

Report of the First Phase Review of Residential Child Care and Related Services

**Committee on
Review of Residential Child Care and Related Services
September 2022**

Background

To enhance monitoring and service quality, SWD has accorded priority to conducting a review on residential child care and related services based on the recommendations concerning the enhancement of the quality of subvented services in the “Review Report on Enhancement of Lump Sum Grant Subvention System” completed in July 2021.

2. In December 2021, the suspected child abuse incidents at the Children’s Residential Home (CRH) under the Hong Kong Society for the Protection of Children (HKSPC) aroused the community’s concern. Upon receipt of HKSPC’s report, the Child Care Centres Advisory Inspectorate (CCCAI), Subventions Section and the Family and Child Protective Services Unit of SWD immediately took a series of follow-up actions to ensure that the relevant institution is in compliance with SWD’s regulatory requirements regarding child care, service quality and monitoring and licensing regulations. The follow up work in relation to CRH incident is set out at **Annex 1**.

3. SWD has set up the Committee on Review of Residential Child Care and Related Services (the Committee) chaired by the Director of Social Welfare (DSW) in April 2022 to comprehensively review the service quality standard and monitoring and regulatory requirements of residential child care and related services, as well as formulating concrete and feasible recommendations and measures for the interface among services and the enhancement of the existing service monitoring regime, with a view to strengthening monitoring, enhancing service quality and safeguarding children’s well-being. The terms of reference and the membership list of the Committee are at **Annex 2** and **3** respectively.

Service Overview

Service Objectives

4. The overall objectives of child welfare services of the Government are to support and strengthen families so that a suitable environment can be provided to facilitate the comprehensive development of children on physical, emotional and social aspects; and guided by the service vision of “child-centered, family-focused and community-based”, to prioritise the needs and well-being of children and ensure that children receive suitable care and protection.

Service Types and Targets

5. To support children or youths who cannot be adequately cared for by their families temporarily for various reasons or with behavioural and/or

emotional problems under the age of 21, the Government provides different types of 24-hour residential care services through subsidising non-governmental organisations (NGOs) to nurture their growth and development with regard to their physical, social, emotional and intellectual needs. Service users also include homeless and abandoned children, and those with disabilities that require care and rehabilitation services.

6. Residential child care services (RCCS) can be categorised into institutional and non-institutional services. Institutional service includes residential child care centres (RCCCs) (also known as residential crèches and residential nurseries), residential special child care centres (RSCCCs), children's homes, children's reception centre, and boys'/girls' homes and hostels. Non-institutional service includes foster care service, small group homes (SGHs) and SGHs for mildly mentally handicapped children which provide family-like care environment for those children in need of residential care. The services mentioned above provide a total of 4 017 service places. Details of different types of services are set out at **Annex 4**.

Service Provision and Wait-listing Situation

7. SWD has been making use of the "Central Referral System for Residential Child Care Services" and "Central Referral System for Rehabilitation Services" to keep track of the service demand and utilisation of various RCCS, and strives to enhance the processing of applications for RCCS and service matching efficiency by re-distributing or allocating additional resources to increase the number of service places as and when necessary. In planning the services, it will also take into account factors such as the availability of suitable land or premises in different districts, the location of relevant RCCS units in the districts, and the number of children on the waiting list for the relevant services. The average number of children on the waiting list, the waiting time and the utilisation rate of various types of RCCS in 2021-22 are set out at **Annex 5**.

Service Development

8. Children under a family-based care environment are more likely able to receive appropriate care, and have better physical and emotional growth and development in general. Therefore, the Government has accorded priority to developing non-institutional care services in the development of RCCS, but institutional care services are still provided as an option in order to arrange the most suitable residential care for children.

9. In recent years, SWD has continued to improve service workflow and information systems to strengthen the monitoring of the demand for and utilisation of various types of RCCS, and improve service operation, etc. At the

same time, SWD also regularly reviews the development of RCCS with the service sector through the Residential Child Care Services Development Committee¹ and, where feasible, optimises various arrangements to meet the changing social needs. Details of the additional resources allocated by the Government in recent years to strengthen RCCS are at **Annex 6**.

Scope of Review

10. The Committee at its first meeting held on 26 April 2022 confirmed that the review would cover the following three major areas –

(a) Service Quality

- (i) Fostering a pro-child and child caring organisational culture and service principle, providing adequate support to frontline staff (including emotional support and appropriate supervision) to reduce their work pressure;
- (ii) Strengthening the relevant training for staff, especially focusing on the introduction of positive child care concept, strengthening the awareness of child protection, cultivating positive work attitude of staff and establishing a stable professional service team; and
- (iii) Exploring an enhanced approach of child care mode, including addition of more developmental and learning elements, and provision of counseling services by professionals in order to enhance service quality.

(b) Service Regulation and Monitoring

- (i) Enhancing the effectiveness of inspections, such as to suitably introduce the use of new technology to strengthen monitoring and promptly identify staff's improper behaviour or possible problems in daily operation;
- (ii) Reviewing the internal risk management and monitoring mechanism of operators to plug the loopholes on prevailing daily management and monitoring mechanism; and

¹ SWD, the service sector and the Hong Kong Council of Social Service have set up the Residential Child Care Services Development Committee to regularly review the operation and waiting situation of relevant services, and explore measures to improve such services.

- (iii) Enhancing corporate governance and commitment, considering the introduction of experts to jointly monitor service operation with the relevant operators.
- (c) Service Planning and Provision
- (i) Examining the prevailing policy of RCCS and whether the existing service supply and service mode could meet or match with the service demand;
 - (ii) Strengthening the service interface of the overall residential child care and related services, the cross-discipline and cross-service collaboration and set out clear division of work; and
 - (iii) Enhancing manpower, resources allocation and case assessment mechanism to provide the services in place.

11. In view of the different types of RCCS and service targets, members of the Committee agreed to conduct the review by phases. It is expected that the first phase of the review on RCCC and RSCCC services is to be completed in August 2022 and the second phase of the review will cover other types of RCCS and is targeted to be completed in March 2023.

View Collection Methodology

12. Since April 2022, the Committee and SWD have collected views and relevant information on RCCS from various stakeholders through the following platforms/channels:

- (a) The Labour and Welfare Bureau and SWD attended the meeting of the Working Group on Children Protection under the Commission on Children (CoC) on 4 May and 27 July; the special meeting of the Legislative Council Panel on Welfare Services on 6 May; and the meeting of CoC on 19 May and 18 August 2022 respectively;
- (b) The Committee and SWD visited Apleichau Pre-school Centre of the SAHK (RSCCC) and CRH of HKSPC (RCCC) on 17 and 20 May 2022 to observe and understand the actual operation of the units and the difficulties and challenges faced by them;
- (c) SWD and the Working Group of CoC co-organised seven engagement sessions on 30 May 2022 to collect views from stakeholders of different types of RCCS;

- (d) SWD held a number of focus group meetings with the management and frontline staff of NGOs operating RCCC and RSCCC on 7, 14 and 22 June 2022 to engage them in in-depth discussions about the improvement measures for the related RCCS; and
- (e) SWD collected relevant statistics on service users with special needs from RCCCs.

13. Stakeholders' views and suggestions regarding RCCS and relevant statistics on service users with special needs in RCCCs are set out at **Annex 7** and **Annex 8** respectively.

Recommendations

14. The Committee held four meetings on 26 April, 24 May, 30 June and 29 July 2022 to examine and review the current situation of RCCS, to consider different views and service information collected, as well as to discuss and make recommendations on the three major review areas, namely service quality, service regulation and monitoring, and service planning and provision. SWD has consolidated the feasible enhancement measures and recommendations on RCCCs, RSCCCs and related services, which are set out as follows:

Service Quality

15. RCCS must ensure that children are provided with proper care and protection. As quite a number of children receiving residential care services in recent years have special needs and their family background has become more complicated² than before, it is necessary to enhance service to support and meet children's needs. We note that the existing manning ratio of RCCCs is similar to that of day child care centres (CCCs). With reference to the manning ratio of child care workers (CCWs), functions of care workers at different ranks and other professional support measures in RSCCCs, it is recommended to increase the manning ratio of RCCCs and create the post of Child Care Aide (CCA) such that CCWs can have more room and put more focus on taking care of the growth and developmental needs of children, as well as to strengthen training for CCWs for enhancing their professionalism on child care. In this regard, we make the following 12 recommendations on four areas, namely manpower deployment, professional support, job enrichment and strengthening training.

² According to a survey conducted by the Hong Kong Council of Social Service, the emotional and behavioural problems of children and young persons receiving residential care services have become more complex in recent years and the relevant statistics have increased from 37% in 2014 to about 46% in 2020.

(I) Strengthening manpower deployment

(1) Enhancing the manning ratio of CCWs

- ✧ At present, service users with special educational/care needs in RCCC's has exceeded the overall service places by 40% and one of the main reasons for children being admitted to RCCC's is that their parents have substance/drug abuse problems. As a result, children may have congenital abnormalities in their physical development and most of them suffer from long-term and/or complex health problems. Taking care of these children with special and complicated care needs substantially increases the workload and pressure of CCWs and nursing staff. Moreover, they are required to work on shift and provide care services round-the-clock seven days a week, there are difficulties in recruiting and retaining staff of good caliber.
- ✧ At present, the manning ratio of CCWs working in RCCC's is 1:6.2, which is similar to that of day CCC's at 1:6³. Considering that RCCC's operate at round-the-clock mode and the special nature of their services, it is recommended that the manning ratio of CCWs in RCCC's be increased to close to that of RSCCC's with reference to the manning ratio of the latter (i.e. 1:4.5); and that the manpower of senior CCWs be increased proportionally to strengthen the supervision/training of CCWs such that they can receive appropriate support and training in taking care of children with special needs.
- ✧ In the future, SWD will also review whether there is room to further enhance the manpower deployment in RSCCC's.

