursing and allied health*”.

3.2 First and Second Policy Drafts with SWOT Analysis

The first Child Health Policy draft was prepared based on the inputs from all key stakeholders in the child health field. It aimed at setting out goals and definitions to guide the sectoral policy drafting groups in their work, and suggesting an “agenda for change” based on a SWOT analysis of the current child health landscape which was conducted by the Steering Committee.

The second draft was composed based on the SWOT analysis done separately by the four Drafting Groups highlighting the Strengths and Opportunities of the Hong Kong situation as well as the Weaknesses and Threats that we have to tackle in the current healthcare systems.

3.3 Public Consultation via Six Public Fora on Various Child Health Topics

The policy draft then underwent a series of public and professional consultations to explore the public needs and consolidate the strategic plans through professional inputs. Six Public Fora had been held at the Duke of Windsor Social Service Building, Wan Chai from March to August 2014 to collect public opinions. The views collected were included into the third Draft of the Child Health Policy. Detailed reports of the Public Fora were listed in Appendix 3.

3.4 Professional Consultation to Consolidate the Policy Draft

Another platform was created for Professional Consultation with academics, policy-makers, teachers, social workers, medical professionals and child health related professionals to consolidate the policy draft with expert inputs. The third draft of the Child Health Policy had been sent to over 60 healthcare professional groups to seek for their professional opinions from February to June 2015. A final Professional Forum was then held on 18 Jun 2015 to consolidate the professional inputs for incorporation into the final policy draft. Detailed report of the Professional Forum and views collected from Professional Consultation were listed in Appendix 4.

3.5 Submission of the Final Policy to the HKSAR Government

This policy development demonstrated an overview of the child health issues in Hong Kong through a wide-base representation of major stakeholders during a 2-year qualitative exploration of the multiple issues impacting the health of children in Hong Kong. The final policy draft had undergone 4 stages of modification including the basic principles listed by the Steering Committee, the professional recommendations derived from the SWOT analysis performed by the Drafting Groups of different health dimensions, the public concerns on major health issues as well as the expert opinions from the child health related stakeholders.

The resulting policy document represents the policy priorities and effective investment initiatives in the medical, social, and educational environments, as well as the legislative and economic systems that can maximize the cost-effectiveness of child health related interventions and resource impacts. The ultimate goal of this Policy Paper is to guide the development of an actionable strategic planning framework for a Child Health Policy for Hong Kong.

We might not be able to provide all the practical details concerning every aspect of a child health policy in this Policy Paper. Yet, we believe our role is to highlight the essential components of the child health policy with the collective views from all the related sectors and disciplines. We truly hope that the HKSAR government can continue the task to develop a more comprehensive and practical policy for children in Hong Kong.

4. Objectives and Definitions

4.1 Policy Objectives

Policy planning needs to start with clear, achievable and understandable goals. Five overarching goals for the Child Health Policy are proposed:

- *To optimize provision of care* (primary care, preventive care and health education for all children, and multidisciplinary, multi-sector supportive care for children in need) *in the community*.
- *To eliminate equity disparities* and ensure that every child is able to receive the essential, quality service and opportunities for healthy development, irrespective of life stage, race, personal characteristics, social and financial background.
- *To enhance the holistic health development of children* (physical, mental, social and spiritual).
- *To advocate and enhance health literacy in the population* so that each individual including children can realize personal potential, self-fulfillment, and seek personal growth and development.
- *To enhance public understandings and respect of Children’s Rights*.

4.2 Policy Context Definition

Policy should be developed in the context of the community it intends to serve – that is the physical, social and economic environments in which the beneficiaries and deliverers of the policy implementation live and develop. Policy development should therefore include a definition of a “healthy” city or community. The WHO defines this as:

“...one that is continually creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.”²¹”

4.3 Policy Destination Statement

Policy planners should also include an “aspirational” definition of the policy area they seek to influence. This is a descriptive statement of children’s health that describes the ideal outcome of the planning and development process, and from which policy vision, values, guiding principles, and implementation strategies can be derived. The Institute of Medicine, National Academy of Sciences’ definition of children’s health provides a good starting point for the development of such a definition:

Children’s health is the extent to which individual children or groups of children are able or enabled to

1. develop and realize their potential,
2. satisfy their needs, and
3. develop the capacities that allow them to interact successfully with their biological, physical and social environments²².

4.4 Definition - Child

For the purposes of this document, a child is defined as:

- a person aged from birth to 18 years (UNCRC).

4.5 Definition - Child Life Course Stages

For the purpose of this document, the six distinct stages of child life are:

- Preconception,
- Pregnancy & Childbirth,
- Infancy,
- Childhood,
- Adolescence, and
- Transition to Adulthood.

5. Life Course Theory as a Framework for Policy Change

We adopt the science of life-course health development as the framework for writing this Child Health Policy. Because childhood is a phase of life when biological and behavioural systems are shaped by environmental exposures and social experiences, life course health development emphasizes the importance of nurturing children when they are most sensitive to these influences. We propose a child health transformation agenda designed to sustain a multi-sector campaign across health, social, and education systems to improve the delivery and financing of health care for our children in Hong Kong. The theory behind is based on four basic assumptions:

1. Health continuously develops across lifespan with early experiences and exposures resulting in long-lasting health impacts. Therefore, interventions early in life or during critical periods of health development (birth to late adolescence and early adulthood) can be highly effective and potentially more cost-effective than managing the costly long-term impacts of chronic health conditions in adulthood. It has been calculated that resources used in early intervention may only represent one-third to one-fourth of those will be needed in later life.
2. The epidemiologic predominance of complex, chronic health development problems demand cross-sector integration of prevention, early intervention, and treatment services.
3. The provision of early health, education, and social services is critical in assuring the equitable distribution of childhood developmental capabilities, which is a key strategy in reducing health disparities and providing an essential foundation for long term social mobility.
4. There is an urgent need to implement effective programmatic and policy-based tools to address complex chronic conditions in childhood.

The core elements of life course theory concepts, as applied in this paper, can be summarized as follows:

- Today's experiences and exposures influence tomorrow's health. (*Timeline*)
- Health trajectories are particularly affected during critical or sensitive periods. (*Timing*)
- The broader community environment – biologic, physical, and social –

strongly affects the capacity to be healthy. (*Environment*)

- While genetic make-up offers both protective and risk factors for disease conditions, inequality in health reflects more than genetics and personal choice. (*Equity*)

5.1 Life Course Environments in Child Health

The social determinants of health are defined by the WHO Commission on the Social Determinants of Health as “the conditions in which people are born, grow, live, work and age”; these conditions or circumstances are shaped by families and communities and by the distribution of money, power, and resources at worldwide, national, and local levels, and affected by policy choices at each of these levels.

Supportive family, social and learning environments are just as critical for young children as is the existence of a comprehensive health care system that meets their medical needs. It is in the family, in social relationships and at school that children develop through their interaction with others and acquisition of knowledge. On the other hand, while genes may predispose children to develop in certain ways, there is a range of developmental health environments and factors to which children are uniquely vulnerable, beginning with preconception, pregnancy and childbirth, and running through infancy, childhood and adolescence.

This development is shaped by the ongoing interplay among sources of risk or vulnerability on the one hand, and sources of resilience or protection on the other²³. Factors that support good developmental outcomes are not limited to individual behavioural patterns or receipt of medical care and social services, but also include factors related to family, neighbourhood, community and social policy.

Examples of protective factors include, inter alia, a nurturing family, a safe neighbourhood, strong and positive relationships, economic security, access to quality primary care and other health services, and access to high quality schools and early care and education.

Examples of risk factors include, among others, food insecurity, homelessness, living in poverty, unsafe neighborhoods, domestic violence, environmental pollution, inadequate education opportunities, racial discrimination, being born low birth weight, and lack of access to quality health services.

And because risk factors tend to be cumulative and cluster together, intervention early in the life course can remove or ameliorate risk factors, leading to improved developmental trajectories. In this way early intervention can improve outcomes in multiple areas later in the life course.

Likewise, policy formulation should take into account of this wide range of developmental risk factors, and adopt a multi-service, multidisciplinary approach, across the health, education and community sectors in a whole-of-government planning and policy approach.

5.2 Life Course Economics in Child Health

Intervening early in the life course has the greatest potential to prevent or significantly ameliorate some health and wellbeing problems seen in adult life. Cost benefit studies have shown that prevention and early intervention are cheaper and more effective than treatment²⁴. Policies that support this stance make sound economic sense.

Investing in the early years provides a significant return on investment, and is analogous to investing in physical infrastructure in the long term. Investment in early childhood needs to be incorporated into the economic debate, with equal weighting to that given to the ageing population at the opposite end of the dependency ratio.

What happens to children in the early years has consequences right through the course of their lives. There are many opportunities to intervene and make a difference to the lives of children and young people. Evidence shows that the most effective time to intervene is early childhood, including the antenatal period. We are fully aware that good health care to children always starts from preconception and care of pregnant mother which will provide good intrauterine environment for the growing fetus. This provides the economic rationale for increased policy attention and investment.

6. Policy Priorities

There is evidence that preventive health started early in life is the most cost-effective. Prevention, early detection and intervention of health issues including physical, mental, behavioural, social, education and rehabilitation strategies to restore normal functions, can improve outcomes for children. In this session, we are going to highlight those health items that are relevant and important towards healthy growth and development of children. They are proposed by the healthcare professionals during the drafting and consulting processes and are listed according to different dimensions of child health.

6.1 Major Areas of Concern on Different Dimensions of Child Health

6.1.1 The Medical Dimension of Child Health

The medical dimension of child health should not only focus on physical diseases but also include those newly developed morbidities like mental health problems, behavioural disorders or life-style related illnesses. Risks to child health arising from environmental hazards and pollution exposure also increasingly lead to significant childhood mortalities and morbidities which may extend into adulthood causing long term adverse health consequences.

The health concerns include:

A. Physical Diseases

1. The emerging infectious diseases with cross infections in the community.
2. Respiratory diseases and allergic diseases related to environmental hazards such as air pollutions.
3. Unfavourable exposure to tobacco smoking including second-handed and third-handed smoke.
4. Cancers and oncology diseases.
5. Children with chronic diseases.
6. Uncoordinated care for children with medical complexities.
7. Unsustainable exclusive breastfeeding beyond six months.
8. Congenital disorders due to exposure of adverse environmental hazards or heavy metal poisoning.
9. Prematurity and low birth weight.
10. Inborn errors of metabolism.
11. Children with rare diseases.
12. Dental problems and oral health in children.
13. Eye sight problems especially in high myopia.

B. Life Style Related Health Problems

1. Obesity.
2. Unhealthy eating.
3. Lack of physical activities.
4. Sleep problems.

C. Mental Health Problems

1. Anxiety.
2. Depression.
3. Suicide.
4. Psychosomatic disorder.
5. Eating disorder.

D. Risk-related Health Issues

1. Substance abuse.
2. Alcohol and smoking.
3. Domestic violence.
4. Accidents and injuries.
5. Child abuse.
6. Internet addiction.
7. Cyber bullying and cyber crime.
8. Gambling problem.

E. Behavioural and Developmental Disorders

1. Attention deficit hyperactivity disorder.
2. Autistic spectrum disorder.
3. Special learning disabilities.
4. Developmental delays.

F. Preventive Health Measures

1. Universal immunization including newly emerging infections.
2. Regular health check-up and preventive education at different developmental stages throughout the life cycle.
3. Prevention of second-handed and third-handed smoke in family.
4. Prevention of exposure to other environmental health hazards such as air, water, noise, light and electronic media.

G. Care for Children with Special Care Needs or Medical Complexities

1. Uncoordinated and discontinuation of care for children with special care needs and medical complexities
2. Disorganized transition care from paediatrics to adult care services
3. No central registry for children with special care needs

6.1.2 The Social Dimension of Child Health

Social dimension or gradient of health begin early in life, being well established and measurable among infants and young children. The gradients can initially be viewed through inequalities in women's health, with differential reproductive outcomes, including an inverse relationship between income and risk of premature birth. Before birth, inequality takes its toll on the developing fetus. The intrauterine environment of low-income women, compared to that of women with higher incomes, is more likely to be poorly nourished, exposed to toxic chemicals, and subject to higher levels of circulating stress hormones²⁵⁻²⁶.

The health concerns include:

A. Poverty²⁷⁻²⁸

1. Lack of resources to fulfill the basic needs in life.
2. Under-nutrition and unhealthy eating.
3. Deprivation of learning opportunities.
4. Lack of family and social resources.

B. Inequality

1. Inequality for ethnic minorities.
2. Inequality for children with disabilities and special care needs.
3. Inequality for children with mental insufficiency and mental health problems.
4. Gender inequality.
5. Challenges for new immigrants.

C. Children's Right

1. Lack of time to play.
2. Lack of opportunity to choose desirable learning and activities.
3. Stress due to unrealistic parental expectations on academic performance.
4. Lack of platforms for children to speak out their experience
5. Lack of child friendly procedures and mechanism to voice out for help
6. Different forms of child abuse and neglect.
7. Stigmatization of children with disabilities and special care needs.

D. Family Environment and Parenting

1. High divorce rate and single parent family.
2. Family disharmony.
3. Ineffective parenting.
4. Working parents with inadequate quality time for child care.
5. Overprotection from parents and care taker.

E. Neighbourhood and Community Support

1. Lack of support from neighbourhood.
2. Insufficient playground and leisure facilities.
3. Insufficient community programmes for child care and family support.

F. Career Training and Opportunities for Young People

1. Ineffective career training.
2. Lack of working opportunities.
3. Lack of life skill training.
4. Lack of support for transition from education to work

G. Non-engaged Youth

1. Inadequate supportive services for non-engaged youth.
2. Lack of opportunities for youth people dropped out from schools.
3. Over-emphasis on academic performance which jeopardizes the development of individual talent.

6.1.3 The Education Dimension of Child Health

A. School Curriculum

1. Over-control and government involvement.
2. Over-emphasis on academic subjects.
3. Lack of life skill training in the curriculum.

B. Education for Children with Special Education Needs

1. Inadequate support to schools and teachers on inclusive education.
2. Inadequate support to parents with children of special learning needs.
3. Inadequate education to public on inclusive education.

C. Health Promoting School

1. Inadequate health education in the curriculum.
2. Ineffective education on nutritional needs, healthy eating and regulation of food or snacks provided at schools.

3. Inadequate physical exercise at school.

D. After-School Programme

1. Insufficient after-school programme to support the working families.
2. Insufficient after-school programme to support children with special learning disabilities.

6.1.4 The Health Dimension of Child Health related to Allied Health Entities

A. Mental Health Care

1. Long waiting time in services for children with mental health and behavioural problems.
2. Inadequate training to healthcare providers to look after children with mental health problems.
3. Uncoordinated services provided by different health disciplines for children with mental health or behavioural problems.
4. Inadequate support to parents and families with children suffering from mental health problems.
5. Inadequate public education on mental health problems.
6. Disorganized transitional care from paediatric service to adult care for children with mental insufficiency and mental health problems.

B. Specialized Care for Children with Special Care Needs

1. Inadequate training to healthcare providers on specialized care for child related specialties.
2. Insufficient community support to children with special care needs.
3. Inadequate manpower of allied health professionals in serving children with special care needs.
4. Inadequate support to children requiring palliative care or undergoing bereavement, and to families facing loss of their children.

C. Parenting

1. Ineffective parenting skills and overprotection of children.
2. Inadequate training course for parents.

D. Voices of children and adolescents

1. No structural mechanism to listen to the voices of children and adolescents.
2. No Children's Commission to look after the best interests of children.

6.2 Policy for Children with Special Care Needs and Ethnic Minorities

6.2.1 Children with Special Care Needs

There is a need to secure the rights and entitlements of children with disabilities, so that they can participate fully and equally in social, economic, political and cultural life as their other counterparts. The Child Health Policy should have special measures to cater for the needs of these children and their families²⁹. A Central Registry for children with disabilities or special care needs would be very helpful in directing resources and services.

6.2.2 Children with Ethnic, Cultural and Social Diversity

Diversity in family type and social and cultural diversity are becoming more significant nowadays in Hong Kong. Children should be educated and supported to value social and cultural diversity so that all children including new immigrants and other marginalized groups can have equal opportunities to receive education and achieve their full potential. Policy initiatives should be made to meet the challenges posed by diversity, to address discrimination including racism and to promote human rights.

7. Recommendations from Various Sectors

Recommendations are given in this section, firstly to the overall health framework and then to specific health and health service issues, according to the developmental stages of children and youth, as they have been identified in other relevant documents, policies and conventions. There are general recommendations according to different dimensions of child health and specific recommendations based on different stages of the life cycle.

Besides timely interventions, preventive health care is an important and effective strategy in modern health care. Preventions can be categorized into universal, selective and indicative prevention. Public education is needed to ensure that policy makers, practitioners, scientists, and the general public are made aware of the health and social benefits and cost savings from evidence-based preventive interventions. The Lancet Series on Adolescent Health propose shifting 10% of total funding for children and adolescents to efficacious preventive interventions in communities and schools within 5 years. These allocations should be audited and reported to promote continued momentum toward maximization of returns on investment. Effective preventive health care in childhood can alleviate the burden of chronic illnesses and their related complications in adulthood which would further reduce the long term cost spent in remedial health services to the entire population³⁰⁻³².

7.1 General Recommendations According to Different Dimensions of Child Health

A. Medical

1. Promotion of breastfeeding at family, professional and community levels.
2. Extension of newborn screening for metabolic diseases.
3. Investment in early childhood to enhance early stimulation and nurturing to facilitate the best development of children.
4. Early detection, intervention and rehabilitation of childhood diseases.
5. Preventive health care including primary, secondary and tertiary prevention.
6. Physical activity is beneficial to children growth and development and an effective preventive measure for a range of health problems, and thus adequate physical activity should be encouraged at school and in the family.
7. School curriculum should not be focused on academic achievements only. Physical activity component, health education, nutritional needs and life skill training should be added into school curriculum.
8. Children's right to play should be enforced. More playground facilities and

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grassland should be provided to children and young people for exercise and sport activities.

9. Community facilities should meet the needs of children in general, children with special care needs and population characteristics. “Children’s elements” should be included in all city planning.
10. A comprehensive and long-lasting mental health policy for children is needed. Mental health programmes should cover all those in needs like immunization programme, especially in stress situations like Hong Kong.
11. Positive parenting should be facilitated as parents and families are the basic nurturing unit for children.
12. Child safety at home and in playground should be promoted.
13. Positive youth development and adolescent health should be reinforced.
14. Territory-wide surveillance of youth risk activities should be done regularly to provide guidance on targeted adolescent services and policy priorities.
15. Juvenile justice should be looked after carefully.

B. Social

1. Poverty might affect a child from obtaining opportunities and chances to maximize its potential which is the key objective of modern child health concept. The limited social capital or lack of community network among families in poverty has to be addressed.
2. Families, parents, school and community are important partners supporting and promoting the wellbeing of children in poverty.
3. The various funds and programmes supporting children in poverty are administered by different government departments and there is no overall monitoring system to facilitate coordination among the departments.
4. Good coordination across government departments, education, medical, nursing and social sectors should be encouraged to enhance effective intervention.
5. Equity should be secured for all children with diverse needs.
6. Reinforcement of children’s rights should be the priority in all government’s policies.
7. Favourable nurturing environments for children including caring family, safe neighbourhood and accommodating community should be encouraged.
8. The needs of youth especially the non-engaged and marginalized ones should be taken care of.

C. Education

Children will benefit from a range of educational opportunities and experiences which reflect the diversity of need. Our school system provides a formal education for children. However, family is recognized as the primary and natural educator of a child. The importance of family and the community in the education of children have been recognized in recent years. As a result, increased links have been made between the family, community and schools³³:

1. Nowadays a lot of physical and mental morbidities in children can be traced to unrealistic parental expectations. Hence, parent education should be emphasized.
2. Children should have the right to learn at their own pace, to play, to rest, to enjoy life and to develop their own potential according to their interest.
3. The Hong Kong community as a whole should not over-emphasize academic performance or the personal achievement of an individual.
4. A healthy social norm on appropriate education to children should be developed that gives due respect to each individual's unique potential and ability. Age and developmentally appropriate education should be designed to meet individual needs.
5. Holistic education should cover life-skills and ethics in addition to academic knowledge.
6. Future education system should also cater for the needs of children with special education requirements.
7. More support should be given to parents when they encounter difficulties in parenting.
8. Health literacy and media information literacy are important learning targets for the community as a whole.
9. Special arrangement and support to families should be provided to those children with special care needs.
10. The 15-year free education should be implemented.³⁴

D. Nursing and Allied Health

1. Most parents today understand the importance of the mental health and psychological wellbeing of their children. Yet no mental health screening nor adequate intervention is available in the community.
2. Healthy eating should be encouraged both at school and in the family. More guidance and support should be given to parents on healthy eating and healthy lifestyle.

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3. Many children with special health care needs are now studying in mainstream schools under integrated education. While this could be good, it is widely believed that insufficient support has been given to schools and teachers. The needs of children of ethnic minority groups are being overlooked. More support should be given to this group of children and their families.
4. Services to children with special care needs are inadequate and uncoordinated. More support should be given to families and children in the long term as rehabilitation target and throughout the transitional process from paediatric care to adult services.
5. Children are not able to voice out their needs. Parents, family, teachers, doctors, nurses, allied health professionals, and social workers in the community should be the strong child advocates to safeguard the best interest of children.
6. Training for parents including preparation and readiness to be parents should be provided to young couples especially during preconception.
7. A central registry for children with disabilities and special care is needed to guide the intervention services and rehabilitation measures for this group of children.

E. Youth Perspective

1. Youth should be encouraged to have dreams and fulfill their dreams through practical actions.
2. Parents and adults should provide guidance and support to the youth throughout their developmental stages.
3. Young people voiced out that they are very concerned about their own mental wellbeing. The existing education system and competitive atmosphere in the community have created a lot of pressure to them. They hope parents and the community could provide more mental health support to them.
4. Young people hope parents and adults could listen to their voice, respect their views and let them build up resilience rather than overprotective.
5. Young people agree that there are a number of resources available for youth in Hong Kong but many of the resources and facilitates are scattered and uncoordinated. Therefore, it is very difficult for them to access those facilitates.
6. Young people urge the government to provide more resources for diverse development of youth rather than just focus on academic achievements.

F. Parent Perspective

1. The current education system with “through-train” schools creates a lot of pressure to parents who worry a failure in the beginning will have huge impact to children’s future education. This creates “monster parents” who push their young children to undergo many training classes to ensure their successful entry into desirable schools.
2. More communication should be encouraged between parents and schools to ensure trust and coordination.
3. More training courses should be provided to parents as the existing support and information to parents is not adequate.

G. Environment

More and more evidence shows that many childhood diseases are actually caused by environmental hazards. WHO estimates that approximately one third of the disease burden in developing countries is attributed to modifiable environmental factors, including indoor and outdoor air pollution, unsafe water, inadequate sanitation, and poor hygiene. Children’s exposure to these environmental pollutants whether in the form of high-level or low-level will lead to significant morbidity and mortality in short-term or even long-term in adulthood. Therefore, environmentally-related childhood diseases have high social and economic costs.

1. “Environment” in the board sense should not be limited to the “physical environment” such as living environment, air, noise, light and water. It should also include “social environment”, “family environment”, “school environment”, “peer environment”, “legal environment” and “play environment”.
2. Education and awareness of the public especially parents on environmental health should be enhanced.
3. Paediatricians should be more involved in the area of environmental health.
4. Conjoint effort by the government, non-government organizations (NGOs) and professional bodies is important in carrying out epidemiological studies and research to facilitate evidence-based implementation of health policies and practice to improve the environment of our children.
5. Timing and opportunity are also crucial in engaging policy-makers, the community and all stakeholders on environmental health for children.

7.2 Specific Recommendations Based on Different Stages of the Life Cycle

The detailed specific recommendations are presented at Appendix 5.

8. Action Plans, Outcome Deliverables and Evaluation Measures

The Policy should provide a vision, set goals and establish an engine for change to improve support for children and young people. The “whole child” perspective and “life course” approach recognize that children are active participants in a complex set of relationships within families and with friends and communities around them. These relationships shape children’s lives and are affected by the major social and economic changes being experienced at the same time. The health status of children and the quality of their lives will be improved only if these multi-leveled partnerships can be built and engaged in an effective manner. It is within this dynamic environment of change that the Policy seeks to listen to, think about and act more effectively for children.

8.1 Principles of Action Plans

Action plans should be decided in short term, median term and long term in order to project a sustainable and long term planning of the health policy for children. There should be a list of outcome deliverables with clear timeframe for evaluation measures. Detailed action plans can be developed by multidisciplinary professionals upon the commitment of the HKSAR government in taking up the task of developing a comprehensive Child Health Policy for Hong Kong. However, several basic principles should be bear in mind when formulating the action plans:

A. Child Centred:

The best interests of children should be the primary consideration and children’s wishes and feelings should be given due regards.

B. Family Oriented:

The family generally affords the best environment for raising children and external intervention should be given to support and empower families in the community.

C. Equitable:

All children should have equality of opportunity in relation to access, participation in and derivation of benefit from services available and have the necessary levels of quality support to achieve this. A key priority in promoting a more equitable society for children is to target investment at those disadvantaged groups or those most at risk.

D. Inclusive:

The diversity of children's experiences, cultures and lifestyles must be recognized and addressed appropriately.

E. Action Oriented:

Service delivery needs to be clearly focused on achieving specified results to agreed standards in a targeted and cost-effective manner.

F. Integrated:

Measures should be taken in partnership, within and between relevant stakeholders be it the government, the community sector or families. Services for children should be delivered in a coordinated, coherent and effective manner through integrated needs analysis and policy planning. Importantly, it would support investments in preventive interventions that extend well beyond the health sector through alignment with education, employment, sex, equality and human rights initiatives.

In principle, we should include the concept of *child health “in ALL policies”* and *“in ALL societies”*. The Policy that we are adopting should meet the *“needs of ALL children”* including children with conventional needs and normal development, children with disabilities and special care needs, children with ethnic minorities and marginalized groups. Early detection and intervention, preventive care, smooth and coordinated transitional process and life-long rehabilitation should be emphasized in all policies for children.

Decreased prevalence of non-communicable diseases such as obesity and mental health problems, reduced drop-out rate of childhood and adolescent interventions and follow-up, as well as shortened waiting time for childhood interventions can be some measurable outcome deliverables for monitoring the effectiveness of child health related services and policies.

8.2 Implementation and Monitoring of Outcomes

We need a Children’s Commission, which is a unique mechanism to look after children’s rights constantly in policymaking, and to implement the action plans in the Child Health Policy in a coordinated manner, integrating the efforts from different child health related bureaus such as Food and Health Bureau, Social Welfare Bureau, Education Bureau and Environmental Bureau.

9. Setting the Agenda for Change

Achieving the goals and objectives set out in the Policy will require changes to the usual way we plan and manage the delivery of services for children³⁵. Different strategic measures should be adopted with the aim of:

- Promoting capability, resilience and health capital formation of the entire population;
- Emphasizing preventive services and full engagement of children from an early age;
- Enhancing anti-poverty strategy to address the relevant social determinants;
- Understanding the impact of environmental pollution and risks on children; and
- Including children and young people in decision-making of those policy items that are relevant to their health.

9.1 Strategic Communication and Coordination

In order to have an effective and functional Child Health Policy, strategic communication and coordination among all the stakeholders including government departments from health, social and education sectors together with healthcare professionals, child health workers, community partners, families, parents as well as children and young people is the first crucial step.

To ensure the realization of the key objectives, a series of measures and actions have been identified. In addition, structures are to be put in place, which will maintain a strategic approach to support action at the community level and keep progress under constant review.

9.2 Embedding the Goals into Current Policy Development and Service Delivery with Political Commitment

Political commitment to oversee and drive the changes set out in the Policy will be crucial to its success:

- *To optimize provision of care in the community.*
- *To eliminate equity disparities.*
- *To enhance the holistic health development of children.*
- *To reduce environmentally related health risks.*
- *To advocate and enhance health literacy in the population.*
- *To enhance public understandings and respect of children's rights.*

9.3 Integration of Policies, Coordination and Services Among Government Departments

In its Guidelines for Initial Reports under the Convention, the UNCRC emphasizes the importance of coordinating policies affecting children within and between all levels of government³⁶.

A Child Health Policy such as the one we envisage will require horizontal and vertical alignment (and re-alignment) between and within government bureau and departments. Many a time, policies or programmes carried out by the government have little or no policy coordination within the same department, not to say any coordination of department-funded programmes for children and families. These programmes tend to be delivered in discrete, narrowly-defined service silos with rigid eligibility requirements. Programmes and services need an integrated approach and supported by all levels of government. This can be effectively achieved by setting up a Children Commission which will look after all the child health issues at policy level, implementation level, monitoring and evaluation level.

9.4 Coordination Among Government, Community, Professionals and Families

The family environment is an important developmental context for children and adolescents. Evidences show that many early childhood behavioural problems are associated with family disharmony and poor parenting skills.

Currently programmes tend to focus on a single problem or risk factor, despite research repeatedly shows that child health and development problems and risk factors cluster together. At best, this lack of coordination leads to duplication and inefficiency; at worst, it creates barriers to the many children and families who could have benefited from well-conceived and accessible programmes.

This issue needs to be addressed at multiple levels as a matter of urgency. There should be scope to cooperate with the government during the policy development stage to ensure that no significant new policies are developed or announced without consideration of how the policies or programmes being developed by the consultative and drafting groups would integrate seamlessly with the existing ones. This requires the opening of an iterative dialogue with government at a bureau and departmental level from the outset of the policy development process.

At the community level, service redevelopment should be guided by concepts such as those of virtually integrated centres with ‘no wrong doors’. This approach has been well described in other jurisdictions,³⁷ and there are evidence-based resources that demonstrate a step-by-step approach for how to achieve this ‘no wrong doors’ approach.

9.5 Recognition of the Important Role of Professional Education in Child Health

Child health and development cannot be categorized into separate silos of health, education and social dimensions, as these are one and the same in early childhood. Professionals working in preschool settings are not simply child minders, but providers of rich health, education and development programmes for children. There needs to be a rapid expansion of tertiary training courses for child health professionals, with encouragement and incentives for the existing workforce to obtain formal higher qualifications.

In addition, there is a challenging retraining agenda for all professionals who work with young children and their families. Professionals have to be able to understand and interpret emerging research findings and integrate them into their practice, as well as learn to work in a more coordinated way in teams and with professionals from other disciplines.

9.6 Public Education on the Importance of Preventive Care and Parental Support

Public education is needed to ensure that policy makers, practitioners, scientists, and the general public are made aware of the health and social benefits and cost savings from evidence-based preventive interventions.

Databases should be developed, including a database of community surveys that comprehensively measure structural and intermediate determinants and health and behaviour problems, and a database of efficacious preventive policies and programmes across behaviour problems and health outcomes, the structural and intermediate determinants they addressed, and their target populations.

Hong Kong lacks universal child and family-friendly policies and public acceptance of the importance of family-oriented care. The considerable and often strident opposition from sections of the community that greet these initiatives is indicative of a

lack of appreciation for the critical role parents have in providing the nurturing and responsive environment for children and young people.

Parental support especially to those working parents is crucial for family-oriented child care. With a few notable exceptions, there has been a disappointing lack of leadership and support in family-friendly workplaces from business. Business does not yet seem to understand that paid parental leave and flexible working conditions are ultimately in companies' best interests. In the long term, family-friendly workplaces and the subsequent improvements to social infrastructure are likely to be among the most important contributing factors to the future economic prosperity of Hong Kong.

9.7 Research on Child Health and Population Surveillance

As stated above, the science of life course health development provides the theoretical framework and a range of approaches for further understanding of children's health development and enormously challenging questions of how health develops over the life span. Future research strategy and resources should focus on promoting child health development for improving health across the life span and decreasing long-term costs. The agenda can prioritize essential research on child health development and well-being and needs assessment for children with general needs and children with special care needs.

Most of the evidence that exists about child health programmes comes from overseas studies and does not readily translate into Hong Kong context. Most of our existing programmes have never been evaluated for their efficacy, so that we have little idea of whether or not they meet their stated goals. Indeed, many existing programmes do not have clear and measurable goals and objectives. There is little or no government funding to introduce new programmes or policies in a research paradigm, so that we can document whether or not they work.

We need to embrace Drucker's concept of "organized abandonment" of policies and programmes where there is no evidence of efficacy³⁸. We need to be able to use "practice-based evidence" in place of evidence-based practice to inform our approaches, and apply what we do know. From here we can begin to build our own strong research and evaluation base and start to focus on policies and programmes that are shown to work.

At a global perspective, as proposed by the Lancet Series on Adolescent Health³⁹, we can have better coordination and use of data collected across countries, greater harmonization of school-based surveys, further development of strategies for socially marginalized youth, targeted research into the validity and use of these health indicators, advocacy for adolescent-health information within new global health initiatives, and a recommendation that every country should produce a regular report on the health of its adolescents. These collective efforts among different countries and regions will help to visualize the global picture on child and adolescent health which can further direct policies and resources towards more cost-effective interventions and programmes.

9.8 Listening to Children and Young People's Voice

Children and young people should have a voice in matters which affect them because they are the end users of whatever policy¹⁰. Their views should be taken into consideration for future policy design and implementation. If children and adolescents are given a voice by being involved in the identification of their health issues and development of appropriate solutions, they will be more visible to their communities, stakeholders, and decision makers. Use of digital and social networking media to develop better mechanisms to engage adolescents directly in initiatives affecting their health and wellbeing is the current global trend. The link between adolescent and adult health suggests that evidence-based investments in healthy adolescent development have enormous implications for future global health.

9.9 Monitoring the Implementation and Evaluation

A critical success factor for the Child Health Policy will be effective and independent routine monitoring and periodic evaluation of the Policy and its implementation. Such monitoring must have a local and international dimension. The two monitoring mechanisms can be as follows:

9.9.1 Independent Evaluation

This will better be done by a committee formed by stakeholders of child health including professional child health bodies, healthcare professionals, public health experts, policy-makers, parents and youth. At a regular interval of 3-5 years, the committee will be convened by the Children's Commission to undertake an independent review of the progress of the Policy and make suggestions to improve the strategies and implementations.

9.9.2 Report to the UNCRC

National reports should be prepared by the HKSAR government on the implementation of the Convention by Hong Kong (under China) every five years in accordance with the requirements of the Convention. The next submission of UN reports should be in 2018. This review will inform UN on the progress being made through the Child Health Policy and indicate plans being prepared to further realize the rights of children.

9.10 Establishment of a Children’s Commission to Oversee All the Coordination and Evaluation Work

A “*Children’s Commission*” should be the most appropriate and independent body that is above all the child health related Bureaus to put the best interests of children as the first priority. Many developed countries have established central coordinating mechanism or Children’s Commission to guide and bring coherence to their child and family services.

10. Impact of Child Health Policy

Children represent 20% of our population but 100% of our future. Ensuring healthy growth and development of our children and young people will form the solid basis of good adult health. Early intervention in early childhood will be the most cost-effective investment for the whole society. A well-developed child health policy will help the government to formulate the strategic planning for the health of the entire population. It is beneficial not just to children and young people but also to adults, families, policy-makers and members of the community as a whole. The success of the child health policy will be reflected by a number of health indicators and the stability of the society.

We have the lowest infant mortality rate and the longest life expectancy in Hong Kong. Aging population and increasing dependency ratio in the community is inevitable. Investing in health of children in early life cycle is proved to be the most cost-effective interventions with maximal returns and impacts from the resources allocated. Therefore, a child health policy is urgently needed for Hong Kong to guide the policy agenda.

Based on the development process of the this Child Health Policy Framework in the past two years, it was fully supported by all the stakeholders of child health including healthcare professionals from medical, social, educational and nursing and allied health disciplines as well as young people, parents and general public, and provided a useful and widely supported framework for future policy development and service delivery which, if followed through, will impact positively on the lives of children over the next decade. This final policy paper is now submitted to the HKSAR Government for their consideration. We sincerely hope that the government will take the lead to develop and implement a comprehensive Child Health Policy for Hong Kong.

