Child Fatality Review Panel
兒童死亡個案檢討委員會

CHILD FATALITY REVIEW PANEL

SIXTH REPORT

(FOR CHILD DEATH CASES IN HONG KONG IN 2019 , 2020 AND 2021)

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1 FOREWORD

Children are our greatest treasure. Ensuring that every child can lead a safe and fulfilling life is of paramount importance. The death of a child is a devastating loss not only for the family but also for the society as a whole. On behalf of the Child Fatality Review Panel (the Review Panel), I extend my deepest condolences to families who have experienced such an immeasurable loss. The biennial report published by the Review Panel comprises relevant figures and information on the child fatality cases. It aims at providing more understanding on the trend of child deaths, giving recommendations to address the concerns and formulating preventive strategies.

The Review Panel Members, through conducting thorough review of child fatality cases reported to the Coroners, seek to look into circumstances surrounding the child deaths and identify associated risk factors of each case to map out effective measures to prevent and reduce such tragedies in future. For prevention of avoidable child deaths, the Review Panel has been proactive in sharing observations and recommendations with relevant Government bureaux/departments and service organisations for their follow up actions.

The Sixth Report of the Review Panel focuses on child death cases occurring in 2019, 2020 and 2021 providing 68 recommendations on preventive strategies and proposed inter-sectoral collaboration. These recommendations have been passed to the relevant Government bureaux/departments and organisations for their consideration. We received positive responses and their constructive feedback and proactive efforts for putting in place various prevention and intervention measures have been incorporated into the Report.

Certain child death cases caused by potential hazards at home, such as bed sharing, improper sleeping arrangements, choking, fall from heights, etc., continued to occur perennially. Continuous efforts to raise public awareness on home safety is of paramount importance. To this end, the Review Panel has conducted a thematic review in the Sixth Report to examine the trend and significant findings on reviewed child deaths related to home safety from 2006 to 2021. While we acknowledge some limitations on case reviews due to varied availability of information, the Review Panel has endeavoured to review all information collected to conclude findings and provided recommendations to prevent avoidable child deaths. Children are the bedrock of our future, and it is our collective responsibility to safeguard their well-being and to create a nurturing and safe environment that supports their healthy development.

Dr DUNN Lai-wah, Eva M.H.
Chairperson
Child Fatality Review Panel
2024

2 EXECUTIVE SUMMARY

2.1 Review of Child Death Cases from 2019 to 2021

In this report, a total of 216* child death cases that occurred from 2019 to 2021 and reported to the Coroner's Court were reviewed. The following table shows the case distribution by year and by death cause.

Cause of Death	Year in which the cases occurred			Total
	2019	2020	2021	
Natural Causes	42	38	36	116
Non-natural Causes	35	35	30	100
Suicide	24	23	24	71
Accident	5	8	5	18
Assault	5	2	1	8
Unascertained #	0	2	0	2
Medical Complications@	1	0	0	1
Total	**77**	**73**	**66**	**216**

* *3 natural cause cases and 2 assault cases in 2019; 3 natural cause cases, 5 accident cases and 3 assault cases in 2020, and 7 natural cause cases, 3 suicide cases, 3 accident cases and 2 assault cases in 2021 are not covered in this report because legal proceedings were still underway when the review was done. Review findings for these cases, if any, will be included in the next report.*

\# *Cases with non-natural unascertained causes of death.*

@ *Complications of medical/surgical care or complications of medical treatment/procedures.*

Major demographics of the 216 cases reviewed are as follows:

- A total of 116 cases (53.7%) died of natural causes, 71 cases (32.9%) died of suicide, 18 cases (8.3%) died of accident, 8 cases (3.7%) died of assault, 2 cases (0.9%) died of non-natural unascertained causes and 1 cases (0.5%) died of medical complication. *(Charts 5.2.1 and 5.2.6)*
- There were more male (N=134, 62%) than female (N=82, 38%). *(Table 5.2.2)*
- The highest number of child deaths occurred among children aged below 1 (N=69, 31.9%), followed by the age group of 15-17 (N=49, 22.7%) and age group of 12-14 (N=39, 18.1%). *(Table 5.2.2 and Chart 5.2.3)*

- The majority of the deceased children were Chinese (N=190, 88%), and 22 (10.2%) were non-Chinese and 4 (1.9%) were unknown. *(Chart 5.2.4)*
- 113 (52.3%) children were students. Occupation was not applicable to 95 (44.0%) children who were too young or whose health problems had prevented them from attending school or work. 4 (1.9%) children were unknown, 2 (0.9%) was part-time worker while 1 (0.5%) was having full-time work and another one (0.5%) was neither studying nor working. *(Chart 5.2.5)*
- There were more male than female died of natural cause, suicide and accident but vice versa for assault and medical complications. The number of male and female died of non-natural unascertained causes was equal. *(Chart 5.2.7)*
- The highest number of child deaths occurred among children aged below 1, who died of natural causes (N=62, 28.7%). The second and third highest numbers of child deaths occurred among children aged 15-17 (N=41, 19%) and 12-14 (N=26, 12%) respectively, who died of suicide. *(Chart 5.2.8)*
- More than half of the fatal incidents occurred at home (N=116, 53.7%). *(Chart 5.2.10)*

For more details of the case profile by death cause, please refer to **Chapter 5**.

2.2 Observations by the Nature of Deaths from 2019 to 2021

Based on the review of child death cases which occurred in 2019, 2020 and 2021, the Review Panel has a number of observations as per death nature. Please see **Chapter 6** for more details.

2.3 Recommendations Arising from Review of Child Death Cases from 2019 to 2021

The Review Panel has come up with 68 recommendations on preventive strategies and system improvement after reviewing the child death cases which occurred in 2019, 2020 and 2021. In summary, the number of recommendations by death cause are listed below:

Cause of Death	Reference Number	Number of Recommendations
Natural Causes	N1 – N12	12
Suicide	S1 – S27	27
Accident	A1 – A18	18
Assault and Non-natural Unascertained Causes	AS1 – AS11	11
Total	**-**	**68**

These recommendations have been passed to the relevant Government bureaux/ departments, professional bodies and service organisations concerned for comment and response. **Chapter 7** tabulates these recommendations while the responses/updates given by the concerned parties under different nature of death are shown in **Chapter 8**.

2.4 Profile of Child Death Cases Reviewed from 2006 to 2021

To understand the potential hazards leading to child deaths happened unintentionally at home and raise public awareness in safeguarding children to prevent avoidable loss of life in future, the Review Panel has conducted a thematic review to examine the trend and significant findings on the reviewed child deaths related to home safety from 2006 to 2021. Besides, taking account of the child death cases reviewed from 2006 to 2021, tables and charts are prepared to show the changes over time under different nature of death.

Please refer to **Chapter 9** and **Chapter 10** for more details.

3 ACKNOWLEDGEMENT

The Review Panel extends its appreciation to the Coroners and staff members of the Coroner's Court who have been supportive to our work in the prevention of avoidable child deaths.

We also appreciate the contribution of information from all professionals of service organisations and units involved in the review process. We would also like to acknowledge Government bureaux/departments, professional bodies and service organisations for their professional comments, responses, updates and feedback on the preliminary views of the Review Panel.

Our work would not have been possible without all parties' participation and contribution. We look forward to continuing the cooperation with all the parties concerned in promoting child welfare and child protection.

4 ABOUT THE REVIEW

4.1 History

The three-year Pilot Project on Child Fatality Review (Pilot Project) commenced in February 2008 to review child death cases involving children aged below 18 and reported to the Coroners. The review covered child fatality cases of natural or non-natural causes. The evaluation of the Pilot Project in 2010 confirmed the value of the review. The Review Panel of the Pilot Project recommended and the Administration accepted to set up a standing child fatality review mechanism.

While Panel Members of the Pilot Project continued their contribution, a number of new experts and professionals joined the standing mechanism to contribute their invaluable experience. The standing Child Fatality Review Panel began its review work in June 2011. In May 2013, July 2015, August 2017, May 2019 and November 2021, the Review Panel published its First Report, Second Report, Third Report, Fourth Report and Fifth Report respectively, sharing the findings, observations and recommendations after reviewing the child death cases which occurred from 2008 to 2018.

4.2 Purpose

The review aims at facilitating the enhancement of social service systems pertaining to child welfare with focus on inter-sectoral collaboration and multi-disciplinary cooperation to prevent the occurrence of avoidable child deaths. It is not intended to ascertain death causes or attribute responsibility to any party.

4.3 The Review Panel

The Review Panel comprises 18 members including professionals from different disciplines and a parent representative. For efficient and effective review, members of the Review Panel formed 4 sub-groups to look into cases of different nature according to their expertise. A convenor was selected for each sub-group to lead the discussion and to report the findings of the review at the quarterly panel meeting. From June 2021 to May 2023, the Review Panel held a total of 24 meetings, including 8 panel meetings and 16 sub-group meetings.

The membership list and terms of reference of the Review Panel are at **Appendices 11.1** and **11.2** respectively.

4.4 Scope

The scope of review is confined to child death cases involving children aged below 18, including but not limited to cases reported to the Coroner's Court. Referrals from any other sources would be welcomed.

4.5 Timing

Since its formation in June 2011, the Review Panel has completed the review child death cases from 2008 to 2018 and published its First report in May 2013 with 21 recommendations, Second Report in July 2015 with 47 recommendations, Third Report in August 2017 with 45 recommendations, Fourth Report in May 2019 with 53 recommendations and Fifth Report in November 2021 with 59 recommendations. In the past two years, the Review Panel also completed the review of child death cases that occurred in 2019, 2020 and 2021. The time lag in the review often gives rise to the concern of not conducting the review and coming up with recommendations in a timely manner. Yet, as almost all of the child fatal cases have to go through proceedings in the Coroner's Court and some may even involve criminal trials, review of the cases can only be started after the completion of the legal proceedings in Court so as to avoid prejudicing the judicial proceedings. Notwithstanding this, the Review Panel has been proactive in exchanging views and recommendations with stakeholders to put forth observations and concerns immediately after the review was completed in a timely manner without waiting for the publication of the biennial reports.

4.6 Review Methodology

The review methodology is by and large adopted from that used in the Pilot Project. In gist, the review was basically documentary in nature, and was conducted by accessing the papers and documents filed to the Coroner's Court, and supplemented by reports from service organisations or Government departments having provided services for the deceased children.

For more details of the review methodology, please refer to the Final Report of the Pilot Project on Child Fatality Review at the following websites:

English Version:
https://www.swd.gov.hk/storage/asset/section/655/en/fcw/PPCFRFR-Eng.pdf

Chinese Version:
https://www.swd.gov.hk/storage/asset/section/655/tc/fcw/PPCFRFR-Chi.pdf

The published reports are available at the following websites:

First Report (May 2013)

English Version:
https://www.swd.gov.hk/storage/asset/section/655/en/fcw/CFRP1R-Eng.pdf

Chinese Version:
https://www.swd.gov.hk/storage/asset/section/655/tc/fcw/CFRP1R-Chi.pdf

Second Report (July 2015)

English Version:
https://www.swd.gov.hk/storage/asset/section/655/en/fcw/CFRP2R-Eng.pdf

Chinese Version:
https://www.swd.gov.hk/storage/asset/section/655/tc/fcw/CFRP2R-Chi.pdf

Third Report (August 2017)

English Version:
https://www.swd.gov.hk/storage/asset/section/655/en/CFRP_Third_Report_Aug2017_Eng.pdf

Chinese Version:
https://www.swd.gov.hk/storage/asset/section/655/tc/CFRP_Third_Report_Chinese.pdf

Fourth Report (May 2019)

English Version:
https://www.swd.gov.hk/storage/asset/section/655/en/CFRP_Fourth_Report_en_Nov2019.pdf

Chinese Version:
https://www.swd.gov.hk/storage/asset/section/655/tc/CFRP_Fourth_Report_cn_Nov2019.pdf

Fifth Report (November 2021)

English Version:
https://www.swd.gov.hk/storage/asset/section/655/en/CFRP_Fifth_Report_(Eng).pdf

Chinese Version:
https://www.swd.gov.hk/storage/asset/section/655/tc/CFRP_5th_report_chi.pdf

5 OVERVIEW OF CHILD DEATH CASES COVERED BY THIS REPORT

5.1 Figures of Child Population and Child Death in Hong Kong in 2019, 2020 and 2021

Note on rounding of figures: Owing to rounding effect, percentage may not add up to 100% as shown in the following tables/charts.

Table 5.1.1: Facts and Figures of Child Death in Hong Kong (2019, 2020 and 2021)

Type of Figure	Year		
	2019	2020	2021
Child Population*	1 009 800	993 000	967 600
Number of Child Deaths	178	187	155
Child Death Rate@	0.2	0.2	0.2
Number of Cases Reviewed	77	73	66

* *Child population: refers to the mid-year population of children aged under 18.*

@ *Child death rate: refers to the number of known child deaths per 1 000 child population. (Source: Census and Statistics Department)*

Table 5.1.2: Comparison of Age-specific Death Rates*

Age group		<1			1-4			5-9			10-14			15-19		
Year		2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021
Country/ Place@	Hong Kong#	0.9	1.0	0.7	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.2
	Australia^	3.3	3.2	3.3	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.3	0.3
	Canada&	4.5	4.5	4.4	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.4	0.4
	Japan~	1.9	1.8	1.7	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.2
	Singapore+	1.7	1.8	1.8	0.1	0.1	0.1	0.1	-	-	-	0.1	0.1	0.2	0.2	0.3
	United Kingdom>	3.9	3.8	4.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.2

* *Age-specific Death Rate: refers to the number of known deaths per 1 000 persons of the same age group, unless otherwise specified*

@ *Only information of the selected countries/places could be obtained from the relevant sources.*

\# *Source: Census and Statistics Department*

^ *Source: Australian Bureau of Statistics (https://www.abs.gov.au/statistics/people/population/deaths-australia/2021)*

& *Source: Statistics Canada (Table 13-10-0710-01_Mortality rates, by age group) (https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310071001)*

~ *Source: Statistics of Japan (https://www.e-stat.go.jp/en/stat-search/files?stat_infid=000031982755)*

\+ *Source: Department of Statistics – Singapore (https://tablebuilder.singstat.gov.sg/table/TS/M810141)*

> *Source: Office for National Statistics of the United Kingdom (https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=161)*

5.2 Statistics of Child Death Cases Reviewed from 2019 to 2021

Chart 5.2.1: Number of Cases by Nature of Death Cause

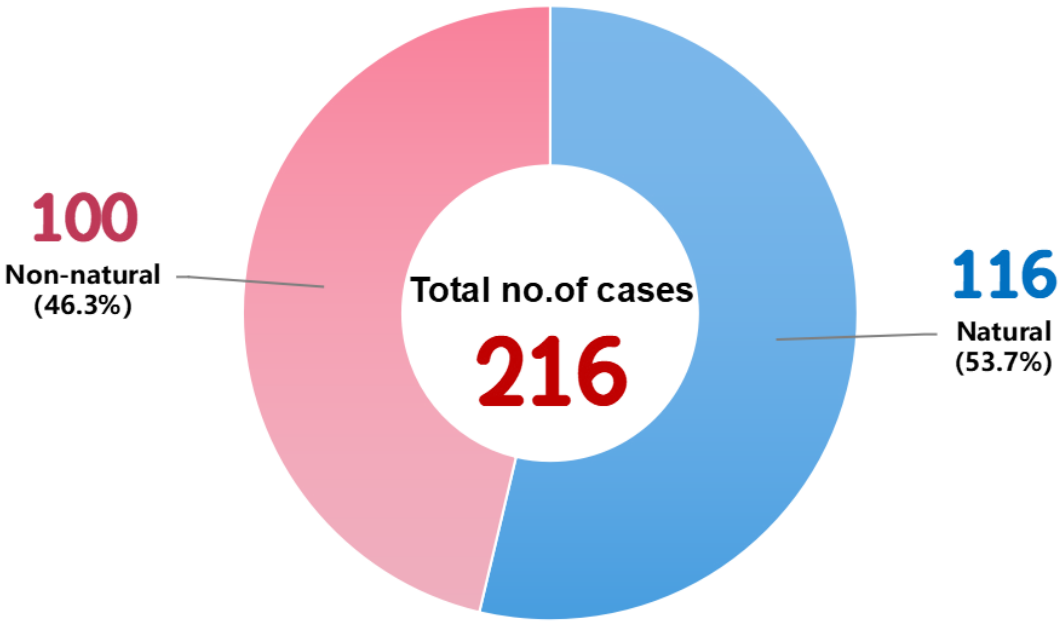


Table 5.2.2: Number of Cases by Age Group and Gender

Age Group	Gender		Number of Cases (%)
	Female (%)	Male (%)	
< 1	27 (12.5%)	42 (19.4%)	69 (31.9%)
1-2	4 (1.9%)	10 (4.6%)	14 (6.5%)
3-5	6 (2.8%)	10 (4.6%)	16 (7.4%)
6-8	2 (0.9%)	4 (1.9%)	6 (2.8%)
9-11	10 (4.6%)	13 (6.0%)	23 (10.6%)
12-14	12 (5.6%)	27 (12.5%)	39 (18.1%)
15-17	21 (9.7%)	28 (13.0%)	49 (22.7%)
Total (%)	**82 (38%)**	**134 (62%)**	**216 (100%)**

The age group with highest case numbers is highlighted.

