

## Notes of the Twentieth Meeting of the Children's Rights Forum

Date : 30 July 2013 (Friday)

Time : 3:00 PM

Venue : Training cum Lecture Room, 5/F, West Wing, Central Government Offices  
2 Tim Mei Avenue, Tamar, Hong Kong

### Attendance:

#### Constitutional and Mainland Affairs Bureau

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| 1) Mr Gordon LEUNG, JP<br>(Chairman) | Deputy Secretary for Constitutional and Mainland Affairs                                  |
| 2) Mr D. C. CHEUNG                   | Principal Assistant Secretary for Constitutional and Mainland Affairs                     |
| 3) Ms Trinky CHAN                    | Assistant Secretary for Constitutional and Mainland Affairs                               |
| 4) Ms Yvonne LAW                     | Programme Officer (Children's Rights Unit),<br>Constitutional and Mainland Affairs Bureau |

#### Non-government organisations

#### Representatives

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| 1) Against Child Abuse                      | 何愛珠博士<br>Ms LEE Yu-po                         |
| 2) Harmony House Ltd                        | 李玉英女士   |
| 3) Hong Kong Council of Social Service      | 姚潔玲女士   |
| 4) Hong Kong Committee on Children's Rights | Dr CHOW Chung-bong<br>葉麗嫦醫生<br>黃惠玉女士          |
| 5) Hong Kong Human Rights Monitor           | Mr CHONG Yiu-kwong<br>Mr LAW Yuk-kai<br>周峻翹先生 |
| 6) Kid's Dream                              | 李麗盈同學<br>周正年同學<br>傅明慧同學                       |

- 孫曉嵐同學  
劉瑋杰同學  
呂詩婷同學  
梁偉康同學  
文詠琪同學
- 7) Office of Emily Lau, Legislative Councillor Hon Emily LAU
- 8) Playright Children's Play Association 王見好女士  
郭明秋女士  
袁漢昌先生
- 9) Society for Community Organisation Ms SZE Lai-shan
- 10) Children's Rights Association 郭永其同學  
梁浩文同學  
伍嘉龍同學  
潘信誓同學  
胡泉霖同學  
劉錦玲同學
- 11) United Nations Children's Fund 馮素霞女士
- Voices of Youth  
譚怡君同學  
葉可淇同學  
黃樂恩同學
- 12) Caritas Jockey Club Integrated Service for Young People – Wong Tai Sin 黃曉君女士  
Ms Tahira Sultana  
Ms Shoaib Hussain  
陳維信先生  
陳鴻任先生  
萬慧敏女士  
陳邦熙同學  
黃智洋同學  
Tooba 同學  
Sabila 同學

Umara 同學  
Amna Bibi 同學  
Adina 同學  
Daniyal 同學  
梁凱琦同學  
譚家寶同學  
鄭佩儀同學  
譚寶儀同學  
鍾惠晴同學  
Iqra Iqbal 同學  
Aiman Iqbal 同學  
Saman Iqbal 同學  
曾子維同學  
黃穎琪同學  
王梓浚同學  
區綽芹同學  
區靖愉同學  
Asad Ali 同學  
Ammar 同學  
翟泳君同學  
Sulman 同學  
陳巧好同學

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| 13) Chinese University of Hong Kong            | Mr Ghotane DHIRAJ                        |
| 14) Heep Hong Society for Handicapped Children | 司徒妙萍女士                                   |
| 15) 協康會同心家長會                                   | 李祥佩女士                                    |
| 16) The Hong Kong Society for the Deaf         | 何樂榮同學<br>何珍報女士(家長)<br>朱天諾同學<br>陳蕭葦女士(家長) |
| 17) Hong Kong Unison                           | 李敏女士                                     |
| 18) New Home Association                       | 錢美芝女士<br>Fatia Sadia 女士                  |

Sahara Sadia 同學

Rani Sidra 同學

- 19) Chinese Young Men's Christian Association of Hong Kong  
Hin Keng Centre 莊季陶先生

Attendance by Invitation:

Discussion Item (1)

- 1) 梁振邦先生 Assistant Secretary for Food and Health (Health)
- 2) Dr Libby LEE Chief Manager (Strategy, Service Planning & Knowledge Management), Hospital Authority
- 3) Dr Lily CHIU Consultant (Centres of Excellence), Hospital Authority

1. Introduction

- 1.1 The Chairman welcomed representatives of non-government organisations (NGOs) and children representatives to the meeting. He explained that as the Secretariat had invited a greater number of organisations, including the sponsored organisations of the Children's Rights Education Funding Scheme, to the meeting, the number of attendees at the meeting was greater than that of previous meetings. The Chairman also welcomed Hon Emily Lau and representatives of ethnic minorities, and indicated that simultaneous interpretation service had been arranged for ethnic minorities attending the meeting.