(2) Providing additional frontline support staff

- ✧ At present, CCWs in RCCC's need to take care of tasks such as feeding, bathing, changing diapers, escorting children to receive training or follow-up medical consultations, etc. It is recommended to create the posts of CCA in RCCC's to share some of the existing duties of CCWs in taking care of the daily basic needs of children, such that CCWs can have more room and put more focus on taking care of the special and developmental needs of children, including arranging more diversified developmental programmes for children

³ The Government has enhanced the manning ratio of qualified CCWs serving in day CCC's since the 2019/20 school year. The manning ratio of CCWs has been enhanced from 1:8 to 1:6 for children aged 0 to below 2, and from 1:14 to 1:11 for children aged 2 to below 3. With reference to the manning ratio of day CCC's, the ratio of RCCC's has also been adjusted accordingly in September 2019.

while having appropriate time to receive relevant on-the-job training to enhance their professional development.

(3) Increasing the manpower of social workers

- ✧ To support service development and meet service demand, it is recommended to increase the manpower of social workers in RCCCs so as to enhance the communication with parents of children and collaboration with schools and relevant professionals, formulate appropriate and comprehensive welfare plans for children and regularly review the progress, as well as organise activities for children to meet their developmental needs.

(II) Introducing professional support

(4) Increasing the manpower of nurses

- ✧ To support service development and meet service demand, it is recommended to increase the manpower of nurses in RCCCs, such that children using the service can receive child-centred care for their physical and mental development, nursing care, education and training, etc.

(5) Providing additional clinical/educational psychologists

- ✧ It is recommended to increase the post of clinical/educational psychologists to meet the individual training needs of children with special educational/care needs (including those requiring emergency admission or with traumatic experiences) in RCCCs and handle their emotional problems, as well as to provide training to RCCC staff with a view to enhancing their knowledge on child care and handling of their emotional problem.

(6) Providing on-site rehabilitation services

- ✧ Making reference to the service mode of “On-site Pre-school Rehabilitation Services”⁴, it is recommended to extend the relevant service to RCCCs and provide supporting services through therapists based on the number of service users with special educational/care needs, with a view to facilitating CCWs or special CCWs to follow

⁴ The multi-disciplinary teams of service operators provide early intervention services to children with special needs. Team members comprise of registered social workers, physiotherapists, occupational therapists, speech therapists, clinical/educational psychologists and special CCWs, etc.

up on the training needs of service users constantly in the daily schedules of the centres.

(7) Increasing the provision of other multi-disciplinary professional support services

- ✧ As children in RCCC's require regular medical consultations to identify their medical needs, it is recommended to allocate additional resources for NGOs to procure on-site medical services, so that children can receive services in the centres without frequent travel to and from hospitals or clinics, and care staff in the centres can also receive immediate medical instructions for providing proper care for children.
- ✧ It is recommended to explore the feasibility of providing on-site medical service for RCCC's with the Hospital Authority and the Department of Health.

(III) Job Enrichment

(8) CCWs and senior CCWs

- ✧ If the manpower deployment in RCCC's is enhanced, it is recommended to enrich the job functions of CCWs, including but not limited to:
 - learn to identify the special care and developmental needs of children and report to their supervisors as early as possible for the purpose of early intervention;
 - formulate individual growth and development plan for each child to facilitate their comprehensive physical and mental development through individual and group programmes, as well as collaborative activities with families and volunteers;
 - conduct training to strengthen gross/fine muscles and promote cognitive abilities of children with special needs according to the guidance given by professionals of on-site rehabilitation services; and
 - continue to receive training on child physical and mental development and participate in sharing activities on child protection, with a view to keeping abreast of child care skills, fostering the concept of positive child care and strengthening the awareness of child protection.

(9) Social Workers

- ✧ Strengthening the manpower of social workers will allow more room for social workers to organise parent activities for strengthening of parent-child relationship and maintain communication with parents to prepare for the family reunion of the children in future. Besides, social workers can also provide support and training to care staff in handling behavioural and emotional problems of children with special needs.

(10) Superintendents

- ✧ As superintendents bear a huge responsibility in managing and supervising staff, it is recommended to introduce a registration mechanism for superintendents. They must complete designated training courses on child protection within a specified time frame when joining the service and meet the requirements of continuing professional development after joining the service, so as to ensure that they can identify children with suspected abuse or neglect condition at an early stage, and provide appropriate supervision to staff to prevent such cases from happening in residential care homes.
- ✧ To support the Government in introducing the legislation on mandatory reporting requirement of suspected child abuse cases, it is recommended to consider requiring superintendents to make report on those known suspected child abuse and neglect cases, and carry out relevant duties. These include providing relevant training and enhancing supervision to frontline staff, so as to strengthen their knowledge on requirements of the legislation and mandatory reporting requirement.
- ✧ In view of the growing complexity of the duties of superintendents in RCCCs (including case supervision, assessment and follow-up, management of residential care homes, staff training and supervision, as well as communication with stakeholders), and the community's high expectation on the work of superintendents, SWD will review the rank⁵ and the professional requirements on child care of superintendents in a timely manner with a view to ensuring their ranks are commensurate with their professional capability, and also to examine the need for setting up the post of deputy superintendent

⁵ According to the existing notional staffing establishment, the rank of superintendents in RCCCs (with 100 service places) is equivalent to Chief Social Work Assistant.

and its professional requirements on child care, subject to the scale of the RCCC.

(IV) Strengthening training

(11) Contents and arrangements of pre-employment/on-the-job training and continuing education

- ✧ SWD will discuss with the institutions to enhance the contents of pre-employment training programmes for CCWs. For example, a more comprehensive understanding of the needs of children with special needs, ways to assess their condition and caring skills, as well as understanding of the career prospects of the profession, etc. Moreover, SWD will discuss with the sector about the contents and arrangements of on-the-job training and continuing education, including ways to support staff to pursue continuing education and service support provided by NGOs to their staff in pursuit of studies.
- ✧ SWD is actively preparing for training programmes related to mandatory reporting of child abuse cases, which will be a prerequisite study course for professionals working in RCCS units to safeguard the well-being of children.

(12) Establishing mechanism to encourage staff to receive ongoing training

- ✧ It is recommended that NGOs should provide induction training for new staff, and regular and ongoing training for staff of different ranks, including the management staff and frontline staff (e.g. on medical knowledge, practical skills in child care, proper ways to handle children's emotions and behaviours, handling suspected child abuse cases, etc.), so as to improve their professional knowledge and skills, especially introducing positive child care concept and strengthening the awareness of child protection and related legal knowledge, etc.
- ✧ It is recommended to set training hours for staff, stipulating a certain number of hours of compulsory training courses each year to review and learn the skills and methods of child care, strengthen their ability to deal with various conditions of children and enhance their work efficiency.

Service Regulation and Monitoring

16. The Committee considers that good corporate governance is the

foundation for maintaining the stable and good performance of an organisation, and it can also ensure that members of the governing board, management and frontline staff in the organisation duly discharge their responsibilities and assume their respective responsibilities to protect the interests of service users. Hence, it is of vital importance to enhance operators' accountability on governance and internal monitoring mechanisms to achieve self-improvement. Operators must ensure that the services provided by each of their centres and staff comply with all the requirements and Service Quality Standards of SWD. They should also have put in place an effective mechanism to govern, monitor and enhance service quality and create a stable workforce with child protection-related concepts integrated into work, with a view to protecting children from harm and allowing them to grow under a safe environment. In addition, SWD should strengthen service monitoring and regulatory work at the same time rather than over-relying on the self-assessment of the operators. On top of reviewing documents, facilities and manning ratio to ensure operators' compliance with the statutory requirements, SWD should also pay attention to the actual operation of the operators and the conditions of service users. In view of this, the following 12 recommendations are put forward:

(I) Enhancing the accountability of operators

(13) Revising the requirements on output/ outcome standards (OS/OCs) in the Funding and Service Agreements (FSAs)

- ✧ It is recommended to revise the Essential Service Requirements and OS/OC in FSAs to specify that children receiving RCCS are free from abuse, and that RCCC/RSCCs should arrange relevant professionals (including CCWs, social workers, nurses, psychologists, therapists, etc.) to formulate individual care plans according to the circumstances and developmental needs of individual child.

(14) Establishing a review mechanism on internal services

- ✧ It is recommended that operators should put in place an effective internal monitoring mechanism, including establishing a review mechanism on internal services led by the governing board and management, formulating a clear reporting system and crisis management measures, etc. to monitor and manage their service units properly, so as to enable early detection of performance deficiencies and rectifications.
- ✧ It is recommended that the management should put in place an effective monitoring mechanism and submit management reports

(including turnover rate of staff at different ranks or grades) to the governing board of the operator or its appointed committee on a regular basis (at least half-yearly), so as to monitor service quality and conduct service audit.

- ✧ It is recommended that the governing board of the operator, designated persons (other than those from the service units) or relevant management personnel should conduct site inspections from time to time to review the operation of the unit. Consideration may also be given to inviting experts and supervisors of similar service units to participate in the service audit.

(15) Strengthening daily management

- ✧ It is recommended that operators should formulate child safeguarding policy and delineate clearly the roles and responsibilities among staff, so as to identify the staff member involved as soon as possible in cases of suspected child abuse or inappropriate care of children.
- ✧ It is recommended that the governing board and management of an operator should work together to formulate a clear management system, which form the basis of its mission and service objectives, so as to implement daily management, provide staff training, establish organisational culture, and connect with stakeholders (including regular exchange meetings with staff at all ranks, parents/family members, volunteers, etc.). The management of an operator shall review the mechanism with its staff on a regular basis (e.g. at least once a year), and the governing board will be responsible for scrutinising and approving the review.