Chart 5.2.3: Number of Cases by Age Group and Gender

Sex	No. of Cases
Female	82(38.0%)
Male	134(62.0%)
Total No. of Cases: 216	

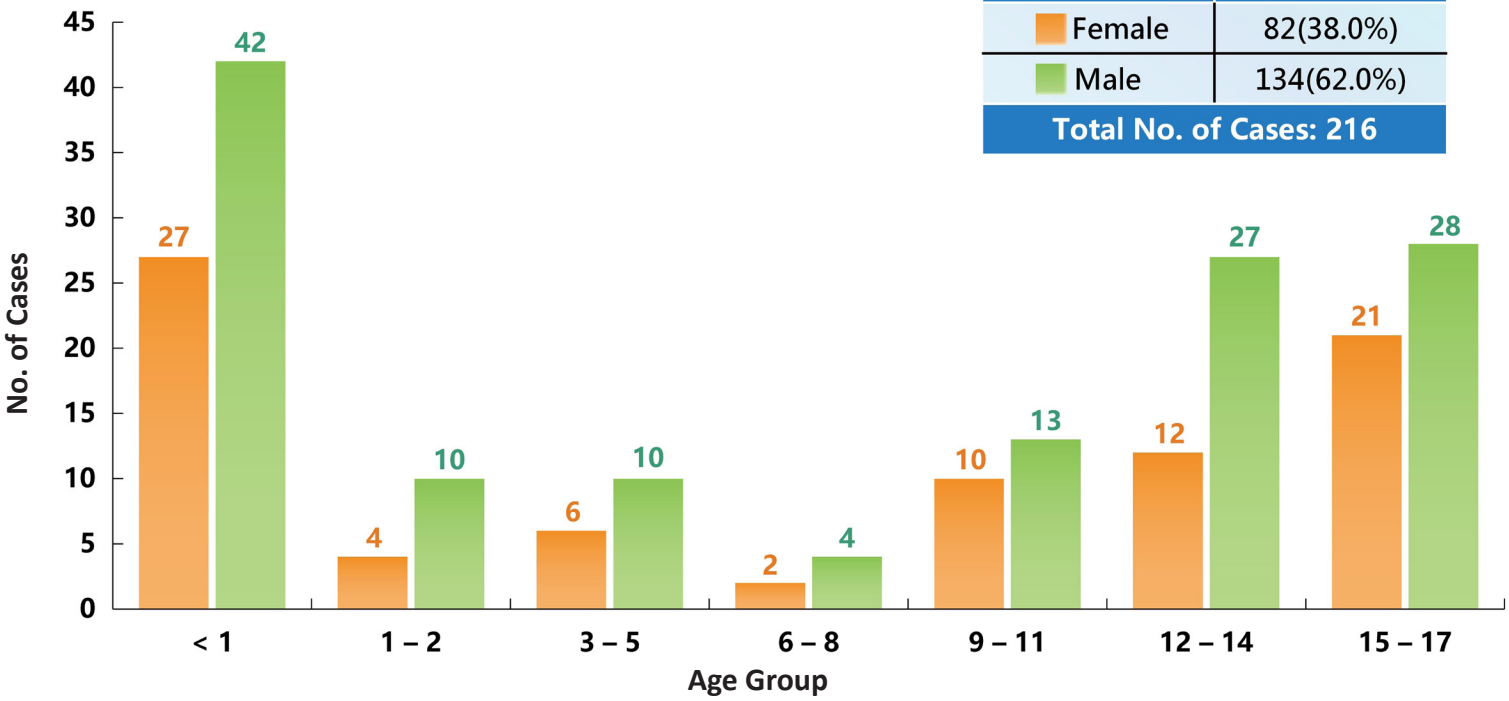


Chart 5.2.4: Number of Cases by Ethnicity

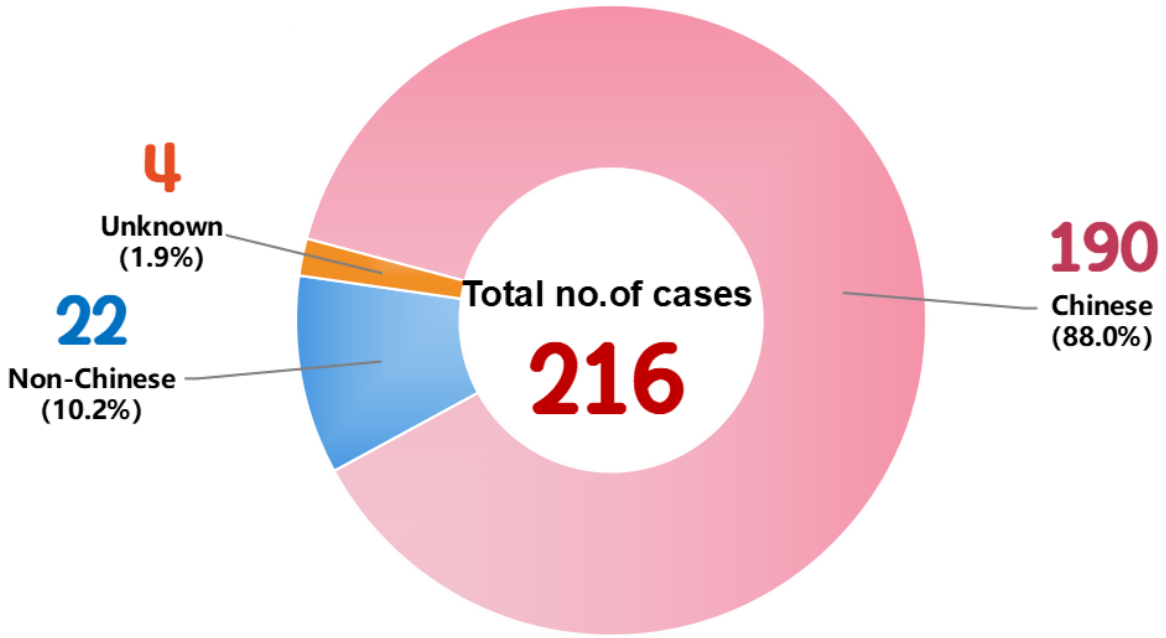
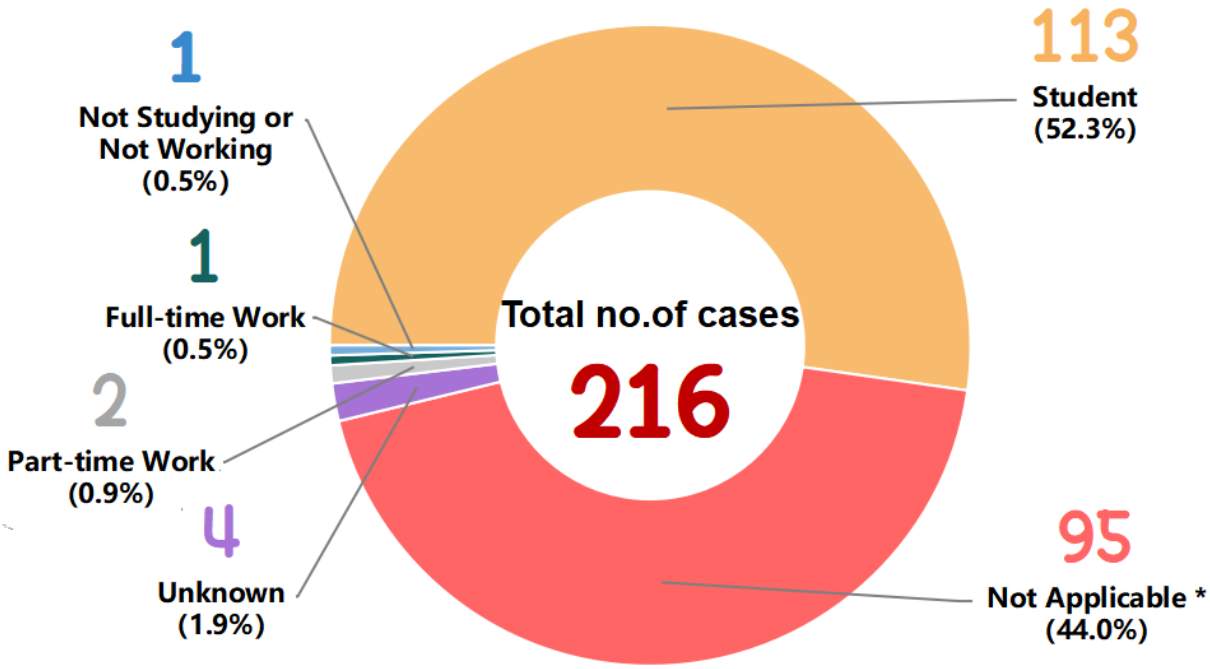


Chart 5.2.5: Number of Cases by Education/Occupation



* *Not Applicable: Includes those children in infancy or with health problems preventing them from attending school or work.*

Chart 5.2.6: Number of Cases by Cause of Death

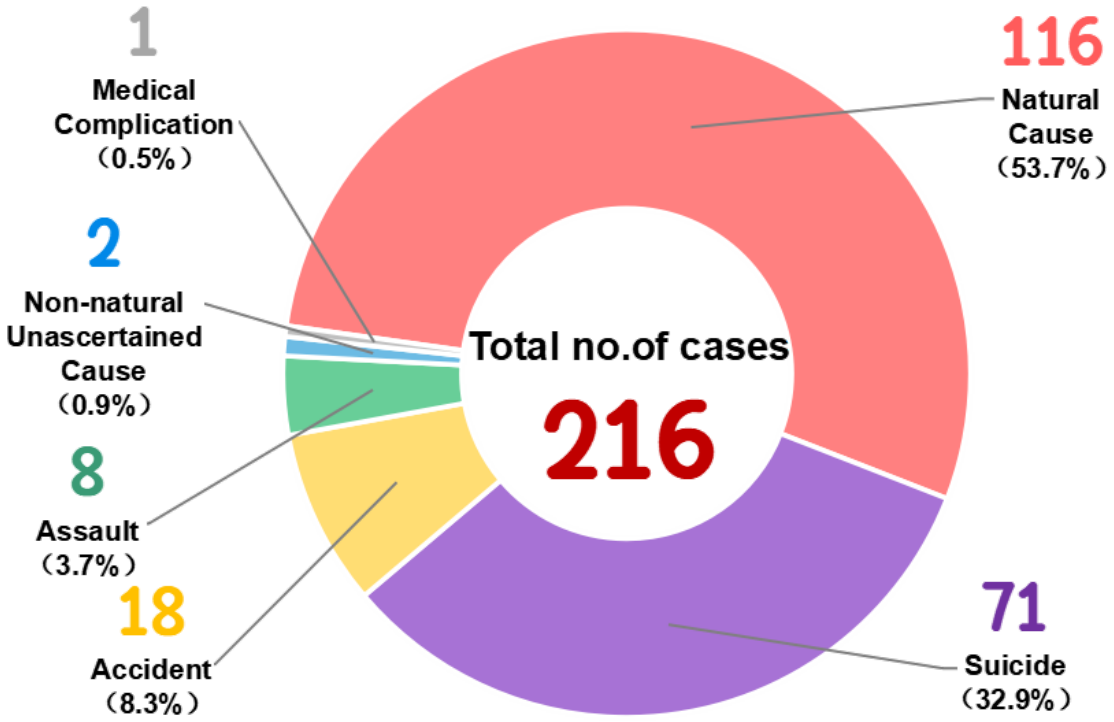


Chart 5.2.7: Number of Cases by Cause of Death and Gender

Sex	No. of Cases
Female	82(38.0%)
Male	134(62.0%)
Total No. of Cases: 216	

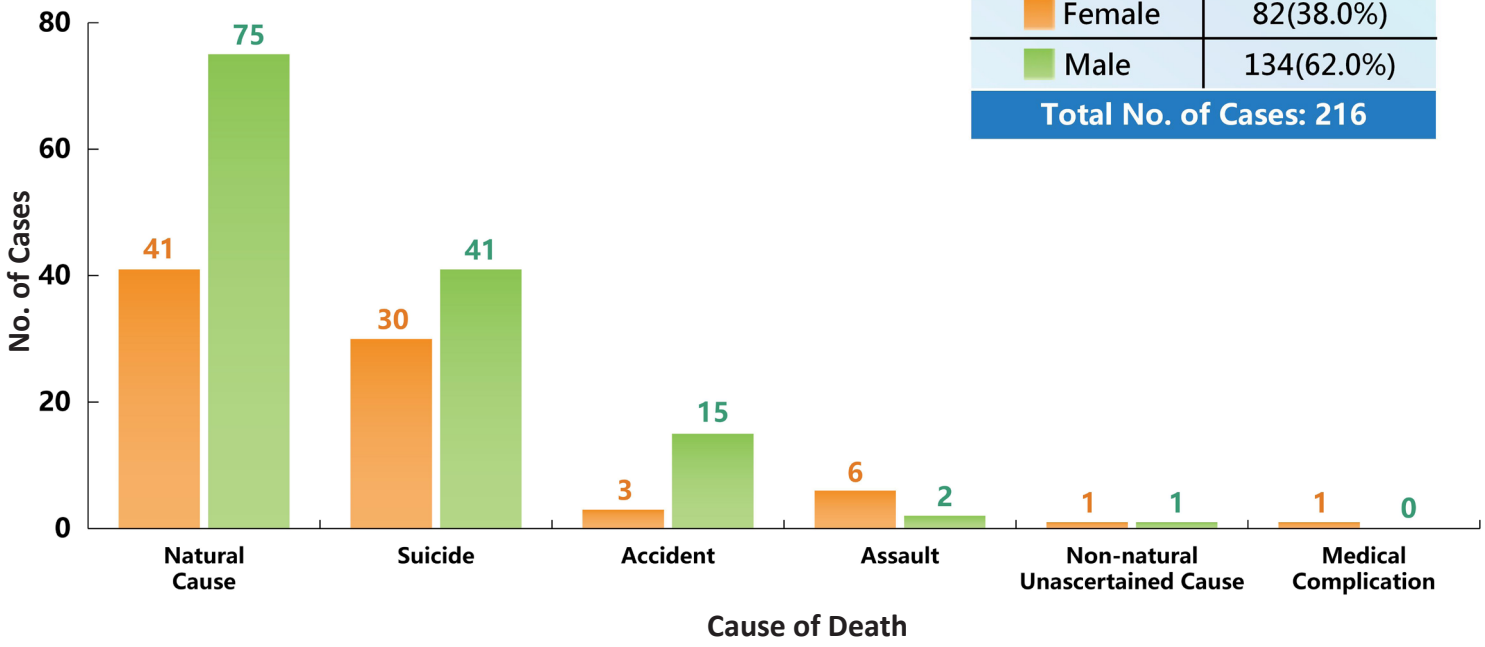


Chart 5.2.8: Number of Cases by Age Group and Cause of Death

Natural cause | Suicide | Accident
Assault | Non-natural Unascertained Cause
Medical complication
Total No. of Cases: 216

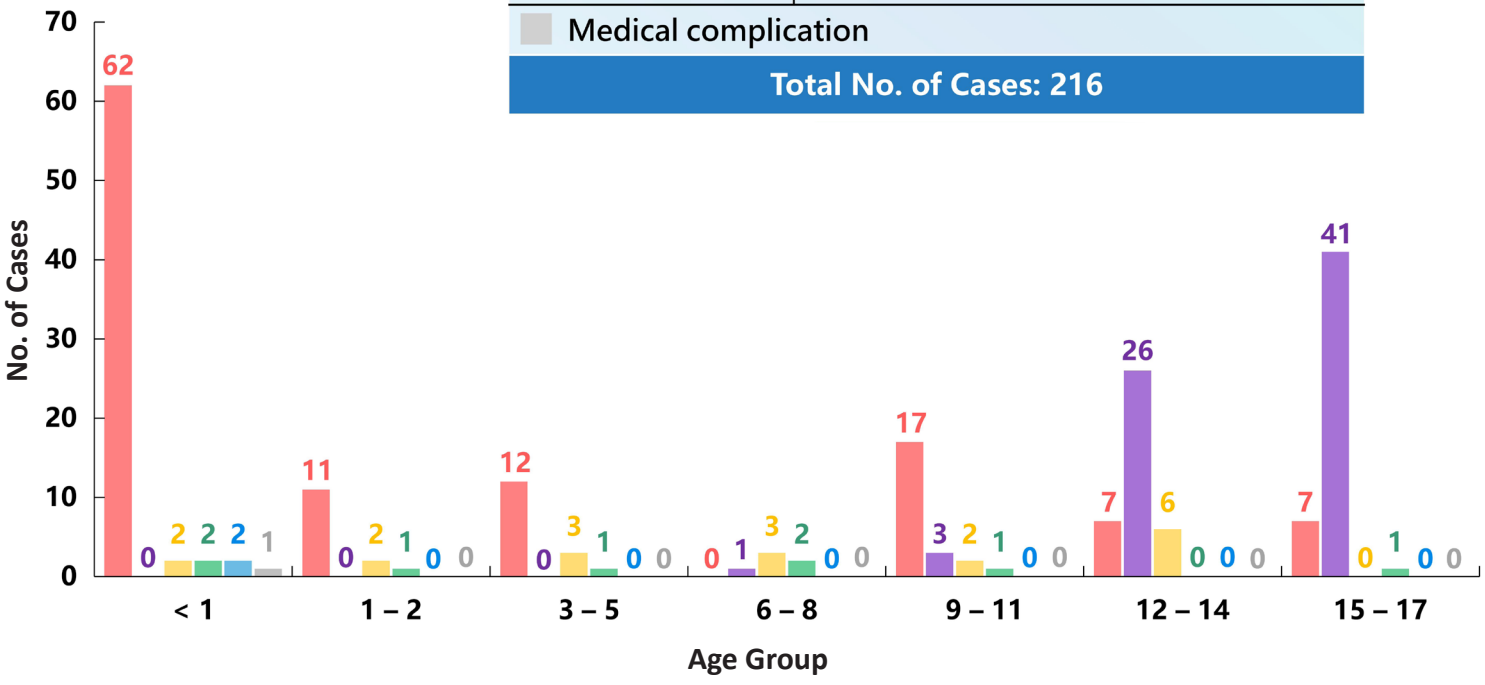


Table 5.2.9: Number of Cases by Residential District and Year

Residential District	2019			2020			2021			Total No. of Cases (%)
	No. of cases	Population*	Death rate#	No. of cases	Population*	Death rate#	No. of cases	Population*	Death rate#	
HONG KONG ISLAND										
Central and Western	4	28 600	0.140	2	26 500	0.075	1	27 300	0.037	7 (3.2%)
Wan Chai@	1	20 200	0.050	3	19 000	0.158	3	19 900	0.151	7 (3.2%)
Eastern@	3	72 100	0.042	5	67 000	0.075	2	61 700	0.032	10 (4.6%)
Southern	3	37 000	0.081	3	34 700	0.086	1	32 200	0.031	7 (3.2%)
KOWLOON										
Yau Tsim Mong	6	43 700	0.137	4	40 900	0.098	5	41 800	0.120	15 (6.9%)
Sham Shui Po	8	60 000	0.133	7	62 200	0.113	5	58 500	0.085	20 (9.3%)
Kowloon City	3	56 000	0.054	4	54 300	0.074	3	59 300	0.051	10 (4.6%)
Wong Tai Sin	2	51 700	0.039	1	52 900	0.019	2	45 300	0.044	5 (2.3%)
Kwun Tong	3	97 400	0.031	6	99 000	0.061	10	86 300	0.116	19 (8.8%)
NEW TERRITORIES										
Kwai Tsing	5	67 500	0.074	5	69 800	0.072	4	59 900	0.067	14 (6.5%)
Tsuen Wan	3	42 500	0.071	0	39 700	0	1	44 100	0.023	4 (1.9%)
Tuen Mun	5	66 200	0.076	4	65 800	0.061	2	64 000	0.031	11 (5.1%)
Yuen Long	12	90 600	0.132	10	88 900	0.112	8	92 200	0.087	30 (13.9%)
North	3	46 700	0.064	2	46 900	0.043	4	41 100	0.097	9 (4.2%)
Tai Po	2	42 200	0.047	6	41 400	0.145	2	41 000	0.049	10 (4.6%)
Sha Tin	10	92 800	0.108	6	92 000	0.065	7	93 200	0.075	23 (10.6%)
Sai Kung	2	62 600	0.032	1	60 500	0.017	4	65 300	0.061	7 (3.2%)
Islands	1	27 900	0.036	1	27 000	0.037	2	28 400	0.070	4 (1.9%)
OTHERS										
Not residing in HK	0	-	-	2	-	-	0	-	-	2 (0.9%)
Unknown	1	-	-	1	-	-	0	-	-	2 (0.9%)
Total (%) :	**77**			**73**			**66**			**216 (100%)**

Classification of the residential districts above is according to the 18 districts in District Council/Constituency Area.

The Top 3 highest case numbers among the 18 districts are highlighted.

The Top 3 highest death rates among the 18 districts are highlighted.

* *Denotes land-based non-institutional population aged 0-17 in respective district.*
Source: General Household Survey, Census and Statistics Department.

\# *Denotes district-specific child death rate, i.e. child death cases reviewed per 1 000 land-based non - institutional child population in respective district.*

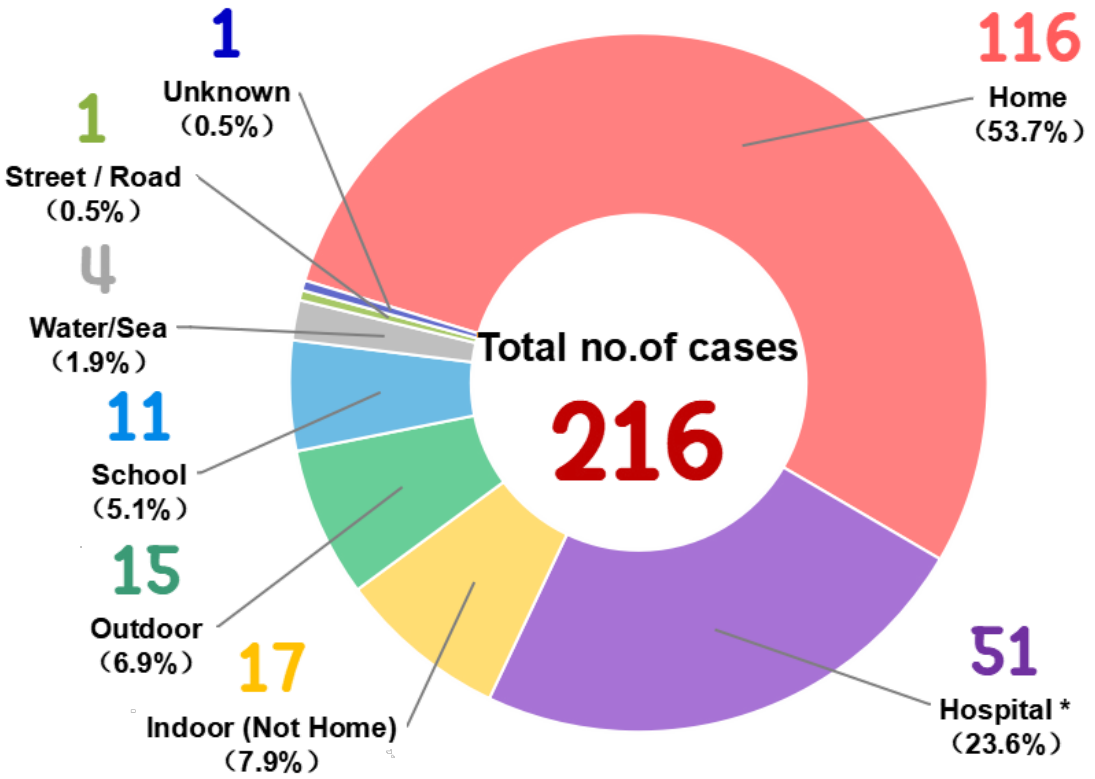
@ *The boundaries of the Wan Chai district and Eastern district adopted since 2016 are different from those adopted in 2015 and earlier years. Therefore, figures of the Wan Chai and Eastern districts for 2016 and thereafter are not strictly comparable with those for 2015 and earlier years in this table.*

In 2019, the highest number of child deaths was recorded in Yuen Long District (N=12), followed by Sha Tin District (N=10), and Sham Shui Po District (N=8). Taking account of the child population in respective districts, the highest child death rate, i.e. child death cases reviewed per 1 000 land-based non-institutional child population in respective districts, came from Central and Western District (0.140), followed by Yau Tsim Mong District (0.137) and Sham Shui Po District (0.133).