In an era where the modern competitive global economic success and social well-being are dependent on optimizing human capital development, high and growing levels of unhealthy children translate into handicaps would compromise a society's power with levels of disease, disability, and dependency that will prove unsustainable. This Policy document rightly recognizes the role of the family, as the fundamental element of the society and the natural environment for the growth and well-being of all its members and particularly children, should afford the necessary protection and assistance so that it can fully assume its responsibilities within the community.

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Within child health, decades of clinical experience have stimulated research that has in turn affected regional and global public policy, public health, and models of clinical practice within key domains of interest. These efforts have contributed to the growth and integration of child public health. Collaborations, networks, advocacy, and funding organizations that stretch beyond health have resulted in worldwide investment and initiatives that have led to substantial improvements in child health.

The policy prescription that we have proposed here is designed to provide a roadmap for the way forward. It is not meant to be comprehensive or exhaustive but aims to highlight the major concerns and health threats that require immediate attention, and the high level recommendations addressing the most needed areas worked out by the multi-sectoral professionals. It is the prime duty of the government to ensure the most appropriate environment and opportunities for children and young people to grow and to develop their full potentials.

We support the recommendations suggested by the United Nations Committee on the Rights of the Child that:

1. The HKSAR government should adopt a comprehensive health policy on children and youth.
2. Resource allocations to education and social welfare should effectively target at the most vulnerable groups, particularly children of ethnic or linguistic minorities, asylum seeking children, children living in poverty and children with disabilities.
3. The HKSAR government should establish centralized data collection systems to collect independently verifiable data on children, and to analyze the data for designing policies and programmes to meet the needs of local children.
4. The HKSAR government should expedite the establishment of a Children's Commission with a clear mandate to monitor children's rights and provide it with adequate financial, human and technical resources.
5. All the child health professionals should work together to form a solid foundation for the health of all children irrespective of their origin, background, diversity and potential and fulfill our commitments as responsible adults and healthcare professionals to ensure the best interests of children and their rights.

11. Acknowledgement

The development of this Child Health Policy Framework for Hong Kong is the culmination of two years of work and collaboration by many child health professionals, community partners, individuals, groups and organizations. The views collected from the public consultation and professional consultation are testament to the complexity of the issues considered and the breadth of the consultations undertaken in preparing the Policy. Our sincere thanks are expressed to all the stakeholders and organizations that have taken part in the preparation work and the submission of opinions. These contributions are extremely valuable in the development of this Framework. The direct involvement of parents and young people in the consultation has ensured that their views and concerns are properly considered and addressed. A particular word of thanks is extended to each child and young person who has contributed to this process.

In preparing the Policy, we benefited greatly from the advice received from the experts in the Drafting Groups. The wide professional expertise and practical experience they brought, have provided a ready source of informed and constructive guidance for which we are deeply grateful. It was the task of the Steering Committee to shape the overall Policy, while respecting the points of view on particular aspects expressed by many individuals and organizations who are interested in and concerned about child health and the health of the entire population of Hong Kong.

Finally, we would like to express our warm gratitude and great appreciation for all the Drafting Group members for their sustained energy, commitment, thoroughness and enthusiastic participation in bringing to a comprehensive and realistic conclusion on the child health situation in Hong Kong. We believe the work that have been done in preparing the Policy has provided a useful and widely supported framework for future policy development and service delivery which, will impact positively on the lives of our children and the next generation.

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August 2015

Appendix

Appendix 1 – List of Steering Committee and Drafting Groups

Appendix 2 –SWOT Analysis and Results

Appendix 3 – Reports from Public Consultation Fora

Appendix 4 – Report from Professional Consultation

Appendix 5 – Specific Recommendations Based on Different Stages of the Life Cycle

Appendix 6 –Working Timeframe and Manpower Involved for the Development of
the Child Health Policy

Appendix 7 – References



12. Appendix 1 - List of Steering Committee and Drafting Groups

1.1 Child Health Policy Steering Committee Membership

Chairman	Dr. CHAN Chok Wan	Board Chairman The Hong Kong Paediatric Foundation (HKPF)
Hon Secretary	Dr. WONG Hiu Lei, Lilian	President The Hong Kong Paediatric Society (HKPS)
Convenors of drafting groups:		
Medical Drafting Group	Dr. CHOW Chun Bong	Honorary Professor , Department of Paediatrics and Adolescent Medicine, The University of Hong Kong
Social Drafting Group	Dr. CHIU Cheung Shing, Daniel	Past President The Hong Kong Paediatric Society
Education Drafting Group	Dr. WONG Hiu Lei, Lilian	President The Hong Kong Paediatric Society
Nursing and Allied Health Drafting Group	Ms. LEE Wai Yee, Susanna	Secretary of Executive Committee, HKPF
Convenors of other health aspects:		
Convenor for Economic Analysis	Prof. HO Lok Sang	Professor, Department of Economics, Lingnan University
Convenor for Legislation Issues	Prof. IP Pak Keung, Patrick	Council Member The Hong Kong Paediatric Society
Strategist	Mr. Alastair MONTEITH- HODGE (Resigned on 10 Jun 2014)	Communication Consultant
Coordinators:		
Internal Coordinator	Dr. FUNG Po Gee, Genevieve	Deputy Hon Secretary The Hong Kong Paediatric Society
External Coordinator	Dr. CHEN Hong	Ex-Council Member The Hong Kong Paediatric Society
Secretariat and Logistic Manager	Ms. LIU Kuk Fa, Anita	Executive Committee Member, HKPF
Secretariat	Ms. YUEN Wai Yan, Jay	Executive Committee Member, HKPF

1.2 Child Health Policy Drafting Groups Membership

1.2.1 Medical Drafting Group Membership

Convenor

Dr. CHOW Chun Bong

Members:

Prof. CHAN Chi Fung, Godfrey	Chair, Dept of Paediatrics and Adolescent Medicine, The University of Hong Kong
Dr. Brian CHUNG	Clinical Associate Professor, Dept of Paediatrics and Adolescent Medicine, The University of Hong Kong
Prof. Patrick IP	Clinical Associate Professor, Dept of Paediatrics and Adolescent Medicine, The University of Hong Kong
Dr. Helen TINSLEY	Paediatrician
Dr. Kelvin LIU	Paediatric Surgeon, President of the Hong Kong Society of Paediatric Surgeon
Dr. Ivan LO	Chairman, Hong Kong Society of Medical Genetics, Genetic Counseling Unit, Department of Health
Dr. Alfred TAM	Private Practice Paediatrician
Prof. Tony NELSON	Professor, Department of Paediatrics, The Chinese University of Hong Kong

1.2.2 Social Drafting Group Membership

Convenor

Dr. CHIU Cheung Shing, Daniel

Members:

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Ms Sanne FONG and teammates

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Ms Sumeet CHAN and teammates

Dietitian

Mr. Gordon CHEUNG and teammates

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Mr. Charles LO

Speech Therapist

Mr. Joshua MAK

Appendix 2 - SWOT Analysis and Results

2.1 SWOT Analysis Questions Prepared by the Steering Committee

Questionnaire/SWOT Analysis Worksheet

Policy is a guiding principle or a plan of action agreed by a group of people with the power to carry it out and enforce it. (Julia Dodd, 2000)

Policy is a course of action or principle adopted or proposed by a government, party, business or individuals. (New Oxford Dictionary of English, 2004)

A policy, like a decision, can consist of what is not being done. (Hugh Hecllo, 1972)

Please consider the following five questions.

Question 1

Thinking of the current child health ‘system’ in Hong Kong, what do you consider to be its main strengths? What are we doing well? What do others think of us? (*these may be in terms of human, fiscal or technological resources; social/political factors; demographic trends; past and present governmental involvement/activities; healthcare system culture; healthcare system structure etc.*) Please list up to four short answers.

- 1.
- 2.
- 3.
- 4.

Question 2

Thinking of the current child health ‘system’ in Hong Kong, what do you consider to be its main weaknesses? What needs to be improved? What isn’t working well? (*these may in terms of human resources, budgetary restrictions and fiscal resources; systemic culture and structure; regulatory infrastructure; child health indicators/baseline data etc.*) Please list up to four short answers.

- 1.
- 2.
- 3.
- 4.

Question 3

Thinking of the ‘external’ environment that affects and shapes Hong Kong’s child health system, what do you think are some of the opportunities that implementation of a child health policy could take advantage of in the future? What are the possibilities open to us? What are the emerging or important trends that can be leveraged? (*these may be in terms of statutory/regulatory changes; mobilization of community/private sector resources; social/political change; healthcare indicators; technology etc.*)

Please list up to four short answers.

- 1.
- 2.
- 3.
- 4.

Question 4

Still thinking of the ‘external’ factors that influence Hong Kong’s child health system, what do you perceive as the main threats to the future development and implementation of a child health policy? What obstacles should we be aware of? Are there specific changes that must occur in order to succeed? (*these may be in terms of statutory/regulatory changes; organizational change; social/political factors; demographic trends; healthcare indicators etc.*) Please list up to four short answers.

- 1.
- 2.
- 3.
- 4.

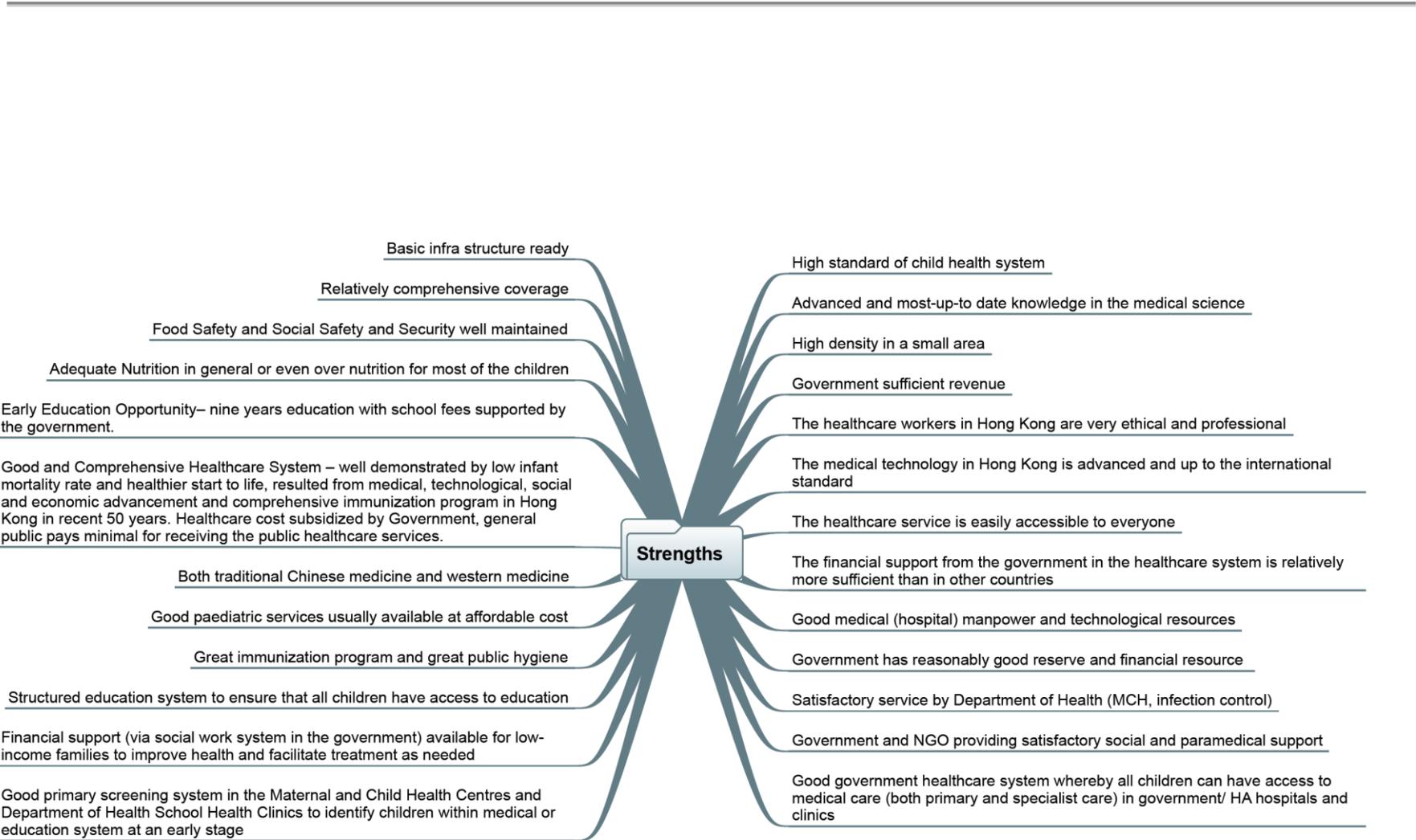
Question 5

Finally, in your own opinion, what is the single, most important factor or issue that a child health policy must address? (*please confine your answer to one idea, thought, or concept*).

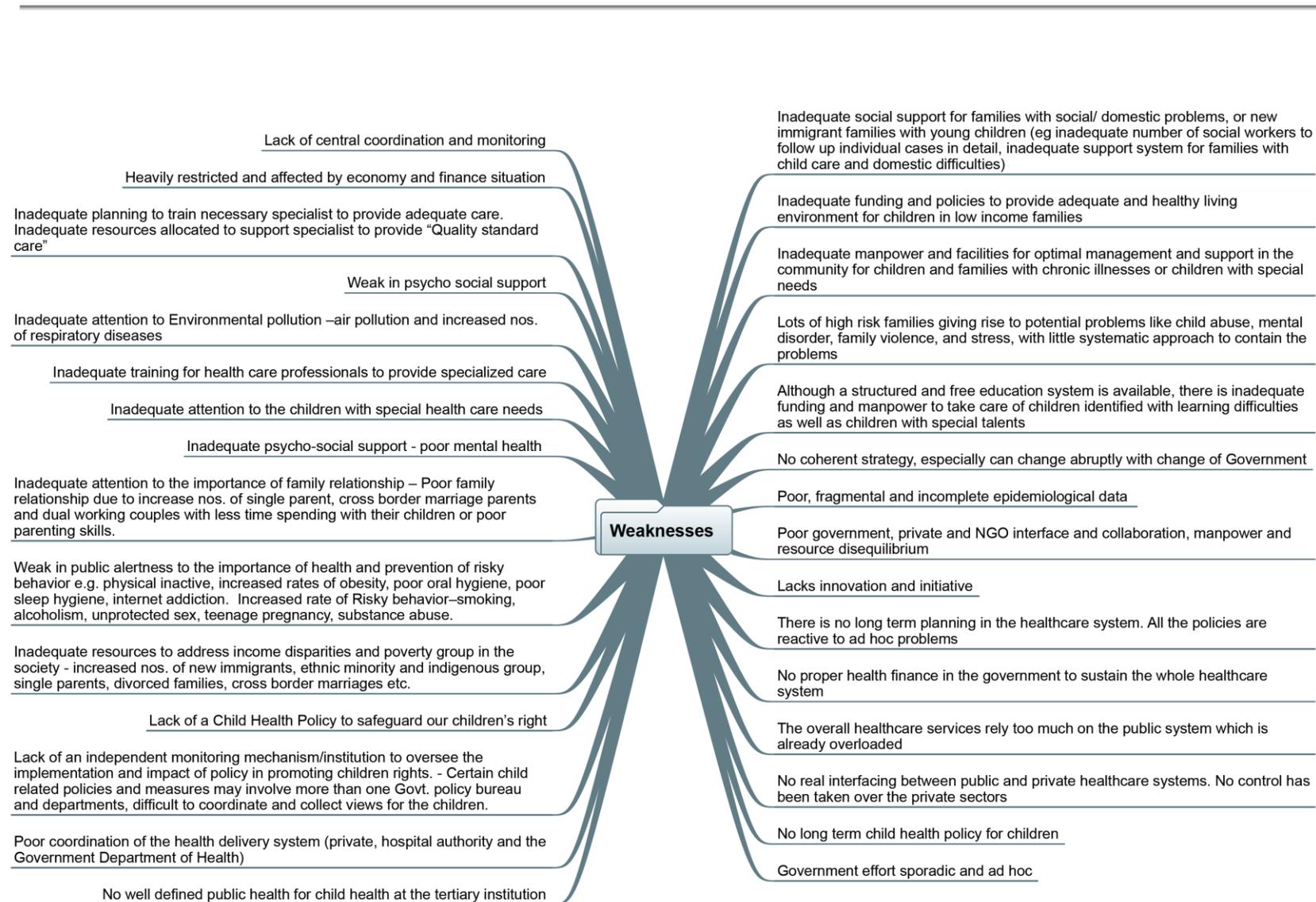
A:

2.2 Result of SWOT Analysis by Steering Committee

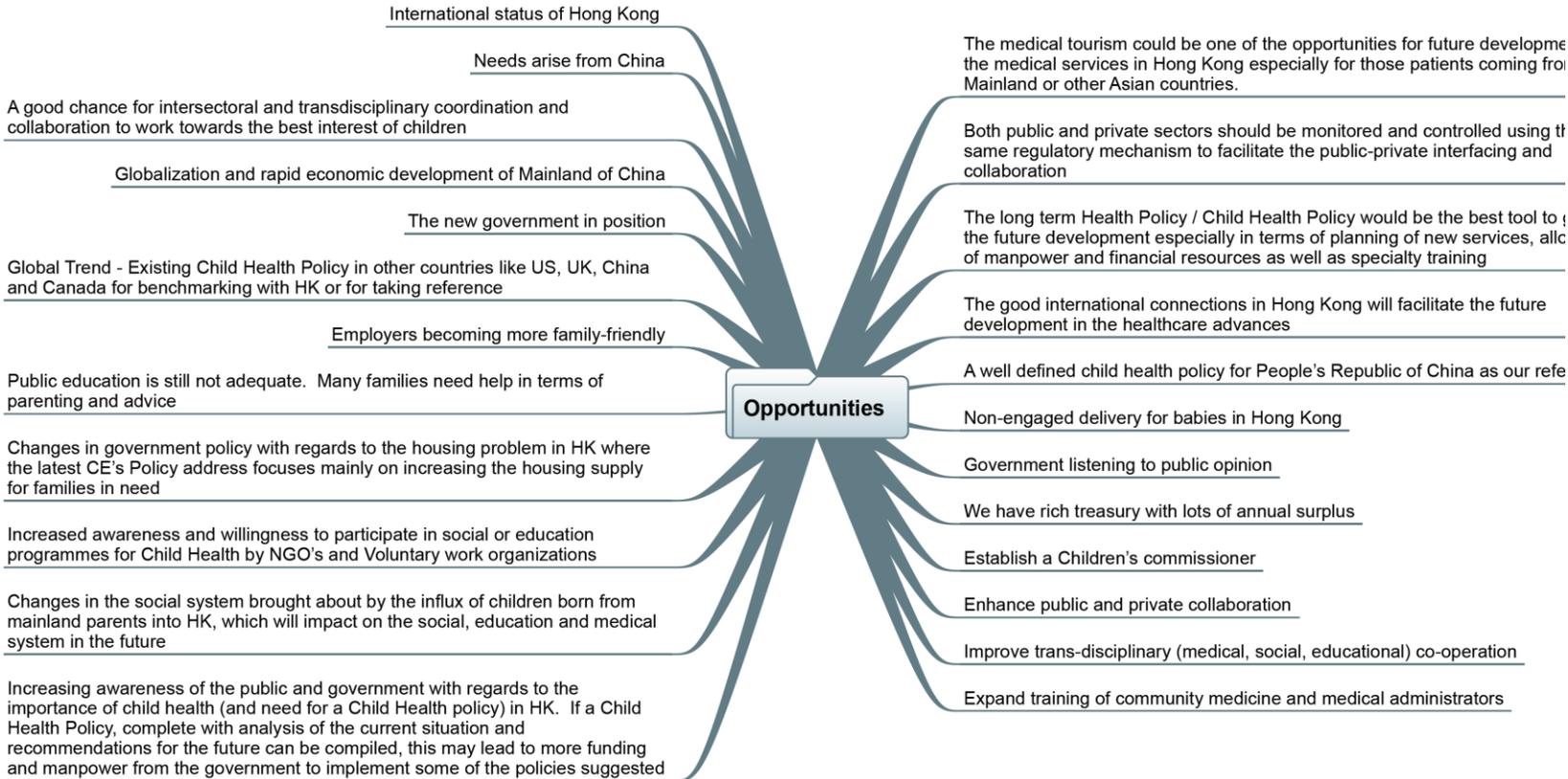
Strength



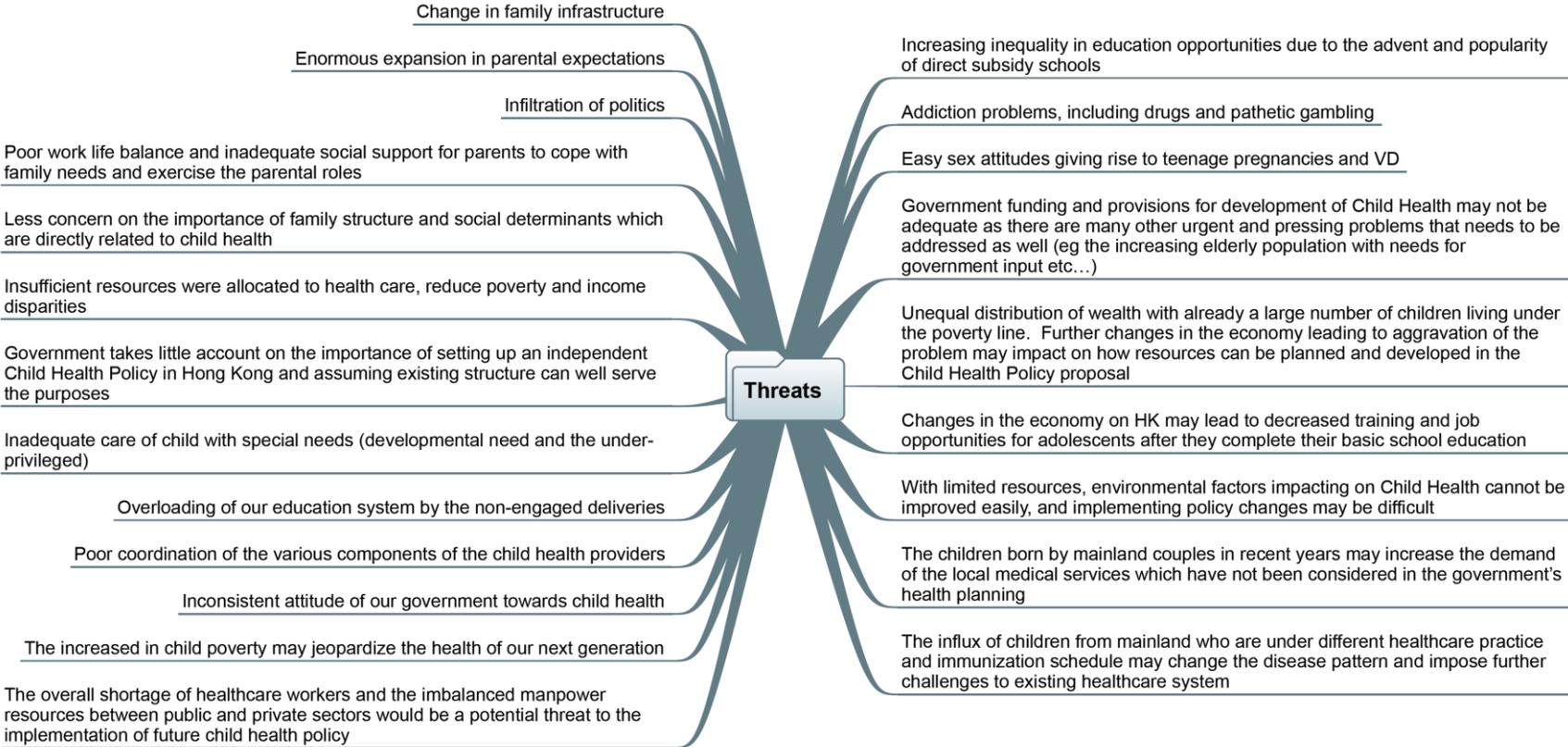
Weakness



Opportunities



Threats



Big Ideas

Reduction of poverty, social and health inequality and employment

Poverty alleviation:-

- Provide a safety net and different support services to cater for the basic needs of the poor and improve their livelihood.
- Strengthen training and retraining to facilitate those who have the ability to work to join the labor market to achieve self-reliance and alleviate poverty e.g. Child Development Fund,
- CSSA adjusted with the Social Security Assistance Index of Price
- Special Training and Enhancement Program
- Education plays an important role to play to prevent inter-generational poverty.

Idea

Government' whole-hearted commitment for child health in the areas of medical, social; and education sectors

Equity meaning that every child irrespective of the race, personal characteristics, social and financial background should be able to receive the same standard and quality of healthcare services



Families with overworked and stressed out parents, particularly involving cross border marriages

Establishment of a Children's Commissioner

Community Child Health: Provision and improvement of care (primary care and health education for all children, and multi-disciplinary, multi-aspect supportive care for children in need) in the community

2.3 Result of SWOT Analysis by Drafting Groups

Overview



I. Health indicators and data are ineffective or inadequate. This restricts the ability to identify service gaps and needs, identify at-risk populations, and engage in planning across the various domains

- A. Research data is fragmented, uncoordinated and has little impact on policy development
- B. Indicators under-developed
- C. Currently there is an emphasis on quantitative outcome as opposed to qualitative evaluation
- D. High literacy rate and relatively low school drop-out rate
- E. maternal, perinatal and neonatal mortality and morbidity, low infant mortality perceived as indicators of an international standard of child health
- F. No data on psychological well-being of children
- G. Demographic trends are disrupting population structure - younger generation prefers to keep pets
- H. The education system discourages parenting
- I. Increasing evidence and worldwide trend of investment in early childhood
- J. International trends moving towards emphasis on early intervention programmes
- K. Research is needed on outcomes to identify areas for improvement and to establish clinical pathways for special needs children
- L. Research into the use and effectiveness of health services
- M. Academic institutions need to collaborate on research into key issues to guide policy direction
- N. Establish a cross-sectoral and cross-jurisdictional research agenda to improve outcomes for children

II. Fragmentation and poor coordination

- A. Over dominance of medical sector
- B. Accountability spreads among bureaux
- C. Even within health, further fragmentation exists between DH (public health, CAC, MCHC, SHS, Dental) primary, secondary, tertiary?? paediatrics, FM, A&E, psychiatry, public, private and NGO sectors
- D. Problems facing families are often interlinked. Services equally need to work closely together to be most effective. Sometimes the planning element seems divorced from the operational
- E. A child health policy can serve as a reference to harmonise partners' actions and create a supportive environment for child health care
- F. Promoting the well-being of children to ensure their optimal outcomes requires integration at all levels: joined up government - in respect both of policy-making and of service delivery
- G. Links could be developed through existing local political frameworks - District Councils - for improved sectoral coordination. This links with the WHO Healthy Cities initiative
- H. Evidence-based indicators and data can be collected on a district basis - to create an 'atlas' of health and well-being

III. Uneven distribution of resources e.g. geriatrics vs. paediatrics

- A. Policy focus on the ageing population - prioritising investment in the old instead of the young
- B. There are competing demands for government funding and private donations from other groups, such as geriatrics

IV. Closer cooperation between HA and NGOs on psychosocial interventions

- A. There should be formal partnership schemes with NGOs to establish multidisciplinary resource centres

V. Centre of Excellence in Paediatrics (CEP) has a role to play in leading and advocating

- A. Children are dependent on others for advocacy and ineffective on their own
- B. A platform should be established for communication among all the service providers across different settings
- C. Children and youth must be involved in public policy development. When decisions must be made on behalf of a young, dependent child, he or she must be involved in making them

VI. Government not concerned with importance of family structure and social determinants of child health

- A. The health of young children is affected by a wide range of social, cultural, physical and economic environmental determinants. Many of these wider determinants are outside the direct control of the health sector
- B. Inadequate psychosocial support
- C. Private settings and NGOs fill some service gaps in after school programmes
- D. Changing social values are leading to increased family conflict - ageing parents; compensated dating; teenage pregnancy; abandoned, neglected, abused children; hidden youth at home
- E. Rising number of adverse social determinants - single parent; cross border family; working parents; new immigrants; ethnic minorities
- F. There is increased concern among the public on child health issues - obesity, anxiety, stress etc
- G. Lack of mid/long-term planning to tackle obesity rates, deteriorating air quality, mental health services. Providers not incentivize to set or achieve targets
- H. Escalating working hours and poor income contribute to poor parenting
- I. Due to the economic crisis, more families are living in poverty. This will jeopardize the development of their children

J. There is a growing awareness in the community that early childhood problems may have long term influence on problems in later life

K. Lifestyle awareness in a highly-urbanized and networked society is changing the model of learning how to become a valued member of society

L. There is a dedicated group of professionals interested in taking on child health in a broader perspective beyond health care boundaries, e.g. injury prevention, including bullying, self-harm, cyber bullying, resiliency programmes, anti-drug programmes, healthy school programmes, exercise and health, nutrition and wellness

M. Policies are Chinese ethnocentric. Minorities are marginalized or presumed to use private sector

N. Society is changing. We need to change how we respond to children

O. NGOs, charitable groups, funds, foundations and professionals in the community are valuable agents for innovative change

P. The first priority is to enhance public understanding of the determinants of healthy child development

Q. Establish a risk and resilience framework for child, youth and family

R. Timely interventions and continuity of care are needed regardless of who is responsible for funding, delivering and administering services

VII. Inadequate training for professionals

A. Large demand for and shortage of trained manpower in specialised care; community paediatrics; undergraduate paediatric training; integrated education; ICCC, SCCC teachers; social workers; GPs; how to identify mental health problems; parenting; handling chronically/terminally ill; paediatric psychotherapy; paediatric pharmacy; research; public health etc.

B. Inadequate support from government on training

C. Child health should be developed as a distinct public health specialty at tertiary institutions

D. Curriculum for healthcare professionals should be revised

- E. Provision of special training and enhancement programmes for school teachers who take care of special needs students
- F. Professional training opportunities abound (HKAM/HKAN) but little opportunity to maximise exposure in work setting
- G. There is a need for competency-based training programmes; development of career pathways; development of skills necessary for working in multidisciplinary teams
- H. Gen-Y looks for work/life balance and not committed to work
- I. Paediatrics is unattractive as a career choice - this will impact future leadership and the need for political skills in policy making

VIII. Disease focus, not public health/prevention/early detection oriented

- A. The concept of preventive healthcare and a healthy lifestyle is still not widely understood or implemented in the community
- B. As a society we are weak in the public awareness of risky behaviour and their effects on a healthy lifestyle
- C. Attention focus on the management of health problems rather than building up resilience
- D. Most adult disorders are extensions of juvenile disorders with onset in childhood/adolescence
- E. The need to identify and enhance protective factors is not well-recognised
- F. Government is unaware of the importance of early intervention in childhood problems and diverts more resources to elderly services
- G. Limited resource allocation and professional development to preventive and community-based care
- H. NGO services filling in gaps in public services are increasingly self-financed (social enterprise model, and the introduction of the lump sum grant), raising issues of accessibility

IX. Develop standardized screening/assessment tools for local children

- A. There is a need for standardized practices, protocols and guidelines across sectors
 - B. There are not sufficient locally-validated assessment and screening tools
-

X. Technology enables better outcomes

- A. Technology facilitates learning for children with disabilities
 - B. Technological developments change lifestyle. New media devices will lead to new health problems (iPad will cause neck pain). More schools will adopt these new devices in teaching
 - C. HK could be a leader in using technology to develop and promote healthy lifestyle choices
-

XI. Overseas Child Health Policies can be used as a benchmark for Hong Kong

- A. Increasing amount of research on education worldwide and guidelines from other countries that can supply more evidence-based information to help in formulation of our own policy
-

XII. Role of the business sector?

- A. Family-friendly employment practices e.g. paternity leave
 - B. Family-friendly workplace
-

XIII. Poverty and unequal wealth distribution

- A. High Gini coefficient. Significant poverty impacts health and well-being for a significant proportion of HK children
 - B. This leads to a reduction in social mobility and all the associated social determinants of health
-

XIV. IT has improved public access to healthcare information

- A. HK is technologically advanced. People can access health information easily

B. Internet and social networking help public know more about children's health and developmental issues

C. Online resources: smartphone, Facebook, SMS and tele care, iPad are useful as platforms to provide health advice and symptom assessment for adolescent patients with chronic disease

D. Web information is fragmented, misleading and inaccurate. It is not monitored or filtered. Misinformation on issues such as nutrition for example propagates rapidly

XV. Stigmatisation and discrimination in mental health through lack of public education

A. ASD, ADHD, AN sufferers may be deprived of appropriate treatment

B. Poor transition and continuity care for post secondary students with intellectual deficiencies, chronic medical problems or other disabilities

C. Teenagers with special learning needs are facing great difficulty

XVI. Although education is free, there is inadequate funding for children with learning disabilities/SEN

A. Inadequate funding and support for students and teachers

B. Help is not rarely immediate and often inappropriate

C. Poor understanding from government and community of the need for support and equity for this group

D. Inequity exists in higher education and job hunting for children with different cultures and disabilities

E. Children with SEN are not well protected or entitled by an IEP to a tailor-made learning curriculum. Only 5% of SEN students are reported to have IEPs in mainstream schools

XVII. Schools emphasize academic training rather than balanced life skills

A. curriculum too packed with academic subjects with inadequate health education

B. Teaching methods are not focused on developmental milestones

XVIII. Parents are more concerned with academic performance than with children's health

A. Young parents are more aware of the importance of balanced health and development for children and the need for improvements in the education system in HK

B. Traditional emphasis on academic achievement remains the major trend in most schools and the expectation of parents

XIX. Children/Parents/Patients are more aware of their rights. This has promoted family involvement

A. Parents and carers are becoming more actively involved in treatment programmes

B. Parents, and parents-to-be are becoming more assertive in striving for their own entitlements

C. Parents are better-educated and aware of 'well-being' needs

D. There is more awareness on the need to address the well-being of children with disabilities

E. Public awareness of children's physical and motor developmental issues is increasing (e.g. Special Olympics)

F. Stakeholders are becoming more empowered and involved in the healthcare system

G. Complaints or grievances by parents for the rights of children are always unsolved or neglected by the government

H. There is scope to help children to become more aware of their rights and therefore more empowered

I. It's time to enforce children's rights and entitlements

J. Most parents understand the rights of children. Their voices are becoming the momentum for social or political change

K. Because parents are more educated, then given the right kind of social culture and values they would be motivated to nurture their children in a more holistic manner

L. Need for a state-of-the-art health education curriculum that emphasises a) teaching functional health information (essential knowledge); b) shaping personal values and beliefs that support healthy behaviours; c) shaping group norms that value a healthy lifestyle; and d) developing the essential health skills necessary to adopt, practice and maintain health-enhancing behaviours

XX. Government uses big language - comprehensive and lifelong holistic care to each citizen - but doesn't do what it says

A. Quality of care is benchmarked locally and internationally

B. Child Health definition is very broad, covering emotional, intellectual and social well-being which fits well with education missions

C. Holistic care that embraces an integration of physical, psychological and social well-being is more of a concept than a practice

D. Lack of guiding principles and values in the promulgation of child health policy and service delivery model

E. Current services are not child friendly and children have not been involved in their design

F. Health education activities for children are not comprehensive and lack a continuous programme

G. Legislation for SEN students (as in UK, Australia, US) should be enacted to ensure access to services

H. Children's Rights are neither appreciated nor respected

I. Government is signatory to UNCRC and should uphold its requirements

J. No statutory or regulatory framework on the healthy development of children

K. The % of GDP spent on overall health care is low. the proportion spent on children and adolescents is not transparent.