(16) Maintaining a stable staff mix

- ✧ It is recommended that operators of RCCS should always maintain a stable staff mix, and ensure that staff are provided with proper training, including induction training for newly employed staff, and regular and ongoing training for the existing management staff and frontline staff, so as to improve their professional knowledge and skills, especially introducing positive child care concepts and strengthening the awareness of child protection and related legal knowledge, etc. Operators should also establish a mechanism to constantly monitor the staff's turnover situation.

(II) Strengthening SWD's monitoring and regulation of RCCCs/ RSCCCs

(17) Strengthening inspections

- ✧ Through internal redeployment of manpower resources, SWD incorporated health inspectors (served by nurses) and former law enforcement agency staff in CCCAI to strengthen the breadth and depth of inspections. In addition, SWD will arrange inspectors and health inspectors to receive training related to child care, so as to enhance their sensitivity and professional awareness when performing duties of inspection.
- ✧ Based on the principles of crisis management, CCCAI will conduct at least six surprise inspections at RCCCs/RSCCCs every 12 months, and will increase the frequency of inspections in different periods when necessary. During inspections, CCCAI will check whether the centre complies with the statutory registration requirements, conduct random checks on the closed-circuit television (CCTV) footage, review the records of management's viewing of the CCTV footage and related documents, and observe children's physical, behavioural and emotional conditions, etc. They will also provide professional support and recommendations proactively. After each inspection, a written notice will be issued to the relevant units on the areas in compliance with the regulations and areas that need attention or improvement, so that the units can know and strengthen the continuous improvement measures.
- ✧ To improve the effectiveness of inspections, inspectors from CCCAI of SWD will, through different channels, understand and observe the conditions of the children, including their emotions, how they get along and interact with other children/CCWs in activities, etc. They will also meet and communicate with relevant stakeholders such as staff, parents/guardians, case social workers and volunteers, etc. as far as practicable. The health inspectors of the inspection team will pay special attention to the physical and health conditions of the children, examine the records of the children suffering injuries, accidents or illnesses in the centre and review the situations, as well as the hygiene and disease management of the centre, etc., to ensure early identification of any irregularities or inappropriate conditions for follow-up.
- ✧ SWD has requested all RCCCs/RSCCCs, while complying with the relevant guidelines of the Office of the Privacy Commissioner for Personal Data, to install CCTV surveillance system in the centres and

to formulate policies and mechanisms for monitoring and viewing the CCTV footage, that includes defining clearly the persons responsible for real-time monitoring and the timeframe, the persons responsible for viewing the CCTV footage, the method and time of extracting the CCTV footage, requiring the persons responsible to make clear records, as well as details of supervising staff's review of the process.

- ✧ SWD has reviewed and updated the inspection checklist. In addition to items related to the environment of CCCs and the conditions of individual children, the updated inspection checklist has incorporated items such as health inspectors' observation of the physical conditions of the children from a professional perspective, and review of the care and medical records, etc. Moreover, the checklist also requires inspectors to carefully observe children's emotions and behaviours when participating in activities or being cared/nursed by staff as well as their interaction with staff for early identification of signs of children being injured/abused, etc. At the same time, the inspectors have to collect views from relevant stakeholders, such as children (if feasible), centre staff, parents/relatives and volunteers, etc., on the services during their inspections. The enhanced inspection checklist will help CCCAI observe the conditions of children more comprehensively, and strengthen the depth and breadth of inspections. CCCAI of SWD will consult relevant service branches and review the checklist at least once a year.

(18) Introducing technologies to enhance monitoring

- ✧ It is recommended to introduce new technologies to the CCTV system in RCCCs/RSCCCs to strengthen monitoring to promptly identify staff's improper behaviours or possible problems in daily operations. SWD will follow up on the feasibility and suitability of introducing new technologies into the CCTV system, with a view to monitoring the situation of child care more comprehensively.

(19) Strengthening the monitoring of service performance of RCCCs/RSCCCs

- ✧ The existing mode on service performance monitoring focuses more on self-assessment by operators, and service units will be visited by random selection only. Since children cannot express and protect themselves effectively, for which the service quality of RCCCs/RSCCCs may not be monitored effectively. It is recommended that SWD should increase the number of visits to the centres. Based on the above recommendations, the Subventions

Section of SWD will conduct at least one assessment visit to the centres in each three-year monitoring cycle, depending on the manpower arrangement. They will also strengthen the review on service quality, staff training and measures on child protection. When conducting visits, the inspectors will pay special attention to children's emotional and behavioural performance, as well as their interaction with staff, so as to assess the service quality from multiple perspectives.

(20) Enhancing co-ordination among service branches of SWD

- ✧ To enhance the effectiveness of collaboration and monitoring, CCCAI and the Subventions Section will strengthen communication and liaison based on on-site inspections and assessment, review of records, self-reporting by operators, and information obtained through other channels (such as staff, the public and the media, etc.). Joint investigations will also be conducted on complaints or unusual situations (such as high turnover rate).
- ✧ To constantly review the service quality of RCCCs/RSCCCs, SWD will put in place a mechanism led by the Deputy Director and with the support of Subventions Section, CCCAI and the relevant service branches, to jointly review the performance of each RCCC/RSCCC once every six months. When necessary, they will conduct timely risk assessments, discuss investigation strategies, report assessment results, and jointly formulate follow-up plans to require relevant service units to make improvements.
- ✧ On monitoring the use and management of the CCTV system in RCCCs/RSCCCs, SWD will formulate a clearer collaboration mode. CCCAI will work with the Subventions Section to review the CCTV footage on the daily operation of RCCCs/RSCCC. The Subventions Section and relevant service branches will also assess the mechanism under which NGO management conducts internal monitoring through the CCTV system, evaluate the implementation of the SQS on the protection of privacy, and review whether relevant services comply with the requirements of FSAs. CCCAI, the Subventions Section and relevant service branches will strengthen communication. In addition to assessing and advising on the use of CCTV as monitoring measures in RCCCs/RSCCCs, they will also co-ordinate relevant monitoring actions to achieve synergy.

(21) Setting up a service quality group for RCCC/RSCCC

- ✧ SWD will set up service quality groups for RCCCs and RSCCCs, comprising members from medical, allied health, education and social welfare sectors, etc., district leaders and the Justice of the Peace, etc. Through conducting surprise visits, group members will inspect the centres on site, including observing the behaviours and emotions of the children receiving services at the service units, collecting views from staff and relatives/friends visiting the children on the spot and providing advice to operators on the facilities and services of the units to enhance the relevant service quality.

(22) Compiling a code of practice for RCCCs/RSCCCs

- ✧ At present, operators/supervisors of RCCCs/RSCCCs must operate RCCCs/RSCCCs in accordance with the requirements stipulated in the Child Care Services Ordinance, the Child Care Services Regulations and the Operation Manual for Pre-primary Institutions. The Operation Manual for Pre-primary Institutions aims at assisting the pre-primary sector in understanding the general regulations of operating CCCs and kindergartens. To enable operators/supervisors of RCCCs/RSCCCs to have a more focused understanding on the service regulations and requirements that needed to be complied with a view to strengthening their operations and enhancing their service quality of RCCCs/RSCCCs, CCCAI of SWD is currently drafting a code of practice specifying the operational standards of the related services so as to provide clearer, more targeted and more effective guidelines for RCCCs/RSCCCs.

(23) Setting a surveillance period for non-compliant operators

- ✧ It is recommended to set a surveillance period for operators which persistently fail to meet the requirements of FSAs or seriously violate the Service Quality Standards. The operator must submit an evaluation report, including proposals for improvement and implementation plan, with regular progress reports within the surveillance period. SWD will closely monitor the effectiveness of implementing the improvement measures throughout the surveillance period as a consideration to decide whether the operator is suitable for the continued provision of part or all of the services subvented by SWD.

(24) Deregistration of CCC supervisors and CCWs

- ✧ In accordance with the Child Care Services Regulations, service units are required to employ registered CCC supervisors and CCWs. If DSW considers that a CCC supervisor/CCW is no longer fit for the relevant work, he/she may be deregistered. If such person re-applies for registration as a CCC supervisor/CCW in future, SWD will refer to the person's past records of registration (including any records of complaint, warning and removal, etc.) and will refuse his/her application for registration if he/she is deemed not fit to be employed in a CCC. If the person concerned does not fall within the regulatory purview of SWD (e.g. he/she is professionally regulated by other ordinances), SWD will consider whether other measures can be taken according to the circumstances.

Service Planning and Provision

17. Regarding service planning, the Committee agrees that long-term planning should be arranged for various types of RCCS. The scale, facilities and operation of various types of centres should also keep abreast of time. In terms of service provision, the Committee is of the view that planning strategies should be formulated for RSCCs and foster care service, including examining whether the scale of RSCCs should be adjusted to achieve the target of providing personalised services that better meet individual needs, while at the same time, the proportion of foster care service in the overall RCCS should be enhanced with an aim to facilitating the healthy growth of the children in need no matter in institutional setting or under family-based care. In this connection, we formulate the following seven recommendations:

(I) Increasing the Supply

(25) Increasing the supply of RCCS premises

- ✧ SWD will continue to identify suitable sites for setting up new RSCCs/RSCCCs or small group homes through various channels such as development and re-development projects, so as to provide children under the age of 6 with family-based care and a secure environment for growing up and meeting the service demand.