2. Discussion Items

(I) Establishment of the Centre of Excellence in Paediatrics

- 2.1 Dr Libby LEE, Chief Manager (Strategy, Service Planning & Knowledge Management) of the Hospital Authority (HA), welcomed the Government's support for establishing the Centre of Excellence in Paediatrics (CEP) in Kai Tak Development. She then asked Dr Lily CHIU to introduce the features of the CEP.
- 2.2 Dr Lily CHIU, Consultant (Centres of Excellence) of the HA, introduced the design features of the CEP with a video clip. The CEP, which would be located in Kai Tak Development adjacent to a cruise terminal, consisted of two towers and would house outpatient clinics and patient rooms, operating theatres, intensive care units, laboratories, physiotherapy and occupational treatment rooms, x-ray department, rehabilitation department, as well as science research and teaching facilities.

As a children-oriented design was adopted, the interior of the CEP would be colourfully decorated. There would be two types of patient rooms, the one-bed and four-bed rooms, and overnight accommodation for parents would be provided. Environmental friendly elements had been incorporated into the design of the CEP with special attention to ventilation and natural lighting. In between the two towers was a courtyard which would provide space for the enjoyment and physiotherapy treatment of paediatric patients, and it would be open to the public.

Dr Lily CHIU emphasised that being the first children hospital in Hong Kong, the CEP was designed to cater for both the physical and psychological needs of paediatric patients as well as the needs of their parents, providing a comfortable environment for different users. The HA welcomed views from the attendees on the establishment of the CEP.

2.3 Comments and questions on the services to be provided by the CEP put forward by the attendees and children's representatives, as well as consolidated responses from government representatives were as follows:

2.3.1 Hon Emily Lau asked if services not available in the current local healthcare system would be provided. A children representative enquired about the positioning of the CEP.

2.3.2 Dr Libby LEE responded that the services to be provided by the CEP would be tertiary medical services including paediatric and neo-natal intensive care services, childhood cancer pathology service, cardiac care and haemodialysis service which provided intensive treatment for patients.

2.3.3 Dr Lily CHIU supplemented that the establishment of the CEP would not increase the provision of secondary services, but would raise the standard of our medical services by providing tertiary services. After having been examined by local hospitals, children in need would be referred to the CEP for treatment. By concentrating serious cases and bringing together medical talents to provide treatment for children suffering from serious illness in the CEP, clinical experiences could be accumulated from the caseloads.

2.3.4 A children representative opined that Hong Kong's child psychiatric service was inadequate and enquired if the CEP would provide services for children and adolescents in need.

2.3.5 In response, Dr Lily CHIU expressed that the HA attached great importance to the physical and psychological health of children and adolescents, and had planned to reconstruct the Kwai Chung Hospital which was a psychiatric hospital to provide services for children and adolescents in need. The CEP would provide treatment for these children who were also suffering from serious illness.

2.3.6 A children representative asked if the CEP would provide tuition for hospitalised children. Another children representative enquired if the CEP would provide obstetric service.

- 2.3.7 In response, Dr Lily CHIU indicated that the CEP would follow the practice of paediatric departments of general public hospitals and would invite instructors from the Hong Kong Red Cross to provide tuition to hospitalised children according to their school age. Besides, while the CEP would not provide obstetric service, it was believed that such service could be made available to the public by an acute hospital to be built next to the CEP.
- 2.3.8 An attendee enquired whether children suspected to have been abused would be taken to the CEP for examination. He/she also pointed out that the existing arrangement of conveying children having been sexually assaulted to district hospitals for examination by pathologists instead of experts in the paediatrics discipline was not in the interest of the children concerned, and suggested that the HA should convey assaulted children to the CEP for examination.
- 2.3.9 Dr Lily CHIU indicated that the community played a pivotal role in addressing child abuse. As the CEP was distant from the community, it might not be the most appropriate place for treating children being abused.
- 2.3.10 An attendee asked if the CEP would provide medical services for hearing impaired persons such as cochlear implant, and whether paediatric patients were free to choose to receive follow-up consultations in district public hospitals or the CEP. He/she continued to ask whether the CEP would provide speech training and sign-language interpretation service for hearing impaired persons.
- 2.3.11 Dr Lily CHIU said that the CEP would provide tertiary services such as cochlear implant, and one-stop services for pre-operative evaluation, cochlear implantation and post-operative rehabilitation would also be provided for children in need. The HA's initial idea was that the CEP and district healthcare facilities would form a service network of which the CEP would conduct preliminary assessments and set rehabilitation plans for paediatric patients, and then refer them to speech therapists in the districts for follow-up treatment. Subsequently, the paediatric patients might receive follow-up consultations in the CEP once every half year to one year for review on progress of rehabilitation.
- 2.3.12 Dr Libby LEE supplemented that the specific proposal on distribution of services between the CEP and various hospitals was still being studied.
- 2.3.13 Regarding speech training and sign-language interpretation service, Dr Lily CHIU indicated that the CEP planned to provide relevant services for the hearing impaired at the initial stage of operation, however the long-term provision of such services would depend on the workload of healthcare personnel.
- 2.3.14 An attendee opined that an increasing number of children was diagnosed with Autism Spectrum Disorder (ASD), however assessment on child development took a few years to complete, as a result many pre-school children in need were unable to receive timely treatment. He/she then