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- L. There is a mismatch between opportunities (which are many) and investment (which is small)
- M. Child-related legislation should be systematically subject to evidence-based scrutiny from a well-being perspective
- N. There is an opportunity to enhance partnership - intersectoral and transdisciplinary collaboration - in transitional care, including clinical condition needs, psychosocial, educational, vocational issues and health behaviours
- O. Children's Rights should be legislated as the foundation for a Child Health Policy, driven by a set of over-arching values
- P. Goal-driven, evidence-based, realistic and specific investment in infrastructure, service and human resource development to enhance child health in a forward-planning manner
- Q. Enhance the partnership between the government, NGOs, business sector and the public sector
- R. Government has to commit to promoting, measuring and monitoring children's health, well-being and development
- S. Policy alignment through a 'Health in All Policies' approach based on rights and obligations

2.4 Analysis / Proposal from Drafting Groups

2.4.1 Proposal from Medical Drafting Group

Children's Agenda for the 21st Century

Healthy childhood leads to healthy, skilled adulthood, which in turn leads to a healthy, prosperous and productive society.

What are the needs of our children?

What do we want them to inherit from us?

How would we like them to grow up with and into?

Preamble

Principles of Child and Youth Health ¹

1. All children and youth have fundamental rights and entitlements to the following:
 - respect as unique individuals and full members of society;
 - opportunities to create and improve their own health and to contribute to the health and well-being of others;
 - affection, care and support;
 - a healthy environment (physical, social, economic, emotional, cultural and spiritual) that fosters self-expression and self-worth, and enables children and youth to reach their full potential;
 - freedom from family and societal violence;
 - access to adequate nutrition, housing and essential services;
 - a full range of educational challenges and opportunities;
 - opportunities for formal and informal learning;
 - access to appropriate care and treatment services;
 - privacy, consent and confidentiality; and
 - protection of the above entitlements by society.
2. Children and youth must be valued, and must believe themselves to be valued, for their own intrinsic worth, not just as a resource for the future.
3. Children and adolescents, because of their physical, emotional and intellectual vulnerability, need special safeguards, protection and care. These efforts must meet the needs of young people who are physically and mentally challenged.

¹ A Vision of Health for Children and Youth in Canada – discussion paper. Health Promotion Directorate, Health and Welfare Canada April 1993

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4. For optimal development, children need to grow up in a nurturing atmosphere of support, happiness, love and understanding. Support for the family (including socio-economic assistance when it is needed) is the single most important way that society can optimize the development of children and youth.
5. Children and youth must be involved in public policy development. When decisions must be made on behalf of a young, dependent child, he or she must be involved in making them.
6. A young person's growth and development encompass a number of stages. While it is inappropriate for broad goals to address specific stages, specific objectives and operational plans may address both age and gender differences.
7. A system for health that meets the needs of children, youth and families and
 - responds to individual, family and community needs in a holistic way;
 - enables users to make informed choices and involves them in planning and evaluation;
 - provides adequate prevention, protection and treatment services;
 - systematically evaluates treatments and needs for new technologies;
 - is cost-effective and has adequate quality assurance mechanisms in place;
 - is community-based, and has local autonomy over service delivery;
 - is accessible and provides equitable opportunities;
 - is collaborative in nature; and
 - promotes lifelong learning.
8. There are new evidences about how childhood experiences shapes a lifetime: ²
 - ill health and injury among children and young people is potentially preventable; and
 - the health of children is influenced by a wide range of social, cultural, physical and economic environmental determinants.
9. Prevention of admission to care - reach children before problems occur.
10. There is mismatch between opportunities and investment.
11. As society changes, we need to change how we respond to children.
12. While families are responsible for raising their children, they do not do it alone. Cross-sectoral actions are needed to support families to promote healthy child development.
13. Government has to commit to promoting, measuring and monitoring children's health, well-being and development.

² Determinants of Health - Children and Youth. National Forum on Health Canada 1998

Vision

The local vision for children should be developed through a thorough process of discussion and consultation. The Canadian's vision for children is listed here for reference ³ :-

1. All children thrive in an atmosphere of love, care and understanding, are valued as individuals in childhood and are given opportunities to reach their full potential as adults;
2. All children are respected and protected from harm and will grow up to respect and protect the rights of others. Valued, nurtured and loved, they will grow up able to contribute to a society that appreciates diversity, supports the less able and shares its resources; and
3. All children are given the opportunity to develop their physical, intellectual, emotional, social and spiritual capacities to their fullest, children will become tomorrow's successful and enthusiastic parents, caregivers, workers and citizens.

The need for child health policy

Much of the ill health and injury manifest among children and young people is potentially preventable. The health of young children is affected by a wide range of social, cultural, physical and economic environmental determinants. Many of these wider determinants are clearly outside the direct control of the health sector and a child health policy is needed to ensure that the health sector can cooperate with and influence other sectors which impact on health. A policy specifically for children and young people is necessary if the health system is to be able to respond properly to the special and sometimes unique vulnerability of children to adverse factors. The policy should recognise that timely interventions and continuity of care are needed regardless of who is responsible for funding, delivering and administering services, and that clear pathways are needed through the health system for individuals. This is especially so for those who have a chronic illness or disability.

A child policy is not necessarily about spending more money on health services. Rather it is about ensuring the best use of existing resources through better multi-sectoral collaboration and by achieving the right balance between health education and prevention, early intervention, treatment, rehabilitation, continuing care and palliation, training and research.

³ National agenda for children. 1999 Health Canada

Approaches

Approaches that have been found to be effective are:-

1. Population health approach - address entire range of factors that affect health and for whole population.
2. Universal access to quality health care and public health services.
3. Systems approach - an integrated system for child development ecology embracing the bio-, micro-, meso-, exo- and macrosystems:
 - collaborative intersectoral - environment, health, social, education and community;
 - multi-setting - primary, secondary and tertiary, home, school and workplace; and
 - multi-components - to parents, to child and family members.
4. Developmental or life-cycle approach - multi-years.
5. Early and timely intervention.
6. Sufficiently flexible and integrated to meet individual needs.
7. Empower families to support their children - investing in social capital to strengthen the capacity and well-being of families and children, practical skills.
8. A neighbourhood focus for change – social support networks.
9. Continuous monitoring and evaluation – knowledge generating.

Strategic directions

1. Create a healthy supportive environments for children and young people through appropriate policies, programs and services by all levels of government and the community.
2. Develop a balanced approach at all levels of government between those strategies which actively promote good health through environmental and behavioural change, and those which provide care and treatment for ill health.
3. Provide health services that have both a customer focus and a commitment to the participation of young people and families in informed decisions about health and health care.
4. Develop personal knowledge and skills children and families need to make healthy choices, to contribute to the community and to participate fully in society - *life skills that emphasize decision-making, advocacy, mediation, conflict resolution and community participation are particularly important.*
5. Reduce inequities in the availability of, and access to, the range of health services appropriate to the needs of children.

6. Encourage coordination and collaboration within the health sector and between health and other sectors through the development of cooperative strategies to improve the health of children and young people.
7. Develop knowledge through regular monitoring of the health of children and young people; evaluation of interventions, services and programmes complemented by research targeting priority issues for the health of children and young people.
8. Develop a workforce with the skills and knowledge to work effectively in the maintenance and enhancement of the health of children together with increased emphasis on the training needs of people whose work relates to the health of children and young people.

Assessment and monitoring framework⁴

1. Dimensions of child's developmental need are:
 - Health;
 - Education;
 - Emotional and behavioural development;
 - Identity;
 - Family and social relationship;
 - Social presentation; and
 - Selfcare skills.
2. Parenting capacity are:
 - Basic care;
 - Ensure of safety;
 - Emotional warmth;
 - Stimulation;
 - Guidance and boundaries; and
 - Stability.
3. Family and environmental factors are:
 - Family history and functioning;
 - Wider family support;
 - Housing;
 - Employment;
 - Income;

⁴ Framework for the assessment of children in need and their families. Department of Health, Department for Education and Employment, Home Office. The Stationery Office 2000

- Family's social integration; and
- Community resources.

Planning and organization of services

Vision and leadership

The first priority is to enhance public understanding of the determinants of healthy child development — including recent findings that demonstrate the importance of new strategies to improve outcomes for children and youth.

The second target is to translate this understanding into a new way of thinking and responding - development of common vision and acceptance by government and the community at large of the responsibility to protect and promote the health and well-being of all children and young people.

The third goal will be to improve child health through the development of a positive health and social environment which allow key stakeholders to come together to provide effective and accountable leadership in child health.

The main focus will be on health promotion, prevention and early intervention.

Intersectoral strategic planning framework⁵

'Just as the problems facing families are often inter-linked, so the services provided for children and their families need to work closely together to be most effective. Promoting the well-being of children to ensure their optimal outcomes requires integration at all levels: joined up government – in respect both of policy making and of service delivery – is central to policy agenda.'

'Sometimes the planning element seems divorced from the operational.'

'Translation to action is the problem.'

'Lack of co-ordination leads to disparate priorities and timescales, and too much duplication of effort.'

⁵ From *Neurons to Neighbourhoods – The science of Early childhood development*. Committee on Integrating the Science of Early Childhood Development. JP Shonkoff & DA Phillips, editor. Board on Children, Youth and Families, National Research Council and Institute of Medicine. National Academy Press 2000

'Planning requires a degree of stability to establish relationships and to provide continuity of personnel and processes.'

There is an urgent need to improve joint working between health and social services to allow for pooling of budgets and other ways to deliver truly integrated care that is geared to the needs of individuals. There is also a need improve partnership with education, housing and other services, and introducing stronger children's services planning requirements to ensure more effective co-ordination of services for children.

Central policy planning coordination and collaboration are required to:

- clarify roles and responsibilities of SWD, DH, HA, ED etc to improve structural and financial arrangements relating to health care for children and young people;
- develop central child health information system that will identify health needs and improve service delivery to all children;
- create a joint planning structure to identify resources, agree policy and procedural changes to set goals, targets and initiatives to promote the health of children and young people;
- develop principles and guidelines how health and other sectors of government such as education and welfare can provide effective accountable leadership and governance in child health;
- ensure cooperation between government departments, expert bodies and consumers in developing shared strategic plans aimed at enhances, track and review service development of health care and health outcomes for children and young people;
- effectively and cooperatively involve non-government and private/commercial sectors in health planning and service delivery;
- ensure linkages at all levels within health agencies and with other agencies to provide integrated and coordinated services for children and young people; and
- promote interdisciplinary approaches to service delivery, research and evaluation.

A lead children's service planning forum needs to be set up in each 'region' to organize local service plan that is:

- focused on children towards health promotion and timely intervention;
- based on local needs assessment;
- having identified priorities, aims and key outcomes;

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- a strategic inter-agency plan reflecting joint objectives and implementation action plans;
- continuity of care regardless of who is responsible for funding, delivering or administering services;
- clear pathways through the system?? for individual customers; and
- started building on existing strengths.

To improve service organization and delivery, the child health services should be:

- universally accessed to appropriate integrated health care regardless of personal or family finances, age, gender, sexual orientation, religion, social or cultural factors or geographic location;
- provided in a manner which recognises the developmental, emotional, cultural and social needs of children, with special attention to those who are in situations of particular disadvantage; and
- active participated by children, young people, parents/carers and where appropriate, advocates, in health planning and service delivery.

Integrated service delivery at ‘regions’⁶ is:

- clarification of roles and responsibilities of each sector to improve coordinated multi-disciplinary arrangements relating to health care delivery for children and young people;
- better integration of HA/DH child health services (Appendix 1 & 2??);
- collaboration between health and other sectors of government such as education and welfare in initiatives to promote the health of children and young people;
- effective and cooperative involvement of the non-government and private sectors in health planning and service delivery;
- cooperation between governments, expert bodies and consumers in developing practice guidelines aimed at improving the quality of health care and health outcomes for children and young people;
- linkages at all levels within health agencies and with other agencies to provide coordinated services for children and young people;
- improved continuity of care for children and young people through a coordinated range of approaches such as case management and better defined pathways within the network of health and related services (Appendix 2 – rehabilitation service??);
- improved child health evaluation and research through evidence-based clinical, management, policy and planning practices;

⁶ Children’s Services Planning – Planning to deliver change. SSI, Department of Health, UK 1999

- interagency review of new/current service development for effectiveness and efficiency;
- encouraging joint ownership and distributed leadership; and
- ensuring recruitment, development and retention of a skilled and committed workforce.

Health sector contribution⁷

1. Maintaining and enhancing universal access to quality health care and public health services.
2. Establishing an integrated system of health services for young children and their families that links with other sectors.
3. Collaborating at all levels (across jurisdictions and with other sectors) to develop and implement national strategies to improve parenting, prevent injuries and address environmental health issues.
4. Contributing to measuring and monitoring healthy child development.
5. Establishing a cross-sector and cross-jurisdiction research agenda and dissemination strategy to improve outcomes for children.

Role of medical professionals in promotion and protection of child health

1. As provider of information through development of knowledge:
 - prevalence, incidence of conditions;
 - clinical significance and cost to society;
 - risk factors; and
 - preventive measures.
2. As provider of personnel and expertise:
 - contribution to design of strategies - what works for children.
3. As an educator:
 - education and training for the professionals: and
 - education in schools.
4. As advocate for child health: and
5. As supporter of local or other groups in their delivery of health and social programmes.

Indicators for effective practice

- Holistic.

⁷ Investing in Early Child Development: The Health Sector Contribution. ACPH Ministers of Health, Canada, September 16-17 1999 (<http://www.hc-sc.gc.ca/hppb/childhood-youth/>)

- Child-centred.
- Focused on outcomes.
- Family-oriented.
- Community-based.
- Evidence-based.
- Inter-sector and collaborative in terms of planning and service delivery - initiatives from each jurisdiction, sector (i.e. health, social services, education, justice), and from non-governmental community.
- Balanced in terms of prevention and intervention (with a goal of earliest possible intervention, when necessary).
- Rigorously evaluated, with an emphasis on outcomes.

Research information and evaluation

1. Collections of data including measures of changes over time in the health status of children and young people, together with regular public reporting and dissemination of results. These measures would include agreed frameworks identified in health goals and target documents, together with other appropriate health indicators as they are identified and as collection mechanisms are established.
2. Use of this data to:
 - guide priorities within health care delivery;
 - evaluate health services and programmes;
 - feed into mechanisms aimed at improving the standards of health care delivery and health outcomes for children and young people;
 - refocus research towards population based needs and priorities; and
 - inform communities, health providers and customers.
3. Particular monitoring of the health status of disadvantaged children to inform planning and service delivery.
4. Increased emphasis within existing health research funding on factors affecting the health of children and young people.
5. Targeted funding for research on acknowledged social and behavioural health issues such as child abuse and neglect, behaviour problems, health compromising behaviours and suicide prevention.
6. Research into the use and effectiveness of health services in improving health outcomes and distribution of this information to the community in general.
7. Coordinated and effective information systems supporting the implementation of this policy and the monitoring of its impact.
8. Research into the impact of social and economic changes on the health status of young Australians.

Workforce and training

1. Competency based training programmes for health workers in the health needs of children and young people.
2. Promotion of community based training and experience for health workers.
3. Training of health workers to be more sensitive to differing cultural perspectives on health.
4. Development of career pathways for workers with training in health care for children and young people.
5. Examination of possible workforce issues arising out of the impact of this policy.
6. Training in human development and the health needs of children and young people for those who work with young, especially at the primary health care level, to enable them to recognise problems and institute timely interventions.
7. Training in health issues for people outside the health sector who work with children and young people.
8. The development of skills necessary for working in multidisciplinary teams, for multi-team knowledge generation and for effective communication with young people and their parents /carers.
9. Mechanisms for the effective dissemination of information relating to the health of children and young people among health workers, health managers and customers, and the community at large.

Measuring child well-being and development of child health information strategy

There are numerous indicators that may reflect the well-being of children.

Criteria for indicators of children's well-being are:

1. Reflective of the vision, goals, values.
2. Responsive to change.
3. Understandable and meaningful: of interest to a wide audience.
4. Balanced and comprehensive.
5. Grounded in research on key environments and child outcomes.
6. Measurable.
7. Representative.
8. Feasible in terms of cost and ease of data collection - allow analysis over time; valid, reliable, timely and accurate.

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Child-centred, Family-oriented

Outcome focused, Evidence-based

Multi-level, multi-component population approach, Knowledge generating

1. Upholding UN Convention on Right of the Child – interest of children should be accorded high priority in all policies that affect children and their families.
2. Impact assessment should be performed in all policies that have implication on welfare and well-being of children and their family.
3. More focus on promotion of health and prevention of diseases/problems.
4. Integrated and comprehensive strategic planning that are child-family focused and span across all sectors, disciplines and organizations.
5. Integrated and coordinated service delivery – partnership between people, community, NGOs, commercial sectors and government.
6. Information strategy and development of indicators to measure well being and health needs of children.
7. Research and evaluation.
8. Workforce training.

Specific issues are:

- positive parenting;
- positive education;
- nutrition and eating;
- physical activity;
- mental health;
- unintentional injury and violence;
- child abuse/negligence & domestic violence;
- smoking, alcohol and drug abuse;
- influence of media and information technology;
- pollution - air, water and food;
- control of communicable diseases;
- respiratory care – asthma; and
- prenatal and infant health.

Child Policy Framework

1. Context – Human rights, legal context, socio-economic profile, government strategy.
2. Prevention – Family maintenance and support/wider family; Family centers; area-based community services and self-help; partnership with other agencies – voluntary sector and families.
3. Care – assessment, participation, planning and access to information; flexible and integrated services; provision for special needs; evaluation and monitoring.

Putting policies into practice

Key elements of the policy statements should:

- reflect political will and professional culture;
- be a quality document as instruments for communicating policy;
- provide models;
- include systems of monitoring and evaluation; and
- contain performance indicators.

Major determinants of health, major issues and policies of different countries

USA ^{8 9 10}	Canada ^{11 12 13}	UK ^{14 15 16}	NZ ¹⁷ /Australia(Au) ¹⁸	Hong Kong
1. Major determinants of health and issues				
Poverty	Income	<i>Fixed-</i> genes, sex, ageing	Income	Employment
Health insurance	Un-employment	<i>Social & economic</i> - poverty, employment, social exclusion	Employment	
Access to service	Education		Education	
Parental employment	Housing		Housing	Housing
Housing problems	Social cohesion	<i>Life style – diet, physical activity, smoking, alcohol, drugs, sexual behaviour</i>	Culture	
Food security	Physical environment		Ethnicity	
	Media		Social cohesion	Social cohesion
	Positive parenting			Environment – pollution
<u>Youth</u>	Food security and nutrition	<i>Access to service – education, health & social service, transport, leisure</i>		Physical inactivity
Motor accidents 29%	Tobacco			Diet – obesity

⁸ Youth risk behaviour surveillance CDC 1998

⁹ Focus on Child Health, HRSA's Child Health Programs 1999

¹⁰ America's Children – Key National indicators of well-being 1997

¹¹ Determinants of health. National Forum on Health, Canada 1998

¹² A National Children's Agenda – measuring child well-being and monitoring progress, Canada 1999

¹³ Turning point – National goals for healthy child and youth development, Canada 1995

¹⁴ Our Healthier Nation – a contract for health. UK Feb 1998

¹⁵ Saving Lives – Our Healthier Nation. UK Jul 1999

¹⁶ Growing up in Britain – Ensuring a healthy future for our children. A study of 0-5 years old. BMA. BMJ 1999

¹⁷ The Social, Cultural and Economic Determinants of Health in NZ: Action to improve health. Report from National Health Committee 1998; Parenting 1999

¹⁸ National health plans for young Australians, Commonwealth Department of Health and Family Services 1997

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USA ^{8 9 10}	Canada ^{11 12 13}	UK ^{14 15 16}	NZ ¹⁷ /Australia(Au) ¹⁸	Hong Kong
Homicide 20%	Family functioning – nurturing from families	<i>Environment</i> – air & water quality, housing, social environment		Parenting and education
Suicide 12%	Physical activity	Cancer	Tobacco use	Mental health
Injuries 11%	Mental health	CHD and stroke	SIDS	Suicide
STDs	Unintentional Injury	Accidents	Unintentional Injuries	Injury and poisoning
Teen pregnancy = <i>hazardous behaviour, alcohol and drug use, sexual behaviour</i>	Child abuse	Mental health	Child abuse	Child abuse/neglect
	Social connection/ aggression – safe and stimulating environment, positive relationships, self-esteem		Parenting skill	Domestic violence
	Positive attitude towards learning	Physical activity	Physical activity	Learning
<u>Adults</u> Cancer Heart disease Stroke ▪ <i>tobacco</i> ▪ <i>alcohol and drugs</i> ▪ <i>sexual behaviour</i> ▪ <i>unhealthy diet</i> ▪ <i>physical inactivity</i> ▪ <i>risk behaviour contributing to unintentional and intentional injuries</i>	Immunization	Diet	Family violence	Overall 1. Cancer 2. Heart disease 3. Stroke
		Smoking	Mental health	
	Community service	Mother & child	Oral health	
	Quality health care & public health services	Alcohol & drugs	Nutrition	
		Healthy skills	Asthma	
		Sexual behaviour	Deafness	4. Pneumonia 5. Injury and poisoning
		Crime & fear of crime	Immunization	
				Children
				1. Injury
				2. Cancer Heart disease

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USA	Canada	UK	NZ/Australia (Au)	Hong Kong
2. Policies				
Federal Interagency Task Force – on outreaching children not on insurance	Value all children and youth	Health to all with high priority to Public Health improvement – tackle root causes	Greater focus on health promotion, prevention and early intervention – balanced approach	Develop child policy
	Share responsibility for their healthy development	Government to take leadership – ?Minister for Public Health	Better coordination and collaboration	Assessment on impact on all policies that affect children
<u>Health care services</u> ■ Comprehensive and coordinated = Health Home Model - Of highest quality	Support families in their roles as the primary caregivers of children	Partnership between people, communities and government – Health Action Zones for integrated action & mutual responsibility	Develop a national child health information strategy (NZ)	Collaboration and partnership of all sectors in planning and service delivery
■ Community based = easy access ■ Culturally competent ■ Family centred = active participation by parents	Make health promotion and prevention of disease, disability and injury among children and youth a priority of healthy public policies	Healthy citizens – to make healthy decisions, enhance responsibilities ■ support families ■ healthy school ■ healthy living centre ■ hot line	Child health workforce development	Information strategy on child health indicators
The Census Bureau -timely, relevant and <u>quality data</u> for decision making delivery systems	Reduce child and youth poverty	Tackle social and health inequalities – provide opportunities	Improve child health evaluation and research	Improve child health evaluation and research

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FDN -domestic nutrition assistance programs - access to food, a healthful diet and nutrition education	Protect children and youth from abuse, violence, inequity and discrimination	Health impact assessment to key policies Public health information – assessing & communicating risks	Leadership in child health (NZ)	Workforce training
Crime prevention. . ▪ strengthening families and communities; ▪ a comprehensive prevention, intervention and treatment designed to reduce the number of serious, violent and chronic juvenile offenders	Ensure that young people have opportunities to participate in decisions about their healthy development and encourage them to make healthy life choices	Local and national targets for 4 priorities areas & root causes of ill health (jobs, social exclusion, education, crime, transport, housing, workplace, environment, sports, ... - Health Development Agency	Customer-focused and participative health services (Au)	Create a supportive environment – Healthy family Healthy school Healthy workplace Healthy community
Healthy Schools, Healthy Community	Strengthen the capacity of communities to promote and improve healthy child and youth development	Performance measurement – outcomes, access, effectiveness, efficiency, outcome,	Create a healthy supportive environment (Au)	
	Develop collaborative, cost effective strategies to achieve measurable improvements in health outcomes for children and youth	3 settings- - healthy school - healthy workplaces - healthy neighbourhood	Improve parenting skills and social support for parents and their care givers (NZ) - parenting	
Programs		Sure start, Task force		
Outreach – for insurance		Supporting families –		

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		hotlines, information		
		Healthy living centres		
Healthy start	Investing in early child development	Healthy school initiatives	A Healthy Start for 0-5 year olds	
		Work programmes		
		Environment		
		Health visitor team School nurse team Midwives Occupational health nurses		

Developmental approach with outcome indicators

Developmental stages	Key environment indicators	Child outcomes
All ages	<p>Society</p> <ul style="list-style-type: none"> ▪ Physical environment (air, water pollution etc) ▪ Economic environment (unemployment rate) ▪ Social fabric ▪ Media <p>Community</p> <ul style="list-style-type: none"> ▪ Housing (quality, access) ▪ Economic security ▪ Community services ▪ Social cohesion & support ▪ Prevalence of drug abuse ▪ Community safety <p>Family</p> <ul style="list-style-type: none"> ▪ Parental employment and education level ▪ Family structure - single parents ▪ Positive parenting ▪ Home learning environment ▪ Food security and nutrition ▪ Work/family arrangements ▪ Daily exposure to cigarette ▪ Family functioning - violence 	<p>Health</p> <ul style="list-style-type: none"> ▪ General health status ▪ Chronic illness ▪ Physical and mental disability ▪ Physical activity ▪ Emotional and behavioural problems ▪ Immunization ▪ Specific mortalities <p>Safety and security</p> <ul style="list-style-type: none"> ▪ Injury by cause ▪ Child abuse and neglect <p>Learning</p> <ul style="list-style-type: none"> ▪ Positive attitude towards learning <p>Social engagement/responsibility</p> <ul style="list-style-type: none"> ▪ Social development/connection/aggression

Effective intervention programmes

Social support is key to individual and population well-being. New views on health and well-being accommodate social support with a strong focus on family.

‘Initiatives that have been small, local and community-based have been more successful in developing collaboration between agencies than have large, top-down and centrally organised programs.’ (Stokes and Tyler 1997)

Strategies which are local and community-based to build healthy families are:

1. @Healthy families = families able to develop and maintain their capacity to care for each other and to promote opportunities for each family members and the capacity of families to facilitate individual health and healthful behaviours and practices among family members is enhanced.
2. "The quality of social fabric, rather increases in average wealth, may now be the primary determinant of real subjective quality of life" - Wilkinson 1994.
3. Family as societal resources:
 - social support - self-determination initiatives, families at promise;
 - share and mediate with other social institutions;
 - home visiting;
 - positive parenting program; and
 - other parenting interventions.
4. Supporting families ¹⁹:
 - family-friendly employment practice;
 - national family and parenting institute;
 - enhanced role for health visitors;
 - sure start programme;
 - national parenting helpline;
 - supporting marriages; and
 - tackle more serious problems of family life including domestic violence and teenage pregnancy.
5. Schools as community centres:
 - full-purpose schools; and
 - health-promoting schools.

¹⁹ Supporting families – a consultation document. HMSO 1998

Developmental stages	Key environment indicators	Child outcomes
Prenatal to 18 months	<p>Society</p> <ul style="list-style-type: none"> ▪ Parental leave arrangements <p>Community</p> <ul style="list-style-type: none"> ▪ Prenatal and early child development supports <p>Child Care/Preschool</p> <ul style="list-style-type: none"> ▪ Participation in parent/baby groups ▪ Type and stability of child care <p>Family</p> <ul style="list-style-type: none"> ▪ Parenting (stimulation, support, discipline) ▪ Breastfeeding ▪ Alcohol/drug use in pregnancy ▪ Effective use of care seat, safety devices 	<p>Health</p> <ul style="list-style-type: none"> ▪ Birth weight ▪ Infant mortality ▪ Attachment/bonding ▪ Motor skills ▪ Fetal alcohol syndrome <p>Safety and Security</p> <ul style="list-style-type: none"> ▪ Injuries ▪ Child abuse and neglect ▪ Learning

“The foundation for healthy growth and development in later years is established to a large degree in the first six years of life.”

Toward a Healthy Future: Second Report on the Health of Canadians

F/P/T Advisory Committee on Population Health (1999)

“There is powerful new evidence from neuroscience that the early years of development from conception to age six, particularly for the first three years, set the base for competence and coping skills that will affect learning, behaviour and health throughout life.”

Early Years Study

McCain and Mustard (April 1999)

Effective intervention programmes

1. Increase number of healthy babies born to relaxed mothers:
 - improved prenatal care - France model; and
 - Montreal Diet Dispensary - nutrition supplementation and education for pregnant women.
2. Prenatal and early infancy project (Olds) -
Home based / visiting programmes to support families at risk:
 - Hawaii Healthy Start Program; and
 - Staying on Track.

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3. To work towards new ways to support families in all the ways they live, to enhance their caring capacities and to decrease insecurities.
4. High quality, safe, developmentally appropriate early child care services should be:
 - education in nature - enhance intellectual and social development;
 - support workforce participation of parents by providing appropriate care;
 - provide care for children in family emergencies or other difficult situations;
 - provide occasional care to assist families with parents caring for children;
 - responsive to meet needs of parents and children; and
 - accessible, wide-ranged, integrated, flexible and cost-effective.
5. Parenting²⁰ - to improve and protect the public health by developing strategies to improve parenting skills and social support for parents and other caregivers.

²⁰ Parenting. Public Health Commission, New Zealand 1999

Developmental stages	Key environment indicators	Child outcomes
Age 18 to 72 months	<p>Community</p> <ul style="list-style-type: none"> ▪ Safety ▪ Societal cohesion ▪ Access to recreational facilities <p>Child Care/Preschool</p> <ul style="list-style-type: none"> ▪ Type and stability of child care ▪ Participation in preschool/toddler groups <p>Family</p> <ul style="list-style-type: none"> ▪ Connectedness/isolation ▪ Parenting (stimulation, support, discipline) ▪ Effective use care seats, safety devices 	<p>Health</p> <ul style="list-style-type: none"> ▪ Fine and motor skills <p>Safety and Security</p> <ul style="list-style-type: none"> ▪ Injuries ▪ Child abuse and neglect <p>Learning</p> <ul style="list-style-type: none"> ▪ Cognitive abilities and behaviour ▪ Readiness to learn <p>Social engagement/responsibility</p> <ul style="list-style-type: none"> ▪ Social development/connection /aggression

Effective intervention programmes

1. Early secure attachment with a nurturing adult is vital for early childhood development and to prevent abuse/negligence.
2. Coping strategies established during the preschool years can and usually do persist throughout life.
3. Social, emotional and cognitive readiness to learn in P1 are strong predictors of later competence, coping, health and well-being.
4. Intervening before the critical transition to school has great potential to positively influence later health and well-being.
5. School readiness.
6. Policy implications - early childhood services be available community-wide with monitoring of health and well-being of children:
 - comprehensive, intensive, diverse, flexible, accessible, neighbourhood-based, child-centred and family-focused supports to children and their family should be available to all children community-wide - to capitalize on the mother's strength and ability. Focused programs for high risk children should be developed within the same operating system;
 - the need to consider interrelationships between the child care needs of families and early childhood education programs; and
 - the need to remove legislative, bureaucratic, administrative and funding barriers to early childhood services.
7. Programs:
 - Staying on Track – Ontario;

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- Victoria Day Care Research Project;
- Perry Preschool Project – Michigan;
- Child maltreatment and developmental course - David Olds;
- NEWPIN has a number of distinguishing features:
 - it is highly cost-effective as it relies on a process of self-empowerment. The parents themselves, who are active in supporting, advising and role-modelling on each other, generate a major resource;
 - the centre's environment of mutual care, drawing on the power of peer influence, is instrumental in achieving positive results. Through the built-in 24-hour network of support throughout *all* the centre membership, trusting relationships automatically begin to flourish;
 - the juxtaposition of the playroom to the lounge room is vital for allowing the children to explore and discover new relationships in their own timescale, but without premature separation from the mother. No parent enters the therapeutic group work or developmental programs until her child can be without distress when she is absent;
 - the centres require the minimum of staff; one coordinator, one play facilitator and a part-time play worker manage the clinical work. The addition of part-time administrative support makes up the paid staff of each centre; and
 - a fathers group will be built into each established centre as it develops.

Preschool health

Positive Parenting Program or other parenting interventions should:

- *empower families;*
- *build on existing strengths;*
- *emphasise the importance of the therapeutic relationship;*
- *address risks;*
- *be developmentally appropriate;*
- *be capable of synergy with other interventions;*
- *be gender and culturally sensitive; and*
- *be evidence-based.*

Developmental stages	Key environment indicators	Child outcomes
<p>Ages 6 to 12 years</p>	<p>Community</p> <ul style="list-style-type: none"> • Recreation/leisure opportunities <p>School</p> <p>Schools as community centres Full-purpose schools Health-promoting schools</p> <ul style="list-style-type: none"> • Type and stability of child care • School quality including school climate, teacher expectations and academic press <p>Family</p> <ul style="list-style-type: none"> • Parental encouragement, expectations re: school • Parenting nurturance, monitoring • Use of seat belts, safety measures, bike helmets 	<p>Health</p> <ul style="list-style-type: none"> • Child's self-esteem • Risk taking behaviour (drugs, smoking, sex) • Positive health behaviours (nutrition, exercise) • Suicide <p>Safety and Security</p> <ul style="list-style-type: none"> • Feeling safe in school / neighbourhood <p>Learning</p> <ul style="list-style-type: none"> • Achievement: math, science, reading and writing • Knowledge/awareness of diversity/culture/citizenship • Positive attitude to learning <p>Social engagement/responsibility</p> <ul style="list-style-type: none"> • Positive relationship with caring adults • Respect for authority • Activities out of school • Use of free time

Effective intervention programmes

‘The school is a setting in which many people live, learn and work. It is a place where students and staff spend a great portion of their time. It is a place where education and health programmes can have their greatest impact because they reach students at influential stages in their lives - childhood and adolescents.’

WHO Global School Health Initiative 1997

Health promoting schools = constantly strengthening its capacity as a healthy setting for living, learning and working (WHO Global School Health Initiative 1995 ²¹, School Health Programs, CDC 1999 ²², School linked services, The future of children 1992 ²³, Effective school health promotion ²⁴)

²¹ WHO's Global School Health Initiative (GSHI) WHO's Fact Sheet 171, 1998

²² School Health Programs : an investment in our nation's future, CDC 1999

²³ School linked services. The Future of Children Vol 2, No 1 1992

²⁴ Effective school health promotion. NHMRC, Australia 1996

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Young people develop skills through instruction, observation and trial. The more students are supported, the more competent and confident they become. Young people develop attitudes, values and behaviours in much the same way. They are exposed to options, emulate others, and judge the results. When their actions are consistently encouraged, they tend to be reinforced. When frequently rejected, they tend to be changed. Health Promoting School Model ²⁵ is an integrated approach to health promotion that gives students numerous opportunities to observe and learn positive health attitudes and behaviours. It aims to reinforce health consistently on many levels and in many ways.

Improved health behaviours can be fostered through all adoption of a whole school, broad based, integrated and comprehensive team approach involving participation of the local community particularly the parents.

Eight-key learning areas in curriculum for Australia ²⁶ are:

- the arts;
- English;
- health and physical education;
- languages other than English;
- mathematics;
- science;
- studies of society and environment;
- technology; and
- interrelationship between them.

Nevertheless,

- more integration of education, health and social service for children are needed;
- services are provided to children and their families through a collaboration among schools, health care providers and social services;
- the schools are among the central participants in planning and governing the collaborative effort with adequate training to teachers; and
- the services are provided at, or are coordinated by personnel located at, the school or a site near the school.

²⁵ Comprehensive School Health - Student Health Model : a site based strategic planning tool. Health Canada 1999-12-21

²⁶ The Adelaide Declaration on National Goals for Schooling in the 21st Century. May 1999 Australia

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Developmental stages	Key environment indicators	Child outcomes
Psychosocial environment <ul style="list-style-type: none"> ▪ Healthy school policies ▪ Positive school climate ▪ Total wellness 	Healthy, safe supportive school - free from discrimination, bullying, enhances self-esteem, fosters cooperative, caring respectful behaviour, respect individual differences, fosters relationships and communications	Optimism, self-confidence, high self-esteem, and a commitment to personal excellence as a basis for their potential life roles as family, community and workforce members.
Personal resources <ul style="list-style-type: none"> ▪ life skills ▪ counselling and psychological assessment, interventions and referral 	Ability to cope with change and stress, sense of coherence or meaning in life, how much influence they feel they have over their lives, ability to make free and wise decisions and choices etc.	Communication, decision making, goal-setting, conflict resolution, resisting social pressure, stress management
Personal practices <ul style="list-style-type: none"> ▪ health education ▪ physical education ▪ nutrition education 	Personal behaviours that affect health - beliefs, values, attitudes, knowledge, skills on life style and hazardous behaviour etc.	Healthy diet Physical activities Human sexuality - STD Drug and alcohol prevention Injury & violence prevention
Physical environment + infection control	Health and safety of physical environment	
Support services for students and families - networks	Services and assistances that students can receive through school to maximize the above and their learning experience	Health services - role * Social services Education services Parents/teacher Assoc. Mentorship

Roles of health sector in school health programmes

1. Provision of appropriate student health services that are connected to other elements of comprehensive school programs - appraise, protect and promote health through school nurse, school-based clinics, screening and surveillance.
2. Technical advice including:
 - core education goals - life style, safety, nutrition, exercise, sex, drugs etc.;
 - teacher development - education and training; and
 - integrated approach to communication with schools (not one off talks).
3. Resources to specific initiatives.