In 2020, the highest number of child deaths was recorded in Yuen Long District (N=10), followed by Kwun Tong District, Tai Po District and Sha Tin District (all N=6), and then followed by Eastern District and Kwai Tsing (both N=5). The highest child death rate came from Wan Chai District (0.158), followed by Tai Po District (0.145) and Sham Shui Po District (0.113).

In 2021, the highest number of child deaths was recorded in Kwun Tong District (N=10), followed by Yuen Long District (N=8) and Sha Tin District (N=7). Taking account of the child population in respective districts, the highest child death rate, came from Wan Chai District (0.151), followed by Yau Tsim Mong District (0.120) and Kwun Tong District (0.116).

Chart 5.2.10: Number of Cases by Place of Fatal Incident



** Note: Fatal-incidents occurred in hospitals are natural cause cases*

Chart 5.2.11: Number of Cases by Type of Residence

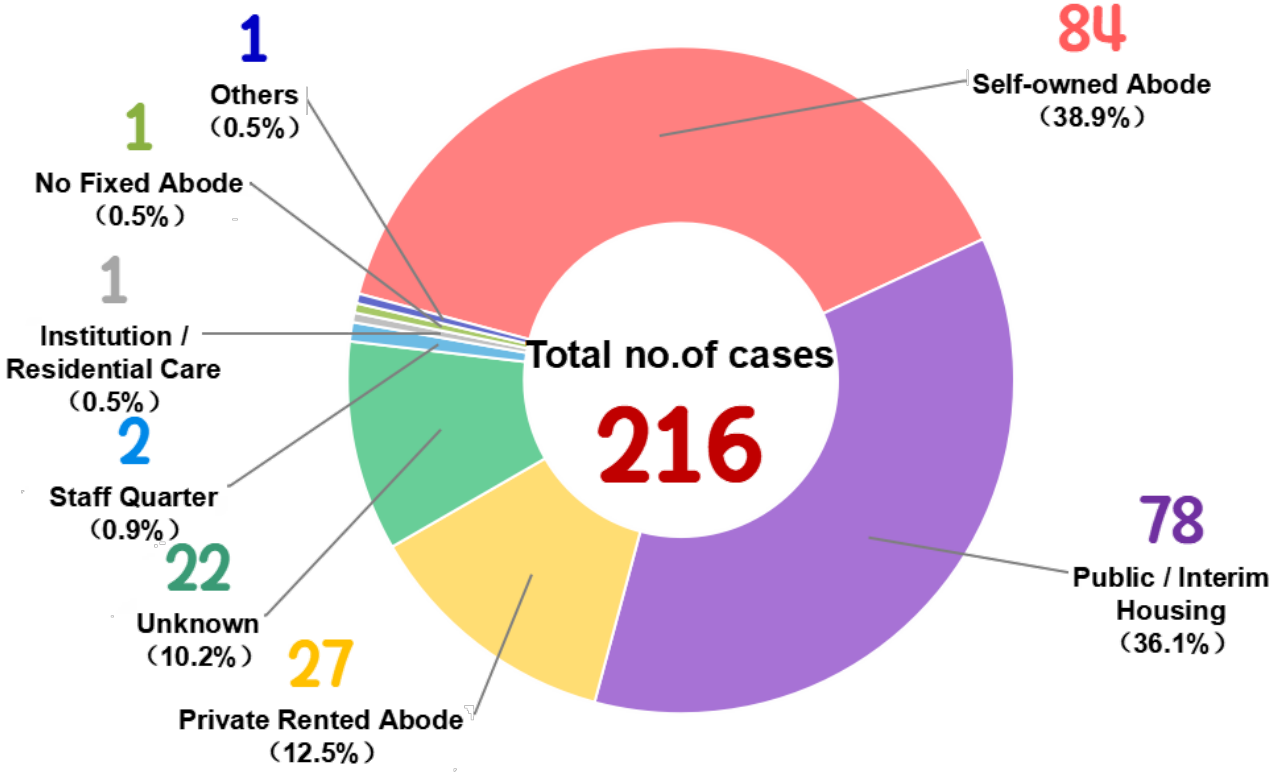


Table 5.2.12: Number of Cases by Family Income

Family Income	Number of Cases (%)
On CSSA	8 (3.7%)
Below $10,000	4 (1.9%)
$10,000 - $19,999	5 (2.3%)
$20,000 - $29,999	3 (1.4%)
$30,000 - $39,999	4 (1.9%)
$40,000 - $49,999	0 (0.0%)
$50,000 or Above	3 (1.4%)
Unknown	189 (87.5%)
Total (%)	**216 (100%)**

Table 5.2.13: Number of Cases by Parental Status

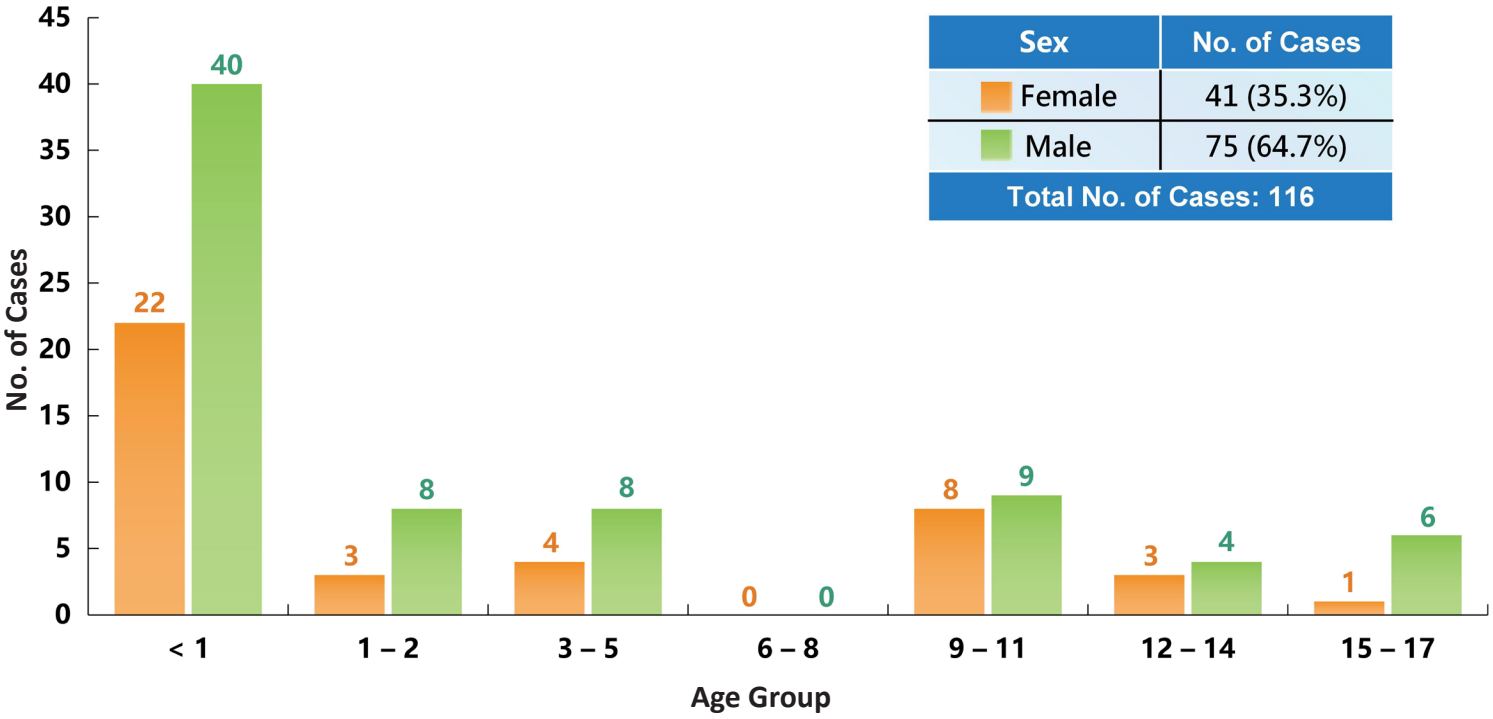
Parental Status	Number of Cases (%)
Both-parent	145 (67.1%)
Single-parent	27 (12.5%)
Separated / Divorcing Parents	14 (6.5%)
Unmarried Parents	7 (3.2%)
One Parent Residing in Mainland	3 (1.4%)
Both Parents Residing in Mainland	1 (0.5%)
Large Age Gap Parents*	1 (0.5%)
Unknown	18 (8.3%)
Total (%)	**216 (100%)**

* *Large Age Gap Parents: ≥15 years age gap*

5.3 Statistics of Child Death Cases According to Death Causes

5.3.1 Natural Cause Cases

Chart 5.3.1.1: Number of Cases by Age Group and Gender



Sex	No. of Cases
Female	41 (35.3%)
Male	75 (64.7%)
Total No. of Cases: 116	

Table 5.3.1.2: Number of Cases by Type of Health Problem According to ICD10 Classification

ICD Code	Type of Health Problem	Number of Cases (%)
A00-B99	Certain infectious and parasitic diseases	8 (6.9%)
C00-D48	Neoplasms	4 (3.4%)
D50-D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	1 (0.9%)
E00-E90	Endocrine, nutritional and metabolic diseases	2 (1.7%)
G00-G99	Diseases of the nervous system	10 (8.6%)
I00-I99	Diseases of the circulatory system	16 (13.8%)
J00-J99	Diseases of the respiratory system	11 (9.5%)
K00-K93	Diseases of the digestive system	4 (3.4%)
M00-M99	Diseases of the musculoskeletal system and connective tissue	1 (0.9%)
O00-O99	Pregnancy, childbirth and the puerperium	2 (1.7%)
P00-P96	Certain conditions originating in the perinatal period	20 (17.2%)
Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities	13 (11.2%)
R00-R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (mainly sudden infant death or sudden unexplained death for the reviewed cases)	21 (18.1%)
NA	Not Applicable / Not Available / Unknown	3 (2.6%)
	Total (%)	**116 (100%)**

ICD10: The International Classification of Diseases (ICD), Version 10 is developed by the World Health Organisation. The ICD is the international standard diagnostic classification for epidemiology, health management and clinical purposes. These include the analysis of the general health situation of population groups and monitoring of the incidence and prevalence of diseases and other health problems in relation to other variables such as the characteristics and circumstances of the individuals affected, reimbursement, resource allocation, quality and guidelines.

The top 3 highest number of case among the ICD codes are highlighted.

Table 5.3.1.3: Number of Cases by Age Group and Death Category

Age Group	Category*					Number of Cases (%)
	A (%)	B (%)		C (%)	D# (%)	
		B1 (%)	B2 (%)			
< 1	18 (15.5%)	2 (1.7%)	4 (3.4%)	7 (6.0%)	31 (26.7%)	62 (53.4%)
1 – 2	0	0	1 (0.9%)	8 (6.9%)	2 (1.7%)	11 (9.5%)
3 – 5	0	2 (1.7%)	2 (1.7%)	7 (6.0%)	1 (0.9%)	12 (10.3%)
6 – 8	0	0	0	0	0	0 (0.0%)
9 – 11	0	3 (2.6%)	5 (4.3%)	9 (7.8%)	0	17 (14.7%)
12 – 14	0	4 (3.4%)	1 (0.9%)	2 (1.7%)	0	7 (6.0%)
15 – 17	0	3 (2.6%)	0	3 (2.6%)	1 (0.9%)	7 (6.0%)
Total (%)	**18 (15.5%)**	**14 (12.1%)**	**13 (11.2%)**	**36 (31.0%)**	**35 (30.2%)**	**116 (100%)**
		27 (23.3%)				

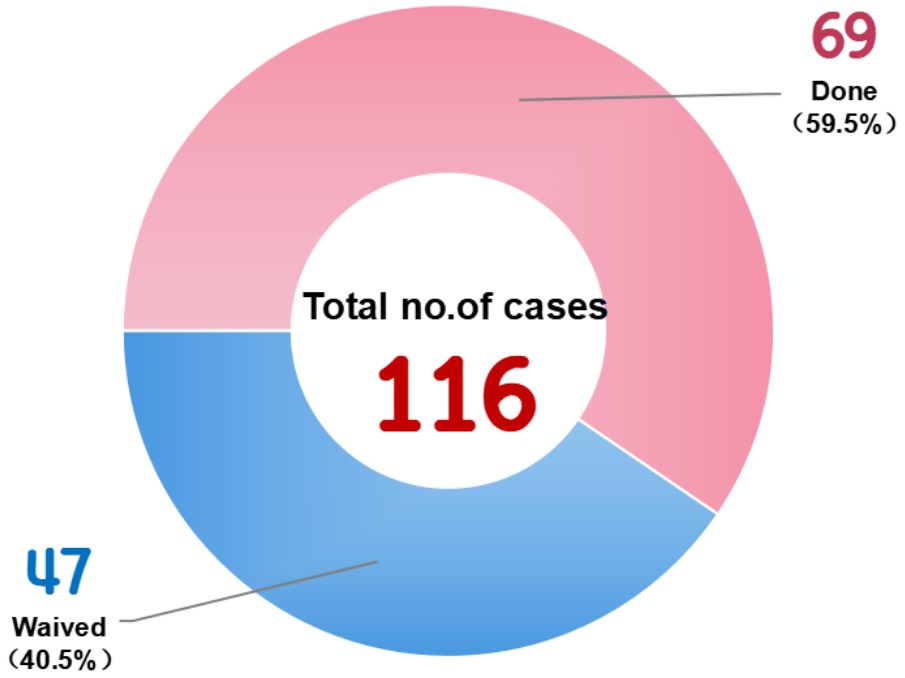
* *These categories of death, with content listed below, are designed by the medical experts of the Review Panel for review purpose:*

- ***A*** – *Neo-natal Conditions*
- ***B*** – *Chronic Medical Conditions*
  - ***B1*** – *with mental or physical disabilities*
  - ***B2*** – *without mental or physical disabilities*
- ***C*** – *Acute Medical Conditions*
- ***D*** – *Others, including:*
  - *Unidentifiable Aetiology*
  - *SUDI (Sudden and Unexpected Death in Infancy)*
  - *Stillbirth*

\# *For cases under Category D, further breakdown is: Stillbirth cases (N=14,12.1%); SUDI cases (N=13,11.2%) & Cases with unidentifiable aetiology (N=8; 6.9%).*

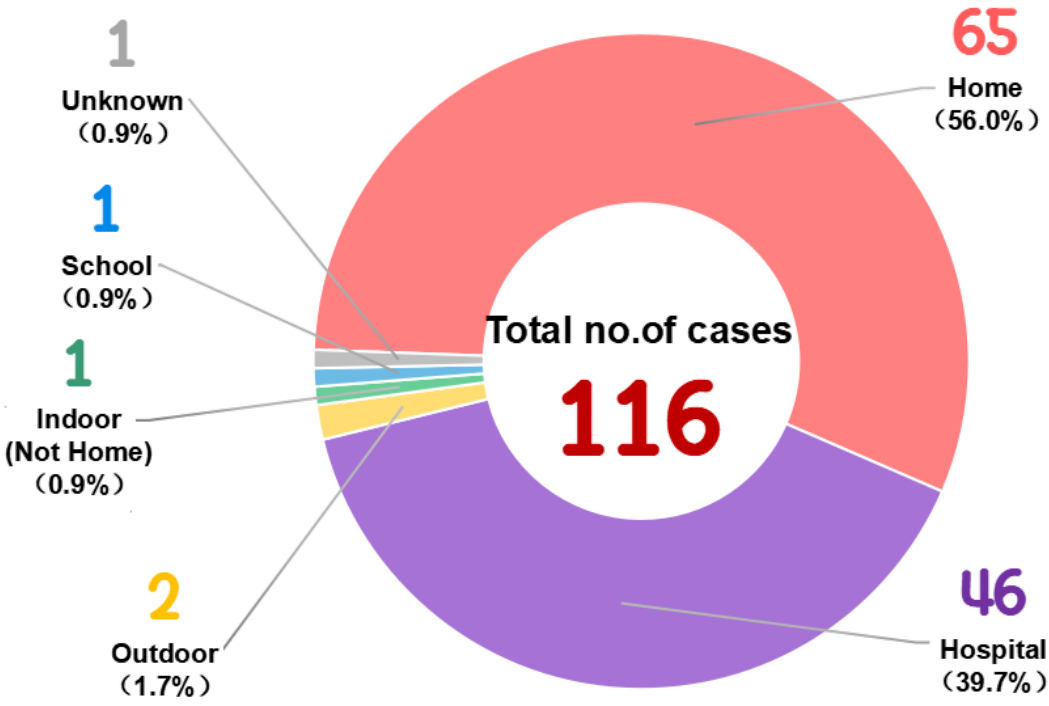
The highest number of case among different categories are highlighted.