enquired whether the CEP could improve the relevant situation.

- 2.3.15 Dr Lily CHIU said that the existing child assessment centres set up by the Department of Health (DH) would provide developmental assessment service for pre-school children in need. She pointed out that as the number of children who required such service was great, the establishment of the CEP was insufficient to alleviate the problem of excessively long waiting time for service. On the other hand, the wards of the CEP were all provided with multi-sensory rooms which would assist in improving the conditions of paediatric patients with ASD or mood disorder.
- 2.3.16 An attendee enquired about the HA's efforts in preventing and educating the public on childhood obesity and other non-infectious diseases.
- 2.3.17 Dr Libby LEE responded that to address the said health issues, the DH had currently introduced a comprehensive educational programme including school education and controlling the sale of food for children consumption etc. The DH was also responsible for the control of preventive medicine for childhood obesity, while the CEP would provide treatment for children with health problems.

2.4 Comments and questions on the facilities and construction of the CEP put forward by the attendees and children representatives, as well as consolidated responses from government representatives were as follows:

- 2.4.1 A children representative agreed with the HA's plan to display various art pieces in the CEP. He/she also suggested that some space should be set aside for children for the creation of art works, and invitations might be extended to all children in Hong Kong to submit designs for the selection of winning entries to be displayed in the CEP. A children representative suggested that multiple colours should be used in patient rooms and corridors to relieve the children's fear of the hospital.
- 2.4.2 Dr Lily CHIU thanked children representatives for their views. She indicated that currently in some public hospitals, paediatric patients had been invited to draw pictures in patient rooms, the HA would take the children representatives' views into consideration.
- 2.4.3 Hon Emily Lau enquired if the construction of the CEP could be completed as scheduled. A children representative hoped that both the construction progress and inspection of building quality could be given due consideration to avoid defects upon the completion of the CEP.
- 2.4.4 Dr Lily CHIU advised that the HA had been supervising the construction works with the Architectural Services Department (ArchSD) carefully to avoid defects in the construction works as a result of speeding up the works to meet deadline.
- 2.4.5 Mr 梁振邦, Assistant Secretary for Food and Health (Health), added that the CEP would come into operation in stages upon completion. The

authorities concerned would check the quality of the premises upon completion of the CEP during the one-year defects liability period.

- 2.4.6 A children representative expressed concerned about the impacts of pollution caused by the adjacent cruise terminal on the CEP and asked in what ways would the CEP reduce the impacts on paediatric patients.
- 2.4.7 Dr Lily CHIU responded that the fresh air drawn in the CEP would be filtered by a ventilation system to prevent the intake of air pollutants. The HA was also concerned about the odour from the nullah next to the Kai Tai Development and had sought the advice of the ArchSD and Environmental Protection Department. Both departments advised that the water and air of the area were clean and would not pose health hazard.
- 2.4.8 Some children representatives enquired about the play equipment, toys and Internet access in the CEP, whether parents would be invited to be present at play sessions and whether visiting hours would be limited. Besides, a children representative was concerned about whether the CEP had any resident play specialist or expert.
- 2.4.9 Dr Lily CHIU explained that a family lounge and a gathering and eating place for paediatric patients would be provided outside the patient rooms to allow those who were not bed-bound to meet and communicate with other patients. Exercise zone would also be provided in patient rooms to facilitate more serious patients who were unable to go to the physiotherapy room to do some exercise. In addition, multi-sensory room would also be provided in the CEP for training paediatric patients' sensations. The garden on the ground floor would provide a sitting-out area for the public and would also serve as a rehabilitation garden for outdoor exploration of paediatric patients to promote their sensory development through contact with the outside world.
- 2.4.10 In designing the relevant facilities, advice from specialists in the fields of occupational therapy, physiotherapy and psychology had been sought, so that paediatric patients and their parents would not feel boring during their stay in the CEP. An Internet computer services centre would also be provided in the CEP to allow children to access the Internet according to their preference. Toys would also be provided in the light of specialist's recommendations to allow paediatric patients to lessen their worry on their conditions by playing with toys.
- 2.4.11 Addressing the question on visiting hours, Dr Lily CHIU advised that except in circumstances where there were outbreak of infectious diseases, there would be no limit on CEP's visiting hours. Besides, separate rooms would be provided to parents whose children were staying in the intensive care unit for resting and to facilitate them to take better care of their children.
- 2.4.12 An attendee opined that children of minority groups in Hong Kong, such as disabled and refugee children etc. had, more often than not, been neglected and hoped that the HA would consult the relevant