(26) Enhancing the recruitment of and strengthening the support to foster parents for provision of more family-based care services

- ✧ The Government has announced to take forward the legislation on mandatory reporting requirement for child abuse cases. It is expected that the number of reported cases will rise significantly after the enactment of the legislation, followed by an increase in the demand for RCCS, especially emergency placement. At present, the utilisation rate of residential places in RCCCs is on a high side, making it difficult in response to immediate and urgent demand in the short-term. Therefore, it is recommended to strengthen the support to foster care service through various enhanced measures in order to attract more families to participate in the foster care service, with a view to increasing the number of service places.
- ✧ As foster care service is voluntary in nature, foster families only receive nominal foster care allowances, the amount of which falls far behind the remuneration for general child care work in the market at present. Nevertheless, foster parents have to take round-the-clock care of the foster children all-year-round. While the living space in Hong Kong is limited and many foster children have special needs in behaviour, emotions and learning, these bring a lot of challenges and pressure to foster families, in particular not many families are willing to take care of children under the age of 3. In this circumstance, foster care service has been facing difficulties to recruit and retain foster families. It is recommended to increase the incentive payment for provision of various services to foster families to recognise their contributions and efforts made to provide care and concerns to the children, with an aim to boosting their motivation for service provision.
- ✧ Having considered that a rise in the number of children with special education/caring needs will increase challenges to foster families, it is recommended to provide foster families with professional services to support foster children with special needs: SWD will set up a designated team to co-ordinate and arrange for assessments and suitable professional home-based rehabilitation training (including clinical psychological assessment/therapy, speech therapy, physiotherapy and occupational therapy, etc.) to foster children suspected or assessed to have special needs as soon as possible, so that the pressure of foster families to identify suitable professional services can be relieved. Foster families will also be arranged to receive relevant training, which will enable them to take care of children with special needs more effectively.

- ✧ Currently, persons who are willing to join foster care service may choose to provide ordinary foster care service, emergency foster care service or become relief foster parents to take care of the foster children. It is recommended SWD to organise volunteer services for the community to participate in the provision of RCCS, such that volunteers may visit children in need regularly and build up the relationship with the children. Volunteers may also make use of the opportunity to consider if they are suitable to participate in providing child care services, including becoming foster parents.
- ✧ For the promotion of foster care service to more families, SWD will organise large-scale promotional and publicity campaigns as well as activities to recognise the contribution of foster parents, which provide opportunities for them to share their satisfaction and effects achieved from being foster parents, with a view to encouraging more families to participate in foster care service.

(II) Service Mode and Improvements on the Environment

(27) Reviewing the standard schedule of accommodation

- ✧ In light of the diversified developmental needs of children receiving residential care services while the facilities and space could not effectively satisfy their service needs, it is recommended SWD to review the environment and facilities of RCCS units and re-design ancillary facilities for residential services with the application of technology, so as to meet the needs of service users for activities and training for the purpose of enhancing the service quality and standard.

(28) Establishing a small-scale RCCC to improve the service

- ✧ At present, three RCCCs (including two residential crèches providing service to children aged 0 to below 3 and one residential nursery providing service to children aged 3 to below 6) provide a total of 212 institutional service places to children under the age of 6 who are abandoned or without sufficient care.
- ✧ SWD is identifying a suitable site for a small-scale RCCC to offer family-based care to children under the age of 6. At the same time, SWD will implement a child-centred care mode on a trial basis with improvement on human resource support and addition of child development and training elements, etc. This is to meet the developmental needs of children, thereby providing opportunities for more operators to participate in the provision of RCCS in order to

meet the actual service demand and developmental needs of children, with a view to enhancing the service quality. The small-scale RCCC will also reserve some emergency residential places for children requiring emergency service in contingent situations. It will be able to accommodate flexible adjustment to the provision of residential places according to the actual situation, so as to meet the actual service demand. In addition, subject to the actual utilisation of the RCCC, it is also recommended that the use of resources and space of the RCCC should be optimised to offer its child care staff with training venues, thereby demonstrating the improved child care mode.

(III) Improving the Existing Mechanisms and Guidelines

(29) Reviewing the mechanisms on service need assessment and case management

- ✧ At present, all welfare organisations use a common set of assessment criteria for referring children to suitable RCCS. After the children are placed in the RCCS, as service units are different in aspects such as their daily schedule, activity details and procedures, training facilities and environment, and training content, the service units will assess the progress of individual service users regularly for further review and adjustment, which is a commonly recognised practice in the sector. However, after the CRH's incident, stakeholders are of the view that there is a need to enhance the assessment quality and monitor the formulation, execution, review and follow-up of individual care plans.
- ✧ In order to better assess the residential service needs of children and match them with suitable services, it is recommended SWD and relevant stakeholders of the services to review the existing mechanisms on service need assessment and case management, to which referring social workers and RCCS social workers can refer for comprehensive assessment.

(30) Mechanism on reviewing long-term welfare plans

- ✧ During the time when a child is receiving RCCS, the case social worker will follow up on the situation of the child regularly in terms of his/her welfare needs and conduct review meetings with the child, his/her family and social worker from the RCCS unit to assess and discuss the welfare needs of the child, in order to modify or adjust the welfare plan of the child. According to the prevailing mechanism,

case social workers and relevant management staff will also review child welfare cases receiving RCCS every 3 to 6 months from the perspective of case management, covering the execution progress of the welfare plans and the direction of case handling, and will adjust the welfare plan of individual cases according to their situations and needs.

- ✧ It is recommended that SWD and the sector to review the prevailing mechanism on long-term welfare plans of children together with the mechanisms on service need assessment and case management, so as to explore the feasibility of enhancing the mechanism concerned, enabling relevant organisations to exchange information, review the progress of the plans regularly, and record and analyse the situations and needs of the cases based on the information collected at the same time. In this way, service support that can better meet the needs of the service users can be provided, while the problems of prolonged over-staying of cases and long waiting time for services can also be addressed.

(31) Formulating guidelines for home-leave arrangements

- ✧ As RCCS units cannot arrange service users for home-leave under special circumstances (such as during the epidemic), family members of some service users hope that the centres can flexibly arrange for parents to communicate with or meet their children under residential care as far as practicable.
- ✧ It is recommended that SWD and the sector to discuss the formulation of clear guidelines for home-leave arrangements and measures under special circumstances where service users cannot be arranged for home-leave, so as to improve the arrangements concerned.

Conclusion

18. Having analysed the current service status and considered the views of different sectors of the community, the Committee comprehensively reviewed the monitoring and service design of RCCC and RSCCC, the content of other related residential services and the administrative measures. The Committee has formulated the above 31 recommendations for improvement regarding aspects including service monitoring and service development of SWD, corporate governance and centre management, functions of designated staff and manpower support, mechanism on case follow-up and service support. It is hoped that with joint efforts of the Government, operators, management and frontline staff of

centres, training institutions and case social workers, the service quality can be improved, ensuring that proper care and protection can be offered to children, who can then grow and develop healthily and happily in a secure environment.

Way Forward

19. After the completion of the first phase of the review, the Government will follow up on the recommendations formulated in the review report in order of priority. The Committee will then immediately commence the second phase of the review, which will cover other types of RCCS. Through collecting views and recommendations of stakeholders of those services on aspects such as service mode, environment and facilities, staff establishment, service support, management and supervision, and professional training, it will identify areas for improvement regarding the interface among services and service monitoring, work out feasible improvement measures and put forward concrete proposals on areas under review. The second phase of the review is expected to be completed by March 2023.

Follow-up Work relating to the “Children’s Residential Home” Incident

The Children’s Residential Home (CRH) under the Hong Kong Society for the Protection of Children (HKSPC) is a residential child care centre registered under the Child Care Services Ordinance (Cap. 243) which must be operated in accordance with the relevant statutory requirements and various regulations stipulated in the *Operation Manual for Pre-primary Institutions*. In addition to the above statutory requirements, HKSPC is required comply with the requirements of the Funding and Service Agreement for operating residential child care services with subventions by the Social Welfare Department (SWD) under the Lump Sum Grant Subvention System.

In December 2021, HKSPC was aware of suspected child abuse incidents at CRH. Upon receipt of HKSPC’s report, the Child Care Centres Advisory Inspectorate (CCCAI), Subventions Section and the Family and Child Protective Services Unit (FCPSU) of SWD took a series of actions immediately. The course of the incident and the follow-up actions taken are as follows:

- (1) On 18 December 2021, HKSPC received an email complaint from a member of the public alleging that staff of CRH engaged in acts of child abuse at the outdoor playground of the facility. After reviewing the closed-circuit television (CCTV) footage, HKSPC confirmed the allegation on 20 December, and reported it to FCPSU of SWD on 21 December 2021. FCPSU of SWD immediately assisted in sending the children involved to hospital for examination, and asked HKSPC to report the incident to the Police. Starting from 21 December 2021, caseworkers were deployed by FCPSU of SWD and relevant service units to follow up the suspected child abuse cases; assess the situation of the families as well as risk factors and needs of the children involved in order to formulate suitable welfare plans; visit the children at CRH regularly; and liaise closely with the children’s families and staff of CRH to have a grasp of the children’s situation and the views of their parents, thus ensuring that the children are provided with proper care.
- (2) On 22 December 2021, the Police received HKSPC’s report concerning a suspected child abuse incident at CRH. An investigation ensued, culminating in the arrest of the staff involved. In the incident, a total of 34 staff members of CRH have been arrested and prosecuted. In this connection, SWD has sought legal advice on the removal of their names from the register under the law. Upon learning that some child care workers (CCWs) involved have been sentenced by the court recently, SWD

has invoked the deregistration process and will take follow-up actions as soon as possible according to the advice of the Department of Justice.