Chart 5.3.1.4: Number of Cases with Autopsy Done or Waived*



* *Source: According to information of the Coroner's Court.*

Chart 5.3.1.5: Number of Cases by Place of Fatal Incident



Note: Fatal-incidents occurred in hospitals are natural cause cases

Table 5.3.1.6: Number of Cases by Ethnicity

Ethnicity	Number of Cases (%)
Chinese	98 (84.5%)
Non-Chinese	16 (13.8%)
Unknown	2 (1.7%)
Total (%)	**116 (100%)**

5.3.2 Suicide Cases

Chart 5.3.2.1: Number of Cases by Age Group and Gender

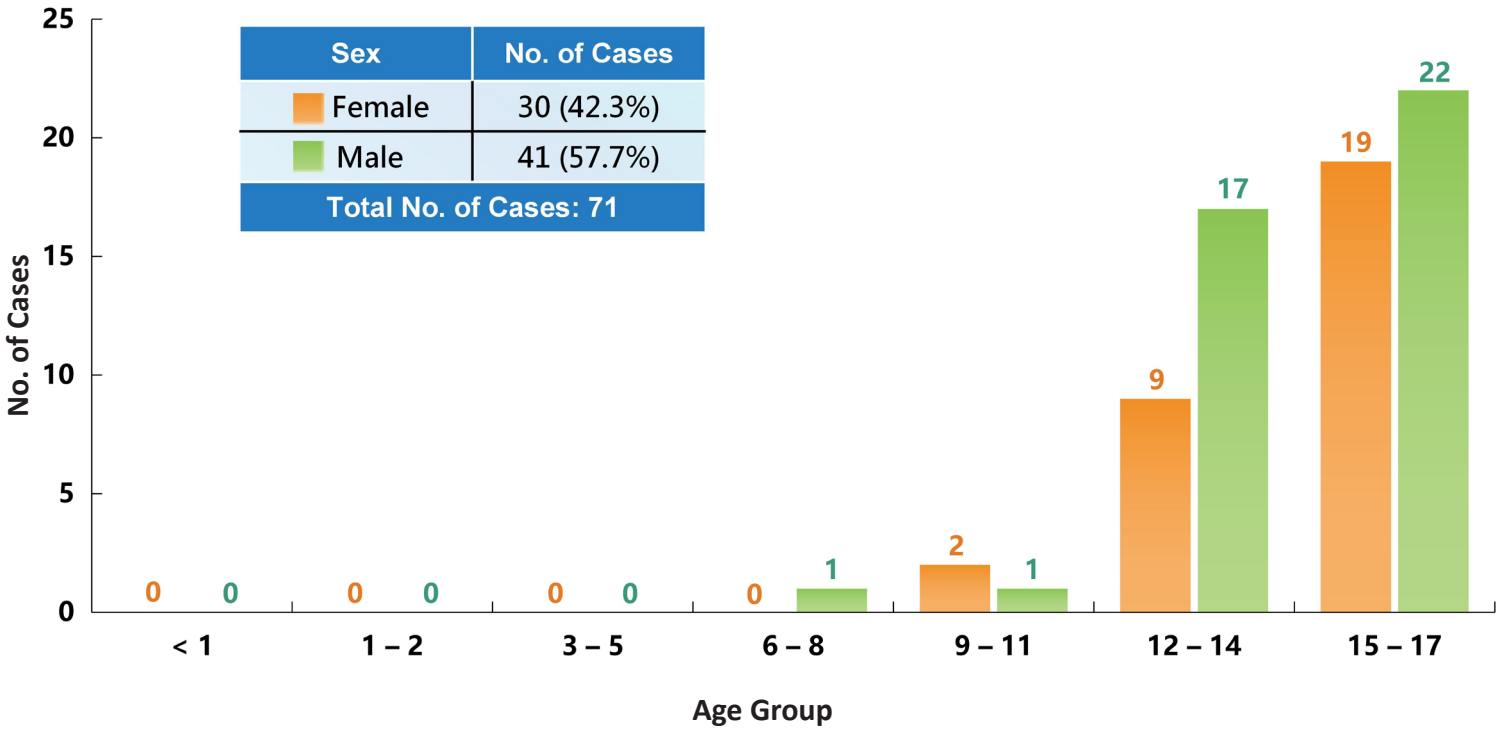
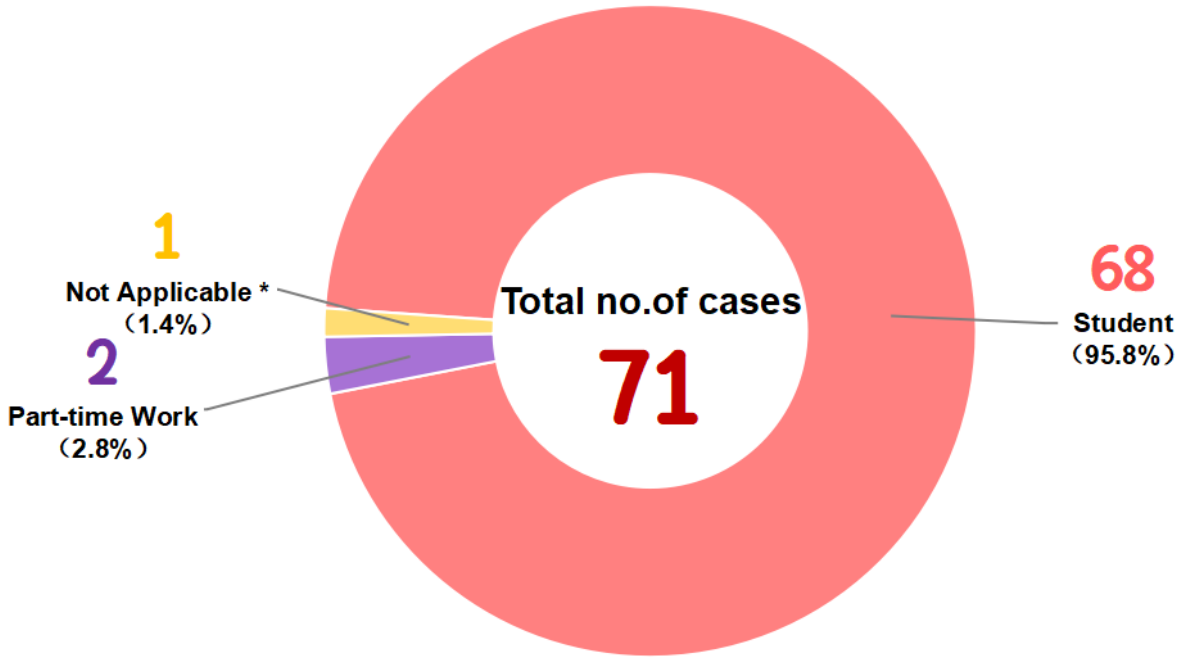
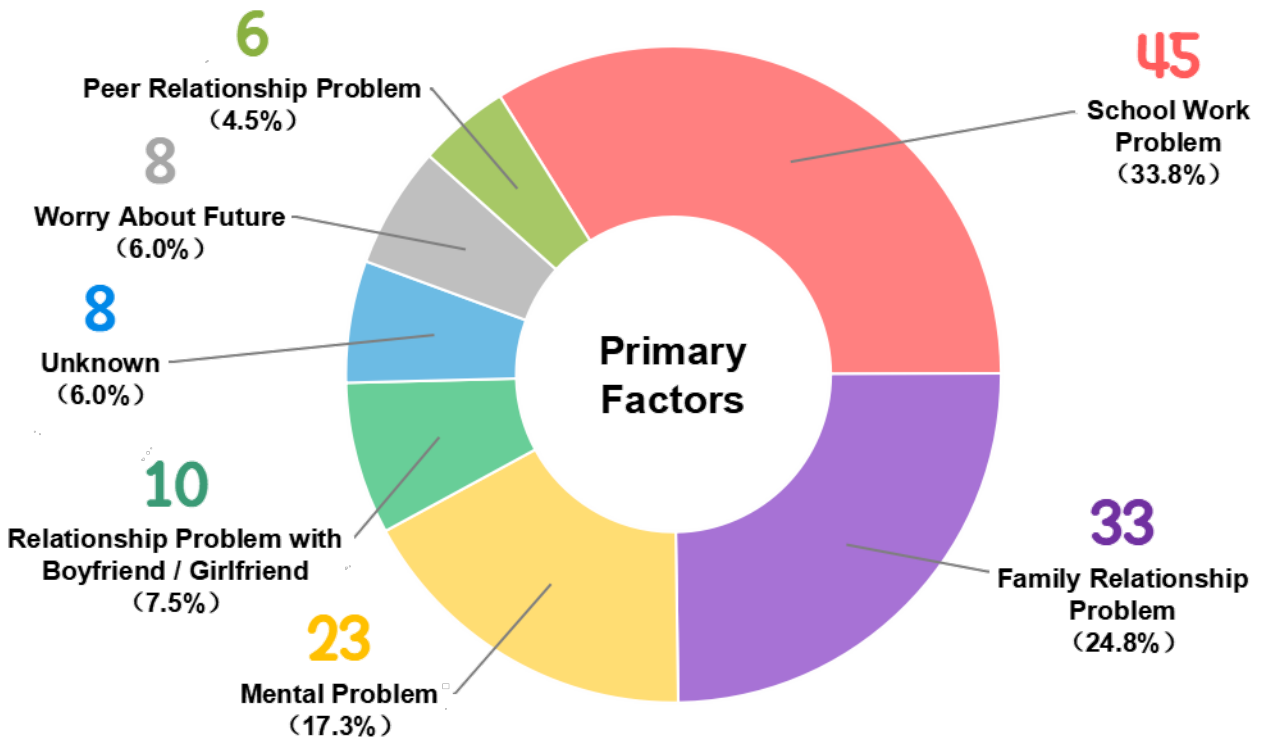


Chart 5.3.2.2: Number of Cases by Education/Occupation



* *Not Applicable: Include those children in infancy or with health problems preventing them from attending school or work.*

Chart 5.3.2.3: Primary Factors Contributing to Committing Suicide*



* *Note: More than one primary factor contributing to committing suicide in each case is allowed. (The primary factors were identified in the police death investigation reports and/or service reports of the reviewed cases.)*

Chart 5.3.2.4: Means of Committing Suicide

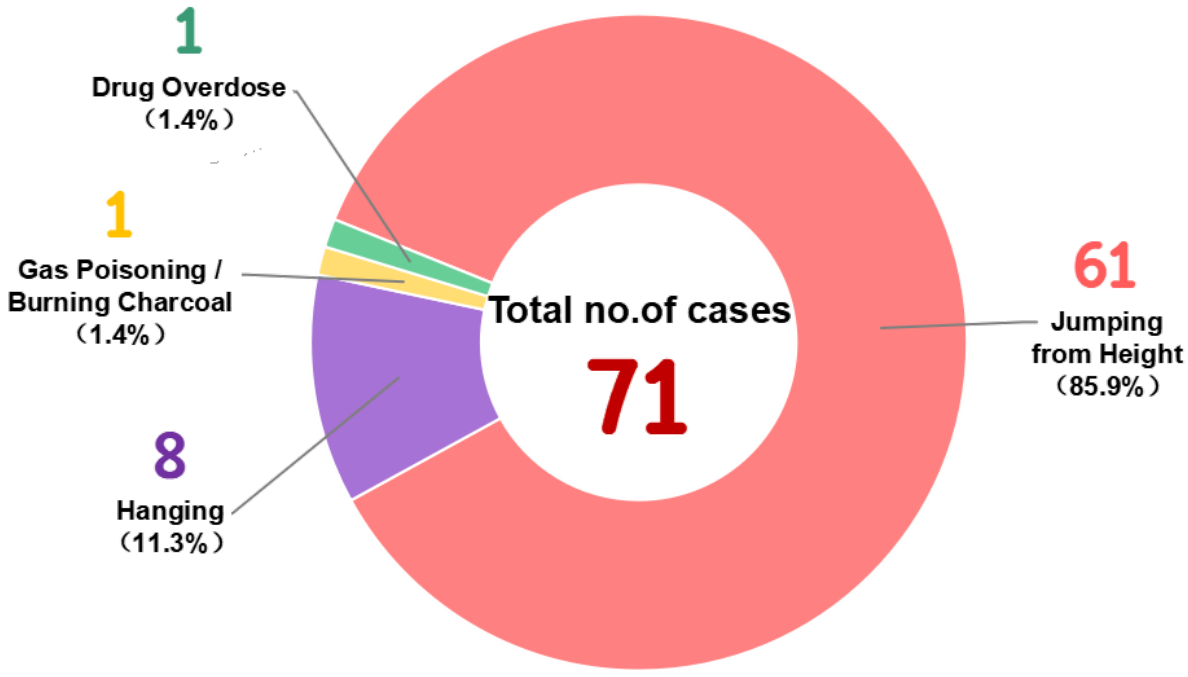
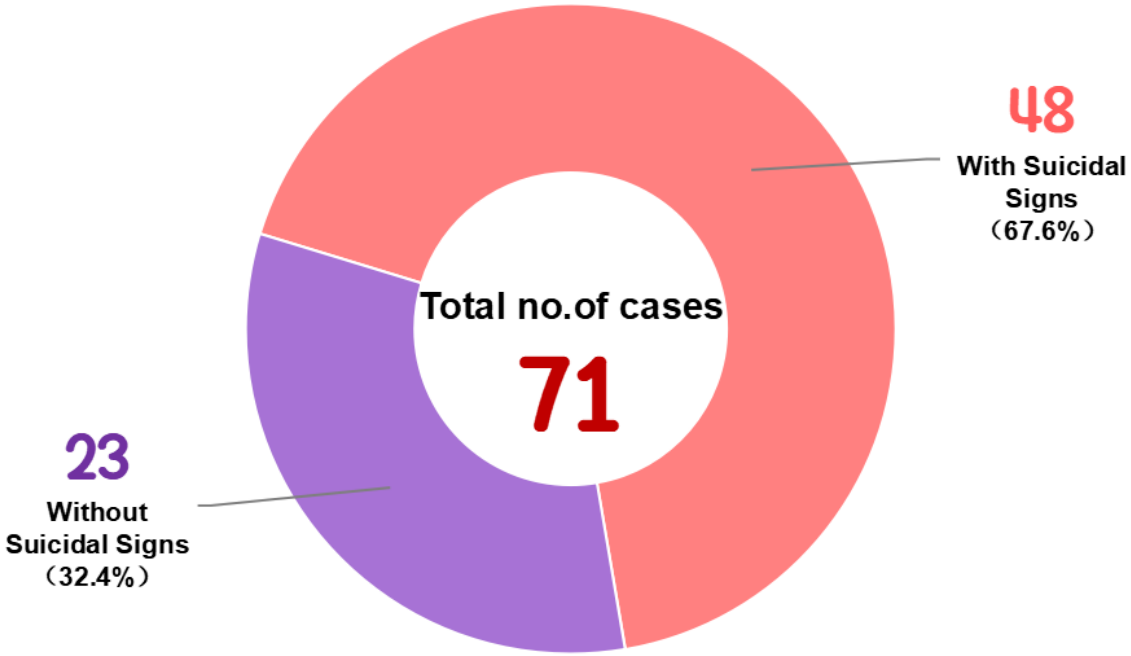


Chart 5.3.2.5: Cases with Identified Suicidal Signs*



** Signs: Include leaving suicidal notes; emotional/violent acts; verbal expression/threatening of suicidal intention and past history of suicidal attempts. (The signs were identified from police investigation reports.)*

Chart 5.3.2.6: Number of Cases by Parental Status

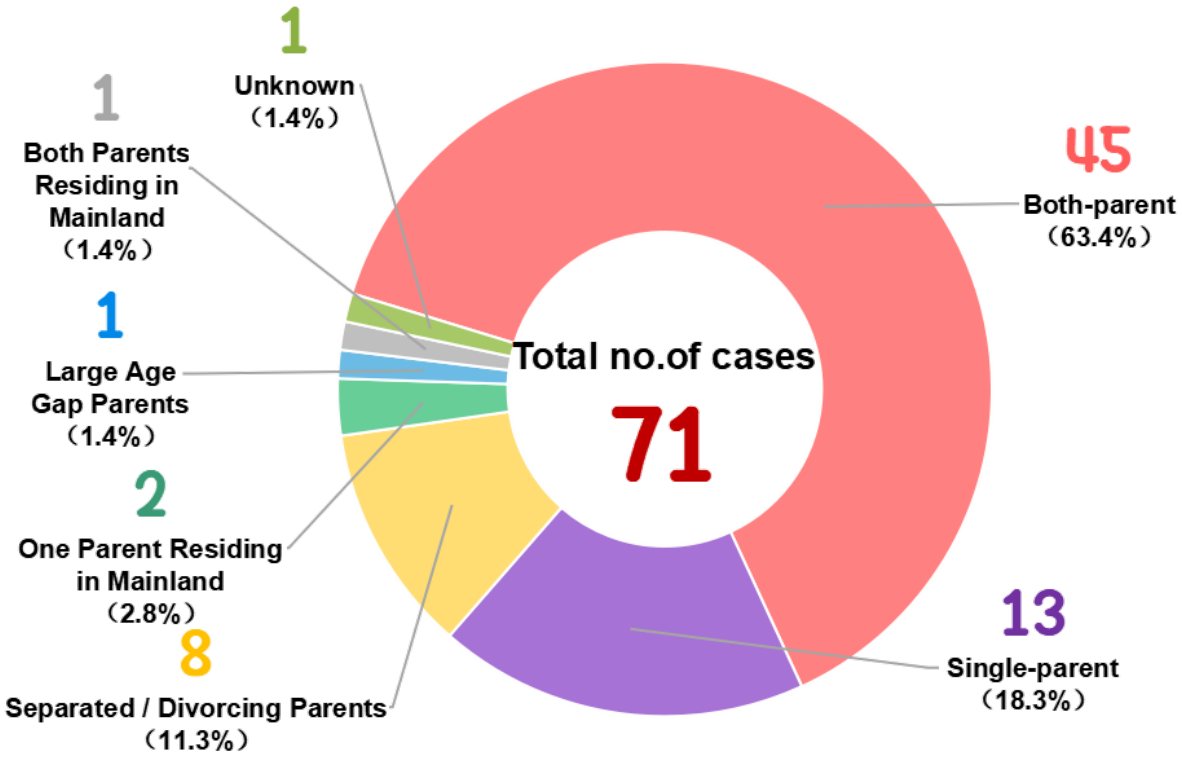


Table 5.3.2.7: Number of Cases by Family Income

Family Income	Number of Cases (%)
On CSSA	4 (5.6%)
Below $10,000	1 (1.4%)
$10,000 - $19,999	3 (4.2%)
$20,000 - $29,999	2 (2.8%)
$30,000 - $39,999	1 (1.4%)
$40,000 - $49,999	0 (0.0%)
$50,000 or Above	2 (2.8%)
Unknown	58 (81.7%)
Total (%)	**71 (100%)**

Table 5.3.2.8: Number of Cases by Education/Occupation

Education/Occupation	Number of Cases (%)
Primary	7 (9.9%)
Secondary	60 (84.5%)
Vocational Training	1 (1.4%)
Not Applicable	1 (1.4%)
Unknown	2 (2.8%)
Total (%)	**71 (100%)**