organisations on the CEP's design as early as possible, so that the CEP would be able to meet the needs of those children. He said, as an example, the CEP's hardware design and ancillary transport facilities should cater for the needs of wheelchair-bound users. He also hoped that the HA would enhance the frontline staff's ability to identify children with rare illness and children with developmental disorders to enable these children to receive early treatment in the CEP.

- 2.4.13 A children representative expressed that the play equipment should cater for the needs of wheel-chair bound children.
- 2.4.14 Dr Lily CHIU advised that the ArchSD which was responsible for the design of the CEP, had attached great importance to providing barrier-free access in the CEP. The HA had also been actively working out the ancillary transport arrangements in consultation with the Transport Department (TD) and the contractor, with a view to providing ancillary transport facilities that catered for the needs of young users. She pointed out that the CEP was still at its initial stage of construction, the HA would take forward the said suggestions and work out the implementation details in consultation with the ArchSD, TD and contractor.
- 2.4.15 A children representative was concerned about the risk of cross-contamination in four-bed patient rooms, teaching rooms and play equipment in the CEP.
- 2.4.16 Dr Lily CHIU responded that in case where a paediatric patient suffered from infectious disease, he or she would certainly be transferred to an isolation room and would attend lessons there. Having considered that some paediatric patients would like to have someone to keep them company, placing these patients in four-bed room would make their stay in the hospital more pleasant. The HA would step up publicity of health habits such as hand washing to minimise the risk of cross-contamination.
- 2.4.17 A children representative asked if the patient education and resource centre would be located within the CEP and doubted the effectiveness of one-off talks in health promotion. He/she continued to suggest that the HA should organise more community health education programmes for children to allow them to get the health message through simple illustrations and games.
- 2.4.18 Dr Lily CHIU explained that the patient education and resource centre would provide the public with information of various illnesses by means of exhibitions. The HA planned to invite various patient groups and NGOs to take part in the design of exhibitions. The centre would be open to visit by schools in future for public health education purpose.
- 2.5 Comments and questions on the use of CEP by ethnic minority children put forward by the attendees and children representatives, as well as consolidated responses from government representatives were as follows:

- 2.5.1 An attendee opined that children of different ethnicities should be provided with medical services that suited their culture, and asked whether the HA would take into consideration the needs of ethnic minorities in the language, culture and manpower resources aspects in delivering secondary and tertiary medical services. He pointed out that family members of critically ill patients might need emotional support. He expressed concern about whether HA would provide such service to ethnic minorities.
- 2.5.2 Dr Libby LEE advised that the HA was greatly concerned about ethnic minorities' access to services in public hospitals. She continued that free interpretation service had currently been provided to patients by a number of NGOs, patient groups and other volunteers in general public hospitals. Upon completion of the CEP, the HA would adopt the same practice and would provide guidelines and information in different languages for paediatric patients of different ethnicities as well as emotional support to their family members. At the same time, training would be provided to the staff so that they would be able to understand the different culture of different ethnicities and key vocabularies of various languages.
- 2.5.3 An attendee pointed out that while serving as a voluntary interpreter with the HA, he learnt that many interpreters lacked professional awareness in medical services and understanding of different ethnic cultures, and rendered interpretation only at the language level, failing to address the difference in ethnic cultures. He enquired if the HA had put in place any mechanism to assess or record the effectiveness and standard of interpretation service.
- 2.5.4 Dr Libby LEE advised that for the time being, the HA did not have any formal mechanism for assessing or recording the effectiveness of interpretation service. However, she understood that individual hospitals had assessed their own interpretation service informally. Besides, the HA had been soliciting views from patients and their families on medical services and following up on the views received. It was believed that the HA would be able to gauge the patients' views on interpretation service through this channel.
- 2.5.5 In sharing his/her views, an attendee pointed out that difficult medical terminology were often used by healthcare personnel in explaining medical conditions and in leaflets distributed by them, making it difficult for the patients to understand. He/she suggested that the HA should provide training on language skills to healthcare personnel to enhance their ability to explain medical conditions and details of treatment process.
- 2.5.6 In response, Dr Libby LEE advised that the healthcare personnel would be reminded to the patients and their family members on the medical conditions in plain and simple language.
- 2.5.7 An attendee enquired if the HA had considered recruiting overseas healthcare practitioners, say from Pakistan, Nepal and India. A

children representative asked whether the HA would assist local ethnic minority children in becoming healthcare practitioners.