School Health Nurse team in UK:

- lead teams;
- assess health needs of individuals and school communities and agree individual and school health plans; and
- develop multi-disciplinary partnership with teachers, General Practitioners (GPs), health visitors and child and adolescent health professionals to deliver agreed health plans.

Developmental stages	Key environment indicators	Child outcomes
Ages 13 to 18 years	<p>Community</p> <ul style="list-style-type: none"> • Opportunities for youth activities and volunteerism/ mentoring • Employment <p>School</p> <ul style="list-style-type: none"> • School quality including school climate, teacher expectations and academic pressure • Program/guidance for transition from school to work, life skills • After school programmes <p>Family</p> <ul style="list-style-type: none"> • Parenting (nurturance, monitoring, support to independence) – role model • Support for continuing education • Use of safety measures, seat belts, bike helmets 	<p>Health</p> <ul style="list-style-type: none"> • Self esteem • Teenage pregnancy • Risk taking behaviour (smoking, drugs, sex, drinking) • Positive health behaviours (nutrition, exercise) • Body image • Eating disorders • Suicide • STDs <p>Safety and Security</p> <ul style="list-style-type: none"> • Feeling safe in school/ neighbourhood <p>Learning</p> <ul style="list-style-type: none"> • Achievement: math, science, reading and writing • School completion • Knowledge/awareness of diversity/ culture/ citizenship • Positive attitude to learning <p>Social engagement/responsibility</p> <ul style="list-style-type: none"> • Volunteerism • Community participation • Involvement in criminal / antisocial activity • Detachment (e.g. living on street)

Effective intervention programmes

1. **Youth** - is a period of heightened self-consciousness, preoccupation with appearance and social acceptability, emerging independence and responsibility and hence a period of decisions and choices.
2. Aims - to lead a safe and productive life course – positive development:
 - promote bonding;
 - foster resilience ;
 - promote social, emotional, cognitive, behavioural and moral competence;
 - foster self-determination;
 - foster spirituality;
 - foster self-efficacy;

- foster clear and positive identity;
 - foster belief in the future;
 - provide recognition for positive behaviour and opportunities for prosocial involvement; and
 - foster pro-social norms.
3. Resilience factors:
- cohesive and stable family;
 - sources of external support; and
 - coping skills and resources.
4. Effective after-school programmes ²⁷:
- based on research concerning adolescent development;
 - emphasize social relationships among peers and between youths and responsible, caring adults;
 - encourage parental involvement by creating structures and roles for parents;
 - developed for and by youth;
 - fun, flexible, culturally relevant and linked to activities that interest adolescents;
 - set clear rules for members to follow;
 - safe and accessible; and
 - links to school as well as to personal and family health and mental health services.
5. Other programmes:
- multi-component, multi-year, theoretically guided risk-reduction and protection enhancing models incorporating both skills training and environmental change; and
 - single school program that is multiyear, coordinated, comprehensive health education and social competence programme focused on physical, mental, social and emotional health.
6. Behavioural training in problem solving and social competence skill:
- social decision making and problem solving program;
 - social competence promotion program for young adolescents; and
 - positive adolescent choices training.
7. Participation in community-based youth development organizations - opportunity for service to others:
- MAD (make a difference) for youth;
 - youth house;

²⁷ A Matter of Time. Carnegie Council on Adolescent Development 1992

- befriend children with handicaps;
 - participate and learn skills; and
 - community service internship that can earn academic merits.
8. Mobilization of social support - opportunity to mentor and to be mentored:
- mentoring program - Big Brothers/Big Sisters;
 - networks for the promotion of adolescent social competence and well-being; and
 - cities in schools - bring resources from business, social agencies, volunteer organizations etc into schools.
9. Positive Youth Development Programmes (US):
- can result in positive youth behaviour outcomes and prevention of youth problems;
 - use broad range of strategies; and
 - common themes - strengthen social, emotional, behavioural, cognitive and moral competencies; build self-efficacy; shape messages from family and community about standards for positive youth behaviour; increase healthy bonding with adults, peers and younger children; expand opportunities and recognition for youth who engage in positive behaviour and activities; provide structure and consistency in programme delivery; intervene with youth for at least nine months or more²⁸.
10. Measures:
- secondary school co-op programme to recruit and deploy adult mentors;
 - encourage retirees to become youth mentors; and
 - company sponsorship programs to schools for focused mentoring and job experience.
11. School-to-work transition:
- strengthen partnership between educators, employers and social workers in schools - to ensure full awareness and take-up of appropriate opportunities;
 - vocational education and training in compulsory school years; and
 - provision of social and survival skills.
12. Accommodations:
- provision of semi-independent accommodation for special young adults.

²⁸ Positive youth development in the US- the state of the field. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation 1999.

**Education Commission's Revised Draft Proposal
on the Aims of Education
(As of 22.9.99)**

Early childhood education is the foundation of life-long learning.

(A) Vision

- Cultivate in children a positive attitude towards learning and good living habits in a stimulating and happy environment.

(B) Aims we wish our children to:

- be curious, have a thirst for knowledge, and enjoy learning;
- experience a rich and enjoyable group life in which a sense of responsibility and respect for others is fostered and a balanced development in the moral, intellectual, physical, social and aesthetic domains is achieved; and
- be willing to experiment and explore, learn to face up to problems and find solutions, and develop self-confidence and a healthy self-concept.

School Education

School education is the stage for developing students' basic skills and attitude for life-long learning. The aim of school education is to:

- encourage students to construct basic knowledge and develop their basic ability and attitude so as to prepare them for the building of a learning and civilized society.

(A) The Aims of Universal Basic Education are to:

- enable students to have all-round and unique development in the areas of ethics, intellect, physique, social skills and aesthetics;
- ensure that students attain the basic standards and encourage them to pursue excellence; and
- encourage students to take the initiative to learn, to think and create, and foster in them positive attitude and values.

(B) The Aims of Senior Secondary Education are to:

- enable students to have all-round and well-balanced learning experience in the academic, vocational, organisation, social service, aesthetics and sports domains to prepare them for future employment, studies and lives;
- provide students with a wide variety of choices and experiences to help them understand their abilities and inclination in planning for future employment, studies and lives; and encourage students to take initiatives to learn and to develop independent and critical thinking, creativity, commitment towards the family, the community and the nation and to develop global outlook.

(C) Specific Aims of School Education

(1) Mastery of knowledge

- To master the basic skills for being bi-literate and tri-lingual, to be able to write fluent Chinese and English, and to communicate with others in Cantonese, English and Putonghua;
- To master basic mathematical concepts and computational skills; and
- To construct basic knowledge in natural and social sciences.

(2) Intellectual development

- To develop the ability to memorize, understand, apply, analyze, integrate and evaluate knowledge;
- To develop the skills for innovation and be able to adapt to changes;
- To master independent thinking and critical thinking skills; and
- To develop the ability to solve problems and make decisions.

(3) Self-learning aptitude and ability

- To maintain curiosity and an inquiring mind, and the desire to learn;
- To master the learning skills;
- To cultivate the reading habit; and
- To be competent in IT and to develop skills for collecting and utilizing information.

(4) Practical skills

- To adopt healthy life practices;
- To know further study and career options, and make appropriate plans for the future; and
- To master skills useful for further study, work and life (including the ability to take care of oneself and apply modern technology).

(5) Physical development

- To have a good grasp of health concepts and be conscious of maintaining health;
- To maintain physical fitness; and
- To develop interest in sports.

(6) Psychological well-being

- To know oneself (including knowledge of one's body, talents, abilities, emotion, needs and interest);
- To develop self-respect, self-esteem and self-confidence; and
- To be optimistic, enterprising and persistent.

(7) Aesthetic and cultural development

- To develop the basic knowledge and interest in appreciating art and culture;
- To develop creativity and aesthetic awareness; and
- To be able to optimize one's leisure and enrich one's cultural life.

(8) Personal and ethical qualities

- To observe discipline and be self-disciplined;
- To develop understanding, respect and concern for others;
- To develop desirable moral characteristics (e.g. integrity, modesty, diligence, willingness to improve and take up responsibilities, civic-mindedness etc.); and
- To develop the skills for making independent moral judgements.

(9) Social life

- To have good command of inter-personal skills;
- To adopt a generous attitude in dealing with others and democratic approaches in handling matters;

Child Health Policy for Hong Kong

- To be responsible and ready to serve the community;
- To be co-operative;
- To respect fair play;
- To be able to handle inter-personal conflicts; and
- To respect cultural diversity and be able to get along amicably with people of different cultural background.

(10) Social, political and civic awareness

- To understand the society of Hong Kong, the structure and operations of the Government, and the rights and duties of a citizen;
- To understand the laws and respect the rule of law;
- To learn the Basic Law and understand the basic principles and meanings of "One Country Two Systems", "Hong Kong People Ruling Hong Kong" and "A High Degree of Autonomy";
- To understand the history and culture of the Chinese nation, and have concern for national development;
- To develop a sense of belonging to one's society and country;
- To be able to widen the scope of learning experience and have a global outlook;
- To develop positive values and sense of responsibility towards one's family, society, country and the world at large; and
- To have concern for environmental issues and care for the environment.

Tertiary Education

Tertiary education starts after completion of school education.

(A) Vision ¹

- To consolidate students' life-long learning abilities and attitudes, as well as to nurture leaders who have confidence, a sense of justice and social responsibility, and a global outlook.

(B) Aims

- encourage students to learn independently, to explore, to develop critical and creative thinking, and to prepare them to master a particular discipline or specialism;

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- ensure that students have enthusiasm and desire continuous improvement as well as commitment to their families, society and the nation to which they belong; and
- enable students to develop their ability to study, live and work in a diverse society and cross-cultural environment.

(C) Specific Aims of Tertiary Education²

Tertiary education should aim at nurturing graduates with the following attributes:

(1) Knowledge and competency

- wide knowledge horizon in humanities and sciences;
- high competence in a particular discipline or specialism;
- appreciation of alternative paradigms;
- intellectual versatility in order to participate in economic/political/ ideological discussions; and
- ability in carrying out research at least at rudimentary level.

(2) Leadership, intellectual capabilities and international outlook

- Leadership potential:
 - effective and articulate in communication;
 - effective inter-personal skills and abilities for team-work;
 - capable of participatory decision-making;
 - independent decision-making capability;
 - appreciation of diversity and plurality;
 - capable of turning crisis into opportunities; and
 - committed to continuous self-improvement.
- Intellectual capabilities:
 - maintaining curiosity and an enquiring mind;
 - conceptualising and abstract thinking;
 - critical thinking;
 - optimistic and forward-looking; and
 - creative thinking.
- International outlook
 - capable of communicating internationally;
 - at ease living and working in cross-cultural environments;
 - appreciation of Chinese cultural traditions; and
 - insightful understanding of contemporary developments in China.

(3) Positive attitudes

- commitment to a career/profession as a social contribution;
- commitment to the society and the nation to which they belong;
- appreciation of balance between community and individual needs, rights and responsibilities; and

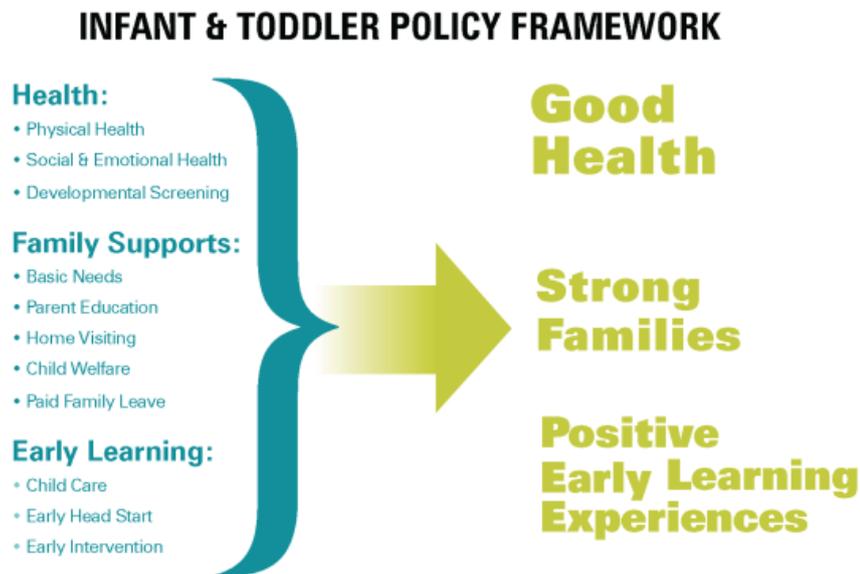
- commitment to democracy, equity and freedom.

(4) Physical and cultural well-being

- maintaining good health and exercise habits;
- maintaining healthy family lives;
- maintaining healthy leisure lives;
- leading a cultured personal life;
- appreciation of arts and music; and
- ability in some creative/performing arts.

Child Health Policy for Early Childhood (0-6 years)

A. Policy Framework



B. Integrated child health system



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- (1) Health is a human right and central element of well-being.
- (2) It is also an important enabler and a prerequisite for a person's ability to reach his/her goals and aspirations (full potential) and for society to reach many of the societal goals.
- (3) Health is not created by health service provision alone but largely also by determinants of health that together affect the health of individuals and communities.

Hence:

- (1) Health in all policies – which has a strong foundation on human rights and social justice and a focus on policy making.

Definition of HiAP 2

Health in All Policies (HiAP) is an approach to public policies across sectors that systematically takes into account the health and health systems implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity. A HiAP approach is founded on health-related rights and obligations. It emphasizes the consequences of public policies on health determinants, and aims to improve the accountability of policy-makers for health impacts at all levels of policy-making.

Source: Adapted from WHO Working Definition prepared for the 8th Global Conference on Health Promotion, Helsinki, 10-14 June 2013.

The goal of HiAP is to improve population health, health equity and the context in which health systems function² by amending public policy-making across sectors in order to achieve the most favourable impacts. It will require a comprehensive development strategy or plan with health prioritized as a shared goal of public policy.

Health in All Policies: Co-benefits



Leadership for Healthy Communities

- (2) Life course and right-based approach.
- (3) Socially accountable “burden of responsibility” approach - public health accountability and governance addressing social determinants of health and health disparities:
 - whole of Government approach; and
 - whole of society approach.
- (4) Strong leadership – health sector is a good entry point in early childhood.
- (5) Start early – promoting healthy early child development is vital for social development and well-being. Investment in ECD does not require a series of arcane policies but, rather, initiatives in a wide range of relevant sectors that are connected to reinforce each other.
- (6) Child- and family friendly policies to provide i) time, ii) resources and iii) services.

Box 6.1 *Implementation of ECD policies*

Implementation of ECD policies is complex in proportion to its comprehensiveness. In other words, many strategies and actions need to work simultaneously and complementarily in order to achieve objectives involving the child in his/her family and community environments. Some necessary (but sometimes insufficient) conditions should be considered in the implementation process.

- 1. Clear goals and objectives** that are feasible to perform.
- 2. Defined target population** such as specific age groups, socioeconomic strata, geographical locations, policy type to be implemented (universal or focalized), implementation strategy (progressive coverage), scaling-up time.
- 3. Map of identified sectors and participants** involved in policy development in order to seek agreements on sectoral and cross-cutting responsibilities.
- 4. Existence of law and legislative and regulatory frameworks** that facilitate resource mobilization give shape to management models and contribute to the sustainability of what is implemented.
- 5. Policy relevance** of strategies to be implemented in order to minimize resistance that often exists and to increase the support of interest groups and communities.
- 6. Social acceptability** – it is critical to communicate throughout the territory and the population.
- 7. Consistent ethical and value frameworks within the policy proposal** in order to prevent double standards and the lack of priority setting.
- 8. Implementation costing** – cost-effectiveness studies if possible.
- 9. Feasibility analysis** – considering items 1–8.
- 10. No false starts** – may undermine credibility and community confidence.

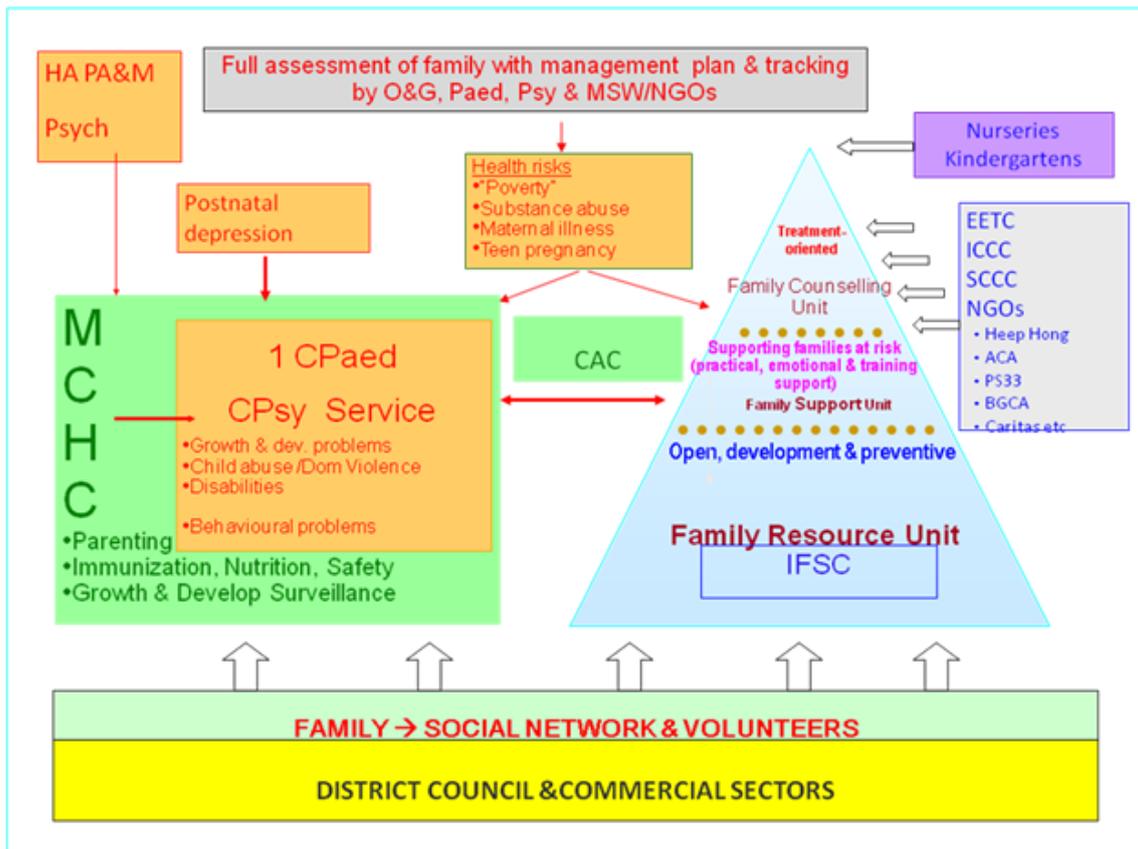
(A) Health Services provided in Hong Kong

(1) Maternal and child health services

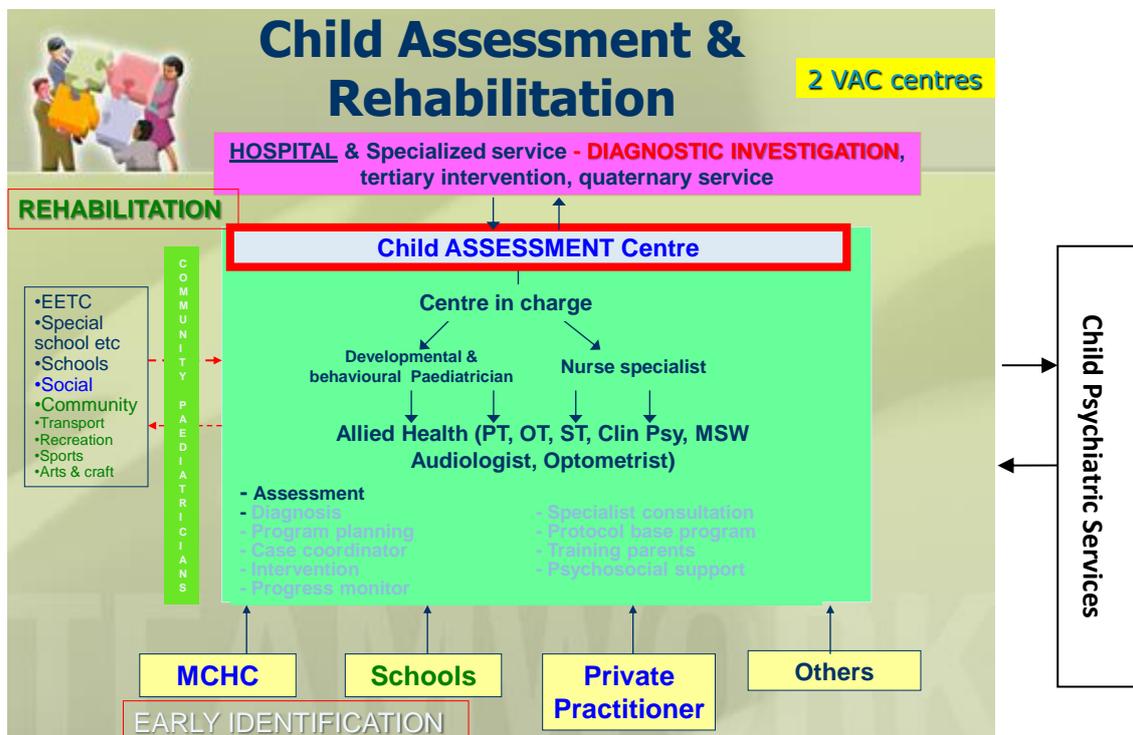
- parent education;
- feeding support breastfeeding;
- jaundice;
- developmental surveillance;
- growth monitoring; and
- immunization.

(2) Comprehensive child development service

- family with special needs – on CSSA, single etc.; and
- mother with specific problems – substance abuse, mental disorders, teenage pregnancy.



(3) Services for special needs



(4) Service gaps

	Incidence	Registered cases	Service provision			Coordination	Outcome
			Screen coverage	Assessment	Rehab service		
SLD	10-15%					Information sharing Common protocol Joined decision making Shared outcome measures Shared parent education	
ADHD	3-5%						
Autism	0.1%						
Pre-school behavioural disorders	0.75% severe 4.6% mod 17.9% mild						
Physical disability	0.3%						
Cerebral palsy	0.2%						
Visual handicap	0.03%		49.6%				
Severe hearing loss	0.1%		50%				
Moderate/severe mental retardation	0.3%						
Speech defects	1/38						
Feeding problems							



(B) Family Support

(1) DH – MCHC – parenting, feeding and nutrition support, developmental surveillance, triple P, immunization, growth monitoring, screening for hearing and visual problems.



Child Health Policy for Hong Kong

- (2) SWD - Integrated Family Service Centre - 'community-based integrated service centre focusing on supporting and strengthening families' with special focus on single parents, new arrivals, ethnic minorities and deprived families receiving Comprehensive Social Security Assistance (CSSA):

- Family Resource Unit;
- Family Support Unit;
- Family Counseling Unit;

Service Description

Integrated Family Service Centres (IFSCs), operated by the Social Welfare Department and subvented non-governmental organizations (NGOs), is a new service delivery model to deliver family service in Hong Kong. It aims at providing comprehensive, holistic and one-stop services to meet the multifarious needs of individuals and families in the community. An IFSC consists of a family resource unit, a family support unit and a family counselling unit. There is an extensive network of 61 IFSCs over the territory and two Integrated Services Centres in Tung Chung to provide a continuum of preventive, supportive and remedial services under the direction of 'child-centred, family-focused and community-based'.

Nature of Services

Services include family life education, parent-child activities, enquiry service, volunteer training, outreaching service, mutual support groups, counselling and referral service for individuals and families in need, etc with extended hour services.

Target Group and Application Procedures

Any individuals or families can approach the nearby centres for enquiry services.

- social security; and
- Family and Child Protection Service Unit.

- (3) NGOs

- IFSC: and
- specific programmes for new immigrants, living in poverty.....

- (4) Early learning – home learning and/or day care

- IFSC:
- EETC: and
- day care.

- (5) Community and neighbourhood support

- housing;
- play and recreation;
- transportation;
- employment; and
- social support.

(C) Service gaps

	Incidence	Registered cases	Service provision			Coordination	Outcome
			Screen coverage	Assessment	Service		
Poverty – material and relative	25%					Information sharing	
New immigrants						Common protocol	
Single parents						Joined decision making	
Ethnic minorities						Shared outcome measures	
Mother with							
-Mental illnesses						Shared parent education	
-Substance abuse							
-teenage pregnancy							
-domestic violence							
-single parent							
Violence – family/ child abuse/neglect							
Home learning environment							
Housing Transportation Employment Social support							

Child Health Policy for Hong Kong

While Hong Kong children may be enjoying high quality care by dedicated staff, services in Hong Kong are found to be:

- children are not accorded high priority and investments in early childhood are inadequate;
- services are fragmented and poorly coordinated;
- support is poorly targeted;
- support often not catered for the true needs – needs assessment poorly coordinated;
- failure to share information;
- support often comes too late to make significant improvement;
- services for most vulnerable children are stigmatized;
- mainly remedial rather than preventive or protective and building on strength of families – positive health;
- training to front-line staff especially Family and Emergency Physicians inadequate;
- lack definition of good practice and evaluation; and
- lack of accountability, good management and strong leadership.

Cases reports indicated:

- some children and families are not getting the help they need when they need it;
- some children are not adequately protected;
- the needs of children often lose out to the needs of the system or adults;
- piecemeal approach to incorporating the provision of Convention of Right of the Child into law; and
- inability to specify what resources are spent on children with what outcome.

(1) Service in Hong Kong

- more radical approach rather than incremental process;
- we need an overarching aim, which is both visionary and relevant for all agencies and enable each organization and professionals to understand their contribution to achieve the shared vision rather than a separated role and responsibility;
- we need a continuum of responsibilities from all agencies to promote health and prevent diseases and manage disorders. All services have a contribution to make a child and adolescent healthy along this continuum of promotion, prevention and care and no one agency has a monopoly on helping children and youths to achieve good health; and
- need strong leadership to ensure implementation of strategy.

(2) Joint future

- to develop a whole child approach and children are being seen in the context of their families and wider social cultural and/or spiritual grouping:
 - focus on needs of children and their families - determine what children need rather than reacting to their problems;
 - cross-sector approach – services integrated across education, social care, health and youth justice; and
 - clear accountability at all levels.
- contain a clearer shared vision for integrated working to create a framework of broad support;
- set out core responsibilities of each of the key partners and how they should contribute to the larger shared vision;
- describe models of integrated/joined-up working;
- explicitly set out a framework of activity to support implementation;
- set timescales for agencies to put joint structure in place;
- establish a network of local champions to drive the agenda forward; and
- emphasize the contribution of voluntary organizations.

(3) Government structure

- establishment of central structure within Government that ensures that children's interests are routinely considered and protected – Commissioner for Children;
- development of a comprehensive policy for children that cuts across traditional sectors boundaries to include education, health, development, social support, housing etc.;
- to establish an independent “Children’s Media Group” to be pro-active on media issues impacting on children;
- establish an organization that will continuously monitor the impact of Government policies on children;
- annual reporting on the state of children using a range of indicators backed by an active programme of research and data collection; and
- collaboration at local level to develop plans and strategies ensure a healthy community for children.

We need a Child Policy.

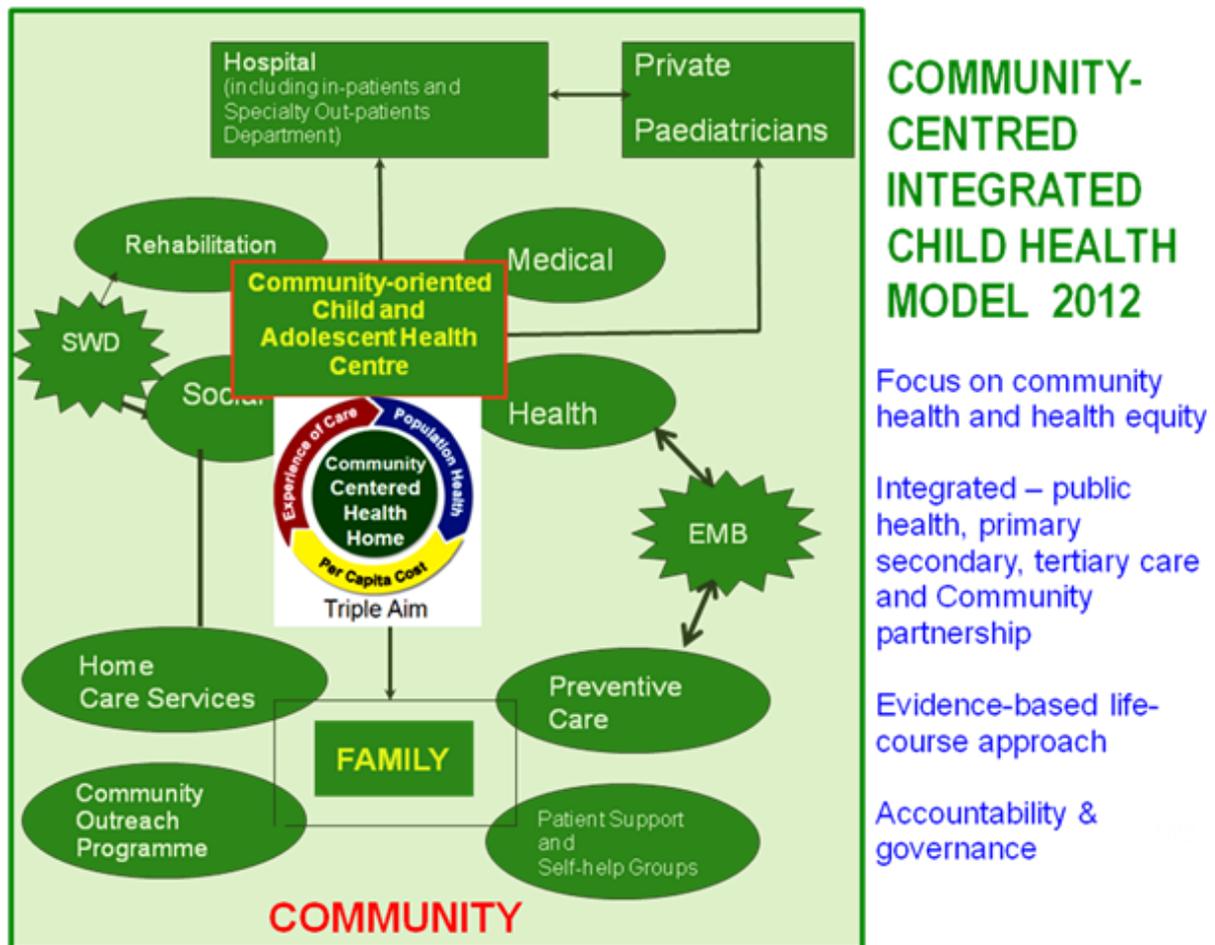
We need a Children’s Commission

to ensure optimal growth and healthy development of our children to achieve their fullest potentials.

(D) Assessment of children in needs

Principles underpinning the assessing framework:

- are child centred;
- are rooted in child development;
- are ecological in their approach;
- ensure equality of opportunity;
- involve working with children and families;
- build on strengths as well as identify difficulties;
- are inter-agency in their approach to assessment and the provision of services;
- are a continuing process, not a single event;
- are carried out in parallel with other action and providing services; and
- are grounded in evidence based knowledge.