5.3.3 Accident Cases

Chart 5.3.3.1: Number of Cases by Age Group and Gender

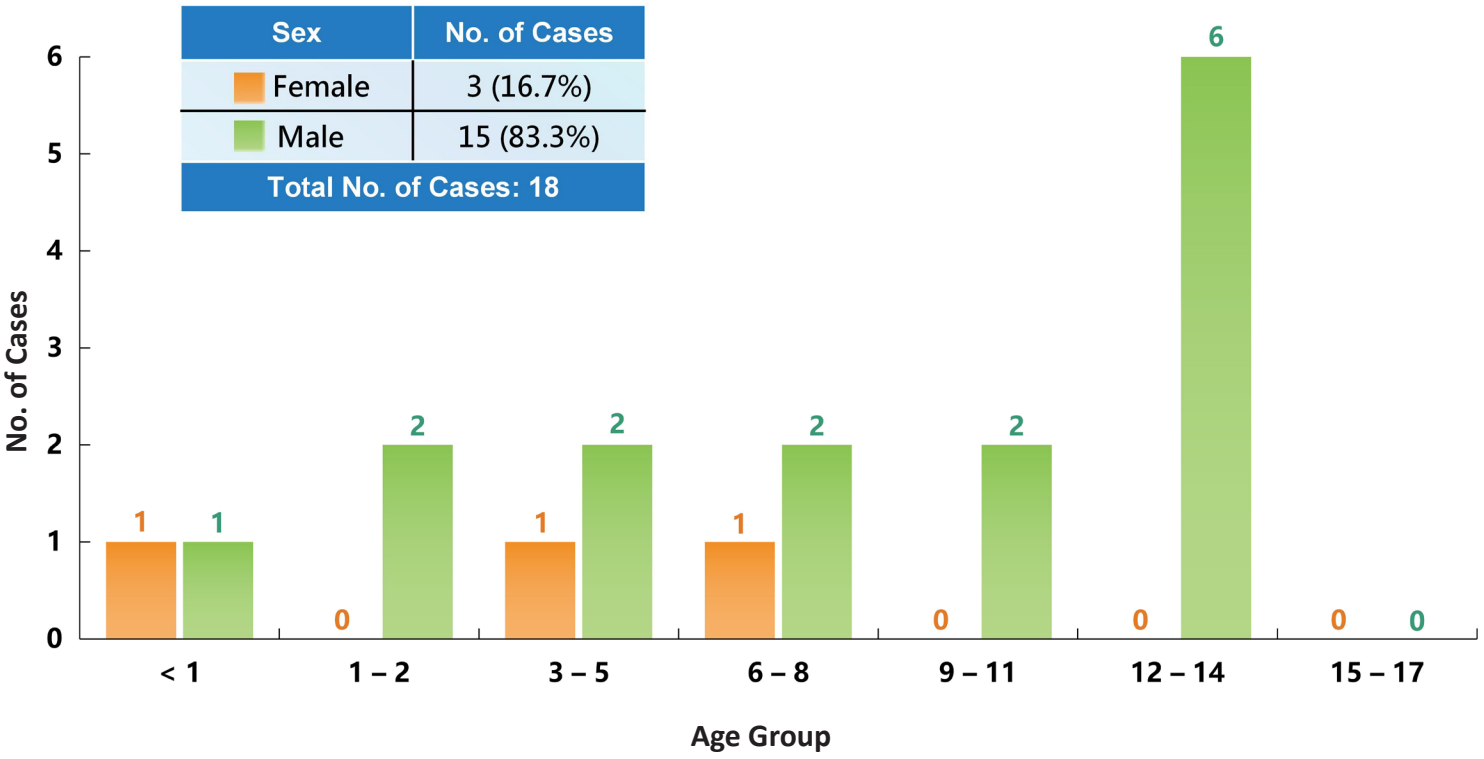


Chart 5.3.3.2: Number of Cases by Type of Accident and Gender

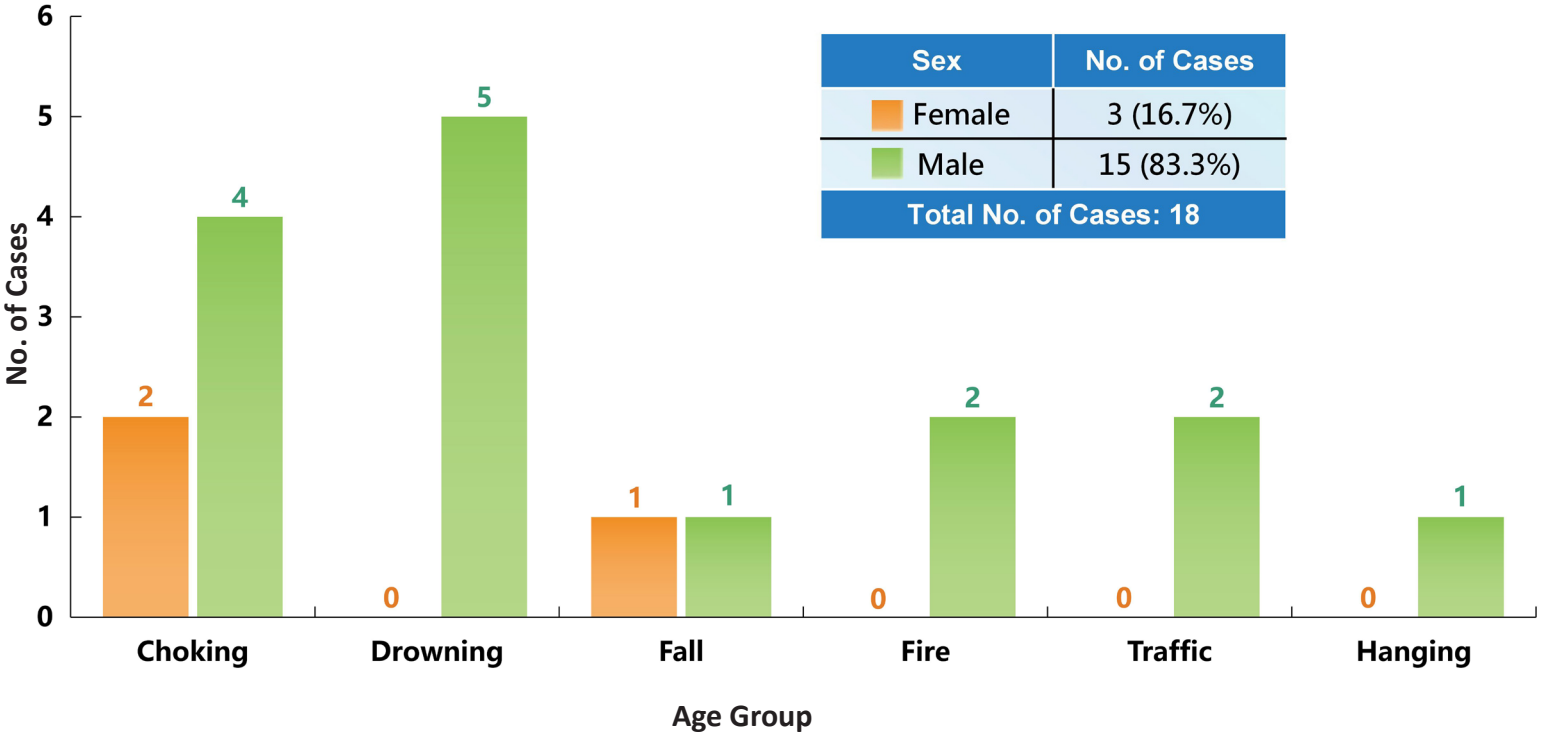


Chart 5.3.3.3: Number of Cases by Age Group and Type of Accident

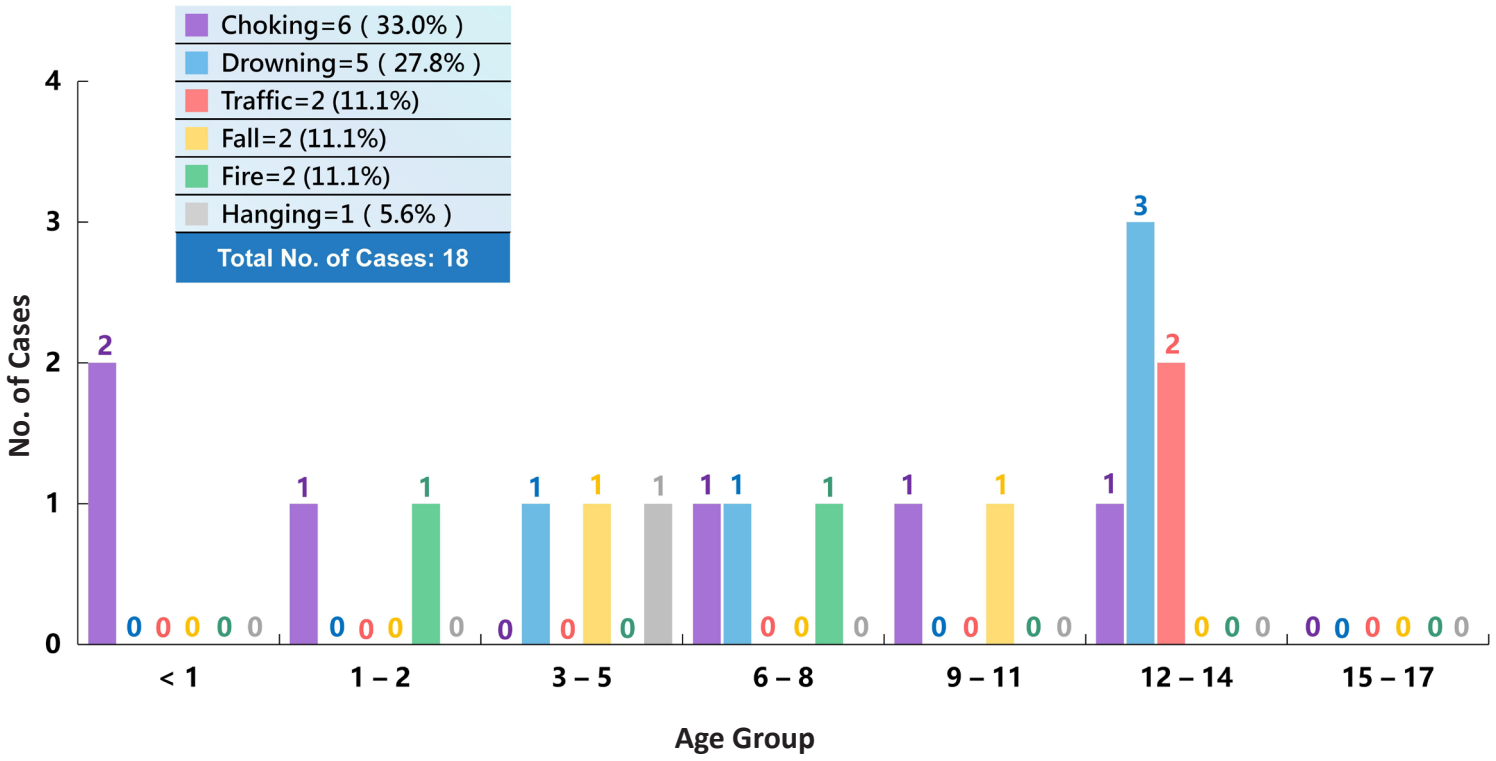


Chart 5.3.3.4: Number of Cases by Age Group and Type of Traffic Victim

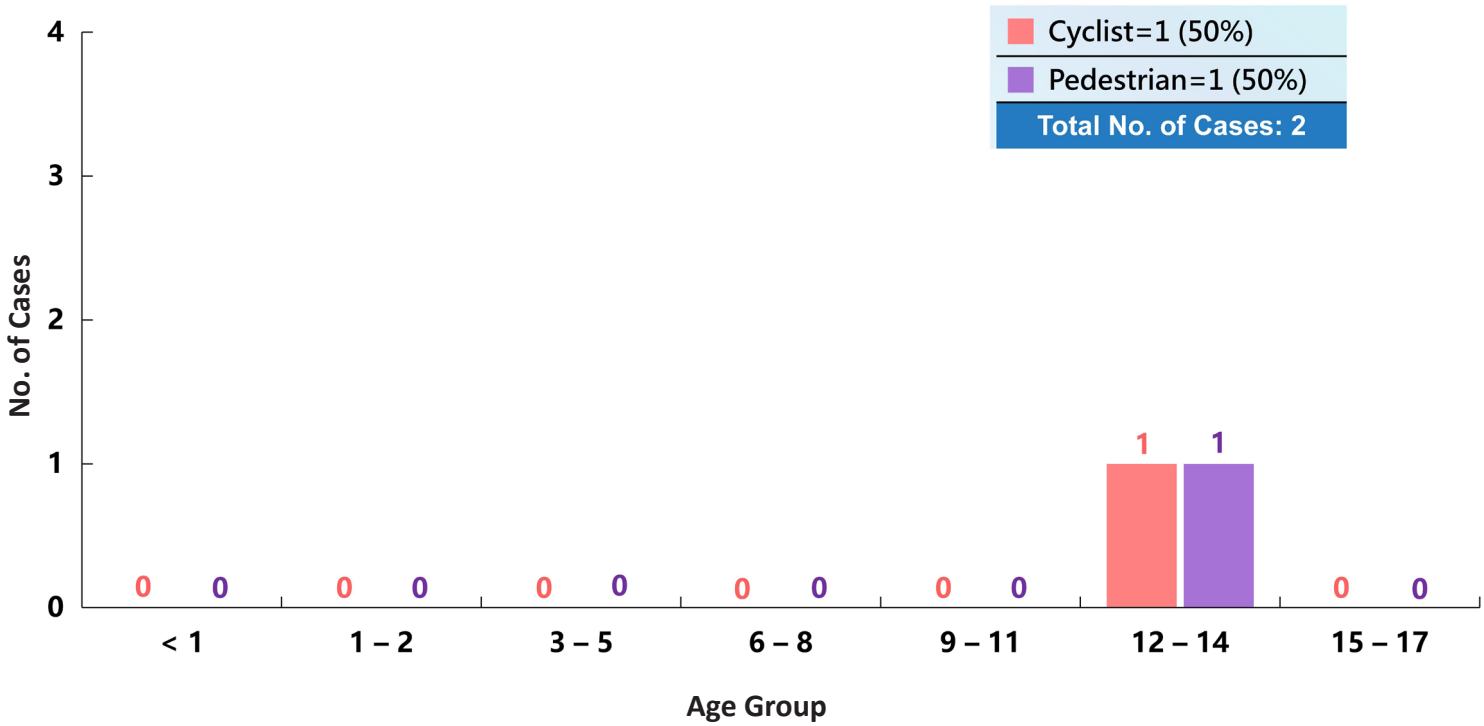


Chart 5.3.3.5: Number of Cases by Place of Fatal Incident

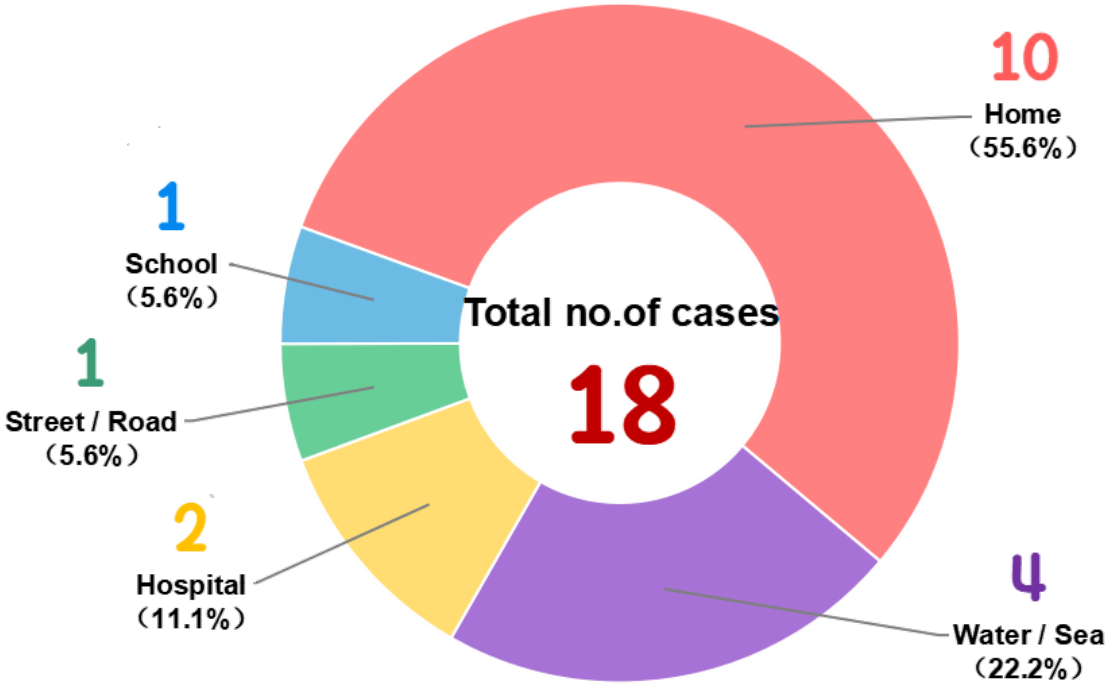
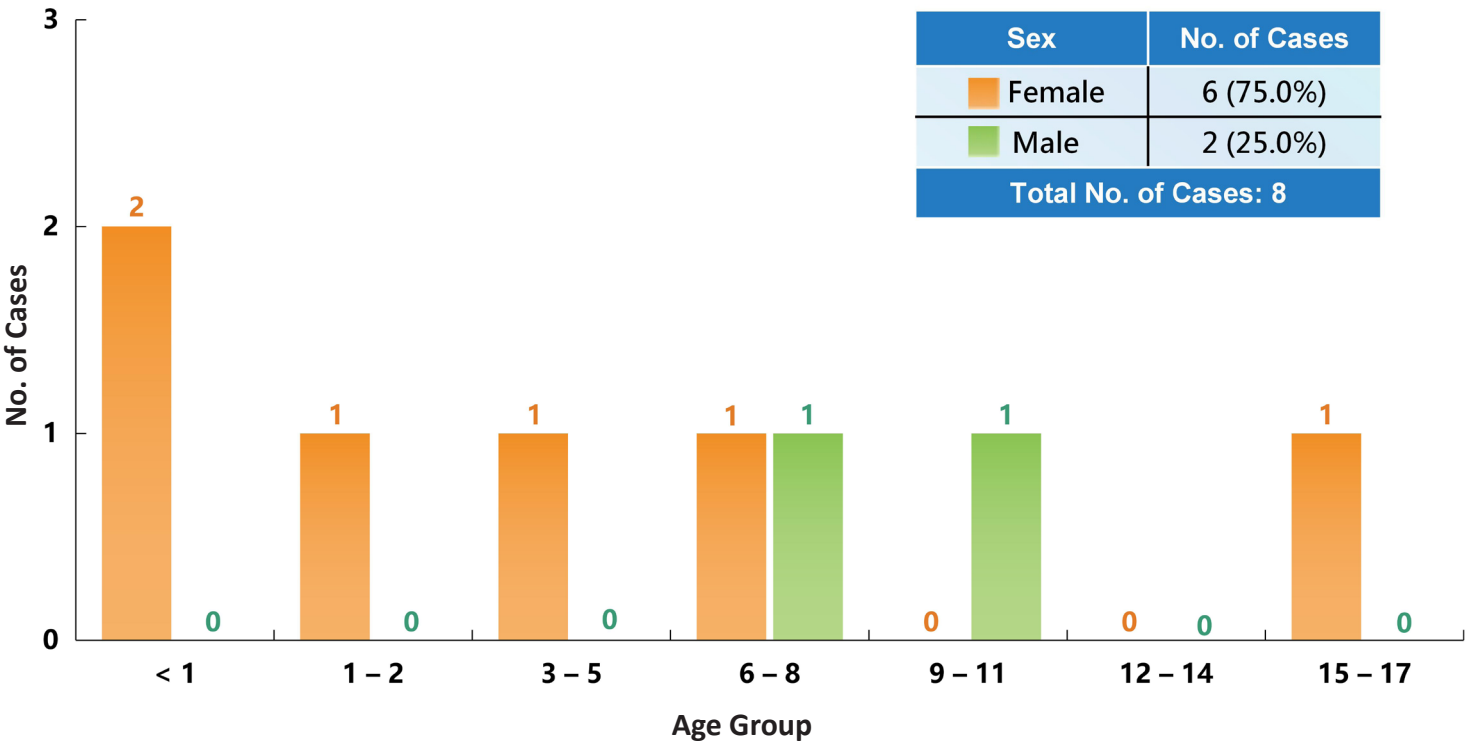


Table 5.3.3.6: Number of Cases by Ethnicity

Ethnicity	Number of Cases (%)
Chinese	14 (77.8%)
Non-Chinese	4 (22.2%)
Total (%)	**18 (100%)**

5.3.4 Assault Cases

Chart 5.3.4.1: Number of Cases by Age Group and Gender



Sex	No. of Cases
Female	6 (75.0%)
Male	2 (25.0%)
Total No. of Cases: 8	

Chart 5.3.4.2: Types of Assault

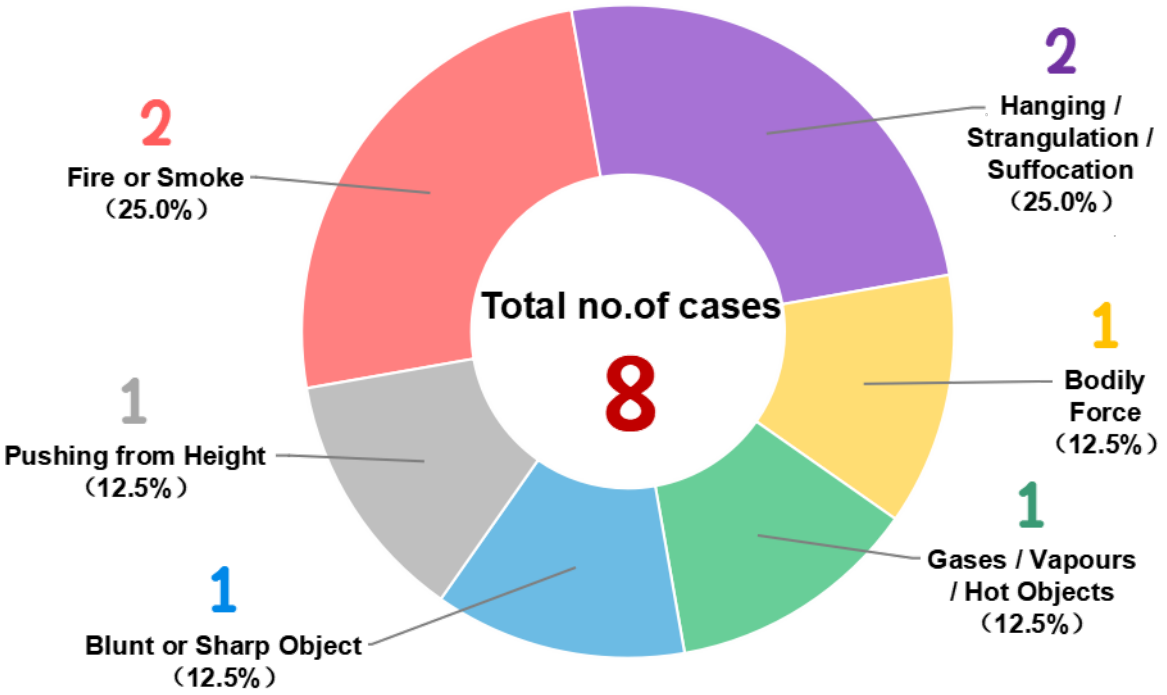
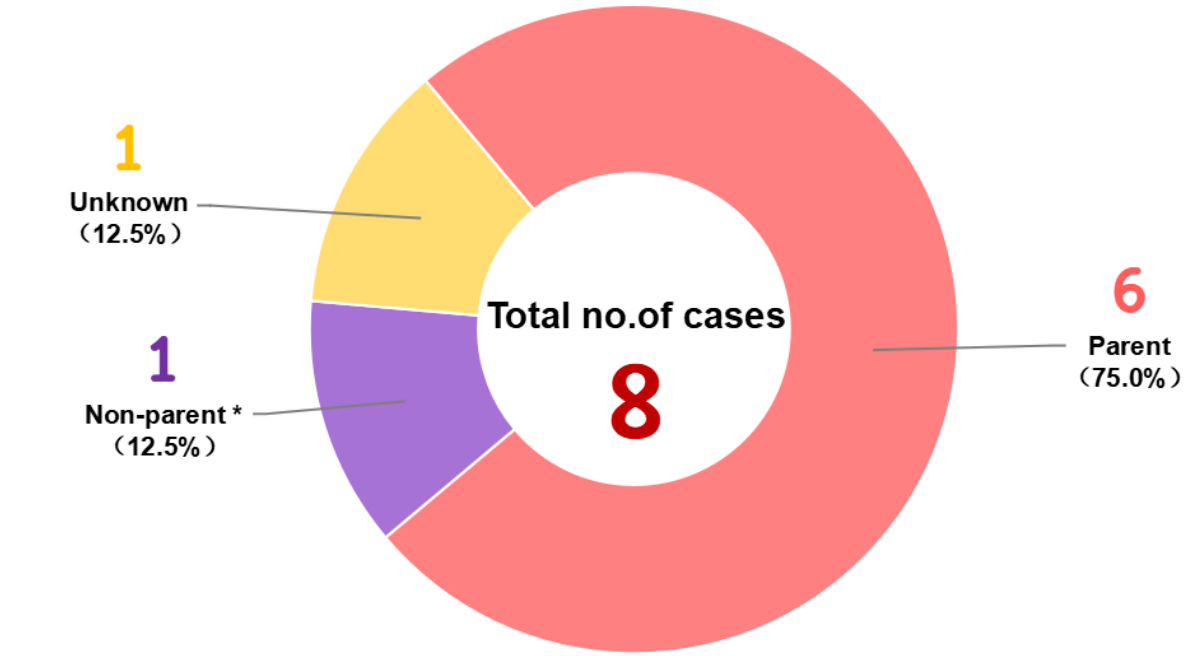