2.5.8 In response, Dr Libby LEE pointed out that the HA had at present recruited overseas healthcare practitioners. However, overseas medical graduates who wished to practise in Hong Kong were currently required to pass the Licensing Examination of the Hong Kong Medical Council. In other words, recruitment of non-local medical practitioners was not determined solely by the HA. In Hong Kong, residents of different ethnicities might apply for medical courses offered by local universities. At present, the HA had also recruited ethnic minority healthcare practitioners.

2.5.9 A children representative asked if Halal food would be provided to paediatric patients in need, and if the CEP would take into consideration the preference or culture of patients in providing meals. Another children representative asked if prayer rooms would be provided to paediatric patients of specific religions.

2.5.10 Dr Libby LEE advised that the CEP would follow the existing practice of other public hospitals and would take into account the culture of paediatric patients of specific religions in providing meals to them. Besides, the CEP would provide a multi-religious chapel for holding ceremonies, and a quiet room would be provided on every floor of the CEP for use of children and their parents of different religions.

2.6 Comments and questions on manpower arrangements and staff training of the CEP put forward by the attendees and children representatives, as well as consolidated responses from government representatives were as follows:

2.6.1 A children representative opined that at present there was a shortage of medical practitioners in Hong Kong, and the CEP might have to deploy healthcare personnel from other public hospitals or recruit healthcare personnel upon its completion. He was concerned that the newly recruited personnel might be inexperienced while the deployment of personnel from other hospitals might aggravate the existing manpower shortage problem in the healthcare system.

2.6.2 An attendee opined that the CEP was specially designed to provide dedicated service for a small number of children with critical illness, and therefore for the majority of local children, the standard of services of paediatric departments in public hospitals was more important. He/she hoped that the HA would take the need of both the CEP and other public hospitals into account in allocating manpower resources so that all local children would be provided with high quality medical services.

2.6.3 Dr Libby LEE advised that arrangements would be made to recruit new staff and deploy healthcare personnel from paediatric departments of other hospitals to support the operation of the CEP. Deployment of experienced healthcare personnel from other hospitals was important to the CEP which would focus on delivering tertiary services.

- 2.6.4 Dr Libby LEE added that a committee had now been set up in the HA to plan and prepare for the construction and manpower arrangement of the CEP, so that upon commissioning of the CEP in 2018, paediatric departments in the entire public healthcare system would have sufficient manpower, or even expanded paediatric service.
- 2.6.5 A children representative asked if the HA would provide special training to healthcare personnel of the CEP, so that they would be able to provide services according to the needs of children.
- 2.6.6 Dr Libby LEE advised that the CEP would adopt a child-centered approach, and special training on paediatric services would be provided to the healthcare personnel of the CEP.
- 2.7 Comments and questions on other matters relating to the CEP put forward by the attendees and children representatives, as well as consolidated responses from government representatives were as follows:
- 2.7.1 A children representative asked if food that was lower in sodium and fat would be provided for paediatric patients.
- 2.7.2 Dr Lily CHIU advised that food which was low in sodium, fat and sugar would be provided for paediatric patients and milk beverages would also be provided to young paediatric patients who were fed with milk.
- 2.7.3 A children representative asked if the CEP would provide services for children born to non-local residents, and enquired about the charges of the services provided by the CEP, the charging arrangements for paediatric patients from families with financial difficulties, and whether “undocumented children” would be waived from payment of higher medical fee. He/she added that it was inconvenient for applicants to apply for one-off waiver under the existing medical fee waiver mechanism.
- 2.7.4 Dr Lily CHIU advised that under the existing policy on public medical service, children born to non-local residents would be allowed to access services provided by the CEP, but would be charged higher fees.
- 2.7.5 Dr Libby LEE supplemented that the fees and charges of medical services provided by the CEP were the same as those of other public hospitals under the HA which had provided a safety net for families with financial difficulties under its existing charging mechanism. Besides, the CEP would follow the practice of other public hospitals in waiving “undocumented children” from paying high medical fees, and the details of the waiver mechanism would be subject to further deliberation.
- 2.7.6 An attendee considered that the Government should establish a committee on children’s rights as soon as possible to promote inter-departmental co-operation so that local medical services could, at the fastest possible time, enable children to attain the highest standard of health as laid down in Article 24 of the Convention of the Rights of the

Child (CRC). In promoting children's participation in policy making, he/she hoped that children would be allowed to participate in the deliberation at an earlier stage to allow them to take responsibility for their own health.