- (3) On 24 December 2021 and from 27 December 2021 to 19 January 2022, CCCAI of SWD conducted daily surprise inspections at CRH at different time intervals (including during night-time). It has also conducted weekly surprise inspections at CRH since 20 January 2022 (daily phone calls were made to CRH to enquire about its operations instead during severe COVID-19 outbreaks). These inspections are conducted to continuously evaluate whether CRH has met the relevant statutory requirements and service quality standards and to urge it to take appropriate measures promptly.
- (4) On 27 December 2021, SWD sent a multi-disciplinary professional team, led by the Family and Child Welfare (FCW) Branch and the Licensing and Regulation (LR) Branch and comprising more than 20 clinical psychologists, nurses and social workers, etc., to CRH to investigate and inspect its operations, review relevant work records, and observe the behavioural, health and emotional conditions of the 70 children at CRH one by one in order to further ascertain that their conditions were stable.
- (5) Under the leadership of two Deputy Directors, the Subventions Branch, the LR Branch and the FCW Branch of SWD met with the Executive Committee and management of HKSPC on 28 December 2021 to express SWD's grave concern over the incident and demand improvement measures in the following areas be taken immediately:
 - (a) Take immediate measures to curb any identified errors, deficiencies and omissions, including but not limited to:
 - replace care staff who are directly involved in the child abuse incident and any supervising/managerial staff who are proven to have failed to take reasonable steps to prevent the incident from occurring
 - strengthen the support for children who are still at CRH
 - strengthen monitoring of staff
 - strengthen monitoring of services
 - (b) Formulate and implement mid-term measures to ensure that:
 - sufficient qualified CCWs have been deployed to meet the statutory staffing requirements of residential child care institutions, and that staff have been provided with regular training and reminders on how to take proper care of children
 - continuous emotional support has been provided for children in need at CRH

- the CCTV surveillance system has been enhanced and relevant footage have been provided to SWD's CCCAI inspection team
 - a mechanism for recording incidents related to the conditions of children by qualified staff has been established
 - an internal control mechanism has been established to evaluate the implementation of various child protection measures and monitor the manpower situation of CRH on a regular basis
- (6) CCCAI of SWD issued warning letters and a written notice to HKSPC on 28 December 2021 and 12 January 2022 respectively for its breach of the Child Care Services Regulations (Cap. 243A). On 19 January 2022, HKSPC submitted the relevant remedial measures to SWD as directed. It also submitted progress reports as regards the written notice and implemented improvement measures. In addition, the Subventions Section of SWD issued an official warning letter to HKSPC regarding service quality standards on 28 December 2021, and requested it to submit improvement plans on or before 25 January 2022.
- (7) Starting from 17 January 2022, the Subventions Branch of SWD deployed a designated team, comprising social workers, nurses and personnel with experience in supervising child care centres (CCCs), to station at CRH to closely monitor its daily operation on the ground, in order to ensure that its operation satisfies the required service standards and that effective improvement measures have been put in place to safeguard the well-being of children.
- (8) On 24 January, 9 February 2022, 26 March and 31 August, the FCW Branch and FCPSU of SWD provided training for CRH staff to raise their awareness of protecting children from being abused.
- (9) On 3 January 2022, HKSPC set up an Independent Review Committee (IRC), which was chaired by Mr Lester Garson Huang, the former president of the Law Society of Hong Kong, and made up of five experts. With support from Deloitte and Steve Vickers Associates, a risk consulting company, the IRC reviewed the daily operations of CRH and made recommendations for reform. IRC submitted its first interim report to SWD on 25 January and released a summary of the report to the media on 26 January 2022. The Executive Committee of HKSPC indicated that it had accepted IRC's recommendations, and would duly implement various improvement measures, including replacing members of the senior management.
- (10) Since March 2022, HKSPC, in collaboration with the Council of Non-profit Making Organizations for Pre-primary Education, launched a nine-month

pilot trial of the “Quality Nurturing and Care Model for Infants and Toddlers” at CRH. The objective is to establish at CRH a service culture and model that places equal emphasis on care and education.

So far, a total of 40 children involved in the incident have been sent to hospital for examination. The Police has also taken follow-up actions, including arresting the staff involved and initiating prosecution. In accordance with the “Protecting Children from Maltreatment – Procedural Guide for Multi-disciplinary Co-operation (Revised 2020)”, a multi-disciplinary case conference (MDCC) has been convened for each child involved to thoroughly examine and discuss the recommendations on his/her welfare plan and the implementation of improvement measures by HKSPC. Based on the recommendations of individual MDCCs, FCPSU of SWD has gradually arranged for the children to be discharged from hospital starting from 30 December 2021, and has provided them with other residential care services or sent them back to CRH in batches starting from February 2022. HKSPC has deployed clinical psychologists to provide psychological assessment and follow-up care for each child who has returned to CRH. In addition, caseworkers continue to follow up on the children’s cases by visiting the children regularly and liaising closely with their parents/guardians and CRH staff, etc., to assess their latest conditions and welfare needs on an ongoing basis.

Meanwhile, the designated team of SWD stationed every day at CRH has been charged with closely monitoring its operations and the children’s conditions on the ground. Moreover, inspectors from CCCAI of SWD continue to conduct surprise inspections at CRH to ensure that its services and management are in compliance with statutory regulations and requirements, and that the well-being of children is safeguarded.

Investigations and recommendations

(1) Corporate governance of the service unit

In the absence of effective internal control and complaint handling mechanisms, the HKSPC management failed to monitor the services provided at CRH. SWD has urged HKSPC to conduct a comprehensive review on the effectiveness of its corporate governance, and re-establish mechanisms for internal control and accountability.

There was a lack of effective communication between the management and frontline staff/service users of HKSPC. Moreover, there were neither regular meetings nor effective platforms set up for frontline staff to communicate directly with the senior management. HKSPC should review its policies and measures on human resources, address the views of its staff

and service users, establish effective communication channels, and manage its service units flexibly and proactively.

(2) Operations of the service unit

CRH had poor staff morale and was devoid of a pro-child culture. The staff had misconceptions about what behaviour constitutes child abuse, and tried to force disobedient/misbehaving children into submission. The CCWs focused too much on catering to the children's everyday needs while neglecting their overall physical and psychological needs. They also failed to keep proper, accurate and comprehensive records of the children's conditions.

SWD has assisted HKSPC and CRH in revamping their services by enhancing workflow efficiency, record keeping, in-house multi-disciplinary collaboration and mutual support, as well as addressing children's physical, intellectual, language, social and emotional needs, so as to render quality and humane care services to the children using a child-centred approach.

(3) Monitoring and training at the service unit

HKSPC relied excessively on the self-discipline of its staff, while CRH had provided no staff training on child protection since 2015. CRH should provide the management and frontline staff with induction and on-the-job training on topics including enhancement of child protection awareness; effective ways of handling children's emotions and behaviour to avoid improperly taking care of or disciplining children; and procedures of handling suspected child abuse cases.

HKSPC had not made good use of the CCTV system to properly supervise its frontline staff. To enable early identification of child abuse incidents, all RCCCs and residential special child care centres (RSCCCs) have, at SWD's request and in compliance with relevant guidelines of the Office of the Privacy Commissioner for Personal Data, installed CCTV surveillance systems and formulated policies and mechanisms for monitoring and viewing CCTV footage. CCCAI will conduct spot checks on CCTV footage, and review and verify records of the management's viewing of CCTV footage during inspections and when following up complaint cases.

(4) SWD's monitoring efforts

CCCAI used to focus on inspection items related to the environment of CCCs during inspections. There is a need to expand the scope of inspections to include, for example, random review of the CCTV footage and step up observation of the physical conditions of children and staff turnover rates for signs of abnormality.

SWD monitors and regulates the quality of subvented services through the Service Performance Monitoring System, which is agency-based and involves random on-site checking. It over relies on service operator's self-assessment of problems and reporting mechanisms.

As for service coordination, the service branches and frontline service units of SWD should enhance their communication and coordination regarding the handling of incidents, with a view to responding to crisis situations more quickly and protecting service users more effectively.

Progress

SWD's monitoring and inspection findings in the past few months are consistent with the contents of the progress report submitted by HKSPC. It indicates that the operations and service quality of CRH have continued to improve and are in compliance with the statutory requirements. HKSPC has assigned supervisory officers and principals with experiences in CCC/school management to CRH to assist with inspections and provide on-site supervision. At the same time, HKSPC has amended its Staff Code of Practice to clearly lay out its requirements on staff conduct (including requirements in respect of character and behaviour and child protection, etc.), and step up disciplinary actions taken against breaches of the Code of Practice. For example, staff members who cause children psychological or physical harm with abusive language or behaviour will be dismissed immediately, and those who witness corporal punishment or physical violence being inflicted on children but fail to report the incident will also be subject to disciplinary actions. In addition, to enhance internal monitoring and corporate governance, HKSPC will give the Executive Committee a full report of every aspect of its services at least once a year, including the turnover rates, vacancies and recruitment of staff of various ranks at CRH. As for Service Quality Standards (SQSs), CRH has, at the suggestion of SWD, reviewed and improved its policies and procedures regarding various SQSs, particularly SQS 15 (handling of complaints) and SQS 16 (protecting service users from abuse). At the same time, CRH has implemented measures to provide staff with systematic training, including providing newly recruited staff with induction training, regular supervision and support; inviting child care experts to develop a series of training courses for all new and serving CCWs; and enhancing CCWs' training on handling children's challenging and obstinate behaviour.