Chart 5.3.4.3: Perpetrator's Relationship with the Deceased Child



* *Non-parent: includes friends of deceased child's parents*

Chart 5.3.4.4: Number of Cases by Place of Fatal Incident

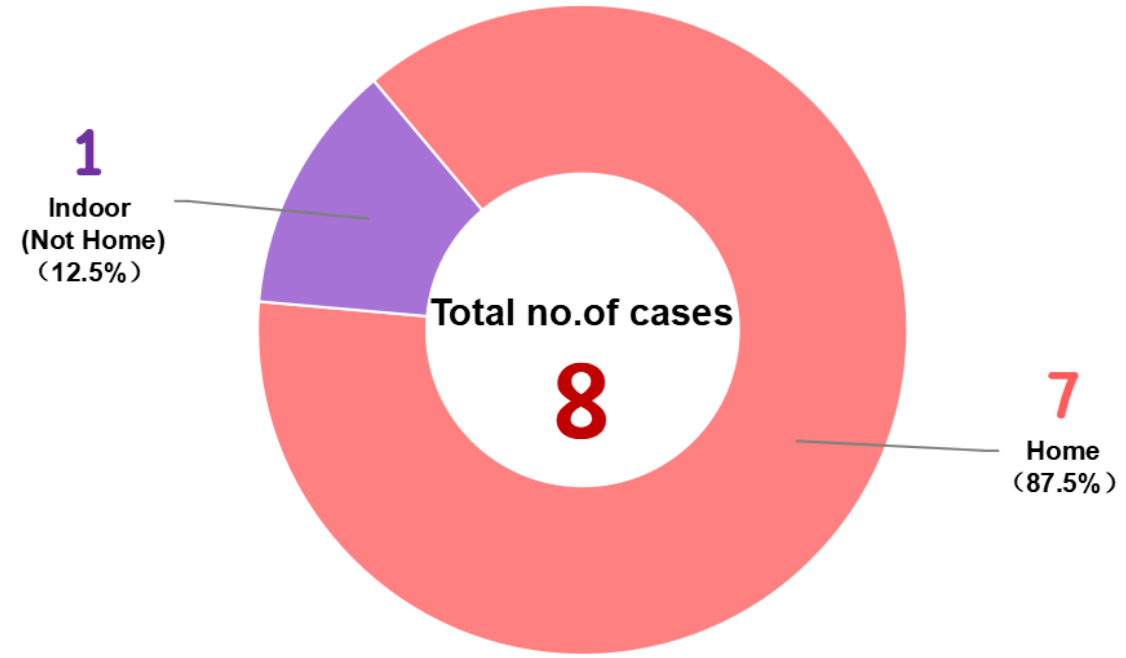


Chart 5.3.4.5: Number of Cases by Parental Status

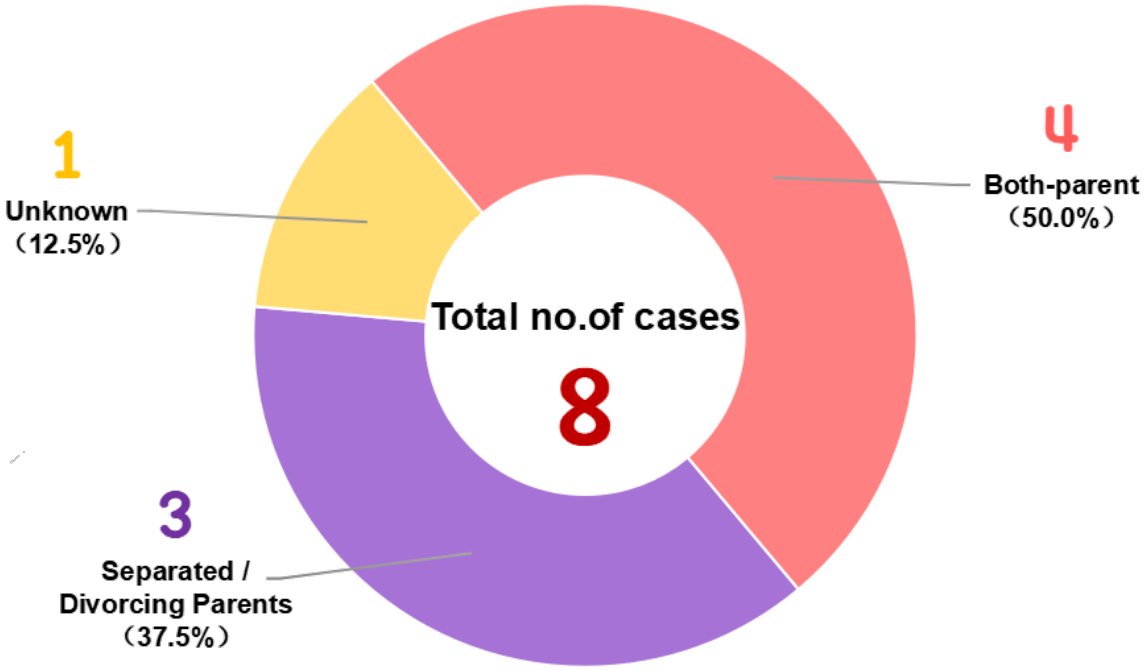


Chart 5.3.4.6: Number of Cases by Type of Residence

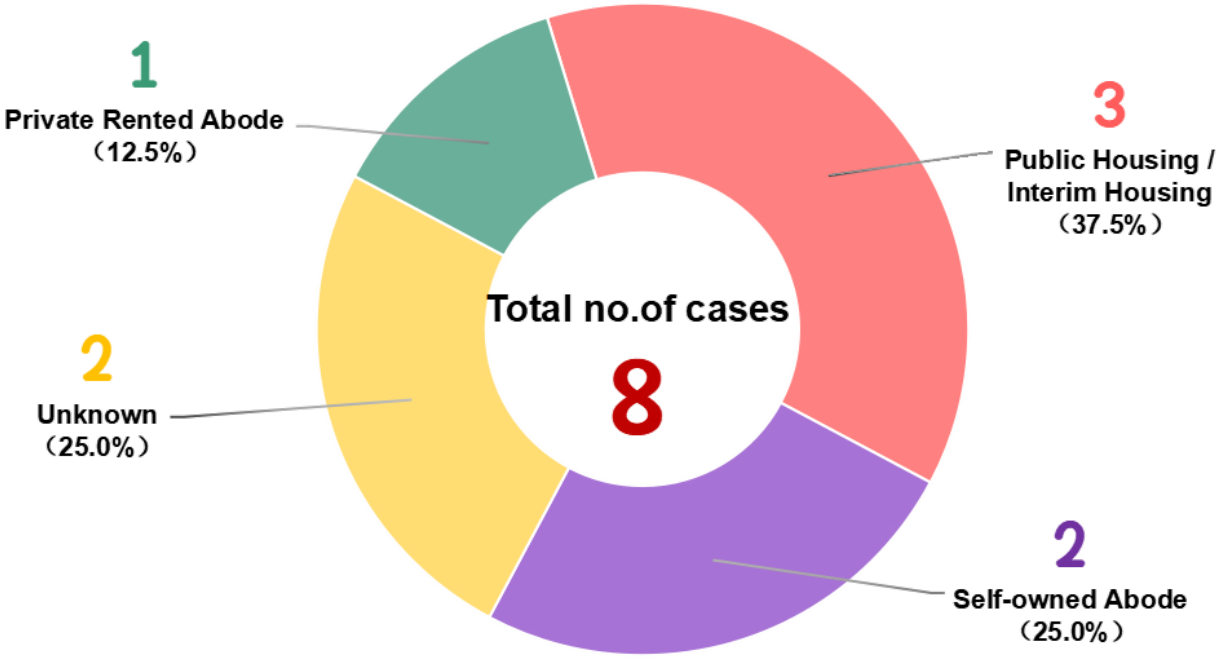


Table 5.3.4.7: Number of Cases by Ethnicity

Ethnicity	Number of Cases (%)
Chinese	6 (75.0%)
Unknown	2 (25.0%)
Total (%)	**8 (100%)**

5.3.5 Non-natural Unascertained Cause Cases

Chart 5.3.5.1: Number of Cases by Age Group and Gender

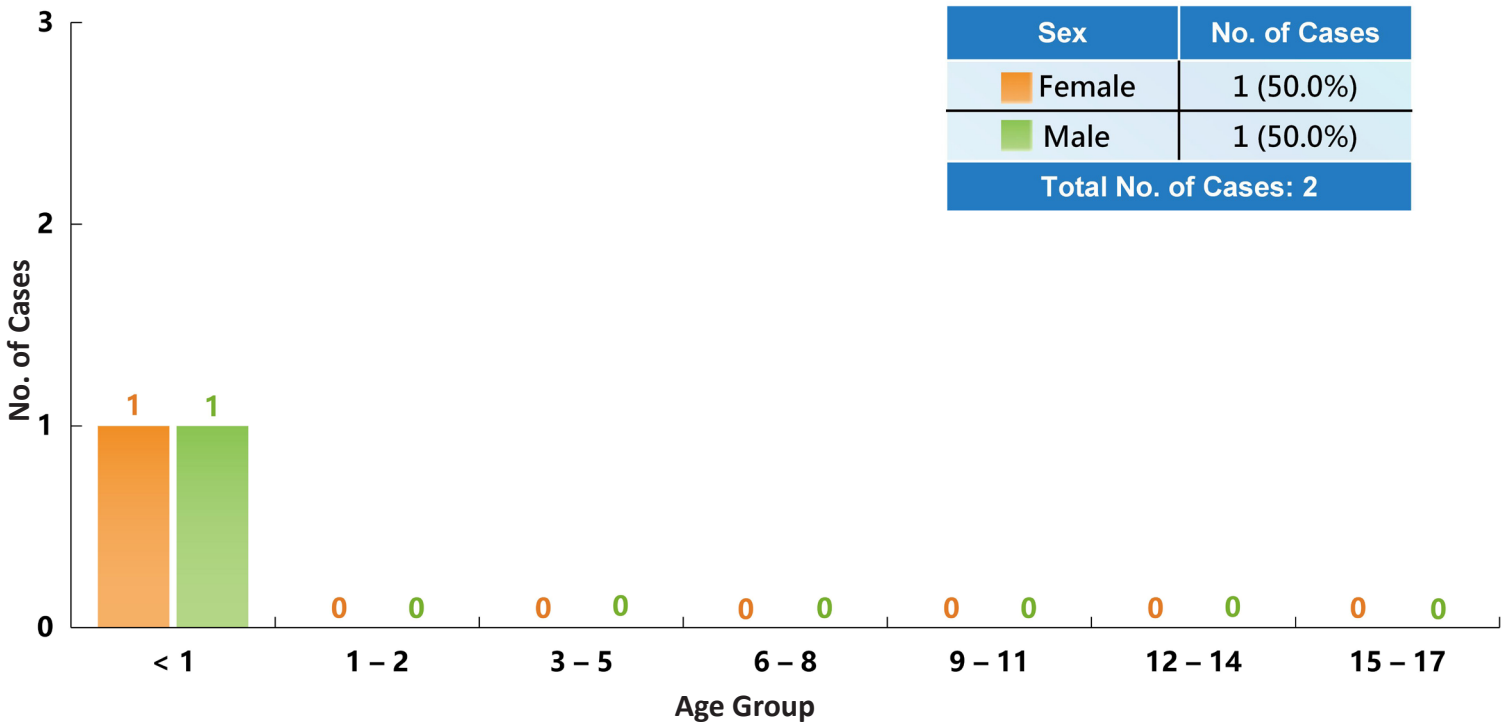


Chart 5.3.5.2: Number of Cases by Place of Fatal Incident

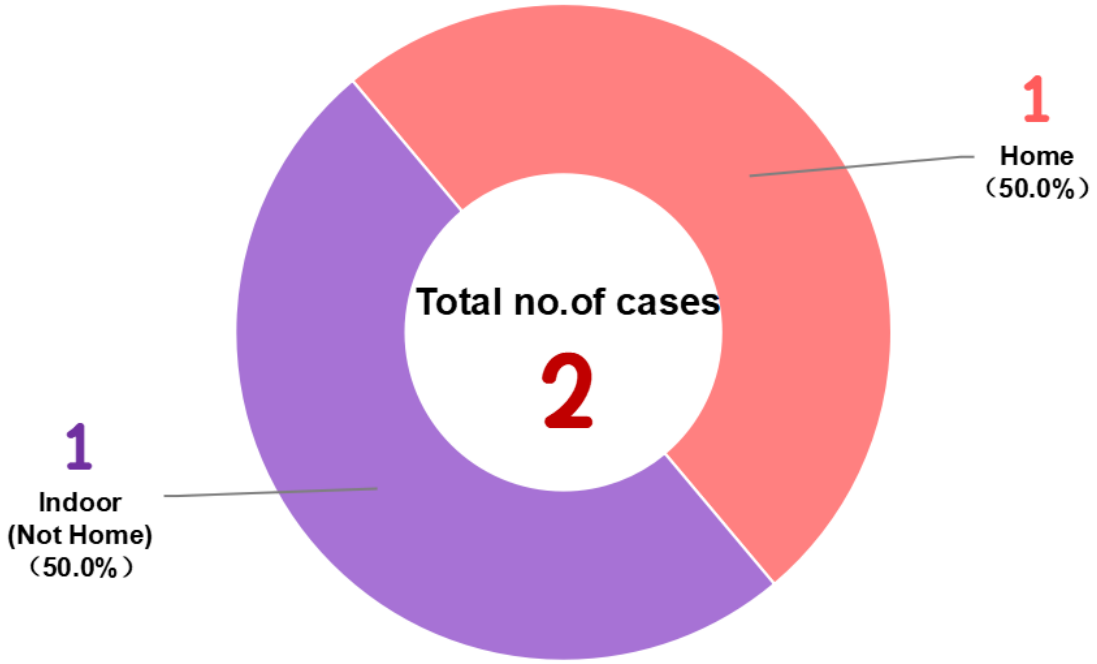


Chart 5.3.5.3: Number of Cases by Parental Status

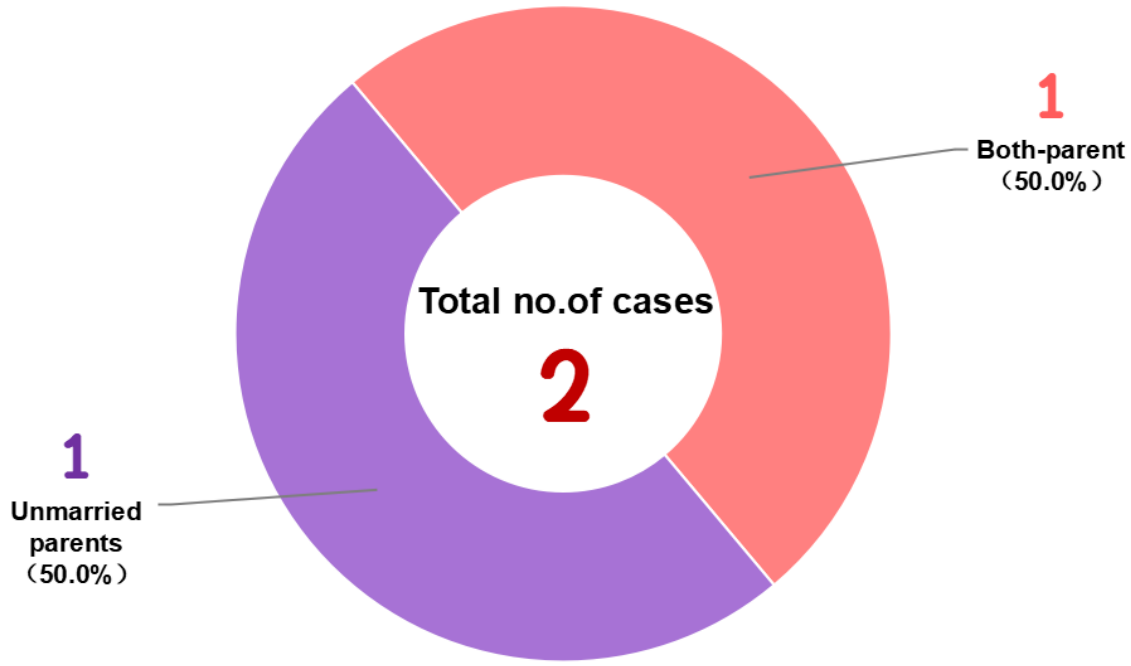
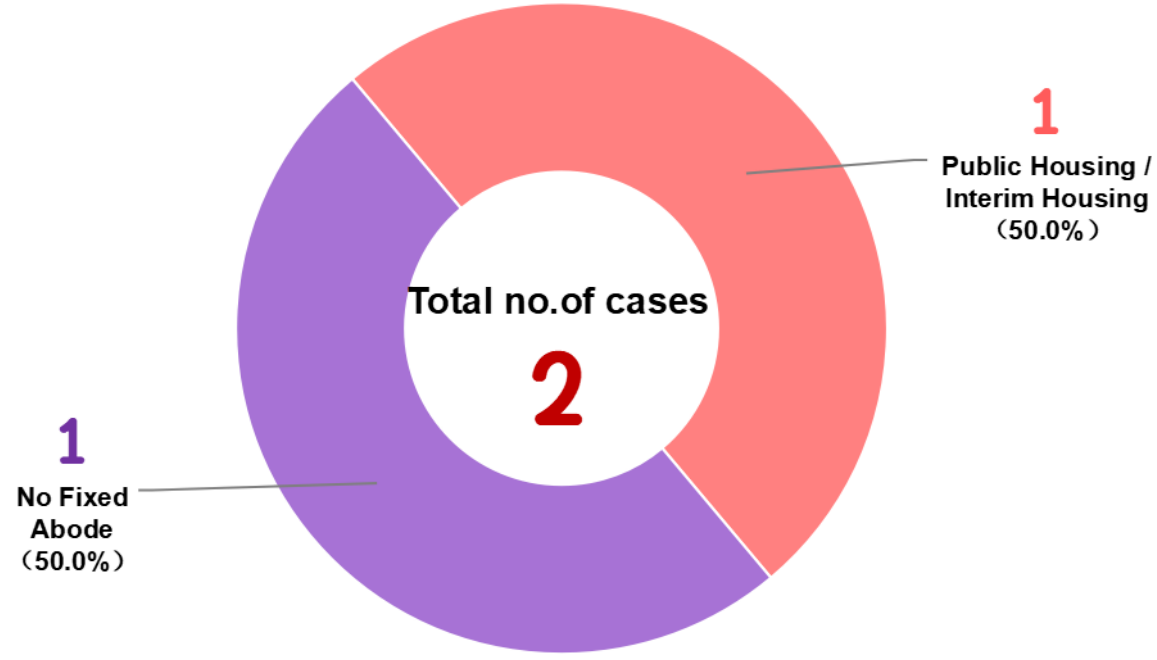