- 2.7.7 An attendee enquired if the HA would consult paediatric in-patient on this subject, and suggested that the consultation mechanism should be retained on a permanent basis to enable the CEP to solicit views of paediatric patients and thus make improvements continuously.
- 2.7.8 In response, Dr Lily CHIU pointed out that the HA would deliberate on a way to collect the views of paediatric patients regularly, such as to maintain contacts with patient groups to get to know the service users' perception of the quality of medical services.
- 2.7.9 A children representative suggested that the HA should ensure the healthcare personnel of CEP were aware of children's rights and Charter for Children in Hospital. An attendee suggested that the design and services of the CEP should be supervised from a human rights perspective, including putting in place a periodic assessment mechanism, and a human rights advisor should be appointed as member of the advisory committee of CEP or Hospital Governing Committee.
- 2.7.10 Dr Libby LEE advised that although the views expressed covered areas outside the scope of work at the present stage, the HA would take them into consideration in due course.
- 2.8 The Chairman proposed that further questions on the subject could be e-mailed to the Constitutional and Mainland Affairs Bureau (CMAB) for referral to the HA for following up.

[Post-meeting note: An attendee had put forward a supplementary submission to the CMAB after the meeting, stating that for children suspected to have developmental disorders, the waiting time for assessment in child assessment centres under the DH or HA presently ranged from 6 to 12 months while the waiting time for pre-school rehabilitation service ranged from 18 to 32 months. This had seriously deprived children with special needs of their rights of early identification and intervention. The fact that child assessment service of the CEP was only available to paediatric in-patient was disappointing for children in the community could not be benefited from the service and thus the shortage of child assessment service could not be alleviated. This view had been conveyed to the Food and Health Bureau and the HA.]

- (II) Meeting arrangements of the Children's Rights Forum (Paper No. CRF5/2013)
- 2.9 The Chairman expressed that a number of improvement measures had been put forward by some attendees at the last meeting and asked Ms Trinky CHAN, Assistant Secretary for Constitutional and Mainland Affairs, to brief the meeting on future meeting arrangements.
- 2.10 Ms Trinky CHAN said that since its establishment in 2005, the Children's Rights Forum had convened more than 20 meetings and had discussed over 30 items.

Some attendees of the Forum had earlier put forward a number of improvement measures with a view to attracting more attendees to take part in the discussion of the Forum.

Ms Trinky CHAN continued that as far as arrangement of venue was concerned, past meetings of the Forum had been held mainly in community halls, lecture theatres of libraries and schools. There were views that future meetings could be convened in parks and in localities where there was a larger number of children residing in. After consideration, the Secretariat had made the following arrangements as a follow up to the views:

- (i) For the current meeting, the Secretariat had contacted more than ten primary and secondary schools, requesting for the provision of venue. However, the school authorities generally had reservations on opening the school premises for public use during the summer holiday, while some schools could not accede to the request due to a lack of sound system. The Secretariat would continue to actively arrange for meetings to be held in schools in future.
- (ii) The Secretariat welcomed suggestions on places or localities for meetings. Some attendees had earlier proposed the meetings of the Forum to be held in localities which were more easily accessible to the attendees. In this connection, the Secretariat had contacted schools in different localities, hoping that venue of meeting could be provided.

As for the proposal of holding meetings in outdoor areas such as parks, having considered that meetings in outdoor areas might be affected by inclement weather and need to hire sound system and seats etc., the Secretariat was of the view that it would be more appropriate to hold meetings indoor.

As regards the proposals on seat height, seating arrangement and background music, the Secretariat would work with the venue providers to implement the proposals as far as possible. She added that background music was played during breaks of the current meeting and members were also welcome to give further views.

In order to invite children from a diverse background to take part in meetings, the Secretariat had made the following arrangements in preparing the current meeting:

- (i) Announced the date of meeting through the Education Bureau's website three weeks before the date of meeting and invited students to attend the meeting. However, as the new school year had not started, the Bureau was unable to make announcement in the schools' periodic newsletters. The Secretariat had also extended invitations to schools when identifying the venue for the meeting.
- (ii) Extended invitations to organisations which had received funding support from the Children's Rights Education Funding Scheme, including the Caritas Jockey Club Integrated Service for Young People – Wong Tai Sin which were represented at the current meeting, with the hope that more children would take part in the meeting.