References

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2. Early experiences matters : a guide to improved policies for infants and toddlers. Barbara Gebhard, Zero to Three Feb 2009
3. Getting it right for children and young people: overcoming cultural barriers in the NHS so as to meet their needs. Ian Kennedy, COI September 2010

2.4.2 SWOT Analysis by Social Drafting Group

Questionnaire/SWOT Analysis Worksheet

Q1 Strength (in social context)

1. Manpower and human resources
 - high professional quality, some world leaders
 - multi-disciplinary teams
 - high ethical standard
 - experienced personnel
 - people with good innovation
2. Financial / fiscal resources
 - abundant fiscal reserve
 - special non-government funding available
3. Technological resource
 - some world leading teams
4. Service
 - inexpensive
 - accessible
 - wide range service available to people with racial, religious and gender diversity
5. Support
 - government support
 - political “*relatively*” stable
 - good societal support
 - good parental support
 - good support from child care workers and academics

Q2 Weakness (in social context)

- 1 Human resources
 - should be social work support in kindergartens
 - no psychologist in kindergartens, which is essential in early identification and intervention of child and family problems
 - inadequate government support on training (heavy workload, abandoned part-time-day release policy)

Child Health Policy for Hong Kong

- inadequate allied health professionals, especially play therapists and art therapists etc.
 - insufficient manpower for certain services (eg orphans, inadequate parents..)
- 2 Fiscal / financial resources
- not optimizing the use of current resources
 - inadequate resources to address the rising social adverse determinants of health eg. Poor family relationship, single parent, cross border family, working parent, new immigrants and ethnic minority group
 - inadequate financial support for NGO social services
 - no separate children's budgeting
 - inadequate resources for development of child public health as a distinct speciality at tertiary institution.
- 3 Technological resources
- uneven strengths /standards across different sectors
 - lack of children database, Inter-government data sharing still not achieved
- 4 Social/political factors;
- children's Right neither appreciated nor respected
 - lack of child impact assessment
 - HK rather stuck with fighting amongst different political parties (frustrations, good policies cannot be processed and implemented in time)
 - limited communication between government departments: no efficient collaboration
- 5 Statistics and trends
- inadequate data on trends and characteristics
 - demographic trends, resulting in disruption of population structure
 - at a low birth rate (local population)
 - the younger generation prefers to keep pets
 - education system in HK also discourages parenting
- 6 Past and present governmental involvement/activities
- no comprehensive child health policy
 - no co-ordinated action plan
 - poor governance
 - lack of recognition and implication of children's rights
 - current services not child friendly enough and no children participation
 - frustration and mistrust of the government by the public
 - politicization of policy commissions....professionals' roles are over-taken by the politically-correct members

- 7 Healthcare system
 - fragmentation and poor coordination of health care sectors including hospital authority, department of health, private and non-governmental organization
 - over-emphasis in hospital care, under-developed community and primary health care service
 - inadequate development and assessment service
 - poor transition and continuity care, especially for post secondary outlets for children with intellectual deficiencies, chronic medical problems or other disabilities
- 8 Health care culture
 - over dominance of medical sector, needs more contributions from other disciplines
9. Managing diversity: gender, Ethnic minority and children with special needs
 - government does not see pressing need for improving existing system as regards special needs
 - services need to be culture and religion sensitive: needs more investment in translation of health education materials!!
 - equal opportunity platform lacking for children
 - inadequate service for training and rehabilitation
 - long waiting time for assessment and service provision
 - lack of support during waiting period for assessment, and between assessment and training
 - inadequate psychological support to patients and parents
 - inadequate communication between Education Bureau and Social welfare department
 - many children with SEN were excluded from 15 years of free education service because they cannot enter into kindergarten in the first place
 - differential engagements of parents and family members in accepting child having special educational needs
 - discrimination and inequality consciously and subconsciously exist in the society

Q3 External opportunities (in social context)

1. Human resources
 - some community colleges starting to start para-medical professional training to address the manpower needs, but need to ensure training standards
2. Fiscal resource
 - HK still gets a high GDP

Child Health Policy for Hong Kong

- HK still high on list for foreign investors
 - HK still favoured by mainland investors
3. Technological resources
 - internet development aids easy data recruitment and analysis, better understanding and monitoring the social trends
 - escalating knowledge in computers and internet aids developing social activities and programmes
 4. Social/political factors
 - China and the region welcomes input of HK practice wisdom
 - escalation of HK children in awareness of children's right
 - increase awareness of family violence by the public
 5. Demographic trends
 - increase dual work parents demands more good quality child care services
 6. Past and present governmental involvement/activities
 - social services will be very much improved If community care fund is expanded to include children over 6
 - if government's attitude gets more positive, more NGOs will develop more activities
 - commission of anti-poverty
 7. Healthcare system
 - new children hospital / CEP being built soon, acting as a hub for developing social health issues
 - high level of tertiary care attracts patients and funding from China and other Asian countries
 - the development of a new private hospitals (eg jointly run by HKU and Singapore) attracts more financial input and aids building up a medical tourism system
 8. Health care culture
 - increase concern of child health by the public, e.g. child obesity, child anxiety, etc.
 - more subscription to the public health approach, doing more epidemiological studies on prevalence of illnesses
 9. Managing diversity: racial, gender
 - increase awareness leads to more research and discussion on the subjects

Q4 Threats (external influence)

1. Human resource
 - more high quality youngster choose to join investment market rather than medical, education and social disciplines
2. Fiscal resource
 - government unaware of the importance of early intervention of childhood problems and keeps spending more to elderly services
3. Technological resources
 - youngsters indulge more and more into the cyber world leading to many medical, educational and social problem
 - internet many a times promotes sex-related problems and brutality
4. Social/political factors
 - public diversity in defining the aims, priorities and scope of child health
 - HK becoming more and more political, no time or energy for down-to- earth social policy
 - easy sex and pre-marital sex attitude of adolescents
 - attitude on marriage and divorce worsening, more single parents
 - problems related to cross border marriage unresolved
 - increase in immigrants denotes increase demand in social service
 - escalating working hours and poor income result in poor parenting
 - attitude of over-protective parents
 - current education system detrimental to mental and psychological fitness
 - poor environmental condition and pollution
5. Demographic trends
 - increase incidence of single parents
 - increase incidence of mental illness
 - increase incidence of elderly mothers
 - increase incidence of SLD, developmental disabilities, behavioural changes,
6. Past and present governmental involvement/activities
7. Healthcare system
 - more and more children come from mainland China that might have totally different perception about child health and medical system
 - increasing hazard of food safety
8. Health care culture
 - easy sex attitude of adolescents
9. Healthcare system structure
10. Managing diversity: racial, gender
 - teenagers with Special learning needs are facing great difficulty

- no government policy or adequate measures to cater their needs, especially for those with SLD, developmental disabilities, behavioural changes

Q5 More important social factor to address

1. Establish a **Child Commission**
2. Formulate and implement a comprehensive **child health policy**
3. Establish a **risk and resilience framework** for child, youth and family
4. Ensure the follow **special policies** are operating well: anti-poverty, child welfare policies, education-social integrated policies, mental health policy, Disabilities policies, substance abuse policies, medical diseases policies and juvenile justice policies
5. Enhance child health in HK and the broader region in a forward-planning manner by goal-driven, evidenced based, realistic and specific investment on **infrastructure, service and human resource development**
6. Ensure the needs of children are met, especially those in **low income families** and with **special needs, new immigrants** and from **ethnic minority**
7. Enhance the **partnership** among the government, NGOs, business sector and the public sector
8. Promulgate better **communication** amongst different government departments in providing children care

Logistic issues according to life cycle

1. For all stages:
 - promote breast feeding, enhance infant-mother bonding and reduce diseases
 - enhance education on the importance of “family”
 - enhance education of the core values of life
 - provide better physical, social, recreational facilities
 - ensure food and environmental safety
 - provide psychological, medical and social support for all in need
 - ensure good transition care across different stages of life for those in need
2. Preconception and pregnancy:
 - improve preconception care and education
 - provide preventive education to curtail unwanted pregnancies, disrupted families and substance abuse
3. Infancy:
 - enhance parental education

Child Health Policy for Hong Kong

- strengthen early learning and screening programmes for children with social and medical needs
4. Pre-school:
 - stay vigilant to detect and prevent medical and social problems
 - intervene early
 - shorten waiting time and temporary pre-treatment support
 - enhance education of kindergarten child care workers
 5. School age:
 - stay vigilant to detect and prevent medical and social problems; pay more attention to learning disabilities, attention deficit and hyperactivity
 - educate parents and child care workers of child abuse (NAI)
 - detect psychological trauma
 6. Adolescent and early adulthood
 - continue education, pay special attention to psychological problems, social problems, substance abuse, alcoholism, divorce, etc.
 - monitor growth, pubertal and other medical problems

2.4.3 SWOT Analysis by Education Drafting Group

Strengths

1. Education system and services

i. Free education

- Free education of 12 yrs with all sorts of learning
- Free and compulsory education for all children with equal opportunities
- High literacy rate and relatively low school drops

ii. Education for those with special needs

- Good education opportunities for secondary school students to pursue higher education
- Good screening and support service for those at risk
- Education for children with SENs and disabilities

iii. Health elements in existing education curriculum

- Pre-school institutions are eager to join health education activities
- Health elements included in curriculum such as “General Studies” in primary schools and “Liberal Studies” in secondary schools
- Good hygiene practice at schools

iv. Management and networking

- Mature school management
- Strong networking among schools, NGOs and religious bodies
- Good review system by government to cater the needs of children and adolescents

2. Environment and community

- Strong community support
- Stable and protective environment for development of children
- Good communication network and internet search for health information
- Health resources easily accessible
- Government website (Central Health Education Unit) are accessible to public

3. Culture and values

- Free political system
- Consensus about setting up policies on child protection
- Attention on parent education
- Parents are more concerned with children’s education
- International city with open mind to western culture and bilingual teaching

4. Professionalism

- Good teams of professionals in health, education and family support
- Both health and education professionals have high international standard
- Devoted professionals
- Local universities and paediatricians pay attention to healthy development of children

5. Government support

- Government education facilities at MCHC and Student Health are free and easy to access
- Good governance in service delivery both in medical and education
- DH provides School Health Service for all students

6. Finance and resources

- Huge financial resources
- Rich resources and growing expenditure in education
- Reasonable resources to school

Weaknesses

1. Education System and services

i. School curriculum

- Schools teach knowledge but not learning skills or survival knowledge
- Schools emphasize on academic training rather than balanced life skill training
- Education culture still didactic and focus on factual learning rather than inquiry learning despite various education reform
- School curriculum too packed with academic subjects and has inadequate health education
- Not enough emphasis on physical education so the resilience of students is weak
- Pre-school institutions failed to launch sustained health education activities
- Teaching methods not focus on developmental milestone of children
- Unrealistic emphasis on mandarin
- Poorly designed syllabus lacking in beauty of liberal arts and science

ii. Great pressure to students

- School system puts great pressure to students
- Over-emphasis on academic performance introduces tremendous stress on students

iii. Inadequate support to students with SENs

- Inadequate support to children with learning difficulties or ADHD
- Inadequate supply and resources to children with special talents
- Inadequate funding and staff for special education
- Identified cases with special SENs do not receive immediate and appropriate help
- Poor understanding from government and community for support and equity for SEN students
- Inequity still exists especially in higher education and job hunting for children with different cultures and disabilities

iv. Changing system

- Frequent change in education system makes it difficult for children and parents to adapt
- Too many reforms with repeated pattern and lack of early innovative practices

2. Environment and community

- Parents waste a lot of time in searching for resources and support to their kids because the current system is not effective
- Highly stressed familial support from all classes including work-stress and economic constraints

3. Professionalism and human resources

- Teachers spend less time on students and more time on unnecessary administrative work and bureaucratic exchanges
- Lack of research evidence of comprehensive localized children's health education development
- Lack of coordination
- Pre-school teachers lack of support

4. Government support

- Too much government control on public schools and teachers
- Education bureau does not led by education professionals and experts; high turnover of senior staff jeopardizes the consistency of policies
- Bureaucratic structure in government and lack of coordination among professionals
- Weak inter-disciplinary alignment of services from various government sectors
- No long term health policy

- Lack of comprehensive policies on children's healthy living
- Lack of proposals for bureau / departments to cooperate and to develop children's health

5. Finance and resources

- Due to economic crisis, more families are living in poverty which would jeopardize the development of their children

Opportunities

1. Education System and services

- The new 3+3+4 education system should provide more spare time for general education other than academic subjects
- School system reform increases expectation from parents and other stakeholders from community

2. Environment and community

i. Children's rights

- Most parents understand the rights of children. Their voices become the momentum for social or political change
- The Convention on the Rights for Person with Disabilities (UNESCO) guides the services, support and policy in Hong Kong. With the reference to the content, the government has to formulate policy, deploy manpower or allocate resources for the necessary change
- The Disability and Race Discrimination Ordinance by Equal Opportunities Council (EOC) enforces non-discrimination and code of practice in education. Public awareness and community support further promote the change
- Increased awareness of education, work, life style and environmental protection as rights of children

ii. Child advocacy

- Global advocacy of comprehensive growth and development of children is more widely accepted by the government and general public
- Child Health definition is very broad covering emotional, intellectual and social wellbeing which fits well with education missions
- The UNESCO, WHO and many international NGOs provide a lot of information on health and literacy. We can get guidance from these international organizations

iii. Community and parents awareness

- Young parents are more aware of the importance of balanced health

and development for children and improvements in the Education system in HK (3)

- Awareness that early childhood problems may have long term influence on problems in later life
- Implementation of education plan since 2000 increased the awareness of whole community to the need for education reform
- Parents are more educated and would be motivated to nurture their children in a more holistic manner if given the right kind of social culture and values

iv. Community resources and culture

- NGOs, charitable groups, funds, foundations and professionals in the community are valuable assets for innovative change and fill the gap of missing or inadequate services provided by the government
- Increasing number of NGOs being involved in providing supplementary education and training for children and adolescents
- Hong Kong is an open society with the belief in “information for all” and “education for all”. People are free to get information, including health information. They can also freely express their views on health policy
- Hong Kong is a technologically advanced city. The mobile phone penetration rate is 200%. People can access health information through the new media easily
- Free information available without censorship
- Hong Kong being an open society would encourage stronger mobilization of private / community resources if Government policy strongly supports this endeavour

v. Community movement

- Babies born to mainlanders coming to HK keep our population young
- Political system encouraging mainlanders or their children to come to HK for education

3. Professionalism and human resources

- Australian research showing positive evidence of strengthened-based approaches can be used as reference
- A dedicated group of health professionals interested in child health taking on child health to broader perspectives beyond health care boundaries, e.g. injury prevention including bullying, self-harm, cyber bullying, resiliency program, anti-drug programmes, healthy school programmes, exercise and health, nutrition and wellness

- Increasing amount of research on education worldwide, and guidelines available from other countries which can supply more evidence-based information to help us in formulation of our own policy

4. Government support

- Quality Education Fund supports pre-school institutes to launch health education activities

5. Finance and resources

- Good financial sustainability provides free or subsidized education to children ranging from primary to tertiary education
- Financial centre attracting brains from overseas and bringing new ideas and opportunities to HK children

Threats

1. Education system and services

- Mandarin is used as teaching language
- Health education activities for children are not comprehensive, e.g. lack of a continuous program

2. Environment and community

i. Community values

- Traditional emphasis on academic achievements remains the major trend in most schools and the expectation of parents
- Knowledge based economy and many students with vocational skills tend to be left out
- Due to socio-political changes, Hong Kong people will face a lot of challenges and they are under stress
- The next?? generation youth (post-80s and post 90s) have a lot of grievances and unhappy. It is important to guide them to have a positive mindset
- The concept of preventive health care and healthy life style is still not widely implemented in the community

ii. Community resources

- Large demand and shortage of manpower especially with those skills required for children with SENs eg) nurses, physiotherapists, OT, music and play therapists
- Long working hours of parents, poor living conditions, low social-economic status, growing number of single parent families are always

the barriers to hindering the healthy development of children

iii. Community movement

- More mainland immigrants stay at Hong Kong and their health values are different since they grew up in a very different social / educational system
- Protectionism discourages mainlanders to study in Hong Kong
- Mainlanders are discouraged to give birth in Hong Kong while local birth rate is so low
- Low birth rate and small family size make it more difficult to get high attention on the political agenda unless crisis emerges
- Explosion of child population (non-engaged children from mainland) poses threat to future medical / education / social services

iv. Discrimination still exists

- Discrimination against children with SENs in the inclusive settings always exists. These children always suffer from difficulties for the overall development
- Children with SENs are not well protected or entitled by Individual Education Plan (IEP) for tailor-made learning curriculum. Only 5% of SEN students have reported to have IEPs in mainstream schools
- Social disparities and poverty affect the learning opportunities of some disadvantaged children

v. Technology changes

- New technological developments will change the life style of people. New media devices will lead to new health problems, e.g. prolonged use of ipad may cause neck pain. More schools will adopt these new technologies in teaching

3. Professionalism and human resources

- Early onset of preventable disease in early adulthood calls for early intervention in life
- High turnover of pre-school teachers
- Insufficiency in trained medical and para-medical professionals

4. Government support

- Complaints of grievances by parents for the rights of children are always unsolved or neglected by the government
- No major health policy / child commission
- Lack of long term child health policy in broader sense with commitment of resources and manpower development. No statutory regulation on healthy

Child Health Policy for Hong Kong

development of children eg) school health act / ordinance which exist in many other countries like Korea and Japan

- Policies on child protection are weak
- Lack of communication in different bureau / departments of government leading to unaddressed needs of children from different social and economic status
- Fiscal and budgetary policies maintain child education and health services
- Competing demands for government funding and private donations from other groups such as geriatrics
- Difficulty in getting funding from government for all levels of education

2.4.4 SWOT Analysis by Nursing and Allied Health Drafting Group

STRENGTH

A. Policy - Public Healthcare Policy

1. Comprehensive and lifelong holistic healthcare services

It has been the HKSAR Government's public healthcare policy to provide comprehensive and lifelong holistic healthcare services to each citizen.

Preconception

- Family Planning Association provides pre-pregnancy checkup
- Reproductive health education in schools, Family Planning Association, integrated family service centre
- Smoking Cessation Program in General Outpatient Clinics (GOPCs)

Pregnancy and antenatal

- Maternal and Child Health (MCH) services and antenatal services from HA and private sectors
- Universal Down's screening to all pregnant women in HA
- Universal Group B Streptococcus screening to all pregnant women with intrapartum antibiotic to protect fetus when in labor
- Serological screening of Hepatitis B, HIV infection Rubella and Syphilis on initial antenatal visit to provide appropriate intervention to decrease risk of mother-to-child transmission
- Early identification of high risk pregnancies including social determinants, poverty, smoking, drug, alcohol, domestic violence single mother and Comprehensive Child Development Services (CCDS) which also aims at timely support to pregnant woman with psychiatric problem and substance abuse and the high risk groups.
- Maternal leave provide to maternal mothers

Postnatal, newborns, infancy and childhood

- G6PD and TSH screening at birth
- The Maternal and Child Health Centres under DH provides eligible persons (EP), newborns and up to age of 5 with a well coverage maternal and child health services including:
 - Health and developmental surveillance
 - Parenting and program

- Postnatal depression screening
- Breastfeeding and nutritional counseling
- Comprehensive immunization program against 9 infectious diseases – more than 94% children would complete the program in primary school
- Child Assessment Centre provides early assessment, intervention and make necessary referral for children with special health care needs
- Free influenza vaccines have been providing for people with chronic illnesses since 2008, GIVP provides coverage of high risk group child and adolescent patients
- Since 2007, a universal newborn screening has been providing to all neonates born in Hong Kong to prevent developmental delay result from hearing impairment
- Occupational therapists are resourceful to facilitate early discharge home
- Early mental health intervention is provided by Early Education Training Centre, (EETC), Special Child Care Centre (SCCC), Integrated Child Care Centre (ICCC) but with long waiting time up to 4-5 years old
- Comprehensive education system for special education needs includes 1 school 1 educational psychologist, student guidance teachers, school social workers, remedial class and training to promote self-image
- Resources are available from other NGOs but no collaboration support from the Government
- Student Health Services and Dental Services are provided for students
- Adolescent Centres in HA hospitals and NGO are set up to address adolescent issues

2. Assessable and affordable services to the general public

The public healthcare services in the HKSAR are heavily subsidized by the Government, The Government provides eligible persons (EP), including children, with a wide range of multi-disciplinary healthcare services through the HA:

- Children under 12 are charged half of the bed maintenance fees as that for adults.
- Public healthcare expenses of Comprehensive Social Security Assistance (CSSA) recipients will be waived
- 24 hours emergency services provided by HA

3. Equity is addressed in general

No one is prevented, through lack of means, from obtaining adequate medical treatment.

- For non-CSSA patients who experience financial hardship, medical fee will be waived upon application if they meet the financial criteria
- Consideration of non-financial and social factors will also be taken into account on a case-by-case basis

- Government gets more aware of increased needs of ASD, SLD, DCD or children with different sensory deficits
- Government encourages inclusive education for children with special needs to normal mainstream schools
- Current policy ensures the clients have the right to receive Occupational Therapy services once in the health care system
- Nine years free education policy for all citizens
- Good education system provides education for children with complex needs, e.g. Jockey Club Lok Yan Special School

B. System

Comprehensive health care system with well coverage, MCHC, CAC triage referral to child psychiatry and other health care professionals.

- Early screening and intervention in different life stage
- Efficient and accessible medication distribution system
- Metropolitan culturally diversified city with delicious food with reasonable price
- Having satisfactory access to psychological services from clinical psychologists across various developmental stages. The availability of services in the pre-school ages has set the basis for health protection and disease prevention.
- Generally efficient and accessible medication distribution system
- Easy access of physiotherapy service at HA & NGO settings (e.g. EETC, SCCC and special schools)
- Well planned transportation system between hospitals and health care institutions

C. Services Provision, Partnership and Technology

1. Services standard - International standard

All life stage

- Low maternal, perinatal and neonatal mortality and morbidity, low infant mortality rate
- Ethical health care professionals in general: doctors, nurses, allied health, pharmacists and dispensers
- Tertiary Oncology centre in Prince of Wales Hospital (PWH), Renal Centre in Princess Margaret Hospital (PMH) & Cardiac Centre in Queen Elizabeth Hospital (QMH)
- Pharmacy enhancement programs: develop clinical pharmacy in Paediatrics, pharmacy intravenous admixture service for neonatal and paediatric intensive care patients

- Specialized physiotherapy services in hospitals, special schools, EETC, and SCCC
- Child and Adolescent
- Children in pre-school / primary schools are receiving health and developmental checks in certain aspects
- School based nutrition program are commonly implemented (eatsmart@school)
- Obesity and needs for physical exercises are promoted in some of the schools
- School children with developmental motor delay, special physical needs and coordination disorders received physiotherapy in HA, NGO and some school settings
- School nurses in special schools and private schools
- Occupational Therapists (OT) have the autonomy in most settings to provide excellent care to the needs of the clients
- OT support students with mild physical disability in mainstream schools through appointed resource center funded by Education Bureau (EDB)
- OT provides the Vocational Counseling and Occupational Lifestyle Redesign of children with chronic illness during the transition from student to adult
- OT plays a role in application for compassionate re-housing, home modification and facilities and special equipment to facilitate adolescents in need to live independently
- Parents and children have received education on psychological wellbeing from various fronts e.g. API, school, clinics etc.
- Provision of care to clients transition from one development stage to another and enable clients with special needs to achieve their best potential to productive life but can be expanded more
- Health education talk on avoidance of risky behaviors at schools
- HA established EASY service in Hong Kong and provides hotline for early identification and early intervention which carry out the case management program which is staff intensive and required certain experience for the care of early psychosis
- HA is the sole provider which delivers community psychiatric nursing service of EASY in Hong Kong

2. Partnership

- NGOs to provide psychosocial and financial support to patients and family with chronic disease
- Partnership with Children's Cancer Foundation to provide palliative home care service for paediatric oncology patient in 5 centres since 1999
- Partnership with Play Services to provide essential plays for children

3. Technology advancement

Technology advancement results in better survival, easily access to health information, and facilitate learning for children with disabilities:

Antenatal

- Better screening and diagnosis

Neonatal, infant, childhood and adolescent

- Advance care and treatment for critically ill children resulted in better survival
- Facilitate communication and access of health information through IT means
- Advanced Augmentative and Alternative Communication Device to improve communication and quality of care for children with special needs
- Availability of Chinese and Western Medicines, generally well regulated by the Department of Health

D. Professional Standards / Knowledge / Training

All life stages

1. Knowledge Exchange Internationally

- Hong Kong is a modern city which is open and attracts and welcomes sharing of professional knowledge
- Health care professionals have good access to international practice and guidelines in health planning and service delivery, ensuring a certain standard of quality

2. Evidence Based Practice

- Applied to all healthcare professionals
- Worldwide effective approaches to treat child mental health problem, use of medication to treat ADHD (The NIMH multimodal treatment study of ADHD (MTA), use of social thinking approach to treat children with ASD)

3. Highly Specialized Healthcare Professionals

Skillful and knowledgeable expertise from medical, nursing, allied health, social and education organization:

- Specialization of nursing services, - specialty nurse scheme launched and subspecialty nursing training since 1990s
- Nurse acts as case manager and facilitate the transition care from intensive care to step down care and from child to adolescent
- Cohesive Paediatric teams in the profession

- Good multi-disciplinary collaboration e.g. Medication Safety in Children Core Group and Paediatric Pharmacist Interest Group in HA
- Local expert professionals who have good clinical skills and passion

E. Social and Economic Advancement

- Parents can afford to buy equipment required by patients
- Family hires maid for taking care of patients
- The salary of professional staff is attractive
- Medication cost is relatively affordable

F. Public Education and Awareness

- Parents are more educated and more aware of the wellbeing of children
- More awareness on the wellbeing of children with disability
- Public awareness on children physical and motor developmental issues is increasing
- Special Olympics and other sports organizations for the physically handicapped children
- Wheelchair accessible at different environments in the community
- Wellbeing (psychological & physical) of children is regarded as important in the community

WEAKNESS

A. Policy - Public Healthcare Policy

- Lack of a child health policy
- Lack of independent monitoring system
- Lack of coordination / communication
- Lack of a way in education system to reach OT/PT services at mainstream school
- Not all allied health professional are statutorily registered e.g. nutritionists / dietitians / CP
- Loose regulation on Q&S of claims of health / nutritional products
- Inadequate environmental pollution
- Though free education system, inadequate funding for children with learning disabilities
- Lack of guiding principles and values in the promulgation of health care policy and service delivery model

- Holistic Care that embraces an integration of physical, psychological and social well-being is more than of a concept than a practice
- Lack of a well-articulated data on the psychological well-being of children in Hong Kong. This includes the identification of the at-risk population in various domains
- Hong Kong is spending proportionally less of its health budget on mental health than comparable health systems and there is no large-scale epidemiological study to assess the current level of mental health need in Hong Kong

B. System

- Lack of long term planning in the healthcare systems
- Fragmented, duplicated, lack of coordination between HA, DH, NGO and school
- Diseases oriented, inadequate attention to public health, not enough health education and promotion and disease prevention. E.g. Weak in public alertness on risk behavior and healthy lifestyles
- Uneven distribution of resources e.g. geriatrics and paediatrics
- No primary nursing system in the community

C. Services Provision and Partnership and Technology

Attention is focused on the management of health problem rather than building up health of children. The identification and enhancement of protective factors are not well recognized.

Inadequate resources / support for:

- Promotion of antenatal services and care in the community
- Disadvantage/at risk groups e.g. children with special needs, new immigrants, mother at risk, ethnic minority
- Breastfeeding
- Special placement e.g. EETC, SCCC, ICC
- Developmental coordination problems
- Adolescent Service
- Transitional care child-adult, critical care- sub-acute, sub-acute to rehabilitation – Hospital to community
- Home death
- Psycho-social services
- Mental health care services
- Inclusive education for taking care of students with special health care needs
- Physiotherapy support for mentally challenged children in schools
- Physiotherapy services for mild to moderate grade MR in school
- Dietetics services for sick institutionalized adolescent

- Coverage of free vaccines services e.g. chickpox, HPV
- Working or non-working parents support
- Social welfare department

D. Professional Standards / Knowledge / Training

Inadequate training for

- Specialised care
- Community Paediatrics
- Undergraduate paediatric training
- Integrated education ICCC, SCCC teachers
- Identify mental health problem
- Parenting
- Handling chronic illness or terminal ill
- Paediatric physiotherapy
- Researches
- Public Health

Manpower

- Staff retention problems in HA
- Manpower of dietitian is below international standard and not specialization of dietitians in paediatrics
- Small number of clinical psychologists
- Some allied health professional such as Clinical Psychologists and Dietitians are still not regulated by statutory regulation which renders the public not well protected for quality service.
- Insufficient pharmacists specialized in Paediatrics

E. Social and Economic Advancement

- Lack of child health indicator/data to identify needs and services gaps Insufficient care support e.g. Web / IT information and support for both health and illness and somehow misleading, lack of a system to monitor the standard of web / IT
- Inadequate validate local assessment and screening tools in different aspects of functioning and nutritional screening
- No well-articulated data on psychological well-being of children
- Lack linkage with external partners, SED, immigration police in primary health care

F. Public Education and Awareness

Underutilization of community pharmacists as educators and advocates

OPPORTUNITY

A. Policy

- Globalization and rapid economic development of Mainland of China
- Healthy financial status of government
- Increased resources from government to cope with the increased nos. of children come from the Mainland China
- Increased resources from government to support the children with special needs
- Increased family support from government e.g. Paternal Leave
- Confirmation of building the Centre of Excellence in Paediatrics
- Government policy in stopping the NEP to give birth in Hong Kong and more resources can be allocated to the Hong Kong Woman
- The promotion of breastfeeding policy and development of Baby Friendly Hospitals in HK
- Existing Child Health Policy in other countries like US, UK, China and Canada can be used as a benchmark for HK to establishing its own child health policy

B. System to Meet Public Demands

- Inter-sectoral and trans-disciplinary coordination and collaboration
- Public/private collaboration in the health care
- Private health Insurance cover are common
- Stakeholder involvement in the health care system
 - e.g. Patient/parent supports groups or organization contributing to child health issues
 - e.g. Parental involvement and empowerment
- Hospital accreditation system to monitor standard and quality

C. Services Provision, Partnership and Technology

1. Services standard - international status

- High quality health care and good brand name attract people from China and Macau
- Increasing evidence and worldwide trend of investment in early childhood
- Global trend to regulate the practice of healthcare professionals - licensing and credentialing
- Potential improvement in use of effective pharmacological and psychosocial treatments in helping child with special needs e.g. ADHD children
- More effort in promotion of physical health in primary and secondary school

students and better public awareness on physical fitness

- Setting up programs emphasis on early intervention to prevent or reduce the likelihood of long term impairment for those children and adolescent with mental health problems
- There have been some innovative community projects for EASY in recent years

2. Building the “Centre of Excellence in Paediatrics”

- A drive for review and plan of paediatric practice and services.
- Provide better tertiary health care services for children for the complex health care needs

3. Technology advancement (IT) - increase access to health information

Help better diagnosis, treatment and open the door of opportunities for health care professionals to improve the child health promotion strategies by using intellectual technology.

All life stage

- Better diagnosis in pre-natal stage and treatment of rare disease
- The popularity of internet and social network helps the public to know more about child’s health and developmental issues
- Webcast and e learning to facilitate training and saving travelling time
- Online resources: smartphone, facebook, SMS and telecare, I pad as a platform to provide health advice and symptom assessment for adolescent patient with chronic disease
- One click portal by HKU to provide health care information to parents with Special Health Care needs
- E-health between public and private collaboration in patient treatment
- Government subsidy to support the web information for parents of the children with special health care needs
- Internet to promote public education focuses on enhancing the awareness on sign and symptoms and handling of children’s common mental health disorders, like ASD, ADHD, Anxiety, Depression and early Psychosis

4. Partnership – Intersectoral and Transdisciplinary collaboration

- Career empowerment in special schools
- Private setting and NGOs are filling the service gaps for children with undiagnosed developmental problems, fitness issues etc. in children’s after-school hours.
- Public-private partnership for community program

- Promoting child health in school setting.
- Transitional care for young people, include clinical condition's needs, psychosocial, educational, vocational issues and health behaviors.
- Global collaboration to strengthen food safety standard and its supply

D. Professional Standards / Knowledge / Training

1. Training

Centre of Excellence in Paediatrics (CEP)

CEP opens up more training opportunities and specialized paediatric services for doctors, nurses and allied health professionals:

- Be a location for further training in paediatrics
- Move towards a more ideal care system for children with illness
- Standardized practice by sharing protocols and guidelines
- Staff rotation to enhance professional knowledge and experience enrichment
- Further develop research-based practice and research studies e.g. screening tools for local children and therapeutic treatment methods (with evidence-based practice) to treat children with mental health problems across different settings
- More advanced technology could be introduced in the physical rehabilitation with evidence based practice and overseas training
- Structured education system and nutrition education can be incorporated into curriculum
- Invite overseas advanced nursing professional to introduce new nursing care practices
- Good reference model of public health nutrition and clinical services from oversea
- Better availability of training opportunities for pharmacists who wish to specialize in paediatrics in Hospital Authority
- Standardize and monitor the professional nursing competency to child health and introduce the advantages of 'one-school one nurse policy' from Taiwan, Macau and US

2. Manpower

- More obstetric specialist return to the public setting

E. Social and Economic Advancement

- Parents / Parents-to-be are better educated and more assertive in striving for their own benefits

F. Public Education and Awareness

- Professional training for public health education and maternity care are well-developed but need to promote
- Increased public awareness on health and nutrition
- Rising Concern about the psychological well-being of children in the community
- Schools are more aware of the importance of physical development and health. They are willing to run short-term, activity-based physical health activities for students and parents
- Increase awareness of the public on the importance of Breastfeeding and government granted funding to make hospital baby friendly

THREAT

A. Policy - Public Healthcare Policy

- Policy tied up with the term of the government, and subject to change and abandonment with the expiry of the term
- Government shows less concern on the importance of family structure and social determinants which are directly related to child health
- Unpredicted situation of cross border children demanding health care services in Hong Kong
- The influx of children under different healthcare system and immunization may change the disease pattern in Hong Kong
- Increased poverty and unequal distribution of wealth in Hong Kong with insufficient resources from government to address the income disparity
- Poor work life balance, inadequate social support for parents to cope with family needs and exercise the parental roles
- Dual roles of mothers, inadequate parenting or family contact time
- No structure Government policy / long term planning on child health for local schools and community and health care system
- Diversify of clients from public healthcare services need Health Insurance Policy
- Government takes little account on the importance of forming a child health policy in Hong Kong
- Government focuses on age population and less to children
- Government emphasizes on quantitative outcome and undervalue the qualitative evaluation of services

B. System

- Children difficult to raise their voice to express their needs in comparing with the

adult.

- Challenges on food safety due to the high dependence on imported foods and globalization of food supply
- Misinformation on nutrition propagates rapidly via electronic medias
- Segregated and protectionist practice in individual sectors needs to be adjusted to render the implementation coherent.

C. Services Provision, Partnership and Technology

1. Affordability and Accessibility of services still in questions

- Influx of Cross-border children seeking for health care service and education in Hong Kong
- Increase of new immigrants with increase in demand of services e.g. Cultural issues
- Services provided by NGOs to fill up the services gap of the public sectors are self – financed. Children with less desirable financial support are not able to afford
- Shifting of NGOs from providing non-profit making services to a profit-making services

2. Inadequate resources / support for:

- Disadvantage/at risk groups e.g. children with special needs, new immigrants, mother at risk, ethnic minority etc.
- Breastfeeding but mothers also facing milk formula shortage competed with mothers from Mainland China.
- Special placement e.g. EETC, SCCC, ICC
- Transitional care child-adult, critical care- sub-acute, sub-acute to rehabilitation – Hospital to community
- Psycho-social services
- Working or non-working parents support
- Adolescent Services
- Mental health care services
- Physiotherapy support for mentally challenged children in schools
- Physiotherapy services for mild to moderate grade MR in special school
- Dietetics services for sick institutionalized adolescent
- Promotion of antenatal services and care in the community
- Transportation for children with special health care needs to physiotherapy for rehabilitation program
- Fitness or rehabilitation centres for paediatrics and adolescents
- Increase nos. of Gestational Diabetes

Technological Advancement

Pregnancy

- Medicalised childbirth, with high intervention rate and operative deliveries, reducing normal natural birth
- Limited access to dietetic services for infant raising in Mainland
- NEP without antenatal checking increase the risk of complex delivery

Childhood

- IT technology makes children in general inactive in physical activities

D. Professional Standards / Knowledge / Training

Inadequate training for

- Specialized care
- Community Paediatrics
- Undergraduate pharmacy school training in Paediatrics
- Integrated education ICCC, SCCC teachers
- Identify mental health problem
- Parenting
- Handling chronic illness or terminal ill
- Paediatric physiotherapy
- Inadequate support for research
- School health nursing
- Paediatric critical Care Training

Manpower – Insufficient

- Increased numbers of staff going to retire
- Shortage of nurses
- Generation Y – looks for work life balance and not committed to work
- Demographic trends show more and more ASD & ADHD children being diagnosed. These demand are not matched with enough OT manpower in the field
- Number of specialty nurse is unstable
- Recent tendency of the abusing the use of transdisciplinary approach that leads to deploying OT skills to non-professionals, making more harm to clients
- More ASD, DCD and ADHD children with motor delay, more children and adolescents with postural and musculoskeletal problems, but limited paediatric physiotherapists in NGO and HA settings
- Manpower of dietitian is below international standard

- Small number of clinical psychologists
- Insufficient pharmacists specialized in Paediatrics
- Experienced therapists needed to take extra administrative duties, less time for clinical services
- No re-certification is required to ensure the standard of care such as PALS, BLS, and TNCC.