Chart 5.3.5.4: Number of Cases by Type of Residence



6 OBSERVATIONS ON REVIEW OF CHILD DEATH CASES IN 2019, 2020 AND 2021

6.1 Observations by Different Death Nature

6.1.1 Natural Cause Cases

(I) Children with Special Needs

- A case involved a 14-year-old mentally handicapped child who always put things into her mouth. The family relied on a foreign domestic helper to take care of the child's daily living. The child was found unconscious at home by the helper and a blue plastic glove was found in the child's throat which caused hypoxia upon arrival at the hospital. Panel Members opined that parents should be more alert to the daily care of children with special needs, especially those were taken care of by the domestic helpers with little knowledge of caring for children with special needs. **(Recommendations N1 and N2)**

(II) Safe Sleeping Arrangement

- There were 7 child deaths under natural cause and 2 cases under accident cause which were related to bed sharing and improper sleeping arrangement, including prone sleeping and arranging babies to sleep on a bed placed with soft objects. A case involved a 54-day old baby dying of natural cause due to sleeping on an adult pillow on top of an unstable platform right next to the adult bed, which the baby rolled onto the adult bed in prone position from the elevated pillow. Babies died of improper sleeping arrangement was repeatedly happened despite efforts had been taken to disseminate the message of safe sleeping to the public, the Review Panel observed that some young and inexperienced parents might not treat the matter seriously. **(Recommendations N3-N5)**

(III) Referral Mechanism for Metabolic/DNA Screening

- A child fatality case, a 2-year-old child with an elder sibling, was suspected to be related to metabolic diseases or genetic abnormalities. Noting that, under the existing practice, paediatricians would refer parents and/or surviving siblings of child died with suspected hereditary disease in paediatric wards for metabolic and/or genetic counselling. However, there is no standard protocol for forensic

pathologists to conduct metabolic and/or genetic testing on child died of sudden or unexpected death when the child was certified dead upon arrival at the Accident and Emergency Department. Panel Members opined that if genetic abnormality was found on the deceased child, genetic screening for family members should be conducted so as to prevent heredity disease in the family. **(Recommendation N6)**

(IV) Autopsy and Toxicological Examination

- A case involved a 17-year-old child, suffering from health problems, collapsed at home and was later certified dead at scene. Autopsy was waived upon the request of the deceased child's family leading to insufficient information on cause and circumstances of death. **(Recommendation N7)**

(V) Vaccination and Medical Attention

- There was another case concerning a 4-year-old child who was found dead due to lung disease after having fever and cough for weeks. As the mother adopted naturopathy and homeopathy, deceased child had neither received any vaccination since childhood nor arranged medical treatments for this sickness which caused him developed into critical situation. **(Recommendation N8)**

(VI) Importance of Antenatal Care

- There were 3 natural cause death cases related to their mothers having no antenatal care. Among which, one case involved a 20-year-old unwed mother, who denied her pregnancy and did not attend any antenatal check-up, felt sudden cramps in her abdomen at home and delivered a baby with no signs of live birth. Another case involved the death of a 4-month-old baby boy died of Human Immunodeficiency virus (HIV) infection. Panel Members viewed that HIV could be detected during the mother's pregnancy if the mother attended antenatal check-up, from which the death incident would be avoided. The cause of death of the babies in these cases was probably that the mothers were ignorant of proper management of pregnancy and did not attend regular antenatal check-up. The Review Panel also reviewed 5 child fatality cases which involved ethnic minorities having no antenatal care. Panel Members noticed that these cases involved the mothers' failure to receive regular antenatal check-up and lack of medical care while in labour, which had increased the risk of complications for the new born babies. **(Recommendations N9 and N10)**

(VII) Concealment of Pregnancy of Foreign Domestic Helpers

- The Review Panel reviewed 4 natural cause death cases which the deaths were related to concealment of pregnancy of foreign domestic helpers (FDHs) while one of the FDHs took tablets for abortion without seeking medical advice, which three of them were convicted of offences and sentenced to imprisonment. Panel Members viewed that FDHs concealed their pregnancy for fear of losing job as the employers might not accept their pregnancy. Many FHDs were also ignorant of the legal consequences of concealing birth of child in Hong Kong and performing abortion in Hong Kong which requires legitimate medical reason and registration is mandatory for newborn. **(Recommendations N11 and N12)**

6.1.2 Suicide Cases

(I) To Education Bureau/Schools/Teachers

- A suicide case involved a 15-year-old girl who suffered from attention deficit hyperactivity disorder (ADHD) and experienced academic failure in a famous traditional girls' school. Panel Members viewed that coupled with other high risk factors, including family relationship problem, history of suicidal attempts of her mother, having siblings with mental illness, etc., attributed to the death child's mental health problem, suicidal ideations and attempts. **(Recommendation S1)**

- Youngsters nowadays and students with special educational needs or mental illness are more vulnerable and easily feel hopeless when in face of life challenges or adversity. When they encountered huge pressure out of study and inter-personal relationship problems but without adequate social support, they might choose to end their lives. The Review Panel viewed that generous support and long-term engagement should be provided for these groups of students, with a view to achieving effective intervention. **(Recommendation S2)**

- A 16-year-old girl, with outstanding academic performance and excellent conduct at school, left suicidal notes indicating her psychosomatic symptoms for years. She blamed her parents and siblings for not understanding her and expressed her unhappiness in life. Panel Members considered that the girl might have unrecognised depressive mood for a certain period of time. Her childhood experience, being sexually abused by the elder brother for years, had adversely shaped her psycho-social development and affected her mental condition as well as her concept of life. Long-term engagement to support seeking help behaviours would be conducive to possible intervention. **(Recommendation S3)**

- Most students nowadays have the habit of spending their leisure time in playing online games. Some were addicted to using electronic devices for playing mobile phone games and were immersed in fantasy, resulting in being unable to distinguish reality from virtual reality. Panel Members viewed that this reflected the boring life of some youngsters and lacked adequate care and concerns in their social life. Involving students in extra-curricular activities could help them spend their time meaningfully. **(Recommendation S4)**

- There were students committed suicide on the day or a day near to the assessment or examination. Panel Members concerned that the students, especially those with special educational needs achieving low academic performance, might experience immense pressure when assessments or examination were approaching soon after long holidays. Should the teachers be able to identify the students at risk and

offer timely support, the tragedy might have been avoided with early intervention. **(Recommendation S5)**

- As reflected from the diary of a child who committed suicide, she was full of anger, impulsive, emotional and had inter-personal relationship problem. This deceased child was a perfectionist who had high expectation for herself. It came to Panel Members' attention that students, who were introvert or lack of adequate care and concerns, usually hid all problems to themselves and were reluctant to seek and accept help from others. They would be in great stress and wished to end their lives due to their weak support network and weak problem-solving skills. The Review Panel viewed that in the event that the school or helping professionals had identified extreme characters and sufferings of the child and rendered timely intervention, the tragedy might have been avoided. **(Recommendation S6)**
- A student, suffering from ADHD, committed suicide after being reprimanded and punished by the teacher for his misbehaviour at school. Panel Members opined that teaching professionals in handling children with mental illness should be aware of their emotional reaction. Though life planning education and values education are provided at most schools, teachers might not have adequate knowledge and skill in delivering such messages to the students. **(Recommendation S7)**
- It was commonly known that there were certain signs prior to children's act of committing suicide, including sharing the suicidal ideation with classmates, talking something weird, uploaded some unusual feed posts/status updates on their own's Instagram and/or WhatsApp, saying would do something "big", etc. From Panel Members' observation, if classmates were alert to these warning signs and could easily approach and notify teachers for intervention and follow-up, it might prevent the tragedy. **(Recommendation S8)**
- Children who came from complicated family background with high risk factors, such as separation/divorced parents, history of being abused by family member, family history of mental illness/suicide, mood problem, family relationship problem, history of self-harm, etc. might be more prone to committing suicide. The Review Panel viewed that in the event that the school had identified students with high risk factors earlier and rendered timely intervention, the tragedy might have been prevented. Hence, an effective mechanism for screening in the at-risk students and families for early intervention was important in preventing children suicide. **(Recommendation S9)**

- The reading preference of students might reflect their thought and problems. A boy might be addicted and corrupted by fantasy fiction and posted some unusual messages in his WhatsApp profile, which seemed to be unrealistic and was not easy to comprehend. The boy likely imitated the thoughts, beliefs or acts from the fiction which drove him to commit suicide for something unpredictable in nature. In this connection, it was suggested school teachers be more alert to the reading preferences of students for better understanding of their thoughts as well as personal and family conditions. **(Recommendation S10)**

(II) To Service Providers/Helping Professionals

- Despite that over 40% of the reviewed suicide cases were known to counselling services, Panel Members casted doubts on the helping professionals' awareness on the problems and needs of the families/children and the kinds of support/follow-up had been rendered to the families/children. It was considered that equipping the helping professionals with relevant knowledge and skills to enhance their capacity of handling the high-risk cases was crucial. **(Recommendation S11)**
- Children came from family with complicated background might affect their mental health development. A suicide case involved a girl, whose parents had poor marital relationship and lived in unfavourable environment with relatives suffered from mental illness, felt not being cared and concerned. From her suicidal note, she described herself like a balloon which had to explode. Panel Members viewed that out-of-home care service for adolescents as a time-out in face of intense family conflicts should be considered in some cases. **(Recommendation S12)**
- There were 21 children who committed suicide had been diagnosed with mental illness, such as depression, schizophrenia, bipolar disorder, oppositional defiant disorder, early psychosis, anxiety depression, etc. and had received psychiatric treatment, while other 5 children suspected to have suffered from mental illness. A girl, before her death, disclosed to her parents her depressive mood with great distress and expressed her suicidal thought to her classmate, revealing the immense sufferings of her. However, the parents and the classmate were not aware of these warning signs and did not take any intervention. Panel Members viewed that promoting mental health education via social media would be more effective to help parents on how to identify and manage the suicidal thought or attempt of their children. **(Recommendation S13)**
- 31 (43.7%) out of the 72 reviewed suicide cases were known to counselling service (provided by school social workers, school guidance teachers, medical social workers, social workers of the Integrated Family Service Centre (IFSC) or Family

and Child Protective Services Unit (FCPSU), etc.) or psychiatric services prior to their suicides. Out of these 31 cases, 12 (16.9%) cases with high risk factors were known to more than one helping professionals. The Review Panel opined that different professionals seemed to have involved in these high-risk cases in the helping process, however, the service coordination among professionals of different settings appeared to be inadequate without concrete multi-disciplinary collaboration on case follow-up and treatment. Collaboration among different disciplines is important to monitor cases of high suicidal risk. **(Recommendation S14)**

(III) To Parents (Not to Over-Emphasis on the Academic Aspect of Children)

- Among the 72 reviewed suicide cases, 7 (9.7%) were "Primary Students" and 60 (83.3%) were secondary students. The reviewed suicide cases were related to school work problems and having conflicts with parents due to academic results not up to the parents' expectation.
- Many parents appeared to be inadequate in understanding the changing needs of and communication with their children entering into adolescence. In some suicide cases, the aggressive and violent acts of the parents, such as damaging the Wi-Fi device to stop the children access to internet and reprimanding the children by saying, 'to die' were destructive to the children and caused them further frustrated after the heated dispute with the parents. It came to Panel Member's attention that parent education on effective parent-child communication should be further enhanced. **(Recommendation S15)**
- It was observed that parent-child relationship was distant in some of the suicide cases. Some parents did not spend adequate time with their adolescent children. A girl, in her diary and suicidal note, revealed her dissatisfaction, grievances and distress in life, including her poor communication with parents and boring life, which had made her overwhelmed and leading to her suicidal thoughts and attempts. Panel Members opined that parents should spend more quality time to communicate with their children and address their changing needs at different stages of development. **(Recommendation S16)**
- A suicide case involving a boy who committed suicide after his sexual issue was made known to school by his carer. Panel Members observed that the carer's disclosure of the boy's sexual deviation to school caused him felt ashamed to face the teachers and classmates, which was likely a critical factor leading to his determination of ending his life. **(Recommendation S17)**

- Some parents over-emphasise the academic performance of their children and expected their children to excel academically, which might put less weight on children's needs for emotional support and developing capacity to cope with stress towards their studies/examinations and adversities. There were cases that children, without mental problem or expressed suicidal ideation, committed suicide shortly after a dispute with parents over their academic problem. This also revealed the low resilience in children nowadays. There was a case that a girl committed suicide after having a dispute with the father for her refusal to go to school on the day of examination, on which Panel Members viewed that the trigger point for the girls' death was likely to be the stress of examination. **(Recommendation S18)**

To Parents (Handling Children's Addiction to Online Game)

- 6 suicide cases involved conflicts between children and their parents over the children's indulgence in playing with computer or online games. These children's suicidal acts were a result of impulsivity triggered by the parents who stopped their playing by scolding, damaging the notebooks, blocking the Wi-Fi password, or even confiscated the mobile phones/notebooks. The Review Panel considered that playing computer or on-line games was a very common phenomenon among youngsters nowadays from which they could attain great satisfaction in the virtual reality. Online game was accessible, rewarding, fulfilling social function and allowed children to escape from the reality and frustrations. Children's indulgence in playing computer or online games might reflect their emotional disturbance and avoidance of stress which was a signal for seeking help. Helping the parents understand the reasons behind the children's indulgence in using electronic devices and handle their children's addiction to online games properly were suggested. **(Recommendation S19)**

To Parents (Mental Health of Children)

- Panel Members revealed that children with autism spectrum disorder, ADHD, dyslexia, etc., have short attention span and experience a great deal of failure and stress in life. Children with ADHD seeking high sensation, were easily aroused, which parents-child conflicts would be frequent if parents failed to understand the child's condition. Parents should understand the needs of their children with special educational needs and accept the child's limitation. **(Recommendations S20 and S21)**

- There were 6 reviewed cases involved children suffered from mental health problem, including depression, Asperger syndrome, major depressive disorder with anxious distress, with history of suicidal ideations and attempts, etc., which

reflected that they might have been suffering from mood problem for a certain period of time. A case involved a boy defaulted psychiatric treatment after discharged from psychiatric hospital, he handled his emotional problems by self-harm and ending his life at last. Some parents failed to recognise its seriousness and help their children seek medical or psychiatric consultation in the early stage. **(Recommendation S22)**

- A deceased child, who was diagnosed with depression, was found collapsed and vomited unconsciously. It was believed that the deceased child committed suicide by drug overdose, of which was psychiatric pills prescribed by the psychiatrist. **(Recommendation S23)**

To Parents (Separation or Divorce of Parents)

- Family plays an important role in providing support for children's development. Failing to establish emotional connection with parents in childhood or having conflicts with parents are significant risk factors leading to children suicide. 19 (26.3%) out of the 72 reviewed suicide cases were found to come from families with single parents (N=5), remarried (N=1) or separated/divorcing parents (N=13). A suicide case involved a boy being brought up in a single-parent family, which his developmental needs were apparently not recognised and addressed by parent. His WeChat messages sent to his parent before his death revealed his long-standing discontent with the parent's attitude and despair to have no care and comfort from parent when he was emotionally down. Panel Members considered that effective and positive parent-child communication was pivotal. **(Recommendation S24)**

(IV) To Students (Heighten Awareness of Peers' Suicidal Expression and Gate-keeper Training)

- Adolescents tend to share with their peers their thoughts of self-harm or intent to commit suicide before they took actions. Though some sent WhatsApp messages to their peers just within minutes or an hour prior to their suicidal act, some did disclose few days before or expressed their suicidal thoughts every now and then. Their peers usually neither took it seriously nor knew how to respond properly. In a suicide case, the deceased child disclosed her suicidal thoughts to her classmate prior to committing suicide and a month before her death. In another case, the deceased child asked her classmates what would happen if one fell down from a high floor, told them she might not be able to turn up for lunch gathering for a few days, disclosed that she would do something "big" and uploaded some unusual feed posts on her Instagram, etc. Her classmates were unable to convey the signs and notify the teachers or other adults for intervention and follow-up. **(Recommendation S25)**

To Students (Loss in Courtship)

- There were 5 reviewed suicide cases involved courtship, in which adolescents handled their relationship hardship with their boyfriends/girlfriends by self-harm and ending their lives. Panel Members viewed that adolescents were vulnerable to cope with break-up of romantic relationship. **(Recommendation S26)**

To Students (Internet World and Online Games)

- Many parents did not exactly know about the computer games their children were playing and the internet sites they accessed to. A deceased boy who had involved in a suspected online romance scam in which he was required to pay a sum of money to settle the deal. He mentioned in his WhatsApp conversation that he did not have the money and chose to commit suicide. Panel Members opined that public education about the risk associated with the internet for young children would enhance their awareness. **(Recommendation S27)**

6.1.3 Accident Cases

(I) Suffocation (Related to Toy, Home Furniture, Sleeping Arrangement and Food Choking Hazard)

- There were 6 fatal cases related to suffocation. A case involved a child at the age of one year being choked by a pink plastic toy ball at home. Panel Members concerned the awareness of the caregivers in choosing age appropriate toys for the children. **(Recommendation A1)**
- One case involved a 4-year-old child dying of suffocation due to being trapped in the foldable table with the neck pinched at the joint of the table legs. Panel Members considered the awareness of home safety of the caregivers weak given their knowledge of the disabled lock device of the foldable table when collecting it from the street for use. **(Recommendations A2 and A3)**
- There were 2 child death cases in relation to unsafe sleeping arrangement leading to suffocation. A case involved a drug abused mother, who had been followed up under the Comprehensive Child Development Service (CCDS), slept together with her 8-month-old baby on the same bed. Panel Members viewed that bed sharing would increase the risk of suffocation. They were also concerned about the services of the CCDS provided to the mother for her pregnancy and whether the concerned medical team realised her consumption of Methamphetamine after the birth of the baby. **(Recommendations A4 and A5)**
- The Review Panel reviewed 2 fatal cases which involved being choked by food. A case involved a 7-year-old child being choked by jelly-like snack at school. Panel Members highlighted that snacks available in the school tuck shop should be suitable for children. Another case involved a child, who lived in a boarding school and was only allowed to take minced diet and liquid thickener due to swallowing problem as assessed by speech therapist, was choked by solid food. **(Recommendations A6 and A7)**

(II) Falls from Height (Unlocked, No Installation or Poor Maintenance of Window Grilles/Leaving Children Unattended at home)

- There were 3 fatal cases reviewed in relation to accidental fall from height, noting that window grilles were not installed or poorly maintained or with moving padlocks were not locked properly after use. Among which, 2 were related to accidental fall from home while the other one was related to an inmate of a Residential Care Home for Persons with Disabilities (RCHDs).