Conclusion

The CRH incident has aroused public concern over the quality and monitoring of RCCS. During the course of handling the incident, SWD notes that there is room for improvement on the monitoring mechanism, including the mode and scope of inspections, the Service Performance Monitoring System, and the communication and coordination of various service branches and frontline service units in the process of handling the incident. SWD has gradually implemented measures to strengthen the monitoring of services provided by RCCCs/RSCCCs in accordance with the recommendations of the Committee on Review of Residential Child Care and Related Services. By adopting a risk-based approach, SWD will strengthen the breadth and depth of inspections to ensure that operators of child care services are in strict compliance with the SQSs and statutory requirements and have put in place effective internal control and monitoring systems. Some of the enhancement measures include adding health inspectors and other professionals to the inspection teams; increasing the frequency of inspections of service units that take care of vulnerable persons and/or service units with unsatisfactory track records based on risk assessments; and conducting spot checks on CCTV footage at service units.

Committee on Review of Residential Child Care and Related Services

Terms of Reference

- To review the existing residential child care and related services, interface among services and monitoring of the services;
- To identify areas for improvements and formulate feasible measures for enhancement; and
- To make concrete recommendations on areas under review.

Committee on Review of Residential Child Care and Related Services

Membership List

Chairman

Director of Social Welfare

Non-official Members

Mr Peter Au Yeung Wai-hong

Ms Judy Chan Kapui

Ms Sumee Chan Kit-bing

Miss Chu Lai-ling

Mr Herman Hui

Dr Patrick Ip

Dr Sanly Kam Shau-wan

Mr Armstrong Lee Hon-cheung

Mr Eddie Suen

Mr Tang Ka-piu

Dr Hon Tik Chi-yuen

Ms Donna Wong Chui-ling

Mr Anthony Wong Kin-wai

Mrs Bridget Yu

Ex-officio Members

Representative from Labour and Welfare Bureau

Representative from Hong Kong Police Force

Secretary

Senior Social Work Officer(Child Welfare)3/ Social Welfare Department

Overview of Residential Child Care Services

Institutional Service

(a) Residential Child Care Centres and Residential Special Child Care Centres

At present, there are three Residential Child Care Centres (RCCCs) and six Residential Special Child Care Centres (RSCCCs), providing 212 and 122 service places respectively. For the three RCCCs, two provide institutional care for children from birth to under three years of age and one for children aged three to under six years old who have been abandoned or cannot be cared for adequately by their families. The service targets of the six RSCCCs are between 2 to under 6 years of age and whose disability are severe and complicated that warrants intensive care and continuous rehabilitation training.

(b) Children's Homes and Reception Centre

Children's homes provide residential care programmes in the form of small group living for children and young persons aged from six to under 21 without adequate care from their families. All service recipients attend school during school days. Residential staff are responsible for taking care of children's daily needs and routines, supervising their schooling and homework, rendering counselling services and providing activities to develop their personal aptitudes and interests. At present, the five children's homes are providing a total of 418 service places.

In addition, there is currently one children's reception centre providing service for children and young persons aged under 18 without proper care from their families due to family crises. The duration of stay of children receiving service normally ranges from one day to not more than six months.

(c) Boys'/Girls' Homes and Hostels

The service targets of boys'/girls' homes are boys (aged between seven and under 21) and girls (aged between nine and under 21) or working youth, who have relationship problems with their families, more serious behavioural or emotional problems, and without proper care from their families. The homes provide them with residential care in the form of small group living and counselling service, with a view to preparing them for family reunion or independent living. At present, there are seven boys' homes and four girls' homes providing a total of 1 012 service places.

Boys'/girls' hostels provide service to boys (aged between 15 and under 21) and girls (aged between 14 and under 21) or working youth, who have

relationship difficulties with their families, mild behavioural or emotional problems, and without proper care from their families. The hostels provide them with residential care in the form of small group living and counselling service, with a view to preparing them for family reunion or independent living. At present, there are one boys' hostel and three girls' hostels providing a total of 95 service places.

Non-institutional Service

(d) Foster Care Service

Foster care service provides residential family care for children under 18 years of age, whose parents cannot take care of them due to special family circumstances while foster care (emergency) service provides immediate and short-term residential family care for children under 18 years of age, whose parents cannot take care of them due to unexpected or emergency situations, until they are re-united with their families or secure a long-term residential placement. At present, there are a total of 1 130 foster care service places, of which 115 are emergency care service places.

(e) Small Group Homes

Small group homes (SGHs) provide residential care in a stable and safe home-like family living environment to children aged from 4 to under 18 who cannot be adequately cared for by their families with a view to protecting and promoting the health and welfare as well as nurturing the overall growth and development of the children. The daily life of the children in care of the SGHs is attended by a full-time houseparent whereas his/her spouse also serves as houseparent on a voluntary basis. The Social Welfare Department provides SGHs with other support such as provision of domestic helper and relief houseparents. At present, there are a total of 924 SGH service places available in Hong Kong.

(f) Small Group Homes for Mildly Mentally Handicapped Children

Small group homes for mildly mentally handicapped children [SGH(MMHC)] provide home-like residential care service to nurture the overall growth and development for mildly mentally handicapped children aged between 6 to under 18 who cannot be adequately cared for by their families. At present, there are six SGH(MMHC)s in Hong Kong providing a total of 104 service places.

Number of Places, Average Number of Children Waitlisted, Average Waiting Time and Occupancy Rate of Various Residential Child Care Services

Types of Services	Number of Places as at end of March 2022	Average Number of Children Waitlisted in 2021-22 (Monthly)	Average Waiting Time in 2021-22 (Month)	Average Occupancy Rate from April to December 2021
Foster Care Service (aged 0 to under 18)	1 130	24	1.7	81%
Residential Child Care Centre (also known as Residential Crèche) (aged 0 to under 3)	159	34	6.3	96%
Residential Child Care Centre (also known as Residential Nursery) (aged 3 to under 6)	53	14	13.8	90%
Residential Special Child Care Centre (aged 2 to under 6) ^[Note 1]	122	30	2.9	88%
Small Group Home (aged 4 to under 18) ^[Note 2]	924	363	4.6	94%
Small Group Home for Mildly Mentally Handicapped Children (aged 6 to under 18)	104	100	15.1	98%
Children's Home (aged 6 to under 21)	418	52	3.7	88%
Boys' Home (with School for Social Development on-site) (aged 7 to under 18)	502	4	0.2	68%
Girls' Home (with School for Social Development on-site) ^[Note 3] (aged 9 to under 18)	270	7	0.2	72%
Boys' Home (without school on-site) (aged 11 to under 21)	201	45	1.8	84%
Girls' Home (without school on-site) (aged 12 to under 21)	39	31	2.6	88%
Girls' Hostel (aged 14 to under 21)	77	31	2.1	86%
Boys' Hostel (aged 15 to under 21)	18	7	3.5	94%
Total	4 017	-	-	-

[Note 1] Two of the residential special child care centres provide residential service to young children aged under 6.

[Note 2] 24 small group homes provide a total of 24 service places to accommodate mentally handicapped children.

[Note 3] A total of 52 places of two Girls' Homes with School for Social Development on-site have been set aside to provide residential service for Girls' Home (without school on-site) so as to meet the service demand.

**Additional Resources for Residential Child Care Services allocated
by the Government**

- (a) Additional funding has been provided to implement the “Agency-based Enhancement of Professional Staff Support Services in Residential Care Homes” since February 2014, which has strengthened professional support for residential care homes by enhancing the manpower of social workers and providing clinical psychological service to children and youth who are receiving residential care services and awaiting referring social workers’ arrangement for long-term psychological service. The initiative benefits more than 130 residential child care services (RCCS) units.
- (b) In 2014-15, under the enhanced Lump Sum Grant Subvention System, supervisory and paramedical support was overall strengthened, including the enhancement of supervisory support for small group homes, emergency/short-term care in small group homes (SGHs) and boys’/girls’ hostels, as well as the additional funding for calculating the salary of nurse grade in residential child care centres (RCCCs) and children’s reception centre as well as clinical psychologist grade in residential homes for children on the basis of two additional points above the mid-point salaries.
- (c) The Social Welfare Department (SWD) has since September 2017 provided additional resources for units of day/residential child care services and pre-school rehabilitation services, including residential special child care centres (RSCCCs), to enhance the remuneration for qualified child care staff for retention and recruitment purposes.
- (d) To enhance the care and support for children and youth receiving residential care services (including those having emotional, behavioural and health problems), an additional annual provision of about \$92 million has been allocated from 2018-19 onwards to strengthen the manpower for various RCCS (including SGHs, RCCCs, children’s homes, boys’/girls’ homes and hostels).
- (e) SWD has since October 2020 allocated an additional provision of \$3.7 million per annum for foster care agencies to provide clinical psychological service for foster children and youth with special needs and/or emotional and behavioural problems in order to offer timely assessment and related support services to them while they wait for long-term clinical psychological service and to relieve the stress of foster parents.
- (f) Since November 2019, SWD has enhanced social work services in special child care centres and RSCCCs to strengthen family counselling and support, and

provide these centres with additional nursing and care staff to cater for the care needs of children and enhance their quality of life.

- (g) To enhance the care and professional support for children receiving the service of small group homes for mildly mentally handicapped children [SGH(MMHC)s], SWD has, from October 2018 onwards, provided an additional provision of some \$4.8 million annually for SGH(MMHC)s to engage more social workers and supporting staff and provide clinical psychological services.
- (h) To enhance the care for children receiving the service of SGH(MMHC)s, SWD has, from March 2021 onwards, provided an additional provision of some \$2.1 million annually to increase the manpower of SGH(MMHC)s.