- (iii) In the light of the subjects of the meeting, extended invitations to children with special needs through relevant bureaux and departments. For example, invitations were extended to interested organisations through the Ethnic Minorities Forum under the Home Affairs Department and the Commissioner for Rehabilitation of the Labour and Welfare Bureau respectively to encourage representatives of ethnic minority children and children with disabilities to attend the meeting. Organisations such as Heep Hong Society for Handicapped Children were represented at the current meeting.

With regard to agendas and discussion arrangements, the Secretariat's proposals were as follows:

- (i) Representatives from bureaux or departments would be requested to prepare easy-to-understand papers and response, and present the content in a simple way, and refrain from using difficult and professional terms in briefings and during discussions as far as possible to facilitate easier understanding by the attendees.
- (ii) About two discussion items would be allowed for each meeting to avoid prolonged discussion.

In 2013, the Forum had held three meetings and the next meeting was scheduled to be held in November or December. In future, the Secretariat would, as far as practicable, arrange meetings on a quarterly basis and schedule some of the meetings on Saturdays to facilitate children to spare some of their time to attend.

2.11 Views of the attendees and children representatives on arrangement of agendas for meetings of the Forum were as follows:

- 2.11.1 An attendee expressed disappointment that the Forum failed to serve as a platform for discussion of various key policies owing to the restriction on the number of agenda items.
- 2.11.2 An attendee concurred that children might not be able to cope with a number of discussion items at one time, and suggested that the Secretariat should split the meeting into two parts: one for discussing matters that were easier to understand to allow children to have a lively discussion; while the other was for the discussion of overall social situation and other special or more complex items.
- 2.11.3 A children representative agreed with the suggestion and considered that the split arrangement would allow adult and children attendees to scrutinise child-related subjects from their respective perspectives, cutting short discussion time. Another children representative, however, was of the view that children also had opinions on policies that might have wider implications and therefore did not agree to restrict children representatives' participation in the discussion of such subjects.
- 2.11.4 An attendee suggested that in drawing up the agendas, the CMAB might consider including items that were of more relevance to children to encourage children's participation.

- 2.11.5 Hon Emily Lau pointed out that the attendees would like to have an earnest discussion of matters relating to children's rights, including scrutinising the HKSAR's second report submitted under the CRC before the report was examined by the United Nations Committee on the Rights of the Child (UN Committee), and to discuss the concluding observations on the report at the next meeting. She also hoped that in drawing up the agendas, the Secretariat would include an item on how best the Government discharged the responsibilities set out in the CRC, the difficulties encountered in discharging the responsibilities, and how they were overcome for the attendees' scrutiny.
- 2.11.6 Mr Law Yuk-kai of Hong Kong Human Rights Monitor suggested that the Forum should discuss the first report on prevention of child fatality released by the Child Fatality Review Panel, the concluding observations on the above-mentioned report or scheme for sexual offences records checks at the next meeting.
- 2.11.7 An attendee advised that the Forum had previously endorsed that the main objectives of the Forum were to promote the rights of children, and to discuss the CRC and concluding observations on relevant reports.
- 2.11.8 An attendee urged the relevant bureaux to examine the prevailing situation of Hong Kong in the light of the three new general comments on CRC made by the UN Committee and ways to improve the situation, to enable the children to have an understanding of the matters and to gauge their views.

[Post-meeting note: the CMAB had conveyed the three comments to the relevant bureaux or departments.]

- 2.12 The Chairman's consolidated response to suggestions on agendas of meetings of the Forum were as follows:
- 2.12.1 The Chairman said that the paper concerned mainly reported the various arrangements of the Forum, while the proposals put forward by the attendees covered subjects of implementation of the CRC, the appointment of a commissioner for children and setting up of a commission on children. He advised that child-related subjects covered a wide range of areas such as medical, education etc. He added that according to past experience, it might be more effective to refer the subjects to the relevant bureaux to follow up than to bring up the subjects for discussion at the Forum. Past experience also showed that it might not be too effective for the Forum to deal with subjects that required decision making.
- 2.12.2 The Chairman said that the CMAB would consider the proposals put forward by the attendees. He pointed out that adults and children might have different viewpoints. In past meetings where subject matters of a more complicated nature were discussed, some children representatives had reflected to the Secretariat that they failed to understand the discussions. However, other platforms in the community generally

served as a forum for adults to discuss specific subject matters, and children had found it difficult to express their views, as such it was proposed that the Forum should continue to be child-oriented. For subject matters which required ample technical discussions, consideration might be given to pass them to standing advisory bodies (such as Social Welfare Advisory Committee, Panel on Education) for discussion.