E. Social and Economic Advancement

Increase of new immigrants with increase in services demand and social support

Preconception, antenatal and pregnancy

- Decreased birth rate will lead to decreased in resources to paediatrics
- Increase abandon infant with complex health care needs in Hong Kong

Childhood

- School system emphasized on academic performance and less on physical and mental health issue

Adolescent

- Rising nos. of hidden drug abusers among adolescents
- Sectors competing resources with other sectors or within sectors e.g. acute, adult and community
- Changing social value lead to compensated dating, teenage pregnancy and abandon or neglected child or even child abuse
- Variable medication compliance rates for chronic diseases in adolescents
- Hidden youth at home with unproductive life
- Increase family conflicts and stress of aging parents with unemployed adult son / daughter
- Increase adult psychopathology/psychiatric disorders if children not being treated properly e.g. early psychosis onset in adolescent may persist to adulthood

F. Public Education and Awareness to Health Care Services

- Poor parenting skill
- Parents over protect their children
- Parents concerned of academic performance rather than children's health
- Parents become aging in caring issues of their children with special health care needs

- Stigmatization and discrimination persisted with children with special health care needs. e.g. ASD, ADHD, AN cases, hence deprive of appropriate treatment
- There is a cultural stigma to mental illness. People may hide their mental illness from families who may be reluctant to seek help until crisis occurs
- Public and political attitudes to mental health are influenced by concerns about public safety

RECOMMENDATIONS

A. Policy

1. Reduction of poverty, social and health inequality and employment

- Provide a safety net and different support services to cater for the basic needs of the poor and improve their livelihood
- Strengthen training and retraining to facilitate those who have the ability to work to join the labor market to achieve self-reliance and alleviate poverty
- Adjustment of CSSA with the Social Security Assistance Index of Price
- Sufficient resources to support the inclusive education in normal schools
- Provision of special training and enhancement program for the school teachers who have to take care of the students with special health care needs such as ASD, ADHD
- Education and social support for the underprivileged group to prevent inter- generational poverty
- More resources and placements offered to the children who required to attend EETC, SCCC and ICC, to minimize/shorten the long waiting time
- Equity to services applies to ethnic minority group irrespective of their race, personal characteristics, social and financial background
- Legislation similar to developed countries, such as the IDEA (Individual Disability Education Act) in USA or EAP (Education Adjustment Program) in Australia, should be introduced in Hong Kong. As a result, students with special educational needs in mainstream schools and colleges can have direct access to Occupational Therapy Service
- Insurance system is recommended to be revised to cover the service charge of occupational therapy so that children in need can be supported financially for the service
- High Risk Infant Follow Up program should be extended to all local hospitals and NGOs for early detection and intervention of babies with developmental problems
- A platform should be established for communication among service providers in different settings. Thus, better service coordination and planning in response to the society's need can be enhanced

2. A well recognized and integrated Government Child Health Policy

- The child health policy should under central governance for the overall coordination
- The child health policy can address the needs of children in Hong Kong from different health care disciplines and Sectors' perspectives
- A structured health care policy takes into consideration of a holistic approach that encompasses physical, social, psychological, spiritual , mental wellbeing for the child, family, school/community with a continuity of professional management from promotion/screening, prevention, treatment & maintenance of well-being of our children which is our ultimate goal
- Integrate all services for children throughout life course
- Children Right in Hong Kong must be set up and legitimized as foundation of the Child Health Policy
- Policies and planning for children and adolescent should be focused on reducing the risk factors but improving the protective factors according to different developmental phase
- For a policy to sustain, it needs to be driven by a set of overarching values that direct concrete actions by and to all the stakeholders subject to be ongoing evaluated and adjusted along the way
- The children health policy must address the service standard of different professions. Thus, “registration” should be done to every single profession to gate-keep the service quality and standard
- To enforce suitable policies and planning to promote child mental health

B. System

- Making the best use of specialist expertise from multi-discipline, standardizing care practice and provide timely, high quality and personalized care.
- Setting up a comprehensive Early Detection / Screening System for specials needs children e.g. ASD / ADHD screening for all pre-schooling age children
- SWO / NGO staff provide regular visits to high risky family to provide support and follow up
- Setting up a specialist clinic / call centre to provide consultation to help ASD clients and parents in case of crisis and necessary needs throughout their life
- Set up evening or weekend clinic to facilitate follow up so as to reduce disturbance to their school life and promote their attendance to receive treatment

C. Services Provision

Nursing (General and Psychiatric)

- Develop Community Paediatric nursing to take care children in the community and providing continuity care from hospital to community
- Develop School Nursing at normal schools
- Develop Paediatric Specialty and Subspecialty Nursing to provide specialized care to children in primary care setting and during hospitalization
- More public education to the public and reduce their stigmatization towards the children with mental illness, chronic diseases and with special health care needs
- Set up evening or weekend clinic to facilitate follow up and promote attendance to receive treatment in child mental health

Physiotherapy Services

- Provide preconception health education /visit for every women planning for pregnancy
- Allocate paediatric physiotherapist in the MCHC for fast track screening of infants suspected of motor developmental problems and minor deviation in musculoskeletal system, before referral to specialty clinic/ OPD

NGO

- Screening of children with motor problems should be more sensitive and inclusive so that no children will be left out by the healthcare system and suffered during their childhood.

Child Psychologist

- Policies and planning for children and adolescent should be focused on reducing the risk factors but improving the protective factors according to different developmental phase

Dietitian

- Strengthening the regulatory control to modify the environment to be friendly to healthy eating to improve nutritional status of childbearing age women.
- O&G services to suit the working mothers' needs.
- Regulatory control of the unethical sales and marketing of infant formula and enhancing education of infant feeding to mother in MCHC would reduce misinformation and promote proper infant feeding.
- Enhancing the parental education of healthy eating and skills to build up healthy eating habit as one of the important parenting skills, and the school-based nutrition education program to promote nutrition among the school kids.

- School-based nutrition education program would help the youth to improve their health status, prevention of the premature onset of metabolic syndrome and chronic disease in their adulthood
- Enhancing the governmental effort for public health education to increase awareness of healthy diet and lifestyle for chronic disease prevention.

Speech Therapy

- Allocate paediatric speech therapist in MCHC for fast track screening of infants/children suspected of communication delay and/or feeding/swallowing problems.
- Arrange case manager so as to provide a platform following the children's issues promptly among different settings, e.g. private, public, NGO etc.

Occupational Therapy

- Allocate paediatric physiotherapist and occupational therapist in MCHC/ preschool/school for fast tracking screening for infants/children suspected motor delay/autistic features/sensory deficits and receive early intervention and parent education.

Pharmacy

- Under-utilization of community pharmacists as educators and advocates -To promote community pharmacists as educators and advocates of child health, since they are the most accessible health care professional on the high street who require no prior appointment and fee for service

D. Training

More resources and provide adequate training for health care professionals:

- Specialized care
- Community Paediatrics
- Undergraduate pharmacy school training in Paediatrics
- Mental health problem
- Parenting
- Handling chronic illness or terminal ill
- Paediatric physiotherapy
- Inadequate support for research
- School health nursing
- Provide training to Integrated education ICCC, SCCC teachers
- Provide training to teachers, social workers, general practitioners to assess and identify

- problems of child and adolescent in their setting and make appropriate referral
- Research on treatment outcome to identify area of improvement and better understanding of the cause and consequences of child health problems so as to enhance staff training and ensure quality of care
 - Establish a cross-sectors and cross-jurisdictional research agenda to improve outcomes for children is essential
 - Setting protocol and guidelines to promote consistency of treatment and better treatment outcome e.g. Set up clinical pathways for those special needs children (e.g. ADHD, anxiety, depression, psychosis, ASD) that cover the range from receiving treatment in community to hospitalization
 - Mobilize community/ private sector resources, e.g. train up the staff in NGO/ school teachers/ school social worker family medicine to provide certain training to C & A in setting up relevant programs
 - Schools include curriculum of promoting mental health from primary to secondary school e.g. Teaching knowledge and illness prevention concept i.e. Stress coping, problem solving skills
 - Curriculum for the health care professionals should be revised to cover more on children's health care needs
 - Support for evidence-based research in children's health care should be improved

E. Trans-disciplinary and Intersectoral Collaboration

- Provision of Seamless healthcare services through trans-disciplinary and intersectoral collaboration

Children with mental health problems

- Mutual referral of clients between NGOs, Education Bureau, private general practitioners and psychiatrist for those special needs / high risks of mental health problems cases
- Partnership scheme with NGO to establish resources Centre for special needs children with back up by health professions and expertise e.g. ASD /ADHD / Early Psychosis resources centres E.g. Nurses, Red Cross Teacher, Occupational Therapists to work with school personnel e.g. Increase involvement of teachers, student guidance teacher (SGT), school social worker (SSW), educational psychologist (EP) for management and support of ASD, ADHD, AN, Anxiety , Depression, Psychosis clients in primary and secondary schools especially for complex or difficult cases.
- Schools include curriculum of promoting mental health from primary to secondary school e.g. Teaching knowledge and illness prevention concept i.e. Stress coping, problem solving skills

- Teaching school teachers about the causes of child mental health problems (e.g. ASD, ADHD, Eating disorder, Anxiety, Depression, Psychosis etc.)
- Develop a website to provide useful information and resources in relation to different child mental health problems for the youth, parents and teachers
- Promotion on integrated and inclusive society for special needs children / new immigrants from Mainland China / ethnic minority groups
- Establish school-based multi-disciplinary service to help more students with SEN can enjoy main stream education.

Children transit to Adult

- Provide periodic psycho-education target at different age group or transition period for child with special needs
- Provide health education and supportive counseling e.g. Emotion regulation, problem solving, communication and interpersonal skill
- Provide talk for early detection of relapse, medication management for psychosis cases who have been discharged from hospital
- Seasonal greetings and outdoor activities are arranged to promote mental child health
- To support schools in helping special needs students
- Provide continuum of care and support for child and adolescents during transitional period to adulthood
- Systematic approach to enhance outside employment for ASD among the clients, family and employer
- Partnership between HA and NGOs to provide support to aging parents of ASD especially on outside employment and crisis intervention for their special needs son and daughter
- Enhance program for recruiting peer support specialists among different settings of HA and NGOs
- Sharing of effective treatment plan or programs (Psychosocial interventions) between HA and NGOs
- Establish linkages with pediatricians and psychiatrist through joint clinic session / phone consultation support
- Promote and strengthen children mental health with the aim to develop positive self-image, enhance resilience and coping ability during transitional periods
- Promote healthier attitudes towards weight and shape with positive body image on shape and weight to reduce risk of have AN e.g. Promote a healthy school environment by developing healthy menu with food services providers and advocate for purchasing books for school library about healthy nutrition and exercise, teach how to make health eating choices

- Establish lifetime, district-based multi-disciplinary clinics (including doctors, nurses, social workers, OTs, CPs and community partners) to help transition from teenage to adult

E. Public Education and Support in the community

- Set up parents mutual supportive groups with the help of NGOs
- Provide family intervention to enhance family functions
- More fun fair and exhibition in the community
- Health care professions provide regular roadshow talk to public
- Strengthen Peer support, provide peers with the skills to help one another, encourage older peers to act as mentors for younger peers
- Develop health promotion program that focus on elements that maintain positive mental health and reduce stigma or discrimination e.g. setting life skills program, positive psychology programs, increase resilience for those at risk group
- More community resources (e.g. sports, recreational activities) for the mentally challenged and those with behavioral problems (e.g. ADHD) for them to integrate into community
- More allied health participation in primary health care and community care should be addressed
- Parents need more education and guidance in child behavior management; stress management; time management (especially balance between extra-curriculum activities, homework and preparation for examination)

Appendix 3 – Reports from the Public Consultation Fora

A key element in the development of the Policy Draft was consultation with all stakeholders particularly parents, children and young people.

List of Public Consultation Fora

The Policy Brief has undergone a series of public consultations. Six Public Fora have been held at the Duke of Windsor Social Service Building, Wan Chai from March to August 2014 to collect public opinions and incorporated into the final policy. The Public Fora were well attended by hundreds of participants of wide representation including parents, teachers, social workers, child health workers, administrators. The Topics of the Public Fora are listed as below. For details, please refer to our website at http://www.hkpf.org.hk/en/policies_ctalk.php

- | | |
|----------------------------|--|
| (一) 2014 年 3 月 30 日 | 孩子動不起來了!
-透視香港兒童缺乏運動的原因
-鼓勵兒童用運動去加強身體健康 |
| (二) 2014 年 4 月 13 日 | 香港孩子失失慌?
-了解兒童成長的需要
-認識護理與專業支援促進健康的要素 |
| (三) 2014 年 5 月 11 日 | 幼稚園起跑線定輸贏?
-剖析教育的真正意義
-推動全人教育 |
| (四) 2014 年 7 月 20 日 | 同一天空下的兒童貧窮
-探討貧窮兒童面對的挑戰
-減低對貧窮兒童不公平的對待 |
| (五) 2014 年 8 月 3 日 | 孩子夢想定將來!
-促進開心的童年
-發掘年青人的夢想 |
| (六) 2014 年 8 月 31 日 | 我可以不做怪獸家長嗎?
-檢視港式家長的心態
-提倡育兒秘訣 |

3.1 Public Forum Related to Medical Issue

2014年3月30日 孩子動不起來了!

-透視香港兒童缺乏運動的原因

-鼓勵兒童用運動去加強身體健康

Forum topic: How to motivate children to exercise? (“如何讓孩子動起來?”)

Speakers : Dr. Chow Chun Bong, Honorary Professor, Department of Paediatrics and Adolescent Medicine, University of Hong Kong
: Dr. Lobo Louie, Associate Professor, Department of Physical Education, Hong Kong Baptist University
: Mr. Fred Ho Ka Wing, Candidate of Master of Philosophy, Department of Paediatrics and Adolescent Medicine, University of Hong Kong

Participants: Health professionals, teachers, parents, parties who concern with child health

Background

On March 30, 2014, the Hong Kong Pediatric Foundation, affiliate with the Hong Kong Pediatric Society, convened the first in a series of six policy forums bringing the stakeholders of child health – parents, teachers, health professionals, NGOs concern with children, together with those who is dedicated to child health to engage in focused discussion of current issues bearing on child health and development. The first forum topic is children’s physical health. With speakers from academia and education sector, participants were given several presentations on the current status of children’s physical health. The following is a summary of the insights that emerged from the discussion.

Executive summary

Abundant physical activity is vital to child health and development. However, it does not receive the attention as deserved. Society and schools are reluctant to invest time and resources in promoting physical health, the lack of sufficient physical activity thus contributes to the deterioration of children’s health. Statistics shows that more than 20% of children suffer from obesity and diseases related to lack of physical activity.

Past studies have shown that sufficient physical activity helps to improve children development and mental health, and also academic performance in schools. The level of physical health is influenced by a number of factors, including school, family and friends, environment and community, food and psychology.

The purpose was to collect and generate ideas for promoting health and physical activity among local children and adolescents.

Three overarching themes emerged from the workshop :

1. Why children have to move? 為什麼要“動”起來？
2. What to move? “動”起什麼來？
3. How to move? 怎樣“動”起來？

Participants were asked to express their views on health promotion and physical activity from five levels – (i) policy; (ii) family; (iii) facility and infrastructure; (iv) school; and (v) environment and community. Discussions on the role and impact of individual, family, school and community on physical activity were also included.

Policy level

The chairman pointed out the importance of policy design and good coordination across government departments and medical, nursing, education and social sector.

- Special arrangement for schools start time and end time

Instead of taking school bus, students could go to school / home on foot if safety is ensured. Some adjustment could be made to minimize the danger so students could have more physical activity on schooldays.

- Opening hours of the park

Since bullying and occupying of park facility happens, participants argued whether public parks could open to children and adolescents in a particular time period, so that they could use the park facility without bully or threats from others or gangs.

- Design a children mental health policy

A comprehensive and long-lasting mental policy for children is needed.

- Flexibility in public area utilization

Many sports and exercises are not allowed in public area and waterfront promenade, a more flexible policy allowing certain sports such as skateboarding could encourage the level of physical activity among young population.

- Cross department cooperation

Policy adjustment requires good coordination from different governmental department, a working group or commission formed by various departments aims at promoting physical activity could minimize barriers and bring convenience for sport participation.

Family level

- Be less protective

Family in the past was less protective when it comes to raising children. Children were allowed to go and leave school on their own, play in the park freely, without the escort from parents / guardians. Parents nowadays could loosen their supervision and give more freedom to children.

- More frequent use of a bike

Students might encourage riding a bike traveling between school and home.

- Help with household chores

Children are encouraged to help with household chores such as dish washing, sweeping, moping the floor etc.

Facility and infrastructure level

- Utilization of grassland

The Leisure and Cultural Services Department could consider opening up the grassland for physical activity, so people could have more space to do sports and to exercise.

- Facilities can be less protective

Playground facilities are too safe, thus minimize the level of physical activity. Could build some games that is a bit challenging and require a bit higher level of physical activity skill, such as swing, rock-climbing etc.

- Simplify the procedure of booking of sport facility

It is common to take a month or more to reserve for a government sport facility, especially for popular sports such as badminton field, basketball court etc. If procedures and conditions can be simplified, more people could participate in sport easier.

- Age-diversified playground facilities

Most facility in the parks or playground is appropriate for children aged 12 or below, with a lack of games for adolescents aged 12 to 18. Government should consider providing a variety of playground facilities to fit the needs of children and adolescents in different age groups, such as rock climbing, adventurous training, shooting venue, etc.

- Facilities for special needs children

Most standard playground are designed for physically and mentally normal children, however, there is a severe lack of facilities for children with special or medical needs, such as mentally retarded or handicapped children.

- Facility meets with population characteristics

Playground facilities can be adjusted according to the age characteristics of district population, especially in districts with decreasing children population or increasing migration family.

School level

- Less intense school curriculum?

Many students stay school after classes for sports, but school is almost closed by the time students finish their extra classes. Teachers do not prefer to have students left behind for

sports, so a less intense curriculum gives students time to utilize the space and sport facility at schools.

- Add gymnastics session in morning assembly

Schools could consider adding a 10 to 15 minutes gymnastics session in morning assembly, so students would have some extra physical activity apart from physical education classes. Professionals however pointed out, 15 minutes of physical activity each day is not enough by local or WHO standard.

- Brain activity session

Japan schools have a mental activity programme, aiming to strengthen brain development of children. Students are asked to help with some school chores as to develop and strengthen their brain activity.

- A life-long sport?

Add physical activity component into school curriculum, apart from the 2 hours physical education classes, students are encouraged to learn a sport since the entry to school, which would last until graduation.

Environment and community level

- Children-oriented game culture

Targeting children living in less developed districts, NGOs concern with children regularly take them from their neighborhood to playground-friendly districts for fun and leisure.

- Fewer restrictions on the usage of residential public area

Young people are full of energy, especially those in puberty or under stress. Their energy needed to be released and it is usually be done by sweating and exercising. However, most residential management companies have strict rules and prohibit most sports in the estate public area. Estate Management Company could consider adjusting management policy by allowing residents to use the public area for sport or exercise purpose. Light sport such as badminton, self-practicing basketball or cycling could be allowed.

Conclusion

Physical activity is beneficial to children growth and development, it is also an effective preventive measure to a range of health problems. Despite of the various opinions to enhance the level of physical activity among local adolescents, one must keep it in mind that physical activity is about self-enjoyment; only a combination of interest, pleasure and self-enjoyment is the driving force for physical activity.

3.2 Public Forum related to Nursing and Allied Health Issue

2014年4月13日

香港孩子失失慌?

-了解兒童成長的需要

-認識護理與專業支援促進健康的要素

1. Advisor: Dr. CHAN Chok Wan

Convener: Ms Susanna LEE

Rapporteur: Ms Susanna LEE, Ms Sanne FONG

2. Invited guest speaker / Panel members

Date: 13 April 2014 (Sunday) 2:00pm - 4:30pm

Venue: 1/F, Duke of Windsor Social Services Building, 15 Hennessy Road, Wan Chai

Guest Speaker: Dr. Raymond CHAN (陳穩誠博士)

Panelist: Ms. Susanna LEE, Ms. CHAN Kit Ping, Ms. Connie WAN, Mr. Charles LO,
Mr. Gordon CHEUNG, Ms. Sumeet CHAN, Ms. Sanne FONG Ms. Catherine CHEUNG

MC: Dr. CHEUNG Hon Ming

3. Objectives

1. To raise public awareness and understand the importance of mental health of children and how to promote the psychological wellbeing of children.
2. To discuss and understand the needs of children for an optimal growth and development.
3. To discuss how nurses and allied health professionals contribute and support in meeting the needs for the growth and development of children in the health care, school and community setting.
4. To seek public's opinion and collect ideas on the establishment of child health policy in advocating the best interest of children.

4. Summary of the Invited Talk and sharing by Guest Speaker

Dr. Raymond CHAN:

Dr. Raymond CHAN delivered a lecture with an interesting title named “Children in Hong Kong are Feeling Anxious” 香港孩子失失慌” to arouse public’s interest. Dr. CHAN used “Anxious”, “Worry” and “Away from the Scene” to define “Feeling anxious”.

Dr. Raymond CHAN illustrated with research findings about the impact of “Feeling anxious”, the prevalence rate of children with anxiety and contributive factors to children anxiety which included inborn character, ways of parenting and unfavorable environment. He enlightened the audience that inborn character of children could be corrected through learning how to self-control of emotion, thinking and behavior; learning how to become resilient when facing uncertainties and difficulties; and thinking positive. Positive parenting, risk mitigation of unfavorable environment and adequate support to improve the environment were also important. If the child was noticed presenting the high risk symptoms, early intervention and appropriate treatment should be given.

Highlight in the presentation:

i. What were the impact of children who always feeling anxious?

- Affect confidence and result (e.g. academic result)
- Affect child development (e.g. poor social skill, low self-esteem)
- Worsen and become psychological disorders (e.g. over anxious and depression)

ii. The causes and contributive factors to children anxiety?

- In born character.
- Ways of parenting – e.g. unclear instructions, poor emotional control and management
- Environment (Multifactorial):
 - Individual: learning disabilities, chronic illness, Post traumatic experience
 - Family: Parent divorce, family disharmonies, poverty, parents suffered from mental illness
 - Community: Unsafe, inadequate medical and social support with very high expectations for their children etc.
- Family: Parent divorce, family disharmonies, poverty, parents suffered from mental illness
- Community: Unsafe, inadequate medical and social support with very high expectations for their children etc.

iii. Symptoms of High Risk Groups:

- Always be the bystander
- Inhibited in verbal expression
- Afraid of strange environment
- Resistant to change
- Strive for repeated reassurance
- Separation Anxiety
- Difficulty in Learning
- History of Parent with Anxiety and Depression tendency

iv. Conclusion

Children felt anxious on condition were not uncommon. However, if children were over anxious or consistently feeling anxious and worry was mental unhealthy. Parent, teacher, health care professional and community should understand the cause and contributive factors and provided appropriate interventions as mentioned. If a child presented any of the symptoms belong to the high risk group, it would be appropriate to intervene early and give appropriate treatment.

5. Open Discussion Session

Susanna LEE, the Convener led the session of open discussion following Dr. Raymond CHAN's lecture. She briefed audiences about the definition of child health, children's right and the purpose of the open discussion. She further invited all panel members on stage and introduced them to the audiences.

Public's concerns

A. Mental Health

- 1) Parent viewed that mental health of children and their psychological wellbeing were important, and yet no mental health screening was in the existing Student Health Program.
- 2) Parent expressed the difficulties to identify the Registered Psychologist, there were different types of so called psychologists and treatment in the services e.g. psychotherapy, hypnosis. General public felt confused and did not know how to identify the right one.

B. Physical Health

Childhood Obesity

a) Physical exercises

- 1) Public viewed that physical exercises for children at school were not enough, recess time was too short for student to have physical activity, hence reducing the muscle tone training. There was also a rule in school that student could not run in school compound.

- 2) Sedentary lifestyle of children and lacking of exercise – staying indoors watching television, or surfing on internet and playing games.

b) Healthy Eating

- 1) Parents worked long hours, leaving the child to the care of domestic helper or grandparents. Children formed the poor eating habit with snacks and junk food.
- 2) Students did not know how to choose healthy food
- 3) Parents were too busy with no time to cook proper meals, children took fast food instead.
- 4) Though government had some guidelines on Healthy Eating, the meal suppliers were not compulsorily to follow.
- 5) There was no policy to monitor the food supplier in school
- 6) Parents did not aware the impact of obesity.

C. Intentionally Accelerated Academic Achievement

Grandma complained that her daughter in law had assigned her grand-daughter to study in two kindergartens at the same time. The entry interviews and the heavy homework induced much stress to the small kid. She opined that this way of study was not realistic and inserted extra pressure to the child.

D. Integrated Education

Now the students with special health care needs were being allocated to the normal school and study together according to their residential address. Children with Special Health Care Needs included children with Autistic Disorder, children with Developmental Delay, Dyslexia, Attention Deficit and Hyperactive Disorder; Physical Handicap, Visual Impairment, Hearing Impairment, and Speech Impairment.

Areas of concerns:

- 1) Child Assessment Centre - Long waiting time for assessment and training at ETCC, SCCC i.e. waiting time for 2 years or more. The child would miss the golden time to catch up the training.
- 2) Parents did not admit their children had special needs because of worries of being stigmatized.
- 3) Education Psychologist who was less effective in the clinical sense looked after the children in School instead of Clinical Psychologist.
- 4) Teachers did not know the special features of these children with special learning needs
- 5) According to existing subsidy policy, if the school had 15 children with special health care needs, one additional teacher would be posted, however not for school with 14 children with special health care needs.

- 6) According to the subsidy policy, the school would be given \$10,000 as subsidy for every one child with special health care needs per year, for buying special teaching materials or facilities for this child; however this amount of money per year was far from enough.
- 7) As the nos. of students with same special health care needs in the same class/level was only a few, in real situation, the students with the same special health care needs could not be grouped in the same class according to their academic level, sometimes children with the same problem were grouped with different level of classes, such as primary 1 group would mix with primary 5, hence the training was not optimal.
- 8) The Education Materials were not enough for children with special health care needs at school. E.g. the Reading pen was useful for children with Dyslexia, however not every school had this education material.
- 9) Integration Education System from developed countries were introduced for reference. The Government may consider borrow idea from USA, Canada and Australia.

E. Education for Ethnic Minority Children

- 1) The needs of students of Ethnic Minority group sometimes being overlooked, it was because they could speak fluent Cantonese but did not know how to write the Chinese Language.
- 2) Student had difficulty in learning and catching up with the class.
- 3) Extra session of Chinese from School offered, however, most of the parents needed to work; student needed to catch the time of school bus and could not stay behind for the class.
- 4) NGO could not offer this type of complementary Chinese Language class even in summer holiday as the class size was too small.

F. Services provided in Primary Care Setting

School Principal queried about the student who suffered from behavioral problem behaved even more undesirable after attending the Child Psychiatric Yaumati Out Patient Clinic, she queried whether the child had copied others undesirable behavior in the clinic during the visit.

Parents'/Panel members' Advice

A. Searching for the Right Psychologist

Dr. Raymond CHAN mentioned that the list of Registered Psychologist could be well searched from the web.

B. Mental health and psychological wellbeing of children

Mental Health was viewed as important to children. It was requested by parents to include

mental health screening in the future Student Health Program.

In response to the school principal's questions about the undesirable behavior of the student after attending the Child Psychiatric out patient's clinic, panel member viewed that the cause was multifactorial, and the student's behavior was still needed to be observed and followed up.

C. Readiness to be a parent

Pre-conceptual preparation - An unmarried participant viewed that since the health of the mother would affect the growth of the fetus, the preparation for child birth should start before the pregnancy. It was important that the couples should think critically before they committed themselves to be the parents, e.g. time commitment to the child, readiness to be a responsible parent, quit bad habits such as smoking and alcoholism, night outing and follow regular antenatal check appointments etc.

D. Childhood Obesity

a) School - Physical Exercises

Parents viewed that there should be a school policy to set standard hours of physical exercises (PE) or physical activities for students in addition to the scheduled PE class.

b) School – Healthy Eating

Parents opined that

- 1) There should be a clear instruction or guideline in school on how to choose healthy food with right proportion of food showed on recipe.
- 2) No high calorie food should be sold in school e.g. potato chips, beverage etc.
- 3) Health education by dietitian on healthy eating should be given at school.
- 4) Healthy eating should be included in the General Education subject.
- 5) Public should learn how to screen the right information from media on healthy food

E. Develop the child's best potential and ability

- a) A parent illustrated her own successful example in understanding his son's ability and changing from a renowned school with excellent academic results to a public ordinary school. After changing the school, her child's confidence built up, he was praised by teachers for his hard work. He felt being loved and enjoyed his schooling very much. He developed his own interest in school and yielded good results.
- b) Other parents echoed that academic result was not the paramount, nurtured the child in a happy and encouraging learning environment and developed the child's best potential were more important.
- c) There should be a child health policy to safeguard the children and to prevent parent from enrolling the child in 2 academic schools at the same time.
- d) For children in particular the pre-school children, play was very important.

F. Education - Integrated Education

- a) To improve the existing integrated education system, more resources should be allocated to employ multidisciplinary health care professionals in school, such as nurse, occupational therapist, speech therapist, physiotherapist and clinical psychologist etc. to provide appropriate training to the children and empower the parents and teachers. Students need to enhance their life skills at school.
- b) More resources should be given to subsidize schools as the existing subsidy of \$10,000 to school for 1 child with special health care needs was far from enough.
- c) Education Bureau should group the children with the same special health care needs together at the same school in the same class.

G. Education and Social Activities – Ethnic Minority Group

- a) Additional resources should be allocated to Social Welfare Department, or to schools to arrange special training such as basic Chinese language training and social activities for the minority group to mingle with the local citizens in the community.

6. Four or Five Key Questions for Public Discussion

6.1. What is Child Health from parents'/public's perspective?

- a) Audiences agreed that children's health encompassed physical, mental, emotional, and social and spiritual wellbeing from infancy through adolescence. They viewed that physical and psychological wellbeing were both important for child Health. Hence, health screening should include mental health in the Student Health Program. Childhood obesity was a condition affecting child health. Adequate physical activities and healthy eating should be promoted particularly in school where the children learnt and stayed most of the time.
- b) The health of children with special health care needs could not be overlooked. Resources should be adequate to meet their needs to maximize their potential and ability such as buying special education devices and equipment.
- c) Nowadays, heavy load of homework from school, dual schooling and parent's focus on solely academic result imposed much stress and pressure to children which seriously affected their health, growth and development.

6.2 What is an optimal environment for the growth of children from the parents'/public's perspective?

- a) Parent, family, school and community support were influential in the provision of optimal environment for the growth of children.
- b) Positive parenting was important. It started from the commitment and willingness of the couples to be the responsible parents.
- c) Audiences opined that academic result was not the paramount, nurtured the child in a

happy and encouraging learning environment with praise and love to develop their own interest and maximize their potential was more important.

6.3 What are the public's views on current services provided by nursing and allied health professionals in healthcare, school and community care setting in Hong Kong?

- a) Long waiting time for assessment and training at Child Assessment Centre, ETCC, SCCC etc., i.e. waiting for 2 years or more, the child would miss the early years (golden time) to catch up the training.
- b) To improve existing integrated education system in school, more resources should be allocated to employ multidisciplinary health care professionals in school, such as nurse, speech therapist, physiotherapist, occupational therapist and clinical psychologist to provide necessary training to the children.
- c) To safeguard the public and for easy access to the right services, the Registry with the names of Registered Psychologists should be easily being identified by public, as there were various types so called psychologists in the advertisement.
- d) Dietitian could help to educate the students, parents, and teachers on choosing healthy food in school and assist in drawing the clear instruction and guideline on how to choose healthy food with recommended recipe.
- e) Play was important for children particularly for pre-school children.

6.4 What are the public's views on Children rights, Child protection and the establishment of Child Health Policy in Hong Kong?

- a) Public viewed positively on the establishment of child health policy in Hong Kong.
- b) Public viewed that there should be adequate resources for supporting the children with special health care needs
- c) Public viewed that there should be adequate resources for supporting the ethnic minority group in the community.
- d) Grandma suggested there should be a child health policy in place to forbid parents pushing the small aged child to study in 2 kindergartens or schools at the same time.
- e) Parent viewed that children should have the right to play, expose to new things according to their development milestones instead of tracing the high academic achievement with heavy load of homework.

6.5 As the parent, what is your suggestions and bright ideas to advocate the best interest of children in the future.

- a) Education Bureau should group the children with the same special health care needs together at the same school in the same class.
- b) Offer chances to children to develop according to their interest and potentials.

- c) Education should be given to parents to change their mindsets/social norms not to focusing on academic achievement of their children.

7. Profile of Participants and main Concerns

A) **Total no of participants:** 68

B) **Background of participants**

Parents, grandmas, paediatricians, nurses, psychologists, social workers, school teachers, counsellor, play specialists, pharmacists, university students.

8. Summary of Key Discussions

Situation

Not enough time for the discussion by audiences

In the forum, 8 panel members from different disciplines were on stage to discuss with the audience. Audiences were very active, enthusiastic to express their views and it was found that the time duration of the forum was not enough.

Disease Prevention

The prevalence of childhood obesity in Hong Kong was on a rising trend. Children burdened with obesity posed an increased risk for early onset of cardiovascular disease, diabetes, bone and joint complications, lower self -image and depression.

Disease prevention included:

a) Promote healthy eating habit:

- Decrease accessibility of junk food by banning the sale of food high in fat, sugar or salt (Junk Food) in schools.
- Set policy in schools to monitor the food supplied by the food supplier is healthy for student
- Set clear instruction and guideline in school on how to choose healthy food with recipe
- Include “Healthy Eating” in the General Education subject.
- Teach public how to screen the right information in media on healthy eating.

b) Increase Physical Activities

To help school children to develop a healthy and active lifestyle and foster their physical development, Education Bureau has recommended that no less than 5% of the lesson time will be allocated for physical education in all primary and secondary schools and extended the duration of physical education lessons.

- Parents viewed that there should be a school policy to set standard hours of physical exercises (PE)/activities for students

Health Promotion

- Raise public awareness of the importance of healthy lifestyle such as healthy eating and physical exercises through health education, training, and various campaigns and publicity in school and mass media.
- Raise public awareness on the importance of mental wellbeing of children.
- Educate parents the correct way of educating their children and how to resist the tendency to compete with others for the academic performance.
- Educate parents about Positive Parenting

Harm Reduction

- Set policy to restrict the enrolment of children in 2 academic schools at the same time, penalty to school and parents if found to act against policy.
- Identify early for the children who suffered from psychological unwell and give appropriate treatment and intervention promptly.

Best Interest of the Children

Parents viewed that children should be nurtured in an optimal environment with love and respect, and developed in their best potential and ability and stayed healthy in all aspects.

9. Final Conclusion of the Forum

Child Health included physical, psychological, emotional, social and spiritual health. All of these were essential and interrelated for a healthy growth and development of children. Mental health and physical health were the topics we discussed more in the forum. Early identification, intervention and appropriate treatment should be given if deviation of health and wellbeing from normal was noticed in the child development. Easy access to the correct information relating to healthcare and social services as well as health information was useful to parents. To find the correct information, media and health literacy should be promoted. As small aged children could not voice for themselves, parent/carer, family, teachers, doctors, nurses, allied health professionals, support workers in the community were child advocates to safeguard their best interest. Parents and family were the one most intimate to the children. Positive parenting and the removal of social norm in over concentrating on the academic achievement would help children grow in a happy and enjoyable learning environment. There were services gaps found in the healthcare and school settings such as long waiting hours, lack of resources, expert, manpower and social support; ample measures had been suggested by the audiences to overcome the problems. The audiences viewed positively to the establishment of child health policy to protect the child and strive for their best interest, with suggestions to be included in the policy. In the forum, though the title is more related to mental health and health care services, it was evidenced that the discussion gradually evolved

and involved 3 domains of child health i.e. medical, social and education. It meant that to work for the best interest of children, intersectoral collaboration and contribution were important.

10. Five Recommendations added to the Child Health Policy

- a) Include Mental Health Screening in the Student Health Program
- b) Policy to reduce childhood obesity –The physical fitness and healthy eating should be promoted simultaneously. a) To increase hours of physical exercises daily in school and checking of Body Mass Index regularly for school children. b) To include measures to nurture healthy eating habit starting from small aged group together with the measures to block the access to unhealthy food.
- c) Policy to forbid parents enrolling their children in 2 academic schools at the same time
- d) Additional resources from the Government with Policy set for the below suggestions:
 - i) To have multidisciplinary health care professionals in post at school such as nurse, speech therapist, physiotherapist, occupational therapist, and clinical psychologist.
 - ii) To shorten and well monitor the waiting time of the Child Assessment Centre, SCCC and ETCC.
 - iii) To subsidize more for the children with Special Health Care Needs. (The subsidy of \$10,000 to school for 1 child with SHNs is far from enough).
 - iv) To run small class teaching for children with special health care needs. Group the children with the same special health care needs together at the same school in the same class according to their academic levels, to facilitate a better outcome and support.
 - v) To support the Ethnic Minority Group including language training, social and leisure activities with local citizens in the community.

11. Acknowledgement

Hong Kong Paediatric Foundation: Dr. CHEN Hong, Ms Jay YUEN

The Hong Kong Polytechnic University, Occupational Therapy Students: LI Ka Chun, CHAN Tsoi Yi, Henry POON, WONG Ka Wing, YAU Man Hei

All site support volunteers and Boy Scouts.