**Summary of Stakeholders' Comments and Recommendations on
Residential Child Care Services
(Summary)**

	Recommendations / Follow up Items	Suggested Service Units
(A) Service Regulation and Monitoring		
1.	<ul style="list-style-type: none"> • Frontline staff came under tremendous pressure in the face of enhanced service monitoring through, for example, the installation of CCTVs. The pressure would trigger a wave of resignation and worsen the turnover rate. A balance should be struck between tightening service monitoring and helping staff understand the changes and deal with the pressure; • It was suggested that Child Care Centres Advisory Inspectorate (CCCAI) should provide Residential Child Care Centres (RCCCs)/Residential Special Child Care Centres (RSCCCs)/Children's Reception Centre (CRC) with related information including inspection items, precautions items etc. before inspections so that operators may brief users' parents/ carers on the arrangement. 	<ul style="list-style-type: none"> • Management staff and frontline staff of residential crèche/residential nursery/ CRC/ RSCCC
2.	To allow parents/carers to participate in service monitoring	<ul style="list-style-type: none"> • Parents/child carers of residential crèche/residential nursery/CRC
3.	As service users were infants and toddlers, they might not be able to express their views clearly especially when their emotions might be affected in the presence of strangers. As a result, the recommendation to enhance service monitoring by setting up a Service Quality Group (SQG) might not necessarily be an effective way to strengthen the oversight of RCCCs/RSCCCs.	<ul style="list-style-type: none"> • Frontline staff of residential crèche/residential nursery/CRC • Management staff of RSCCC
(B) Service Planning and Provision		
(i) Service Provision and Interfacing		
4.	The age range of service users of small group homes (SGHs) was too broad for SGHs to take care of service users' developmental needs. Suggested reducing the age range (e.g. 4 –10 and 10 – 18, or group the service users by level of study such as kindergarten, primary and secondary) to provide service users with appropriate care.	<ul style="list-style-type: none"> • Frontline staff and parents/child carers of children's home (CH)/SGH • Management staff of SGH
5.	To review the service targets and manpower of SGHs in order to meet existing service needs.	

	Recommendations / Follow up Items	Suggested Service Units
6.	To enhance post-discharge support, including the provision of financial and housing support and better service interfacing, for young people who left the residential home at the age of 18.	<ul style="list-style-type: none"> • Parents/child carers of CH/SGH
7.	Although there is marked improvement in manpower as compared with before, taking care of service users with special needs (e.g. those with autism, relatively severe mental health problems, etc.) still prove difficult. Suggested setting up hostels exclusively for children with special needs.	<ul style="list-style-type: none"> • Management staff of boys' and girls' home/hostel
8.	To provide more residential care places for children with special needs so that they can be matched with suitable residential homes.	<ul style="list-style-type: none"> • Management staff of CH • Frontline staff of CH/SGH
9.	To set up residential homes that provide appropriate therapeutic services for children with special needs.	
10.	To review the current referral system in order to avoid resource mismatch as more than half of the children in CHs and SGHs were diagnosed with special needs.	
11.	At present, it is difficult for halfway house to accommodate students from schools for social development and the inmates cannot understand/tolerate the conditions and needs of children and youth with autism or severe mental health problems. Suggested setting up residential homes/halfway houses that provide therapeutic services specifically for children and youth with autism or severe mental health problems, and strengthen the manpower of all ranks and nursing support.	
12.	To provide more emergency/ short-term service as there were not enough places to cater for actual needs.	<ul style="list-style-type: none"> • Management staff of CH/ SGH • Frontline staff of residential crèche/residential nursery/CRC
13.	To solve the problems of stranded cases and unduly long waiting time for services, it was suggested that a mechanism should be established to review the service needs of cases regularly.	
14.	To set up a database of service users to regularly record and analyse their conditions and service needs so as to improve service delivery and better meet their service needs.	
15.	To formulate standardised assessment tools to assess the service needs of service users and match suitable services.	
16.	To provide early intervention to support service users with special needs.	
17.	Suggested enhancing service quality and better assessing the needs of service users by referencing the mode of service delivery and case management mechanism of overseas residential child care service.	

	Recommendations / Follow up Items	Suggested Service Units
18.	To set up a review mechanism for children’s long term welfare plans, and allow related agencies to share information in order to review the implementation progress of these welfare plans.	• Management staff of CH/ SGH/ RSCCC
(ii) Service Mode, Design and Facilities		
19.	Current services are in mix-sex mode. Emotional and behavioural issues associated with puberty arose when service users entered adolescence, which could cause problems in mix-sex facilities. Suggested providing single-sex residential care services.	• Management staff and frontline staff of CH/SGH
20.	A service user living with a rare disease requires a ketogenic diet (including foods like avocado, cheese, etc.) which is not provided by the residential home. As a result, the parents have to prepare the special meals themselves 5 days a week. Suggested enhancing the support for service users living with rare diseases.	• Management staff, frontline staff and parents/child carers of RSCCC
21.	Suggested extending the service contract beyond 6 months to allow service users who need the service to continue receiving residential care.	• Parents/child carers of boys’ and girls’ home/hostel
22.	<ul style="list-style-type: none"> • Suggested providing appropriate support for discharged service users by drawing on the experience of overseas service providers; • Suggested strengthening the role of residential homes in the formulation of welfare plans so as to provide appropriate support services, including financial, housing, educational and life skills support, for service users with weak family support. 	• Management staff and frontline staff of boys’ and girls’ home/hostel
23.	To strengthen the support package for service users with special needs (e.g. those with autism, severe mental health problems, etc.), including detailed assessment before admission, appropriate permanency welfare plans, etc.	
24.	To provide more suitable services for ethnic minorities service users, such as providing them with a prayer room, special meals, etc.	
25.	To review the definition of “moderate/severe behavioural/emotional problem” in order to reduce referrers’ expectation gap as well as mismatch of services.	
26.	SAHK Jockey Club Marion Fang Conductive Learning Centre had limited space and facilities. Suggested improving the Centre’s activity area and providing adequate auxiliary facilities such as standing frames to meet the special needs of service users.	• Management staff and parents/child carers of RSCCC

	Recommendations / Follow up Items	Suggested Service Units
27.	To review the Schedule of Accommodation of RSCCCs as they require larger space to accommodate medical supplies, instruments, wheelchairs, standing frames, etc.	• Management staff and frontline staff of RSCCC
28.	To review the Schedule of Accommodation of SGHs to improve the physical environment to meet the needs of service users (including service users with special needs).	• Management staff and frontline staff of CH/SGH
29.	The special grant provided by the Environment Improvement Programme for Small Group Homes was not enough to meet actual service needs.	• Management staff of SGH
30.	Suggested continuously improving the environment of residential homes to provide a safe and desirable living and study environment for service users as well as a quiet area for service users to calm their nerves.	• Parents/ child carers of boys' and girls' home/hostel
31.	Since residential homes cannot share facilities with schools for social development, suggested reviewing the Schedule of Accommodation of residential homes to provide more space to cater for the different ages and needs of service users.	• Management staff of boys' and girls' home/hostel
(C) Service Quality		
(i) Manpower Resources		
32.	Inadequate staffing (including occupational therapists, physiotherapists, etc.)	• Management staff, frontline staff and parents/child carers of RSCCC
33.	To increase the remuneration of special CCWs.	
34.	To hire health workers to strengthen the care for frail service users and meet their medical needs.	• Management staff and frontline staff of RSCCC
35.	To deploy relief staff to replace staff on training thus ensuring adequate manpower at the centres.	
36.	To provide service users with enhanced clinical psychology services.	
37.	<ul style="list-style-type: none"> • To improve the manpower of RSCCCs (including special CCWs, programme assistants, etc.) so as to relieve the pressure of frontline staff and enhance the quality of care when handling service users with intensive nursing needs. • To improve the manning ratio of special child care worker to 1:4, such that each group of service users in different dormitory would be taken care of by one special child care worker and one programme assistant, and assisted by a care staff. 	
38.	To review the manpower of morning, afternoon and overnight shifts, especially the manning ratio of overnight shifts.	
39.	To enhance the support provided by allied health professionals, especially clinical psychologists, to meet the individual training needs of service users with special needs	

	Recommendations / Follow up Items	Suggested Service Units
	and provide enhanced training and emotion support for staff etc.	
40.	To deal with the problem of manpower loss by engaging more part-time staff and, with reference to the arrangement of the Enrolled Nurse Training Programme for Welfare Sector, encouraging interested persons to join the pre-school rehabilitation services.	
41.	To retain good calibre staff by making reference to the remuneration of Hospital Authority.	
42.	To strengthen staff stability by improving the remuneration of frontline staff.	<ul style="list-style-type: none"> • Frontline staff and parents/child carers of CH/SGH
43.	To enhance the support provided by allied health professionals, including clinical psychologists, physiotherapists, occupational therapists and speech therapists, in order to meet the developmental needs of service users with special needs and traumatic experiences.	<ul style="list-style-type: none"> • Parents/child carers of CH/SGH • Management staff of residential crèche/ residential nursery/CRC
44.	<ul style="list-style-type: none"> • Considering that over half of the service users have special needs and that the existing manpower at different levels is insufficient to address the actual service demand, the manning ratio of supervisory and frontline staff should be reviewed to meet the needs of cases; • Since there is also a shortage of counsellors, suggested adding them to the staff establishment to provide better support for service users with behavioural or emotional problems; • Suggested strengthening frontline manpower to meet service needs other than daily care, e.g. arranging for service users to receive training or attend medical appointments outside, etc.; • Suggested enhancing the manning ratio of care staff to 1:4/1:6/1:7. 	<ul style="list-style-type: none"> • Management staff and parents/child carers of CH/SGH • Management staff and frontline staff of residential crèche/ residential nursery/CRC
45.	To increase the manning ratio of care/professional staff and facilities to meet existing service needs when introducing new services.	
46.	To hire more CCWs to support children admitted under emergency, and meet the licensing requirement on manning ratio.	<ul style="list-style-type: none"> • Management staff of residential crèche/residential nursery/CRC
47.	To hire more clinical psychologists and registered social workers to support frontline workers in taking care of children's emotional needs, especially those admitted under emergency or experienced trauma.	