2.12.3 As for the agenda of next meeting, the Chairman advised that the report of Child Fatality Review Panel, which had been suggested for discussion before the meeting, could be included as one of the agenda items. On the other hand, the CMAB had also planned to include the concluding observations of the UN Committee as the other agenda item for discussion at the next meeting, however as the date of hearing of the relevant report was yet to be fixed, the Secretariat was unable to finalise the agenda.

2.12.4 The Chairman reiterated that the Government attached great importance to children's participation in the Forum which enabled the Government to learn their views on different policies. He also hoped the attendees would understand that the CMAB would need some time to consolidate the proposed discussion items put forth and invited representatives from relevant bureaux to attend the Forum. In future, the Secretariat would enhance communication with the attendees and welcomed them to put forward suggestions on discussion items.

[Post-meeting note: Proposed discussion items had been put forth by individual attendees after the meeting and the Secretariat would consolidate the proposals to facilitate subsequent discussion of agenda items for future meetings with the attendees.]

2.13 Views and questions on other meeting arrangements for meetings of the Forum put forward by the attendees and children representatives were summarised as follows:

2.13.1 Hon Emily Lau suggested that in respect of different subjects, representatives from relevant bureaux should be invited to attend the meetings to answer the questions raised by the attendees.

2.13.2 An attendee suggested increasing the frequency of meetings and shortening the time of each meeting.

2.13.3 An attendee opined that the Secretariat should continue to invite more children representatives to attend the meetings through different channels, and should set up a standing convention to consult children on matters related to their interests. A children representative also proposed that the Forum should meet regularly instead of holding meetings in response to individual incidents only.

2.13.4 A children representative suggested that matters of greater concern to ethnic minority children and children with special needs should be discussed and representatives from relevant organisations should be invited to take part in the discussion to bring about more desirable effect.

- 2.13.5 An attendee opined that children who were unable to attend meetings of the Forum should also be taken care of and suggested that efforts should be stepped up to publicise the Forum, for example by setting up dedicated pages on social networking sites and carrying out publicity programmes in the community to reach out to children of different social strata. Another attendee suggested that the CMAB should proactively study ways to reach out to all children and gauge their views, and should also encourage other bureaux to collect the views of children in an effective manner.
- 2.13.6 An attendee suggested that the Secretariat should announce the agendas as soon as possible before the meetings to facilitate organisations and children representatives to prepare for the meetings.
- 2.13.7 A children representative suggested that the Secretariat should provide relevant information before the meetings to allow attendees to have an understanding of the subjects to be discussed. He/she also suggested that the CMAB might properly explain the content of papers to children representatives, and guide them in the discussion. Another children representative proposed that papers for meetings should be distributed to attendees a couple of days before the meetings.
- 2.13.8 A children representative proposed that agenda items for the next meeting might be determined at the end of the meeting; leading questions should be drawn up for each discussion item to facilitate the attendees and children representatives to take part in the discussion; post-meeting follow-up actions should be reported by e-mail etc.
- 2.13.9 A children representative suggested that there should be more and longer meeting breaks.
- 2.14 Responses of government representatives to the views of the attendees and children representatives on other meeting arrangements of the Forum were consolidated as follows:
- 2.14.1 Mr D. C. CHEUNG, Principal Assistant Secretary for Constitutional and Mainland Affairs, advised that the agenda of current meeting was drawn up on the basis of the views put forward by the attendees at the last meeting. As for the arrangement for drawing up agendas, the CMAB welcomed members to put forward their views to the Secretariat through various channels. Besides, the report of post-meeting follow-up actions had been briefly discussed at the last meeting, the Secretariat would inform attendees of the progress of follow-up actions by reporting it in the notes of meetings.
- 2.14.2 The Chairman advised that the CMAB would make the best endeavours to co-ordinate with various bureaux and departments in drawing up the agendas and inviting representatives from bureaux/departments to attend the meetings. The CMAB would keep an open mind in respect of the proposals put forward. He supplemented that subjects of concern brought up at the meetings were not only discussed by children, other platforms in the community, including various panels of the Legislative

Council, would study those subjects as well. The CMAB would continue to establish communication channels with the public and assist children in expressing their views.

- 2.15 The Chairman thanked the attendees and children representatives for attending the meeting, and giving their views on child-related policies and meeting arrangements of the Forum. He welcomed members and children representatives to give further views to the CMAB with a view to improving the effectiveness of the Forum.

Constitutional and Mainland Affairs Bureau  
August 2013