12. Member List of Nursing and Allied Health Drafting Group on Child Health Policy

1	Dr. CHAN Chok Wan	Chairman of Child Health Policy Steering Group Board Chairman, Hong Kong Paediatric Foundation
2	Ms Susanna LEE	Member of Child Health Policy Steering Group Convenor, Nursing and Allied Health Drafting Group President, Hong Kong Paediatric Nurses Association
3	Ms Connie WAN	Vice President, Hong Kong Paediatric Nurses Association
4	Ms CHAN Kit Ping	Advanced Practice Nurse (Psychiatry)
5	Ms Sanne FONG	Senior Occupational Therapist
6	Ms Catherine CHEUNG	Senior Physiotherapist
7	Ms Sumeet CHAN	Clinical Psychologist
8	Mr. Charles LO	Senior Pharmacist
9	Mr. Gordon CHEUNG	President Elect, Hong Kong Nutrition Association
10	Mr. Joshua MAK	Senior Speech Therapist
11	Ms. Gloria LUK	President, Hong Kong College of Paediatric Nursing
12	Dr. Regina LEE	President, Hong Kong School Nurse Association
13	Ms. Rebecca HUI	Member, Hong Kong Paediatric Nurses Association
14	Ms. Ella MA	Board Member, Hong Kong Paediatric Nurses Association
15	Ms. Carol LO	Board Member, Hong Kong Paediatric Nurses Association
16	Ms. TANG Sze Kit	Board Member, Hong Kong Paediatric Nurses Association
17	Ms. Hidy WONG	Member, Hong Kong Paediatric Nurses Association
18	Ms. Jeanny CHEUNG	Member, Hong Kong Paediatric Nurses Association
19	Ms. Audrey CHAN	Member, Hong Kong Paediatric Nurses Association
20	Ms. Dora LAU	Member, Hong Kong Paediatric Nurses Association
21	Ms. CHAN Kam Ming	Member, Hong Kong Paediatric Nurses Association
22	Ms Kathy IP	Member, Hong Kong Midwife Association

3.3 Public Forum related to Education Issue

2014 年 5 月 11 日

幼稚園起跑線定輸贏?

-剖析教育的真正意義

-推動全人教育

-發掘年青人的夢想

1. **Convenor:** Dr. Lilian WONG

Rapporteur: Dr. Genevieve FUNG & Dr. Lilian WONG

2. **Invited guest speaker / Panel (s) and topic (s) of the talk**

Date: 11 May 2014 (Sunday) 2:00pm -4:30pm

Venue: 1/F Duke of Windsor Community Service Building,
15 Hennessy Road, Wan Chai

Guest Speaker: Ms. Blanche TANG, Media Veteran

Panelist: Dr CHAN Chok Wan, Dr CHAN Wai Ling, Dr Daniel CHIU, Dr.
CHENG Pui Wan,
Dr SIN Kuen Fung, Kenneth, Dr FUNG Kam Pui, Dr Genevieve FUNG,
Dr. Lilian WONG

3. **Objectives of the Forum**

- To review the appropriateness of existing education system towards positive child development.
- To discuss the pros and cons of current scene on education in Hong Kong.
- To discuss the attitude and practice of parents on their children's education.
- To discuss the best mode of education to optimize child development.
- To discuss the appropriate ways of parenting.

4. **Summary of the Invited Talk and sharing by Guest Speaker Ms. Blanche Tang:**

Ms. Tang gave a lecture on principles of parenting, with many very illustrative examples from her own experience as well as those stories learnt from other families and parents. She has adopted two different parenting skills for her two children which inspired her to realize the most appropriate way of parenting and nurturing for children.

➤ **Common problems encountered in parenting included:**

- Children being expected to learn and achieve too much, causing them to be unhappy and stressed out and sometimes driven to desperate measures.
- Parents with very high expectations for their children (eg needs to achieve good

grades in good schools, have multiple extra-curricular activities), and inadequate communication between parents and children, leading to conflicts and poor parent-child relationships at home. This will in turn lead to rebelliousness and further conflicts later when child reaches adolescence.

- Unreasonable demands from school and from peers, causing stresses and conflicts in both parents and children as they struggle to meet these demands.
- Overwhelming workload from academic and extra-curricular activities, causing children to lose interest in studying and in life.
- Expectations from parents and schools are much higher than the age-appropriate norms of achievement and maturity for children (eg teaching a 5-year old to learn and complete tasks expected of 7-year olds). This will cause stress and frustrations in both parents and children.
- Parents sometimes over-protect and take care of all activities of daily living for children so that they can concentrate on studying. This leads to an unbalanced lifestyle of the children, lack of interest in the outside world, over-dependence on the parents, and failure to mature and take care of themselves in future.
- Children are expected not to show their emotions or play, because they needed to behave in a mature way and concentrate on their studies.
- Too much attention and focus is centred on the grades achieved at school.

➤ **Parenting advice:**

- Good communication and understanding between parents and children is essential. This leads to a good parent-child relationship so that children will feel confident to share everything with parents, up to and after adolescence.
- Parents should know the strengths and limitations of their children so that reasonable targets can be set for learning and achievements. Parents should also try and develop the best of the child's potential by encouraging him/her to participate and work on areas that he/ she excels in.
- Instead of aiming to get into "Good/ famous" or high-achieving schools, parents should understand their child's ability and mode of learning and try to choose the best school and learning environment for their children
- Parents should avoid negative dialogues and threats (eg something bad will happen to you if you don't get good marks). For the same scenario, use positive reinforcements and focus on positive aspects instead.
- The following misbehavior of parents should be avoided:
 - (1) Physical punishment
 - (2) Scolding and verbal abuse
 - (3) Verbal threats
 - (4) Negative or threatening facial expressions or body language

- When the child had done something wrong, give him / her time to think, and then discuss the situation calmly in a non-threatening manner. Allow the child to express his/ her thoughts and discuss on how to avoid the same mistakes and improve in the future.
- Stand by children at difficult times or when they are feeling alone and needs moral support.

5. Four or Five Key Questions for Public Discussion

1.1 What is purpose of education?

- The Audience all agree that education does not involve just “teaching” the child academic knowledge. A very important aspect is to nurture the child to mature and learn in all aspects, including physical academic and social so that children can grow up to be mature, responsible and balanced adults.
- Currently education focuses a lot on academic achievements. Children also need balance between academic learning and developing their own interests.
- A member of the audience pointed out that in the current education system, there is not enough time for parents and children to develop their own interests, due to the heavy workload at school. Moreover, parents always feel frustrated with inadequate resources and support to parents on parenting.
- Members agree that more resources to parents are needed, and should be reflected in the Child Health Policy.

1.2 Is early education important?

- From a scientific aspect, early education and stimulation is important in creating synapses in the developing brain. Therefore early education and learning is important for the brain development of young children.
- However, early education is not necessarily referring to solely academic learning but more attention should be focused on the practical life skills such as physical activities, social interaction and tips on daily living.
- Good habits need to be created early at this time of life, as good habits and values created during an early age will benefit the child throughout his / her life.
- Parents should try to concentrate more on the content and quality of their time spent with children rather than just the amount of time.

1.3 What is appropriate early education?

- Appropriate early education should be age-appropriate for the development and maturity of the child.

- Education for the child as a whole person-- on good moral standards and an appropriate value-system is very important.
- Early education should also develop and motivate the child's own interest in learning.

2.1 Is the current education system in Hong Kong appropriate?

- All members agreed that the current system can be improved. For mainstream schools, there is a lot of pressure on parents, teachers and children to achieve academically. The current examination system may not be appropriate to all children. However, most parents are forced to “play the game” and pressurize children to achieve because they are worried that failure to get into good schools and university would jeopardize the child's future.
- Parents need to realize the abilities of their child and choose a school with the appropriate teaching methods and level. This will motivate the child to learn rather than being stressed and frustrated under a system that he/ she cannot adapt to.
- Panel members reminded that the most important things in education is to allow the child to develop his/ her own potential and learn with interest so that the child is physically and mentally healthy.
- If a child is unhappy or stressful at school, it may be appropriate to intervene earlier and communicate with the teachers to identify the problems and find out solutions. Good communication between schools and parents is essential to tailor-made suitable education to our children.
- There are not enough resources for children with special needs (eg autism, learning difficulties, dyslexia) which should be taken care of in future child health policy.

2.2 What is an appropriate age for starting school?

- The appropriate age for schooling varies among children. In Hong Kong nowadays, there is a tend to start school very early such as joining baby gym before age 1 year, playgroups by ~ 1-2 years old. It may not be appropriate to all children.
- Factors affecting the starting age for school include:
 - (1) Physical condition and growth of the child such as preterm children may grow and develop later than full term children;
 - (2) Family situation - families with working parents and little support may opt to start school earlier;
 - (3) Type of school and its appropriateness to the child's own interest & ability.

- Panel members pointed out that although all children in the same class are born in the same year, those who are born at the end of the year (Nov/ Dec) may be at a slower developmental stage than those children born in Jan/ Feb. Therefore parents should not push their children to enter school earlier than what their developmental capability can tolerate.

2.3 Would entering a “good” school provide extra advantage to the child?

- There is less differences between “good” and “average” schools as compared to those decades ago. As the syllabus in most schools is quite standardized nowadays, children should be able to achieve their potential under different modes of teaching. Therefore it is more important to choose a suitable school rather than a “famous” one based on the child’s own ability, maturity, strengths and weaknesses.
- The curriculum in “good” or traditional schools may not be appropriate for all children. Parents should think of other alternatives. Some children may learn better in environment that is more interactive and less academic.
- Therefore, entering a “good” school should not be the goal of all parents.

3.1 Should we train our children to be “all round” and achieve best in all aspects?

- Every child has different ability and interests. Parents should be the one to understand their child best and help him/her to find the appropriate learning path.
- Children should be allowed and encouraged to develop in fields where they are interested in, rather than striving to find it.
- Some children may take a long time to find their interest and vocation in life, and there are many examples of children who fail to achieve high grades academically but have potential, talents and interests in other aspects, like art or design or sports.
- Therefore, resources are needed to develop more training and learning opportunities for children with different talent.

4.1 As a parent, what do you think is the ideal education for children?

An “ideal” education includes:

- Education that allows the child to be happy and develop normally.
- Education that can motivate children to learn.
- Education that is age and maturity appropriate.

- Education with resources and facilities to allow children to develop their full potential.
- Education to cultivate good habits and establish good moral standards and values.
- Efforts should be made to change the current social culture which only focuses on academic achievements and its linkage to success in life.
- Parents are always the best role model to our children. Parents should walk through the learning pathway with the child and provide guidance.

6. Profile of Participants and main concerns

- **Total no of participants: 80**
- **Background of participants**
 - Parents, social workers, teachers, education administrators, paediatricians, public health doctors, nurses
- **Main concerns of participants:**
 - How to ensure the children not to lose at the starting line?
 - Why my child is different from other children?
 - Heavy workload at schools making the children having no leisure time.
 - Even if parents want to allow their children to enjoy leisure time, they dare not skip the studying time.
 - How to resist the social norm and competing trend in striving for the best academic performance?

7. Summary of key discussions

- **Situation**
 - The uncontrolled tracing for “famous” schools and unrealistic academic expectation is really alarming and harmful to the normal development of our children.
 - A lot of parents fall into the trap and misunderstand the real concept of early childhood education. They thought starting school or learning multiple academic skills at early age would facilitate the brain development of the children but in fact this may jeopardize the healthy development of a child.
- **Disease Prevention**
 - Nowadays a lot of physical and mental morbidities in children are initiated by un-coping stresses that may be created through unrealistic parental expectation.
 - The child and parent relationship is also tense up with academic struggling and striving for endless achievements.
 - Disease prevention should aim at appropriate parent education to modify the misconceptions.

- ***Health Promotion***
 - Children should have the right to learn at their own pace and interest, to play, to rest, to enjoy life and to develop their own potential.
 - Adults and parents should protect the children's rights rather than forcing them to fulfill the targets and expectations of parents.
- ***Harm Reduction***
 - The Hong Kong community as a whole should not over-emphasize on the academic performance or personal achievement of an individual.
 - A health social norm on appropriate education to children should be developed and advocate on the respect to individual potential and ability.
 - More support should be given to parents when they encounter difficulties in parenting.
- ***Best Interest of the Child***
 - We should always focus on the best interest of the child rather than fulfilling the goals of adults or parents.

8. Final conclusion of the Forum

Both our children and parents are suffering from the unbalanced education system and striving for unrealistic academic achievements. If we continue to allow the promulgation of this misconception on early education and value on personal success, there will be more physical and mental morbidities developed in the new generation.

The future Child Health Policy should have a clear definition on "Education" and its real meaning and implication on personal development. Education should be individualized to match with each child's unique talent and interest. Children with special learning needs should also be taken care of in the future education system.

9. Five Recommendations added to the Child Health Policy

- Age and developmentally appropriate education to meet individual needs.
- Holistic education should include life-skill training, moral standard, life values, social interactions in addition to knowledge learning.
- Future education system should also cater the needs for children with special education requirements.
- Support to parents is an essential foundation.
- Health literacy and media information literacy are important learning targets for the community as a whole.

3.4 Public Forum related to Social Issue

2014 年 7 月 20 日

同一天空下的兒童貧窮

-探討貧窮兒童面對的挑戰

-減低對貧窮兒童不公平的對待

Forum topic: Child Poverty in Hong Kong (“同一天空下的兒童貧窮”)

Chairperson: Dr Daniel Chiu

Speakers: Dr. CK Law, Chairman Community Care Fund Executive Committee, Commission on Poverty; Dept. of SW & SA, University of HK

Dr. Sandra Tsang, Dept. of SW & SA, University of Hong Kong

Dr. Patrick Ip, Department of Paediatrics and Adolescent Medicine, University of Hong Kong

Dr. Lilian Wong, President, The Hong Kong Paediatric Society

Ms. Winnie Ying, Hong Kong Jockey Club

Ms. Lilian Law, The Boys' & Girls' Clubs Association of Hong Kong (Rapporteur)

Participants: Health professionals, school principal, parents, social workers and parties who concern with child health and child poverty in Hong Kong.

Background

The forum was the fourth of six policy fora bringing the stakeholders of child health – parents, teachers, health professionals, NGOs concern with children, together with those who is dedicated to child health to engage in focused discussion of current issues bearing on child health and development. It was organized not only to let academics and professionals to share their expertise, but also provide a platform for general public to express their views.

The following is a summary of the insights that emerged from the discussion.

Summary of Discussion:

1. A wide range of government resources, measures and programmes have already been set up to support children in poverty. These include cash transfer through CSSA, support to learning experiences, child development fund, student financial assistant schemes, community care fund and other numerous public effort. However, it was noted that the impact, through government efforts in reducing child poverty was insignificant especially

for the low-income general population and seniors. Statistics shows that around 20% of children is still in poverty.

2. The various funds and programmes to support children in poverty are administered through different government departments including social welfare, education and OGCIO etc. However, there is a significant shortage of an overall monitoring system, e.g. child well-being index, to monitor the impact of these interventions. Furthermore, the framework of intervention, amount of resources committed in combating the phenomenon and the tapping of innovative and effective programmes are not distinct and might have been lacking.
3. Studies have shown that support (investment) to children at young age would yield impressive impact. The returns to investing early in the life cycle are high. Remediation would be difficult and costly when early investments were inadequate.
4. Families and parents, school and community are important partners supporting and promoting the well-being of children in poverty. Parents from low-income generally lack motivation to join school activities and extra-curricular programmes. Their negative mindset and self-isolation might bear adverse impact on children development. In addition, effective intervention and programmes developed for these families sometimes have been forced to stop in the face of inadequate continuous funding support and sustained resources.
5. The participants expressed their concerns on the role of existing education system in affecting the wealth and health gap, the resources distribution and health relationship among children. The participants were also informed of a current project with RCT among 700 children studying the effects of good quality early support toward children development despite their economic background.
6. Poverty might affect a child from obtaining opportunities and chances to maximize its potential, which is the key objective of modern child health concept. The limited social capital or lack of community network among families in poverty would be another factor to address.
7. The implications to child health policy for promoting well being of children and adolescents include:
 - 7.1 The government to accord greater attention and resource *for children in poverty*.

- 7.2 The importance of early intervention and good quality support for children at young age.
- 7.3 The importance of parents and family as key partners and target for intervention for promoting child well-being
- 7.4 Good coordination effort across government departments, education, medical, nursing, education and social sector to bring about effective intervention
- 7.5 The setting up of a coherent framework of intervention, a child-centred budget reflecting systematic commitment from government in promoting child well-being and assisting particular vulnerable groups including children in poverty as well as an overall monitoring framework for assessing the impacts from various intervention.

Summary of Discussion:

Obstacles for Youth to Reach Their Potential

1. Teenagers can't fulfill their dreams due to shortage of space and resources.
2. The youth center has conducted a survey focusing on teenagers with age ranges from 15 to 23. The survey topic was "Do you agree with a saying in Chinese that "if we do not have a dream, we'll look like a salted fish?". The result of the survey turned out that many people agreed with this. They raised many reasons to support their opinions, such as: "we will have no motivation to study if we have no dreams"; "life will be meaningless if we have no target."
3. Another survey has been conducted on teenagers with low education level and low salary in 2007 and found that they were encountering several problems: hard to find a job, limited job options and not easy to pursue further education. These became the barriers to fulfill their dreams. Another research report pointed out that most of the teenagers do not have a clear concept on their career and have no future plans. Therefore, if they could get more information and education, it will benefit them to fulfill their dreams.
4. There are many internal and external factors that interfere the teenagers to fulfil their dreams:
 - 4.1 External factor: Hong Kong's financial market is well developed and due to high living cost, teenagers are forced to give up their dreams for stable jobs.
 - 4.2 Internal factor: Since many teenagers do not have a clear understanding on their own personality and they have lost expectation on the society, we suggest them to broaden their horizons and pursue further study so as to get well equipped to fulfill their dreams.
5. The Hong Kong Federation of Youth Groups holds series courses to assist teenagers to find their dreams. It also holds some social experience activities to help teenagers to get a full understanding about the society through gaining experiences from communicating with people from various backgrounds. With the participation of these activities, exchange tours and science and technology competitions, teenagers could grasp what creativity and culture are. The center also supports teenagers to organize and run their own business by guiding them with mentors. With these helps, we hope to encourage the teenagers to continue their study and be brave to take the first step to fulfill their dreams.

Difference between Hong Kong and Overseas Youth

6. Majority of the teenagers in Hong Kong aims to get good grades in exams and find a good job after graduation. Most of them join extracurricular activities just because they want to attain the certificate instead of their own interests. On the other hand, students from the US or England are more creative and their thoughts will not be affected by environmental constraints.
7. The dreams of Hong Kong teenagers are more realistic as parents in Hong Kong usually cultivate their children to learn versatile activities so as to enrich their CV while the foreign teenagers are more creative and full of imagination.

Views of Youth

8. The pressures from the surroundings could hinder the teenagers' quest to fulfill their own dreams and affect their health
9. When encounter problems in studies, neither parents nor friends could help. These negative thinking became the burden to youth and result in stress, anxiety and other mental illness.
10. Social workers have played a critical role: their words and encouragement can lead teenagers to the right way.
11. Lack of places in university brings intense competition among teenagers. The opportunity to fulfill their dreams is decreasing under this circumstance.
12. The Hong Kong government puts too little resources on sports which force the athletes to practise in the mainland or in foreign counties. Government should build more cycle track, like the one at Tseung Kwan O, for people to relax.
13. Many people take study as their only way to be successful. However, from my point of view, a combination of study and other activities could bring the teenagers' skills and talents into full play. The government should launch more measures and resources to support teenagers to develop their talents other than studies.
14. The government should have a long-term plan on youth development. For example, the idea of youth square in Chai Wan is great but due to the insufficient supporting policies, only a few people make use of the places in the youth square. Some of the exhibition

center only has a short tenancy term which only lasted for 5 years. Therefore, the teenagers will lose place to present themselves after the exhibition center is closed.

15. Treasure the chance to express and exchange views openly in the forum.

Parents' Role

16. Parents can have an active role in encouraging their children to chase their dream. .

17. Health is not limited to the physical side; mental health and having a good social life also play an important role. Teenagers can develop their full potential if they are both mentally and physically healthy. Many factors could affect a teenager's mental health, such as their living habit, social morality etc. Therefore, parents should try to understand their children's difficulties so as to help them to face and solve the problems

18. Parents should get a better understanding on what their children's' dreams are. Parents should find ways to establish their children's confidence as well as their sense of achievement. Apart from study, confidence could be established from many other ways such as personal interests or positive influence from the people around you.

School Nurse

19. School nurses play a very important role in the growth of teenagers. The school nurses not only take care of their physical health, but also their mental health, and provide support when they come across any difficulties. There are members of the Association of Hong Kong Nursing staff in special schools to take care students who need special care. School nurse should also deliver health education talks to supplement students' medical knowledge. It is ideal to have at least one nurse in each school.

Social Worker

20. The society has provided resources to help teenagers to relief their stresses, but they should make good use of them. It would be helpful if there are some hotlines, social workers or youth centre to help them.

21. There is lack of emotional health education in Hong Kong and there are rooms for improvement in the existing health education. Social workers that work in schools reported that there are more and more students facing mental problems. The reasons behind have to be further investigated but it is clear that the capability of teenagers controlling their emotions is weak.

Recommendation to Child Health Policy on Youth

22. The implications to child health policy for promoting well being of youth include:
- 22.1 Guidance and resources are needed to help teenagers to fulfill their dreams.
 - 22.2 Youth should never give up their dreams.
 - 22.3 Teenagers should build up their capabilities to fulfill their dreams in the following three main aspects: grasp every chance, look for support and develop their abilities and talents.
 - 22.4 Teenagers should build up their ability to resist negative influence to face challenges.
 - 22.5 It is crucial for the government to execute the child health policies.

3.6 Public Forum related to Family Issue

2014年8月31日

我可以不做怪獸家長嗎？

-檢視港式家長的心態

-提倡育兒秘訣

1. Convenor and Rapporteur

Convenor: Genevieve Fung

Rapporteur: Jay Yuen

2. Invited guest speaker / Panel (s) and topic (s) of the talk

Guest speakers: 任伯江博士, 任蔡藹怡校長, 羅建英女士

Panelists: 任伯江博士, 任蔡藹怡校長, 羅建英女士, Dr Chan Chok Wan, Dr Lilian Wong, Dr Daniel Chiu, Dr Genevieve Fung, Ms Susanna Lee, Ms Gloria Luk

3. Objectives of the Forum

To explore the difficulties encountered by parents and children in the current education system in Hong Kong

To provide advice on parent-child relationship and promotion of healthy learning

4. Four or Five Key Questions for Public Discussion

- (a) Most “monster parents” love their children, but their behavior may not be appropriate. Why?
- (b) Can we improve the education system in HK and provide a better environment for learning for children?
- (c) What can schools and teachers do to advice and counsel “monster parents” and their children to promote healthy education and learning?
- (d) In the highly competitive learning environment in HK, how can we promote good education concepts and healthy parent-child relationship?
- (e) Most children are under a lot of pressure to achieve in the current education system. What can we do to relieve stress in both parents and children?

5. Profile of Participants and main concerns

- Total no of participants : 36
- Background of participants: Parents, teachers, students, medical professionals

6. Summary of key discussions

- **Situation** : Under the current atmosphere of the society, most parents are compelled to push their children to be high achievers from a very early age, in order to give them the best chance for a “good” education and succeed in later life. This may have adverse effects including poor parent-child relationship, stress in both parents and children, frustration and loss of interest in learning, conflicts between schools and parents, and psychosomatic stress-related symptoms.

- **Disease Prevention:**
 - ◆ Although interviews for kindergarten/ primary/ secondary schools are important, they are also a source of frustration to both parents and children. Parents should teach their children to face interviews positively and instill correct values rather than attending interview classes
 - ◆ Parents should avoid comparing their children’s achievements with classmates and peers as each child is different with different strengths and potentials

- **Health Promotion:**
 - ◆ Teachers should try their best to understand and work with anxious/ “monster” parents
 - ◆ Parents and teachers can develop clear visions and goals for their children’s education and future, and work towards these together with the children
 - ◆ Parents should try to be role models for their children whilst helping children to develop their potentials
 - ◆ Parents and teachers should have good communication and respect, so that they can work together, rather than antagonistically
 - ◆ Schools and teachers should have multiple channels to communicate the school’s beliefs and missions with the parents for better understanding
 - ◆ Parents should listen to their children, and teach them to respect their teachers, as well as all the staff working at school. If children are being understood well, they will be motivated and proactive to do better.

- **Best Interest of the Child:**
 - ◆ Choose a school with passion for learning, and which the child would fit in, rather than a “famous school”
 - ◆ Parents, teachers and health care professionals should promote health and resilience in children rather than just achieving good academic results
 - ◆ Parents should be encouraged to teach their children to be independent and try to solve problems themselves rather than helping them all the way.
 - ◆ Government policies on education should remain more constant instead of changing regularly.

7. Final conclusion of the Forum

Although the current social environment puts a lot of pressure on both parents and children, parents can help their children develop a positive, healthy attitude to learning by good communication, and instilling correct values to the children, whilst motivating them to learn and develop their full potentials

Parents need to understand their children and encourage them to solve their problems independently

A lot of the current education policies in HK may not be optimal, and further improvements are needed.

8. Five Recommendations added to the Child Health Policy

- ◆ Parents, teachers and health care professionals and the government should promote health, resilience and passion for learning in children rather than just achieving good academic results
- ◆ A number of policies in the current education system eg, the “through train schools” needs to be reviewed to assess whether they are in the best interest of the child
- ◆ The government should try to aim for less intervention and more constant policies for education in Hong Kong.
- ◆ Support and education should be more readily available to help parents to improve communication with their children, and to readjust their mindset to help children develop their potentials and enjoy their learning process
- ◆ Teachers and professionals should try and promote mutual respect, trust and good communication between parents and teachers so that teachers can be empowered to work together with parents for the best interest of the children

9. Responses at Open Forum

Parent 1: Society atmosphere and education system drive parents become monster parents

Pushing kids to learn and achieve is a common atmosphere in society nowadays. Practically, it is difficult for parents NOT to be monster parents. Both parents and kids are under pressure from school interviews and in an anxiety status when waiting for interview results. Middle

class has to carefully select schools suitable for their kids while international school is an expensive choice. Please help voice out these difficulties of parents to the government in order to provide the best and relieve the pressure for children.

Response from headmistress Yam:

I endorsed parents' thinking especially under current education system. School interviews give frustration to kids who are able to feel parents' anxiety and disappointment. This hurts children's feeling badly. It is more important for parents to choose a school with passion for children rather than selecting a famous school. According to some education practitioners, most kids perform similar in interviews and there is no need for kids to attend special training classes.

Response from Ms Lo:

Parents do not have an university degree of parenting before they become parents. I understand and recognize the difficulties of monster parents whom I will stand by them whenever needed. I'd suggest parents to find a school with an environment where their kids would love to learn there and will be able to cope with the people around. Some teenagers are absorbed in cyber world because they cannot cope with people whom they do not have control over.

Response from Dr. Lilian Wong:

Parents are role model for their children. We saw children suffered from psychological disorders due to pressure. Parents' value system and whether parents are able to discover the potential of individual kids are the priorities. As a pediatrician, health and resilience of children are the most important aspects parents should look into. We will reflect all these opinions in the shadowed child health policy to the government.

Response from Dr. Daniel Chiu:

I'd suggest parents taking more active role in raising children instead of relying on government's support. Parents should think about what you want for your children and what your children want and develop a clear vision and goal. Find out the interest, potential and ability of your children. Is a famous school always good for your children? In general, famous schools put high pressure to children, and you have to be careful that famous schools usually have an objective to achieve good result by driving your children. Your children might be arranged in a class who aims to achieve good academic result or in another class to achieve sport results. You have a choice NOT to become monster parents by choosing a path which follows your own belief and value system with a clear vision for your children.

Parent 2: Suggest government to review current education system with " Through-train" schools

The current education system with "Through-train" schools creates pressure because parents worry a failure in the beginning will have huge impact to get a school in future. There is a chained effect. This is the reason why parents will apply many prenatal classes to ensure their children can successfully enter the education system.

Response from headmistress Yam:

Agreed. I'd suggest government to provide more quota outside the "Through-train" school system. Besides, government should provide more university degree programs and ensures good quality and reasonable tuition fee of associate degree.

Parent 3: Suggest Education Bureau to step back a bit and not to intervene too much in the education system

When I bring my kids to schools, I prefer not to stay long with other parents in order to avoid comparison and information sharing with monster parents. I will only talk to schools to discuss my children's development. Sometimes, parents consider their will more than children's will. I am satisfied enough with my children performed above average with a happy childhood. Parents have to step back sometimes and train their children to be independent in solving problems. I do not want to become a mother who needs to apply sick leave for my grown-up children in future.

Response from headmistress Yam:

In recent years, Education Bureau have several policy amendments on the Chinese syllabus of HKDSE which should be carefully reviewed.

School teacher: How do we handle parents who have unrealistic expectation of children's performance?

Parents nowadays expect teachers to help their children to deliver obvious improvement in short period of time. Besides, parents do not show respect to school teachers. So what is the best way for school teachers to make parents understand a reasonable progress of children's development?

Response from headmistress Yam:

We cannot change what parents think. I'd suggest the school team i.e. headmaster and teachers should use more communication channels to explain schools' belief and mission to parents for better understanding.

Response from Ms Lo:

Agreed that there is not enough respect to school teachers in HK. In some countries, quality of kindergarten teachers is even higher than professors in universities. This is related to the education strategy. HK officers in Education Bureau might not come from an education profession.

Schools with headmaster and teachers have to communicate with parents continuously. Parents also play a role to actively participate in the communication through Parent-Teacher Association. If children are being understood well, they will be motivated and proactive to do better. Listen to the children and show respect to school teachers are important.

Response from Dr. CW Chan:

I'd suggest to communicate to parents with your professionalism. Children's development do takes time. I understand sometimes parents prefer less intervene by government who might over-react sometimes e.g. released 7 polices in 5 years.

Response from Dr. Lilian Wong:

I'd suggest to communicate with parents that they should not compare their children with others. Inspire parents to see their children's potential and strength to reassure parents.

Sharing from Ms. Susanna Lee:

If school quality is even and similar, it will reduce the competition and pressure for parents to fight for particular famous schools. Children's self-esteem is very important and we should nurture them well with good self-esteem.

Sharing from Ms. Gloria Luk:

My mother is the best role model. She respects school teachers and school helpers. This has strong impact on my value system. My school also educated us to show respects to school helpers who provide a clean and tidy environment for studying. This is something missing in children's education nowadays.

Suggestions from Professor Yam:

1. Launch education courses to help parents to communicate with their children
2. Parents have to change their way of thinking
3. Communication should be 2-way between parents and children. Parents have to give more encouragement to children and at some point have to let children to explore themselves.
4. Parents should develop their own value system instead of following others.
5. Parents should understand well children's true needs.

Appendix 4 – Report from Professional Consultation

4.1 List of Professional Consultation Group members who have agreed to have their names included in the Policy document

Name	Professional Title	Institute/organization
Dr. Hon Kenneth CHAN Ka-lok	Legislative Council Member	Legislative Council, HKSAR
Dr. Hon Fernando CHEUNG Chiu-hung	Legislative Council Member	Legislative Council, HKSAR
Hon. Cyd HO Sau-lan, JP	Legislative Council Member	Legislative Council, HKSAR
Hon. IP Kin-yuen	Legislative Council Member	Legislative Council, HKSAR
Hon. Alice MAK Mei-kuen, JP	Legislative Council Member	Legislative Council, HKSAR
Hon. SIN Chung-kai, SBS, JP	Legislative Council Member	Legislative Council, HKSAR
Prof. Joseph J.Y. SUNG, SBS, JP	Vice-Chancellor	The Chinese University of Hong Kong
Prof. FOK Tai-fai, SBS, JP	Pro-Vice-Chancellor	The Chinese University of Hong Kong
Dr. WONG Sik Nin	President	Hong Kong College of Paediatricians
Dr. CHAU Kai Tung, Adolphus	Chairman	Paediatric Cardiology Chapter, Hong Kong College of Cardiology
Ms. CHEN, Mui Kwan Tracy	Senior Physiotherapist	Physiotherapy Department, Kowloon Hospital
Dr.. Lily CHIU	Consultant	Strategy & Planning Division, Hong Kong Children Hospital, Hospital Authority
Dr. Susan FUNG	Chairperson	Working Group on Child Service (Clinical Psychology) in Hospital Authority
Dr. KWAN Yat Wah	President	Hong Kong Society for Paediatric Immunology and Infectious Disease
Dr. KWONG Ngai Shan	Chief of Service	Department of Paediatrics, Tuen Mun Hospital
Prof. LAU Yu Lung	Chairman	Paediatric Immunology & Infectious Diseases, Hong Kong College of Paediatricians
Dr. LEE Ching Yin	Chief of Service	Department of Paediatrics, Caritas Medical Centre / Our Lady of Maryknoll Hospital
Prof. LEUNG Nai Kong	Honorary Professor	Department of Paediatrics and Adolescent Medicine, The University of Hong Kong, Department of Paediatrics, The Chinese University of Hong Kong
Dr. LI Chi Kong	Consultant Paediatrician	Department of Paediatrics, Prince of Wales Hospital
Dr. LIU Kam Tim	Chairman	Paediatric Neurology, Hong Kong College of Paediatricians
Prof. NG Pak Cheung	President	The Hong Kong Society of Neonatal Medicine
Dr. TSE Kei Chiu	Chief of Service	Department of Paediatrics, Princess Margaret Hospital / Yan Chai Hospital
Mr. TO Wai Yip, Raymond	Speech Therapist In-charge	Speech Therapy Department, The Duchess of Kent Children's Hospital

Name	Professional Title	Institute/organization
Prof. LEE Tze-fan, Diana	Chairman	The Nursing Council of Hong Kong
Dr. Susie LUM	President	The Provisional Hong Kong Academy of Nursing Limited
Prof. TIWARI Agnes Fung Yee	Head	School of Nursing, The University of Hong Kong
Prof. LEE K. L. Joseph	Head	Division of Nursing and Health Studies, The Open University of Hong Kong
Prof. CHAIR Sek Ying	Director	The Nethersole School of Nursing
Dr. Cynthia Sau Ting WU	Senior Teaching Fellow	School of Nursing, The Hong Kong Polytechnic University
Dr. Raymond CHAN	Associate Professor	Department of Psychology, The University of Hong Kong
Dr. LAW Chi Kong	Associate Professor	Department of Social Work and Social Administration, The University of Hong Kong
Dr. Sandra TSANG	Associate Professor	Department of Social Work and Social Administration, The University of Hong Kong
Prof. Donna CHU	Associate Professor	School of Journalism and Communication, The Chinese University of Hong Kong
Prof. Albert LEE	Director	Centre for Health Education and Health Promotion, The Chinese University of Hong Kong
Professor Catherine McBRIDE	Professor	Department of Psychology, The Chinese University of Hong Kong
Dr. Rachel Sui Man POON	Adjunct Associate Professor	Department of Psychology, The Chinese University of Hong Kong
Dr. Amy HO Po Ying	Senior Lecturer	Department of Applied Social Science, Hong Kong Polytechnic University
Prof. Carly LAM	Professor	School of Optometry, The Hong Kong Polytechnic University
Prof. LEUNG Man, Cynthia	Professor	Department of Applied Social Sciences, The Hong Kong Polytechnic University
Dr. Tamis PIN	Assistant Professor	Department of Rehabilitation Sciences, Hong Kong Polytechnic University
Prof. Daniel SHEK	Chair Professor	Department of Applied Social Sciences, The Hong Kong Polytechnic University
Prof. Cecilia Li-TSANG	Professor	Department of Rehabilitation Sciences, The Hong Kong Polytechnic University
Dr. WONG Man Sau	Associate Professor	Department of Applied Biology and Chemical Technology, Hong Kong Polytechnic University
Prof. LOUIE, Hung Tak, Lobo	Associate Professor	Department of Physical Education, Hong Kong Baptist University
Dr. Amelia N.Y. LEE	Head	Early Childhood and Elementary Education, School of Continuing Education, Hong Kong Baptist University
Dr. CHAN Kwok Hong Raymond	Associate Professor	Department of Applied Social Studies, City University of Hong Kong
Prof. CHOW, Hung-kay Daniel	Head	Department of Health and Physical Education, The Hong Kong Institute of Education
Prof. CHUNG Kevin Kien Hoa	Chair Professor	Department of Special Education and Counselling, The Hong Kong Institute of Education
Prof. Chris FORLIN	Adjunct Professor	Department of Special Education and Counselling, The Hong Kong Institute of Education
Mr. YUEN, Chi Pun	Associate Head/ Assistant Professor	Department of Special Education and Counseling, The Hong Kong Institute of Education
Dr. Patrick CHEUNG	Chairperson	Against Child Abuse
Dr. Jessica HO	Director	Against Child Abuse

Name	Professional Title	Institute/organization
Dr. LEUNG Ping, Maurice	Council Member	Hong Kong Committee for UNICEF
Dr. CHOI Yuen Wan	Honorary General Secretary	Breakthrough Ltd.
Mr. Tony HO	Chairperson	Children's Cancer Foundation
Mr. KO Chi-kin, Derek	Training Director	Derek Ko Training Academy
Ms. Amy CHIU	Senior Occupational Therapist	Heep Hong Society
Ms. Lily YUEN	Senior Physiotherapist	Heep Hong Society
Mr. YIP Leong Ching	Chairman	Hong Kong Association for Specific Learning Disabilities
Mr. Samuel CHAN	Chairperson	Hong Kong Occupational Therapy Association
Ms. Stella CHENG	Vice-Chairperson	Hong Kong Occupational Therapy Association
Ms. Amarantha YIP, Yun-wan	Executive Director	Hong Kong Family Welfare Society
Dr. TIK Chi Yuen	Chief Executive	Hong Kong Institute of Family Education
Ms. Kathy WONG	Ex-officio	Playright Children's Play Association
Ms. Blanche TANG	Media Veteran	
Prof. CHUI, Chun Ming William	President	The Society of Hospital Pharmacists of Hong Kong
Ms. Monique YEUNG	Director of Advocacy and Community Education	Mother's Choice
Ms. TSUI San Ying	Director	Mirror Post Magazine

The Child Health Policy has been sent to over 200 child health related organizations and professionals with very promising response. We sincerely thank the comprehensive review and valuable inputs from all the child health experts in the Professional Consultation Group. Their views have been incorporated into the final policy document. The list above is not exclusive as some of the professionals would like to submit their views anonymously.