	Recommendations / Follow up Items	Suggested Service Units
48.	To hire additional para-medical staff to set up a team to support the developmental needs of service users with special needs.	
49.	In view of the high turnover of staff, suggested organising training courses that require, as one of the entrance requirements, graduates to serve at the residential child care service units for a certain period of time.	<ul style="list-style-type: none"> • Frontline staff of residential crèche/ residential nursery/CRC
50.	Considering that over half of the service users have special needs, the manning ratio of medical and nursing staff should be increased to address service users' medical needs, including providing drug dispensing and medical appointment escort services.	<ul style="list-style-type: none"> • Frontline staff of CH/SGH
51.	Suggested enhancing tuition service for service users to help them overcome learning difficulties.	
52.	As there are more service users with complicated family backgrounds, Social Work Assistants working at residential homes for children have problems handling parents' needs and issues. Suggested in addition to the strengthening of Agency-based Enhancement of Professional Staff Support Services, also enhancing other types of agency-based professional support services to enhance service quality.	<ul style="list-style-type: none"> • Management staff of boys' and girls' home/hostel
53.	The existing manpower is insufficient to take care of service users with special needs. Suggested strengthening professional medical support and doubling the existing manpower of different ranks.	<ul style="list-style-type: none"> • Management staff and frontline staff of boys' and girls' home/ hostel/ RSCCC
54.	Frontline staff do not have the professional knowledge to handle the work of drugs or providing mental health risk assessments, etc., and the NGOs have difficulties in purchasing liability insurance policies for them. Suggested strengthening professional support provided by, e.g., medical, nursing and drug dispensing staff, etc.	<ul style="list-style-type: none"> • Frontline staff and parents/child carers of boys' and girls' home/hostel
(ii) Staff Training		
55.	To provide different levels of training for staff of different ranks, e.g. foundation courses for frontline staff, and advanced courses for CCWs, therapists, etc.	<ul style="list-style-type: none"> • Management staff and frontline staff of RSCCC
56.	To include medical knowledge in the existing training courses to enhance staff's capability to take care of the medical needs of frail service users.	
57.	Disabled service users have different emotional and behavioural problems. Strengthening emotional support for staff could help them handle the various problems of service users, as well as maintaining staff's mental health.	

	Recommendations / Follow up Items	Suggested Service Units
58.	Suggested organising training courses on the proper handling of young children's emotional and behavioural problems in order to alleviate the stress staff experienced when handling these problems.	• Frontline staff of RSCCC
59.	To provide on-the-job training and promotional opportunities for staff.	• Management staff of SGH
60.	The number of service users with special needs (including emotional, behavioural and learning problems) is constantly on the rise. Some of them have also been diagnosed with mental illness and required treatment with psychiatric medications. However, frontline staff, including welfare workers, do not have the professional knowledge required to handle their special needs. Suggested providing frontline staff with various kinds of suitable training, including sex education training, to meet the needs of service users, particularly those with special needs.	• Management staff of residential crèche/residential nursery/CRC/SGH • Frontline staff of CH/SGH
61.	Service users who are at a tender age are prone to accidental injuries as they have relatively weak self-control. They are also too young to clearly describe what happened to them. As a result, staff caring for them could easily be mistaken as being negligent. Strengthening the support for these staff could help them deal with the stress.	• Management staff of residential crèche/residential nursery/CRC
62.	To provide practical skills training on the handling of emergency situations.	• Frontline staff of boys' and girls' home/hostel
63.	To equip staff with knowledge of symptoms of mood disorder or mental illness to enable them to recognise warning signs of mental health problems, thus facilitating early intervention.	
64.	As residential homes operate round the clock, it is difficult to arrange for staff to receive training outside. Suggested providing on-site training for staff.	
65.	To provide training for staff to strengthen their knowledge and skills in handling autistic service users.	
66.	Suggested providing systematic training for staff to strengthen their knowledge and skills in handling service users with special educational needs with reference to the practices of the Education Bureau.	
(D) Other Views/ Recommendations		
67.	A comprehensive macro service review should be conducted to take a detailed look on service interfacing, positioning of various types of residential child care services (RCCS), needs of service users, resources allocation, data bank of service	• Overall views

	Recommendations / Follow up Items	Suggested Service Units
	users, etc. Strengthening medical and social collaboration is also required to establish the interface among services.	
68.	Ordinances/regulations currently in force and applicable to RCCS should be reviewed to ensure that staff of RCCS has the legal basis to suitably intervene and handle service users' emotional and behavioural outbursts under different circumstances in order to provide appropriate protection to both the operating agencies and service users.	<ul style="list-style-type: none"> • Overall views
69.	During the epidemic, parents could not arrange for their sons/daughters to go on home leave, and they worried about their children's condition at the residential homes. Suggested residential homes to make appropriate arrangements to accommodate the parents' wishes.	<ul style="list-style-type: none"> • Parents/child carers of residential crèche/ residential nursery/CRC/ RSCCC
70.	Parents have expressed concerns over the requirement to deduct/refund the Disability Allowance disbursed when their sons/daughters are admitted to RSCCCs. SWD staff should provide parents with an explanation and relevant information as soon as possible.	<ul style="list-style-type: none"> • Parents/ child carers of RSCCC

Residential Child Care Services - Residential Child Care Centre

Statistical Information on Service Users with Special Needs

Service Units Participating in the Survey:

- i. Children's Residential Home/Hong Kong Society for the Protection of Children (HKSPC)
- ii. Residential Creche and Residential Nursery/Po Leung Kuk (PLK)

Total number of service places: **212** (HKSPC: 104/PLK: 108)

(1) Number of service users having been diagnosed/assessed with special needs

Types of Special Needs	Number of Service Users	Proportion
Attention deficit/hyper-activity disorder	8	3.77%
Autism spectrum disorders	4	1.89%
Speech and language impairment	58	27.36%
Specific learning difficulties	3	1.42%
Depression	0	0%
Limited intelligence	5	2.36%
Oppositional defiant disorder	1	0.47%
Obsessive compulsive disorder	0	0%
Developmental delay	74	34.91%
Adjustment disorder	0	0%
Self-harm behaviour	0	0%
Violent behaviour	0	0%
Others (Hearing impairment)	1	0.47%
Number of service users having been diagnosed/assessed with special needs and the proportion of the total number of service places	91 ^(Note 1)	42.94%

^(Note 1) Service user having been diagnosed/assessed with multiple types of special needs is counted as 1 person.

(2) Number of service users having been diagnosed/ assessed with special needs and receiving services

Types of Services	Number of Service Users	Proportion
Clinical/educational psychological service [excluding Agency-based Enhancement of Professional Staff Support Services in Residential Care Homes (ABPSS)]	9	4.25%
Psychiatric service	6	2.83%
Clinical psychological service under ABPSS	6	2.83%
Social work service under ABPSS	64	30.19%
Other follow up/therapeutic services (including physiotherapy/occupational therapy/ speech therapy, etc.)	61	28.77%
Number of service users having been diagnosed/ assessed with special needs and receiving services, and the proportion of the total number of service places	65 ^(Note 2)	30.66%

(3) Number of service users suspected to have special needs

Types of Special Needs	Number of Service Users	Proportion
Attention deficit / hyper-activity disorder	4	1.89%
Autism spectrum disorders	0	0%
Speech and language impairment	6	2.83%
Specific learning difficulties	1	0.47%
Depression	0	0%
Limited intelligence	0	0%
Oppositional defiant disorder	0	0%
Obsessive compulsive disorder	0	0%
Developmental delay	10	4.72%
Adjustment disorder	0	0%
Self-harm behaviour	1	0.47%
Violent behaviour	1	0.47%
Others	0	0%
Number of service users suspected to have special needs and the proportion of the total number of service places	19 ^(Note 3)	8.96%

^(Note 2) Service user having been diagnosed/assessed with multiple types of special needs and receiving more than one type of services is counted as 1 person.

^(Note 3) Service user suspected to have multiple types of special needs is counted as 1 person.

(4) Number of service users suspected to have special needs and receiving services or have been referred and waitlisting for professional assessment/ follow up services or waiting for referral to professional assessment/ follow up services

Types of Services	Number of Service Users	Proportion
Clinical/educational psychological service (excluding ABPSS)		
(i) Receiving services	2	0.94%
(ii) Having been referred and waitlisting for professional assessment/follow up services	11	5.19%
(iii) Waiting for referral to professional assessment/follow up services	0	0%
Psychiatric service		
(i) Receiving services	0	0%
(ii) Having been referred and waitlisting for professional assessment/follow up services	0	0%
(iii) Waiting for referral to professional assessment/follow up services	0	0%
Clinical psychological service under ABPSS		
(i) Receiving services	1	0.47%
(ii) Having been referred and waitlisting for professional assessment/follow up services	0	0%
(iii) Waiting for referral to professional assessment/follow up services	0	0%
Social work service under ABPSS		
(i) Receiving services	10	4.72%
(ii) Having been referred and waitlisting for professional assessment/follow up services	0	0%
(iii) Waiting for referral to professional assessment/follow up services	0	0%
Receiving other follow up/therapeutic services (including physiotherapy/occupational therapy/speech therapy, etc.)	7	3.30%
Number of service users suspected to have special needs and receiving services and the proportion of the total number of service places	19 ^(Note 4)	8.96%
Number of service users suspected to have special needs, having been referred to and waitlisting for professional assessment/follow up services (excluding service users receiving related services) and the proportion of the total number of service places	9	4.25%
Number of service users suspected to have special needs waiting for referral to professional assessment/follow up services and the proportion of the total number of service places	0	0%

(Note 4) Service user suspected to have multiple types of special needs and receiving more than one type of services is counted as 1 person.