We have extracted some of the comments from the Professional Consultation Group below for reference.

4.2 Extracts of comments from Professional Consultation Group

Dr. WONG Sik Nin

President of the Hong Kong College of Paediatricians

“On behalf of the Hong Kong College of Paediatricians, I would like to congratulate you and your colleagues in the drafting committees for successfully organizing the series of Child Health Forums in the past year and for producing this comprehensive and detailed Child Health Policy, which indeed covers almost every important aspects related to good health of children born and living in Hong Kong. We would like to add a few specific suggestions to the already very comprehensive document.

I have circulated to all Council Members for their reference and comments. We have no further amendments. Congratulation for accomplishing such a daunting task and we would give our full support to the Steering Committee for Child Health Policy.”

Dr. LEUNG Nai Kong, JP

Honorary Professor, Li Ka Shing Faculty of Medicine, The University of Hong Kong

Honorary Clinical Professor, Department of Paediatrics, The Chinese University of Hong Kong

“I am in strong support for a Child Health Policy for Hong Kong. I wish to express my sincere thanks to Hong Kong Paediatric Society and the Hong Kong Paediatric Foundation for their commitment to formulate a Child Health Policy for Hong Kong at their 50th Anniversary Celebration in 2012. I fully agree with their focus on the different aspects of child health namely medical, social, education, nursing and allied health. There were extensive public and professional consultations throughout the years.

I sincerely hope that the Hong Kong SAR government will take the lead to develop and implement a comprehensive Child Health Policy for Hong Kong and establish a Children’s Commission.”

Professor FOK Tai Fai

Pro-Vice-Chancellor / Vice President

Choh-ming Li Professor of Paediatrics, The Chinese University of Hong Kong

“Thank you very much for your email inviting me to join the Professional Consultation Group for the drafting of the Child Health Policy for Hong Kong. Having a long term child health policy is of vital importance to the well-being of our future generation and is long overdue in Hong Kong. Your vision and leadership in initiating the formulation of such a policy is most commendable. It will be my pleasure and honour to take part in this most meaningful exercise as a member of the Professional Consultation Group.”

Professor Yu-Lung LAU

Doris Zimmern Professor in Community Child Health
Chair Professor of Paediatrics, Department of Paediatrics & Adolescent Medicine
LKS Faculty of Medicine, The University of Hong Kong

“First, I want to congratulate the HKPS and HKPF for coming up with this important document to highlight the needs of our children. Second, I want to state that I support the principles and overall strategic directions that this CHP enunciates.”

Dr. Sandra Tsang, JP

Associate Professor, Department of Social Work and Social Administration,
The University of Hong Kong

“Thanks a lot for sharing the final draft of the child policy paper. It is in very good shape now and we can all learn from this masterpiece which is co-created by the participants under your society's great leadership.”

Professor Catherine McBride

Professor of Developmental Psychology and Associate Dean of Research, Social Sciences Faculty,
The Chinese University of Hong Kong

“I have looked at the main document of the policy, and I appreciate your hard work. I think it's quite comprehensive. However, I have a few suggestions for your consideration.”

Professor Daniel SHEK

Chair Professor, Department of Applied Social Sciences, The Hong Kong Polytechnic University

“The draft document is very informative, integrative and insightful. My hearty congratulations!”

Professor Carly Lam

School of Optometry, The Hong Kong Polytechnic University

“I am very honoured to have the opportunity to review this draft policy. It is indeed a very comprehensive and in depth review of the Child Health Policy in Hong Kong. I am so grateful that the Foundation and the Society is committed to the community of Hong Kong. This policy is forward looking and I sincerely hope that the government would take on board the advice and strategies suggested to provide better future for the children in Hong Kong.”

Dr. Amy Po-ying HO

Senior Lecture, Department of Applied Social Science,
The Hong Kong Polytechnic University

“Compared with other developed cities, Child Health Policy in Hong Kong is lagged behind for decades and is thus urgently called for. The proposed Child Health Policy is two years in the making, reflecting the outcome of tremendous inputs from medical professionals, parents, child health advocates and other major stakeholders involved in the well-being of children and youth. The effort and sincerity of the Hong Kong Paediatric Society, The Hong Kong Paediatric Foundation and Child Healthcare Professionals in Hong Kong deserved a great applause. This is a very well written policy proposal.”

Dr Cynthia WU

Senior Teaching Fellow, School of Nursing, Hong Kong Polytechnic University

“Thank you for inviting me to comment on the draft. The panel has put great effort to this intellectual work. I have inserted my comments in the file as attached and highlighted.”

Dr. Daniel Chow, PhD

Head & Chair Professor of Health & Sports Science, Director of HKIEd Christian Faith & Development Centre, Department of Health & Physical Education, The Hong Kong Institute of Education

“The Child Health Policy paper provides an inclusive framework to inform the development of an actionable strategic planning for a policy which is imperative in directing the government's action plans towards the well-being of children and youth in Hong Kong.”

“It is my pleasure to review the policy paper. The final version of the Child Health Policy Paper is very well written and has provided an evident based and inclusive framework to inform strategic planning for a policy directing the government’s action plans towards the well-being of children and youth in Hong Kong.”

Professor Kevin K H Chung, Ph.D

Professor and Head, Department of Early Childhood Education
Faculty of Education and Human Development, The Hong Kong Institute of Education

“I enjoyed reading the draft and feel that, with attention to some suggestions on educational perspectives, it has the potential to make a significant contribution to the Child Health Policy. Please see the comments attached for your consideration. I believe that medical professionals, educators, policy makers, and related professionals have a prominent role to play in identifying risk, promoting protective factors, preventing child abuse and neglect, and promoting health matters in HK. Thank you for the opportunity to comment the draft. I would also like to take this opportunity to thank you and the committee for the excellent work as reflected in the draft.”

Professor Kevin YUEN Chi Pun, PhD, MSc (Audiology), BSc (Speech & Hearing Sc)

Assistant Professor/ Associate Head, Department of Special Education and Counselling

The Hong Kong Institute of Education

“As a speech-language pathologist and also an audiologist, I would like suggest the addition of the following highly prevalent disorders. Thank you so much for your great effort on drafting the Policy which Hong Kong very much in need for the welfare of the pediatric population.”

Dr. Maurice Leung

Council Member, The Hong Kong Council for UNICEF

“On behalf of the Hong Kong Council for UNICEF, we would like to convey our highest compliment for you and your team for writing such a comprehensive CHILD HEALTH POLICY. Indeed it covers almost every aspect relating to the better care of the child born and living in Hong Kong. We are in full support of the idea that the health care of a child should start from preconception and pregnancy. We concur with the concept that prevention and early intervention is much better than treatment. Relating to these concepts, we wish to highlight two points which might have been somewhat subdued (in your drafted Policy) by the so many factors that may contribute to the better health care of a child after birth.”

Dr. Lily CHIU

Consultant (Commissioning Team), Hong Kong Children's Hospital,

Strategy & Planning Division, Hospital Authority

“Thanks for the invitation. I have no comment on the well written policy”.

Dr. CHAU Kai Tung

Chief of Service, Department of Paediatric Cardiology, Queen Mary Hospital

“I have no further comments, thank you.”

Dr. LIU Kam Tim

Chairman, Paediatric Neurology Subspecialty, Hong Kong College of Paediatricians

“Thank you for your kind invitation. I certainly will put in my two pennies worth of opinion if I can be of help in this meaningful process. As a sub-specialist in the field of Paediatric Neurology, my knowledge background could be a bit skewed towards the more scientific and technical side. Please convey my best wishes to members of the Steering Committee for their kind efforts in working towards the betterment for our children.”

Dr. Susan FUNG

Chairperson, Working Group on Child Service (Clinical Psychology), Hospital Authority

“Having looked through the Final Draft of the Child Health Policy and all the relevant materials, I am deeply impressed by the level of dedication and efforts contributed by many professionals, youths, parents, and other stakeholders over the past year. The public fora indeed collected valuable opinions and input. The SWOT format is a thorough and concise way to express a broad range of viewpoints.

I have no further comments except for my heart-felt appreciation toward the production of such an excellent piece of work (the Final Draft) built for such a tremendously challenging task.”

Prof. William CHUI

President of The Society of Hospital Pharmacists of Hong Kong

“The policy is comprehensive and update to date. I have no further comment. Thank you for your hard works and coordination. We look forward to the implementation of this policy.”

Ms. Tracy CHEN

Senior Physiotherapist, Kowloon Hospital

“Thank you and your great team to leap this big step. This meaning task will not just benefit our children, but in effect the whole society. I have read through the information and no further supplement from me. I am especially impressed by the sections that addressed to the fragmented stackholders and cannot agree more the importance of connecting the family, education, health and other related sectors together for the better future of our younger generation. Please let me if there are anything I could support in the coming years.”

Ms. Kathy WONG

Executive Director, Playright Children’s Play Association

“As an NGOs advocating child’s right to play, we are deeply impressed by the concerted effort of the Hong Kong Paediatric Society and the Hong Kong Paediatric Foundation in drafting the Child Health Policy. We fully agree that children deserve to be highly valued, well treated and to develop their full potential. The rights of the Child (UNCRC) should be protected, promoted and fulfilled genuinely by the whole society. We fully support the development of a Child Health Policy to guide all the actions and strategic planning for children of Hong Kong. Please find below our feedback to the draft for your consideration.”

Dr. Choi Yuen Wan

Honorary General Secretary, Breakthrough Ltd

“I'm fine with the document.”

Ms. Monique YEUNG

Director of Advocacy and Community Education, Mother's Choice

“Thank you so much for the opportunity for us to review the draft Child Health Policy. It is certainly a very well-researched piece of work with very extensive inputs and consultations from across the spectrum of the field. Thank you for providing us a platform to input on your very comprehensive Child Health Policy. We are so excited to see that some of our comments have been taken onboard.”

Mr. Tony Ho

Chairman of Children's Cancer Foundation

“This Child Health Policy for Hong Kong can provide long-term directions for promoting and protecting the health of children against risk factors. It provides a holistic and integrated vision for child health, bringing together in one document all key policy elements of child health promotion and development. It also sets forth priorities, strategies and interventions necessary to overcome the challenges facing child health care. Efforts are made to elaborate the core responsibilities of the different tiers of government and major stakeholders.”

“Thank you very much for sending us the Final Review of the Child Health Policy. We have no further comments”.

Ms. Amarantha YIP

Executive Director, Hong Kong Family Welfare Society

“Hong Kong Family Welfare Society (HKFWS) welcomes the proposed Child Health Policy which has provided the background and stipulated the essence and directives to guide the formulation of the policy to promote the best interest of children in Hong Kong. The proposed policy has addressed not only the medical dimension, but also the social dimension, education dimension and health dimension related to allied health entities which are very relevant in this well-developed region. We also appreciate the board coverage under the medical dimension, especially mental health problems, risk-related health issues and behavioural and developmental disorders, and children with special care needs, which are also key concerns of child development in the social service sector.”

“Thank you for sending us the modified Child Health Policy for Hong Kong which has incorporated views and comment from different stakeholders. Our Society agrees to what has been laid down on this policy

Child Health Policy for Hong Kong

paper. As a social welfare organization dedicated to promote the well-being of families, particularly the children involved, we appreciate that the policy has addressed the importance of the family for the growth and well-being of children, and the support and assistance to be provided to families to facilitate their proper functioning in this regard. We are looking forward to seeing concerted effort by different sectors to actualize the initiatives in this policy paper.”

Dr. Patrick Cheung

Chairman of the Against Child Abuse

“Thank you for your letter inviting comments on the Child Health Policy. The document is persuasive and very much represents the dedicated work of the Steering Committee and the different stakeholders. The policy has arrived at practical recommendations. Hope very much this Child Health Policy will make a good impact.”

Dr. Jessica Ho, PhD

Director

Against Child Abuse

“I think a Child Development Policy with an action plan for our 1.1 million children in Hong Kong is long overdue. Our government must invest in children. I am glad to see that the HKPS and the HKPF are formulating a Child Health Policy. It is my pleasure to be a member of the Professional Consultation Group.”

Professor Chris Forlin

International Inclusive Education Consultant

“I have reviewed the document as I think this is an important step forward for Hong Kong. Thank you for the opportunity to review the draft document on child health. I think it is overall very thorough and covers all aspects that are needed to proceed further.”

Ms. TSUI San Ying

Director

Mirror Post Magazine

“Thank you for your kindly invitation and highly comment of me. Your committee is doing a great job to the children as well as to this society, I am very delight to accept your invitation and will read your Policy Draft seriously, wish you everything goes fine.”

4.3 Report of the Final Professional Forum on Child Health Policy

Date: 18 June, 2015

Time: 8:00- 10:30 pm

Venue: Lecture Theatre, Block M, G/F Queen Elizabeth Hospital

Participants: Over 100 child health professionals attended the Forum

Chairman: Dr. Chan Chok Wan,

Chairman of the Steering Committee of the Child Health Policy

Summary Presentation: Dr Lilian Wong,

Honorary Secretary of the Steering Committee of the Child Health Policy

Discussion Panel:

- 1) Dr. Chow Chun Bong, Convenor of the Medical Drafting Group
- 2) Dr. Daniel Chiu, Convenor of the Social Drafting Group
- 3) Dr. Lilian Wong, Convenor of the Education Drafting Group
- 4) Ms. Susanna Lee, Convenor of the Nursing and Allied Health Drafting Group
- 5) Dr. Chan Chok Wan, Chairman of the Steering Committee of the Child Health Policy

Introduction and summary of the Child Health Policy Project (Dr. CW Chan and Dr. Lilian Wong):

Dr. Chan Chok Wan welcomed all guests to the forum and gave a brief outline of the Child Health Policy.

- The idea for a Child Health Policy started in 2012, during the 50th Anniversary Celebration of the Hong Kong Paediatric Society (HKPS). All members acknowledged the need for a Child Health Policy (CH Policy) in Hong Kong. Therefore, one of the missions of the HKPS is to draft a CH Policy for presentation to the Government.
- A Steering Committee was created to co-ordinate the project. The CH Policy project was divided into 3 stages over a 3-year period:
 - (1) Drafting stage: Four drafting groups—Medical, Social, Educational, Nursing and Allied Health were formed. Members of the drafting groups are professionals and experts in the particular field. All groups had detailed meetings for discussion, followed by SWOT analysis. The first draft of the CH policy was written as a summary of the discussions and SWOT analyses.
 - (2) Consultation stage (with public and stakeholders): Consultation with the public through 6 public fora, one for each drafting group in addition to one forum on youth

and one forum on family. A modified draft of the CH policy was prepared and sent to our Consultative Committee which consists of 60 organizations for further comments and suggestions in early 2015.

(3) Launching/ presentation stage: After professional and public consultations, all inputs and ideas will be incorporated into the final draft of the CH policy. The Policy will then be presented to the Chief Executive and launched to the public.

- Dr Lilian Wong presented a detailed summary of the work and progress of the Child Health Policy project, as well as the main child health issues discussed in each Group.
- Dr Wong concluded that the Child Health Policy will be submitted to the HKSAR Government and Chief Executive. It is not meant to be a comprehensive or detailed policy. Instead it highlights the major child health issues that are suggested by health care professionals from various disciplines and the public and serves as a guide to the government to formulate a comprehensive Child Health Policy for Hong Kong.

Panel Discussion:

Introduction of Panel and summary of discussions:

- Dr. Chan Chok Wan introduced the discussion panel for the forum. The Panel consists of the convenors of the 4 drafting groups.
- The convenor of each group gave a brief summary of corresponding child health session discussed and suggestions raised for their own domain. Detailed reports for the 4 drafting groups can be found in Appendix 2 and on the HKPS website.
- Dr. Chan Chok Wan raised 5 questions for discussion for the forum:
 - (1) Are there any gaps/ shortcomings in the current draft?
 - (2) Are there any suggestions in addition to the points discussed?
 - (3) How can we write a good policy paper?
 - (4) What strategies should we use to convince the Government of the need for a Child Health policy, and to present our Child Health Policy so that the Government will pay attention to us?
 - (5) Are there any outcome measures to assess the effect and impact of the Child Health Policy?

Discussion—Panel and Participants

Question 1: Are there any gaps/ shortcomings in the current draft?

Question 2: Are there any suggestions in addition to the points discussed?

● **Psychosocial/ mental aspects of child health:**

- Dr. NS Tsoi suggested to put more emphasis on psychosocial and mental aspects on Child Health. In the hospital setting, a lot of efforts and resources are focused on medical aspects but psychological aspects may be overlooked. Dr CW Chan agreed that whilst the Government supplies a lot of resources and manpower on new medical technology and improvement of physical health, relatively little resources are supplied on management of mental and psychological health of children because these problems tend to be less acute.

● **Evidence-based approach:**

- Dr. CW Chan commented that during the preparation of the CH policy draft, most drafting group members found that there are only few evidence-based studies in our locality. However, it is very difficult to obtain manpower and funding for research. With the opening of the HKCH in 2018, more funding and manpower should be available for CH related research

● **Central Registry for children with special needs and specific conditions:**

- Ms. Sanne Fong (Occupational Therapist) suggested that there should be a central registry for children with special needs in Hong Kong. This would help in resource planning, rehabilitation and also be a rich source of data for future research.
- Dr. CB Chow commented on the urgent need for a central registry for specific conditions, as there is inadequate sharing of patient information between hospitals and departments, as well as between DH, HA and other organization, leading to duplication of resources in some cases and inadequate care in others

● **Transition care:**

- Dr. Helen Tinsley pointed out that transition care from Paediatric to adulthood for children with chronic medical problems is not optimal.
- Ms. Sanne Fong (Occupational therapist) and Ms Catherine Cheung (Physiotherapist) agreed that transition care to adulthood is poorly coordinated at present, and many adolescents face a lot of problems in transition. Improvement is needed. Ms. Chan Kit Ping (Child Psychiatry Nurse) pointed out that we need to

have a clear definition of “Transition” as the current definition is mainly depending on age. However, some of the “Adult services” are not designed to cater for the needs of those “children” with special care requirement. We need to have a more comprehensive programme on rehabilitation throughout the life cycle for this group of children.

- Ms. Audrey Chan (nurse) noted that there is poor integration of care between hospitals, community and schools. Therefore, more effort should be made to improve integration of services for better transition from one environment to another.
 - Dr. CW Chan reported that HKPS will be organizing a conference on transition care for children with medical complexities in November 2015, and invited all members and guests to attend
- **Children with special needs and medical complexities:**
 - Dr. Helen Tinsley (Paediatrician and previous hospital administrator) suggested that care of children in non-Chinese ethnic groups and children with special needs should be improved.
 - Ms. Catherine Cheung (Physiotherapist) commented that the waiting time for SCCC and EETC is very long, and needs to be improved
 - Dr. CW Chan agreed and commented that waiting times for CAC is also too long (18-24 months), and needs to be shortened
 - Ms. Miranda Leung (College of Nursing) suggested that more resources and attention should be given for Paediatric palliative care and family care. Also, education on life and death should be incorporated into in the school curriculum.
- **Education at School level:**
 - Ms. Winsy Leung (Dietician) suggested that more resources should be available to educate school teachers on the basics of child health (eg healthy eating and nutrition), so that the teachers in turn can educate the children at school.
 - Ms/ Helen (Occupational therapist) suggested that education should start early to help children build up resilience to adverse conditions. School should teach children the correct concepts, and positive views on life.
 - Mr. Gordon Cheung (Dietician) suggested including more nutritional education especially for children with special dietary needs in school curriculum and also to have more education on school lunch.
- **Holistic and multidisciplinary care:**

Ms. Keynes Wong (Children Cancer Foundation) suggested holistic and

multidisciplinary approach to all children, especially those with multiple medical problems.

- **Health Literacy:**

Dr. CB Chow commented that health literacy should be taught to all children as this will be an important asset throughout their life.

Recommendations and Conclusions (to Questions 1,2):

Suggestion to be included in the CH Policy:

- Increase resources for mental and psychological health of children
- Increase resources for CH related research by the Government with the opening of HK Children's Hospital.
- Improve transition care from paediatric to adult
- Improve care for children with medical complexities and special needs (eg shorten waiting times for services like CAC, EETC and SCCC)
- Improve education for teachers on CH and disease prevention
- Build up a central registry for children with special needs
- Improve communications between DH, HA, government and other organizations for child care
- Improve health literacy

Question 3: How can we write a good policy paper?

- Dr. Helen Tinsley suggested that a good Policy paper should be *evidence based*. For example, scientific evidence on the negative impact of environmental pollution on child health can be quoted to support the suggestion to improve the environment.
- Ms. Kathy Wong (playwright) suggested that children's need should be taken into account at a higher level. For example, parks and playgrounds for children should be incorporated into town planning. Experts in different fields, eg architects, urban planners and various government departments can be recruited to support the policy
- Prof. NK Leung reminded the Panel that aspects covered in the CH Policy should be concise and broad. Details are not appropriate in a Policy paper. Dr. CW Chan agreed. He pointed out that our CH policy is relatively short and concise (30+ pages). However, there will be a detailed 100+ pages "Appendix" with all the data of discussions, SWOT analysis and draft reports for audiences who may be interested in part of the details
- Dr. Thomas Chung suggested that as the Government has commission for rehabilitation already, we can incorporate "Rehabilitation" projects for children with special needs and for transition

Recommendations and Conclusion:

- To try and incorporate evidence-based studies to support the suggestions in our policy.
- Try and incorporate child health at a higher level (eg above Bureau)
- Aspects covered in the CH Policy should be broad and concise
- Incorporate items that are already in the Government policy/ commission into the CH policy.

Question 4: What strategies should we use to convince the Government of the need for a CH policy, and to present our CH Policy so that the Government will pay attention to us?

- Prof. NK Leung pointed out that in order to improve public awareness for the CH Policy, all the groups that are consulted during the public and professional consultation and had shown an interest in the Policy (eg schools, NGO's) should be mobilized to support the CH Policy. In this way, the CH Policy could be effectively promoted to all sectors
- Dr. CW Chan agreed that it is much easier to convince the Government if the CH Policy had gained support from a large number of people in the public and professional sectors. Dr .Lilian Wong commented that > 20 organizations and individuals had replied to the consultation of the CH policy draft. We should try to gain the support and co-operation of these groups
- Dr. Thomas Chung suggested that it is easier to persuade the Government by using core values and ideals, eg "Equality" and "Rights". For example, if gaps in transitional care from childhood to adult are identified, this problem can be addressed as the "Rights" of children to have efficient and smooth transitional care. Dr. Chung also suggested to mobilize families and parents who would benefit from the CH Policy to support us. The voices and opinions of the public can be very effective in persuading the government.
- Dr. Daniel Chiu commented that the CH policy should be for ALL children (both healthy children and those with medical problems). Therefore, the emphasis should be on policy.

Recommendations and Conclusion:

- It is very important to gain the support and co-operation of a large number of public and professionals. Organizations and individuals who have shown an interest in the Policy should be invited and mobilized to promulgate the Policy.
- Use core values and higher ideals (eg "Children's rights" and "Equality") to give the government a broader picture for easier persuasion.
- Try to mobilize end users, eg families who would benefit from the CH policy and get as much public support as possible

Question 5: Are there any outcome measures to assess the effect and impact of the CH Policy?

Some outcome measures suggested during panel discussion:

- School dropout rate
- Incidence of drug use in the Paediatric age group
- Incidence of non-communicable diseases (eg Obesity)

Conclusion:

Dr. CW Chan thanked the Panel and audience for their input and discussions. All the suggestions at the forum will be incorporated into the final draft of the CH Policy. After that, the CH policy will be presented to the CE and HK Government. He acknowledged the importance of support from allies in the community. A press conference will be held for the launching of the CH policy, and Dr. Chan invited all who were present at the forum to attend. The final draft will also be posted on the HHPS website. The goal is to complete the final draft and start the launching process before autumn 2015.

Appendix 5 - Specific Recommendations Based on Different Stages of the Life Cycle

Revised Conceptual Models for Preventive Care for Children in Primary Care Settings-Population Approach across Life Course³⁹ (As of 15 June 2011)

Stage	Determinants of Health				
	Hereditary and developmental factors	Individual Lifestyle Factors / Parenting practices	Family and Social Factors	Community and Environmental Factors	Service Provision
Prenatal	<ul style="list-style-type: none"> ● Genetic and metabolic diseases ● Congenital anomalies ● Maternal infections ● Maternal drugs ● Maternal nutrition ● Maternal diseases 	<ul style="list-style-type: none"> ● Maternal drugs: alcohol, smoking, drugs ● Maternal nutrition : iron, vitamins, Iodine, etc ● Maternal diseases: diabetes mellitus, mental health, medical diseases, hyperthyroidism etc 	<ul style="list-style-type: none"> ● Family and social support 	<ul style="list-style-type: none"> ● Physical environment <ul style="list-style-type: none"> ➢ Housing ➢ Water ➢ Environmental risk factors (e.g. exposure to infective agents, toxic or radioactive substance) ● Neighbourhood environment ● Poverty and social status ● Injury prevention ● Discrimination 	<ul style="list-style-type: none"> ● Health Service <ul style="list-style-type: none"> ➢ Preconception counseling service ➢ Genetic disease screening ➢ Congenital anomaly screening ➢ Congenital infection screening ➢ Metabolic diseases screening ➢ Antenatal care (e.g. education) ● Education and literacy ● Employment ● Social Support
Infancy (0-1)	<ul style="list-style-type: none"> ● Genetic and metabolic diseases ● Congenital anomalies ● Growth problems ● Developmental disorders ● Visual and 	<ul style="list-style-type: none"> ● Feeding and Nutrition <ul style="list-style-type: none"> ➢ Breastfeeding ➢ Complementary feeding ● Oral health education to parents ● Prevention of injuries ● Sleep problems 	<ul style="list-style-type: none"> ● Family relationship and positive responsive parenting, considering parent's <ul style="list-style-type: none"> ➢ education, literacy ➢ Culture 	<ul style="list-style-type: none"> ● Physical environment <ul style="list-style-type: none"> ➢ Housing ➢ Water ➢ Environmental risk factors (e.g. exposure to infective agents, toxic or radioactive substance) ● Neighbourhood 	<ul style="list-style-type: none"> ● Health <ul style="list-style-type: none"> ➢ Congenital hypothyroidism and G6PD deficiency screening ➢ Newborn exam and hearing screening ➢ Developmental surveillance ➢ Vaccinations ➢ Breast feeding support ➢ Common diseases management ➢ Growth monitoring

Stage	Determinants of Health				
	Hereditary and developmental factors	Individual Lifestyle Factors / Parenting practices	Family and Social Factors	Community and Environmental Factors	Service Provision
	<ul style="list-style-type: none"> hearing problems • Prevention of infections 		<ul style="list-style-type: none"> /ethnicity ➤ socio-economic status • Detection of child abuse • Detection of psychosocial trauma 	<ul style="list-style-type: none"> environment • Poverty and social status • Injury prevention Discrimination 	<ul style="list-style-type: none"> ➤ Vision and hearing • Parenting education & training with specific reference to <ul style="list-style-type: none"> ➤ Education, literacy ➤ Income and socioeconomic status ➤ Culture • Housing • Social Support
Pre-school (2-5)	<ul style="list-style-type: none"> • Growth problems • Developmental disorders and learning disabilities e.g. autism, Specific Learning Disabilities (SLD) • Behavioural problems e.g. Attention Deficit Hyperactivity Disorder • Visual & hearing problems 	<ul style="list-style-type: none"> • Feeding and Nutrition <ul style="list-style-type: none"> ➤ Balanced diet • Parent education <ul style="list-style-type: none"> ➤ Positive parenting ➤ Discipline/behavior management • Toileting • Play and physical activity • Oral health • Prevention of injuries • Sleep problems 	<ul style="list-style-type: none"> • Same as infancy 	<ul style="list-style-type: none"> • Use of Information technology • Influence of media/ TV • Other community and environmental factors in Infancy 	<ul style="list-style-type: none"> • Health Service <ul style="list-style-type: none"> ➤ Developmental and growth surveillance ➤ Vaccinations ➤ Common diseases management ➤ Nutrition and feeding surveillance ➤ Vision and hearing • Social Service • Education Services • Recreation and sports

Stage	Determinants of Health				
	Hereditary and developmental factors	Individual Lifestyle Factors / Parenting practices	Family and Social Factors	Community and Environmental Factors	Service Provision
School age (6-12)	<ul style="list-style-type: none"> • Growth problems • Developmental disorders and SLD • Behavioural problems • Visual & hearing problems 	<ul style="list-style-type: none"> • Balanced diet • Regular physical activity • Oral health • Positive social and mental health • Prevention of risk taking behaviour substance misuse (e.g. smoking and drug abuse, unsafe sex) • Sleep problems • Prevention of injuries 	<ul style="list-style-type: none"> • Family relationship and parenting • Influence from peers and teachers • Bullying & dating abuse • Sex problems 	<ul style="list-style-type: none"> • School environment and ethos • Other community and environmental factors in Pre-school children 	<ul style="list-style-type: none"> • Health Service <ul style="list-style-type: none"> ➢ Developmental and growth surveillance ➢ Vaccinations ➢ Common diseases management ➢ Nutrition and feeding surveillance ➢ Vision and hearing ➢ Health education and promotion ➢ Detection of early mental health problems • Parent-child skill training • Services for Services for special adverse events e.g. disaster, divorce etc • Social Service • Education Services • Recreation and sports
Adolescence (13-18)	<ul style="list-style-type: none"> • Growth problems • Developmental and behavioural disorders • Pubertal abnormalities 	<ul style="list-style-type: none"> • Same as school age children 	<ul style="list-style-type: none"> • Same as school age children 	<ul style="list-style-type: none"> • Same as school age children 	<ul style="list-style-type: none"> • Health Service <ul style="list-style-type: none"> ➢ Common diseases management ➢ Nutrition surveillance ➢ Health education and promotion ➢ Detection of early mental health problems • Positive activities • Vocation training • Social Service • Education Services • Transitional care

Appendix 6 - Working Timeframe and Manpower Involved for the Development of the Child Health Policy

6.1 Working Timeframe for the Development of the Child Health Policy

1.	Set up the Steering Committee	Nov 2012
2.	Formulate the Drafting Group across sectors	Jan-Mar 2013
3.	Write up the sector summaries based on the SWOT analysis from the Drafting Groups	Apr 2013 – Feb 2014
4.	Public Consultation through Public Fora on various essential child health topics	Mar-Aug 2014
5.	Modify the Policy Draft according to the public views collected	Sep 2014 – Mar 2015
6.	Professional Consultation to refine the Policy Draft	Apr-May 2015
7.	Finalize the Policy Draft with professional inputs	Jun 2015
8.	Submission of the Child Health Policy to the Government and launch of the Policy to general public	Sep 2015
9.	Long Term Planning for child health	2015 onwards

6.2 Manpower Involved for the Development of the Child Health Policy

Setting up a Steering Committee and Four Drafting Groups

A Steering Committee was firstly formed in Nov 2012 to study the necessity and indication for a Child Health Policy for Hong Kong. The Steering Committee consisted of 12 members from various health disciplines and there were total 10 meetings conducted in setting the protocol, agenda and reviewing the draft policy. Each Steering Committee member had performed the SWOT analysis independently before getting the group consensus

Assuming the average meeting time of 3 hours each, the man-hour involved was

Meeting time: 12 members x 10 meetings x 3 hours = 360 man-hours

SWOT analysis: 12 members x 2.5 hours = 30 man-hours

Total manpower contribution from Steering Committee: ~400 man-hours

Subsequently, four Drafting Groups were set up to look into the child health issues from the perspectives of “*medical*”, “*social*”, “*educational*” and “*nursing and allied health*”. Each Drafting Groups performed their own group discussion, peer review, SWOT analysis and formulating the draft policy according to their corresponding expertise. The Chairman and Secretary of the Steering Committee had joint in the Drafting Group meetings.



Child Health Policy for Hong Kong

The first and second drafts of the Child Health Policy were composed based on the expert inputs and SWOT analysis from the four drafting groups.

Assuming the average meeting time of 3 hours each, the man-hour involved was

	No of members	Steering Group members join in	No of meetings (3 hours each)	Sub-total man-hours
Medical	9	2	3 x 3	100
Social	7	2	5 x 3	135
Education	12	2	5 x 3	210
Nursing and Allied Health	21	2	5 x 3	350
Joint Drafting Group Meeting	48	12	3	180
Total Manpower contribution from Drafting Groups				975

Public Consultation via six Public Fora on Various Child Health Topics

The policy draft then underwent a series of public consultations to explore the public needs and consolidate the strategic plans through their inputs. Six Public Fora had been held at the Duke of Windsor Social Service Building, Wan Chai from March to August 2014 to collect public opinions. There were around 100 attendants each forum. The views collected were included into the third Draft of the Child Health Policy.

Forum	Theme	Organizing Team members	Attendance	Meeting hours (2.5 hours each)	Man-hours
1.	Medical	20	100	2.5	300
2.	Nursing and Allied Health	20	100	2.5	300
3.	Education	20	100	2.5	300
4.	Social	20	100	2.5	300
5.	Youth	20	100	2.5	300
6.	Parent	20	100	2.5	300
Total Manpower involved for Public Fora					1800

Professional Consultation to Consolidate the Policy Draft

Another platform was created for Professional Consultation with academics, policy-makers, teachers, social workers, medical professionals and child health related professionals to consolidate the policy draft with expert inputs. The third draft of the Child Health Policy had been sent to over 60 healthcare professional groups to seek for their professional opinions from Feb to Jun 2015. A final Professional Forum was then held on 18 Jun 2015 to consolidate the professional inputs for incorporation into the final policy draft. This final draft was then sent to the Professional Consultation Group for verification and endorsement in Aug 2015.

	No of members	Average time for review (hrs)	Members of organizing team	Man-hours
Consultation Group	68	3	3	213
Professional Forum	100	3	10	330
Total Manpower involved in the Professional Consultation				545

Writing up the Policy Draft

The Policy Draft was mainly composed by three Steering Committee members (Chairman, Secretary and Strategist). The man-hours involved in writing up the policy and revising the drafts was estimated to be

	Estimated time (hours)	Members involved	Man-hours
1 st draft	50	3	150
2 nd draft	50	3	150
3 rd draft	50	2	100
4 th draft	50	2	100
Final	50	2	100
Total Manpower involved in writing up the Policy			600

Professional Input	: 400 + 975 + 545 + 600 = 2520 man-hours
Public Input	: 1800 man-hours
Total man-hours	: 1800 + 2520 = 4320

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