- One of the 2 cases involved a child losing his balance and accidentally fell from height while opening the transom window at home. The transom window, which was next to deceased child's loft bed, was not installed with window grilles. Panel Members highlighted the utmost importance of parents/carers' awareness of paying heed to home safety. **(Recommendation A8)**

- A case involved a single-parent father leaving two young children alone at home while they were sleeping. One of the children woke up and used a rack in the kitchen as a platform to climb over the window and accidentally fell from it with the window grilles unlocked. Panel Members viewed that the awareness of home safety issues of the carer was weak as indicated by leaving two young age children unattended at home while the window grilles were not properly locked, as well as putting many shelves in front of the windows which enabled the children to step on it. Members also concerned the difficulty of a single-parent being the sole carer of 4 young age children, in particular the father as a carer. **(Recommendation A9)**

- Another case involved an inmate of a RCHD, who was homesick after a long home leave and wanted to break away from the RCHD for meeting the mother, dismantled the window grilles of a room and resulted in accidental fall from the RCHD. Panel Members concerned the window grilles of the RCHD might be poorly maintained. They were also concerned about whether there were any administrative guidelines and the RCHD staff acquired adequate skills on handling those inmates with homesick and emotional problems when they returned to the RCHD after long home leaves. **(Recommendation A10).**

(III) Fire Accident

- 2 child fatality cases related to fire accident were reviewed. One case involved a newly bought second-hand electric scooter which caused fire. The scooter, having no brand and purchasing from a hawker, together with three battery charges was placed near the door of the house which blocked the only fire exit route. The Review Panel viewed that the parents had low awareness of home safety of putting flammable items together with home stuffs near the main door. It was also concerned the knowledge of choosing qualified electrical goods among general public. **(Recommendation A11)**

- Another case, with the fire breaking out in the living room, involved a 13-month-old child being delayed rescued as he was left alone in the living room while the mother stayed inside the bedroom listening to music with the door closed. Panel Members opined that the parents did not put the lighters for smoking in a safe place which might be reached by deceased child. It should be highlighted that young children should not be left unattended, even for a short period of time. **(Recommendation A12)**

(IV) Traffic Incident

- There were 2 fatal cases related to traffic incident. A case involved a 13-year-old child who rode his bicycle against 'Red Man' pedestrian light across the Light Rail track. Another case involved a 12-year-old child, who was using a mobile phone and did not observe the traffic, dashed out from the pavement when the 'Red Man' crossing signal was on. Panel Members viewed that both cases reflected children had low awareness of road safety. **(Recommendations A13, A14 and A15)**

(V) Drowning Accident

- 5 fatal cases were related to drowning incident. One of the child death cases involved a child with his parents' consent for joining a fishing activity with his classmates and their families at a Mariculture Raft. Deceased child, a non-swimmer, left the group and went diving with his classmate alone who was later found missing and dead. Panel Members viewed that children and their parents might not realise the recreational activities allowed and public safety on the Mariculture Raft at the material time which might expose the children to danger and endanger their lives. It was also considered that parents did not seek clarification from the school about the activity details which might lead to this tragedy. Panel Members were also concerned the child, a non-swimmer but went diving with his classmate, did not have a full comprehension on his own ability and the risks he might encounter. In another case, a 12-year-old child was drowned when he went snorkeling with his schoolmates for catching clam. The Review Panel observed that parents had low awareness of safety in watersport activity and had not acquired full knowledge of the activity in which the children participated so as to ensure the children's safety by providing appropriate and adequate advice to them. **(Recommendations A16 and A17)**
- A 7-year-old child was allowed to swim with friends in the swimming pool of a private residential estate without adult supervision. It came to Panel Members' attention whether the swimming pool of the private residential estate secured adequate facilities in life saving services to ensure swimmers' safety. **(Recommendation A18)**

6.1.4 Assault and Non-natural Unascertained Cause Cases

- The Review Panel reviewed a total of 14 assault and non-natural unascertained cases which occurred from 2017 to 2021. Among them, 9 children (including a sibling case) were assaulted by their parents, including mother, father or both parents, who were also the main carers, 3 by non-parents being the main carers as well including the maternal grandmother, mother's friends and a childminder, and the rest was unascertained by whom. For the perpetrators who were parents, 4 mothers and a pair of parents also committed suicide at the same time or after assaulting their children to death.

(I) Mental illness/Suspected Mental Health Problems of the Perpetrators being Main Carers

- Perpetrators being main carers with "diagnosed mental illness" or "suspected mental health problems" were identified in 8 out of 14 assault and non-natural unascertained cause cases. Out of these 8 cases, 5 perpetrators were mothers and 2 perpetrators were both parents while the rest involved maternal grandmother.
- Among the 5 cases with mothers as the perpetrators, an unmarried mother suffering from mental disorder, who had stopped the psychiatric follow-up not long ago before the tragedy, brought her very young child to end their life together. Members observed that the mental illness of the mother had been exacerbated in the postpartum period leading her to choose to end up her life with her child by jumping from height. In another case, two siblings were killed by their full-time mother, who came from Mainland China and was suspected to get into a sense of unrecognised distress and depressed mood. Panel Members opined that the suspension of free travel between Mainland China and Hong Kong during COVID-19 pandemic affected period, coupled with her quiet and unsociable characteristics, imposed a threat to the mother's mental health for being disconnected with her maiden family and their support. **(Recommendations AS1 and AS2)**
- There would be risk for children, having parents/relatives suffering from a great deal of failure, distress and helplessness arising from long standing financial crisis, child care difficulties, relationship problems with family members, etc, which attributed to depressive mood and miserable feelings with the covered up suicidal thoughts. In lieu of seeking external assistance, they chose to end their lives together with their children with a belief that children should not be left behind. For the tragic death of a child being killed by his grandmother, despite the maternal grandmother shouldering up the roles of the main carer of the grandchild, were known to different helping professionals, the Review

Panel considered that the caring stress and mental condition of being a main carer seemed to have been placed in a lower priority when receiving follow-up services. **(Recommendation AS3)**

(II) Detection of Suspected Child Maltreatment Cases

- The Review Panel had deliberated thoroughly on a case involving a child who was maltreated when she was under the care of her family. Some entry points for immediate intervention in this case were missed by the professionals, including, the teaching staff did not take further actions on child protection but merely warned the parents after injuries and beating marks were repeatedly found on the child's body and the school social worker of the child's sibling failed to make a timely referral to the respective FCPSU for conducting child protection investigation. Members viewed that children under the age of six were most vulnerable as they were unable to protect themselves and might not be able to clearly explain their injuries. School teachers acquiring adequate knowledge of identifying and handling suspected child maltreatment incidents and stable provision of school social workers with sufficient back-up by agencies for establishing trustful relationship with school children would be important in the child protection work. It was also opined that neighbours could have a role to play to early identify the at-risk children and provide timely assistance with a view to protecting a child from harm in the community. **(Recommendation AS4)**

- In another case, a new born child was found dead at home who was left unattended by her father after a heated spousal argument. A number of high-risk factors of the family was identified, including but not limited to a young mother suffering from mental health problem with history of substance abuse, inadequate spousal and maternal family support leading to heavy child care stress, health care problems of the new born child, etc. Despite that the mother and the family had been receiving follow-up services from charitable organisation, church and CCDS, the child care condition was not taken as the centre of attention by helping professionals. **(Recommendation AS5)**

- A new born child was assaulted by her father which caused her serious injuries and led to death. Panel Members observed that some parents would be easily in great distress when they took care of new born child in view of their poor temperament management and substandard knowledge and skills. **(Recommendation AS6)**

(III) Collaboration with Different Disciplines

- A total of 4 reviewed child death cases under assault cause was known to different social services (i.e. social workers of IFSC, medical social workers, residential family care workers, school guidance teachers, counselling team of non-profit making organisation, etc.) or other helping professionals such as psychiatrist and clinical psychologist prior to the incidents. Though multi-disciplinary intervention had already been in place, limited collaboration and exchange of information among different disciplines might hinder the strategic planning and case management in cases with apparent high-risk factors. Purposeful observation and child focused assessment were missed. **(Recommendations AS7-AS10)**

- Among those 4 cases, there was a child who was died when he was under the care of a residential child care home. Panel Members opined that carers of the residential child care home might be not that aware of or sensitive on children's safety, physical and health condition in addition to inadequacy in handling of child health and emergency situation. The competency of the main carer in taking care of two very young children simultaneously and single-handedly, was of concern. The knowledge and skills of workers responsible for supervision and support services to residential child care homes in monitoring the child care quality of parents or carers had rooms for improvement. **(Recommendation AS11)**

(IV) Concealment of Pregnancy

- A fatal case involving a new born child with the death cause of plastic bag suffocation was found in relation to concealment of pregnancy. Observation made for this assault case was similar to that of those made under natural cause deaths which have been discussed in the previous paragraph under the Natural Cause Cases on P.45.

7 RECOMMENDATIONS FOR CHILD DEATH CASES IN 2019, 2020 AND 2021

7.1 Natural Cause Cases

(I)	**Children with Special Needs**
N1	To raise the awareness of home safety, especially in taking care of children with special needs.
N2	Parents should monitor and give guidance to the foreign domestic helper in taking care of children with special needs.
(II)	**Safe Sleeping Arrangement**
N3	To strengthen education to parents and caregivers not to place unnecessary soft objects, such as pillows, clothes and cushions, on the infant's bed to avoid possible risks of suffocation.
N4	To reiterate the fatal risk of bed sharing with babies and raise the awareness of parents and caregivers not to arrange baby sharing a bed with siblings, other children or adults.
N5	To further educate and coach parents, in particular the high-risk parents, such as young parents, single-parent, inadequate child care skills parents, to place infants to sleep on their back and reiterate the fatal risk for infants sleeping in prone or sideway position, and to develop their patience and capabilities in taking care of babies.
(III)	**Referral Mechanism for Metabolic/DNA Screening**
N6	To reiterate that setting up a standard protocol with clear referral mechanism should be set up by the Government for forensic pathologist to conduct metabolic or DNA screening if deceased child's cause of death was found to be related to genetic disorder or unascertained with a view to preventing heredity disease in the family.

(IV) Autopsy and Toxicological Examination

N7 Autopsy and more clinical information would help in identifying the cause and circumstances of death. Autopsy and toxicological examination for sudden death before arrival to hospital without significant medical history is recommended.

(V) Vaccination & Medical Attention

N8 Through public education, to encourage parents and caregivers to arrange vaccination for children for comprehensive protection against childhood infectious diseases and to convey the message of the importance of seeking appropriate medical attention when children are sick.

(VI) Importance of Antenatal Care

N9 Antenatal care is important to safeguard the health of pregnant woman and her baby.

N10 More health education on the management of pregnancy in multi-languages should be given to ethnic minorities so as to enhance their knowledge and encourage them to seek appropriate assistance.

(VII) Concealment of Pregnancy of Foreign Domestic Helpers

N11 Through public education, to raise the awareness of foreign domestic helpers and their employers on the possible fatal consequences, including legal matters, of concealing pregnancy and the importance of antenatal care and seeking help early.

N12 Educational materials on handling pregnancy in multiple languages should be provided to encourage the foreign domestic helpers to seek help as appropriate.

7.2 Suicide Cases

(I) To Education Bureau/Schools/Teachers

S1 (i) Education Bureau should allocate more resources to schools on enhancing support to students with special educational needs and multiple risk factors.

(ii) Flexible outlet to be made available in the education system to cater for those drop-out students with special educational needs or maladjustment in mainstream schooling, such as personalised and tailor-made back-to-school arrangement through gradual resumption of returning to school. For those under-achievers in schools, alternative arrangements such as vocational training might help them develop their other potentials and capabilities. The schools could be more proactive in helping students who could not cope with the school curriculum/requirements, such as guiding them in understanding their strengths, stress coping and change management.

S2 To enhance counselling service and guidance programmes with specific themes on building positive attitude and resilience for junior students and students with special educational needs with a view to enhancing their resilience of facing possible life challenges/failure and helping identify needy students who required further support.

S3 To render long-term and in-depth psychological counselling for victims of sexual abuse by the specialists, such as clinical psychologist and educational psychologist, deemed necessary.

S4 Schools should offer and help students find suitable ways to spend their time meaningfully by organising more engaging group activities and getting them involved in extra-curricular activities.

S5 Teachers, parents and helping professionals should pay special attention and be sensitive to the emotional needs of children after long holiday and provide appropriate support to them when and where it is necessary. Schools should help children adjust to school life as priority and avoid scheduling test or examination soon after class resumption from long holiday.

S6 (i) To strengthen life planning education and to incorporate positive thinking and values education in the moral education curriculum of the junior forms.

(ii) To promote a more positive self-concept in students and to create stronger peer support for enhancing students' overall mental wellbeing.

S7 (i) Teaching professionals should attend to the possible emotional reaction of the students when exercising punishment for their misbehaviour and strike a balance between discipline and guidance, especially in handling children with Attention Deficit Hyperactivity Disorder (ADHD) who would be easily triggered their impulsive reaction.

(ii) Trainings should be provided to equip teachers with appropriate knowledge and skills in delivering life education messages to the students.

S8 Schools should be a protective factor to children's development. Through programmes/ activities and setting up a teacher-student communication channel in schools, the school could facilitate students to approach teachers/helping professionals to seek help or for immediate intervention when they faced crisis in their life or when they identified/received distress messages/suicidal threats from their peers/ schoolmates.

S9 (i) To facilitate early identification of at-risk students, a mechanism to monitor student mental health to be set up in schools to assess and identify any students with emotional problems or suicidal risk with a view to calling parents' attention to students at-risk, referring them for counselling or other appropriate services if needed.

(ii) For early identification of at-risk students facing crisis in their life, inviting Form 1 students to complete questionnaires to render timely guidance and assistance.

(iii) Through completing questionnaires by the parents of Form 1 students, teachers could help identify the parents with inadequate parenting skills so as to render timely guidance and assistance to the family.

(iv) Parents and teachers should be more alert and sensitive to the emotion and thinking of the children, and render proactive and early intervention for children in needs.

S10 Teachers and family members should be more alert and sensitive to students/ children' reading habit and preferences, especially those had gloomy and bloody/violent/death elements, and provide guidance and advice as appropriate.

(II) To Service Providers/Helping Professionals

S11 To enhance trainings on counselling skills and family therapy to increase social worker's professional knowledge and competency in handling cases with complicated family background and psycho-social issues.

S12 Residential service as an alternative option for individuals or families in need was a vital form of support. To arrange out-of-home care service, like temporary shelter, crisis centre or residential care service, as a time-out in face of intense family conflicts.

S13 (i) To further promote user friendly mental health Apps to monitor health symptoms and engage users in treatment plans.

(ii) To enhance the public's sensitivity and knowledge on symptoms of "depression" and relevant treatment required, and render proactive and early intervention for children with mental health issues.

(iii) To strengthen mental health education to the public by delivering the message that mental illness is "highly treatable" and to encourage those who suspect themselves to be suffering from mental illness to seek professional help.

S14 (i) To strengthen the multi-disciplinary collaboration in handling complicated cases with high-risk factors even with no immediate crisis for intervention and in monitoring children with high suicidal risk through regular case review meetings, so as to share updated information among helping professionals, to formulate a holistic welfare plan to ensure child safety and well-being and to provide early intervention to at-risk children and their families.

(ii) Before the execution of warrant for young defendants or in criminal proceedings, Police may liaise with case social workers, if available for better understanding of the case background so as to avoid over reaction of the child defendant and prevent tragedy.

(III) To Parents (Not to Over-Emphasis on the Academic Aspect of Children)

S15 To organise activities and/or workshops for parents to equip them with effective parenting skills. To strengthen parent education in handling teenagers' conduct and school problems, addressing and controlling their own emotions and avoiding use of aggressive wordings when reprimanding children. Equipping parents with effective parenting skills would be useful for parents' understanding of the needs and feelings of their children and for better parent-child relationship.

S16 To enhance parent education on the developmental and changing needs of adolescence and parent-child communication through school programmes and wider promotion, such as YouTube, School Apps, designated hotline, etc.

S17 Parents should be alert to handle child's secret with care, especially the sexual issue of adolescents. Parents should prepare the child well before disclosing to school about his sexual problem so as to avoid shame and embarrassment of child.

S18 (i) Parents should look into the strengths of their children besides their academic performance. To encourage parents to help children find alternative ways to develop their personal interests and potentials, and to build up self-confidence through other learning activities.

(ii) To strengthen parent education on how to help their children building up resilience and self-confidence in face of failure and adversity.

To Parents (Handling Children's Addiction to Online Game)

S19 To educate parents on their understanding of the reasons of their children playing on mobile phone and/or computer, would be useful for parents to attend to their children's needs and feelings and exploring options to handle their use of electronic devices and working for better parent-child relationship.

To Parents (Mental Health of Children)

S20 To enhance parents' understanding of the needs of their children with Special Educational Needs (SEN) and advise parents to set appropriate expectations on their SEN children. Parents were encouraged to adjust their ways of supervision according to children's degree of maturity and self-control ability.

S21 (i) Parents should be reminded to be more alert and sensitive to the psychological and emotional disturbances of children. Parents should be more patient to communicate with children, especially children with Autism Spectrum Disorder. Parents should spare more time to communicate with their child to understand whether their child had any difficulties and worries in school work and any relationship problems with schoolmates/teachers.

(ii) To strengthen support for parents with ADHD children by providing parent education to enhance their understanding of the needs of their children and equip them with effective parenting skills. Parents should control their emotions when handling children with ADHD and beware of their use of words which might easily trigger the children's impulsive reaction.

S22 To enhance parents' awareness of functioning deterioration and signs of mood changes of their children with mental illness. To strengthen parent education on showing empathy, understanding children's limitation and giving allowance to children with mental disorder. Parents should seek help from professionals when noticing any emotional disturbances of children.

S23 Parents should keep proper storage of the medications so as to prevent children's easy access and drug overdose.

To Parents (Separation or Divorce of Parents)

S24 (i) To enhance support services for single-parent families, particularly the father being the main carer, and to strengthen co-parenting service for divorced parents.

(ii) To provide counselling to parents-in-crisis with focus on assisting them to help children manage their emotions and to minimise the negative impact of parents' marital problem on the children. The parents should also be encouraged to seek help if needed.

(IV) To Students (Heighten Awareness of Peers' Suicidal Expression and Gate-keeper Training)

S25 (i) To further advise students to take all signs of suicidal behaviour of their schoolmates seriously, when in face of peers' expression of health problem/ emotional distress/psycho-somatic complaints/self-harm behaviour or when they received suicidal threats or messages from them.

(ii) To enhance their alertness and educate them to notify the teachers, school social workers or trustworthy adults promptly for immediate intervention and follow-up when they identified or received distress messages or suicidal threats from their peers/schoolmates, such as via instant message in mobile phone or social media.

To Students (Loss in Courtship)

S26 To strengthen sex education and support for students with emphasis on how to cope with "breakup" and "loss" in courtship. Schools could invite those who had gone through the relationship breakup to share their experience and ways to overcome the hardship.

To Students (Internet World and Online Games)

S27 (i) Through public education, to encourage children to be aware of the risk associated with the internet. It was important to monitor or be aware of what a child saw or would be exposed in the internet world.

(ii) To enhance the awareness of young people towards various kinds of scam and offence. Public education should be promoted to encourage youngsters to report to police in case of scam. They were also encouraged to seek help from parents and professionals when they identified signs of problematic computer use or when they were stuck with any problem.

7.3 Accident Cases

(I) Suffocation (Toy Safety)

A1 To provide and strengthen public education on toy safety to raise the sensitivity of caregivers in choosing age appropriate toys.

Suffocation (Home Furniture Safety - Folding Table)

A2 To put up posters at the eye-catching areas, such as inside the lifts or lift waiting areas of both private and public residential buildings to educate the public on children home safety issues.

A3 To reiterate the importance of raising caregivers' awareness on home furniture safety.

Suffocation (Sleeping Arrangement)

A4 (i) To raise parents and caregivers' awareness of appropriate sleeping arrangement for young children especially in sub-divided flats, such as placing a child in a baby nest when he/she was sleeping with parents/caregivers on the same bed.

(ii) To reiterate the importance of enhancing parents' awareness of the risk of suffocation for new born babies when they roll over to a face-down position on a bed being placed with soft objects, such as pillows, cushions, bumpers, blankets and stuffed toys, etc., as babies could be easily smothered by these objects.

(iii) To reiterate that the Department of Health should further promote "sleeping safety for babies" to parents-to-be during the pre-natal check-up and to parents during post-natal check-up.

(iv) The Comprehensive Child Development Service (CCDS) should keep-in-view the drug taking habit of the drug abused mother and make referrals to Integrated Family Service Centers (IFSCs) or appropriate service units for follow-up services.

A5 To identify those parents-to-be or parents of new born babies who were inadequate in child care and require them to complete questionnaires on the baby's health and safety checklist when attending Maternal and Child Care Centres (MCHCs), for further review by the medical professionals. Relevant advice and follow up would also be arranged for those parents.

Suffocation (Food Choking Hazard)

A6 (i) Education for primary students on food safety and selection of appropriate snacks by including the topic in General Studies subject in school.

(ii) Schools should be concerned about food safety issues, not only on food nutrition but also the list of food available in the tuck shop at school.

A7 To improve the sitting arrangement and logistic in food distribution to children with special diets living in boarding school. Children with special diets should be arranged in a separate table with meal card placed on the seat of each child and with a designated staff to counter-check the food when it is distributed for safety sake.

(II) Falls from height (Unlocked, No Installation or Poor Maintenance of Window Grilles/Leaving Children Unattended at home)

A8 To reiterate the importance of raising caregivers' awareness of home safety issues such as installation of window grilles and close monitoring of children's safety.

A9 (i) To reiterate that young children should never be left alone or unattended at home, even for a very short period of time and especially when they fell asleep.

(ii) To motivate carers especially male to seek help and to facilitate their access to social services. Caseworkers should be more sensitive to the needs of male clients.

(iii) To promote mutual neighbourhood support for immediate/short-term assistance from neighbours so as to provide temporary child care support for families in need.

A10 (i) RCHDs should have operational guidelines on the transition arrangement for inmates with emotions after home leaves, while home staff should be proactive to communicate with the parents on the behavioural problems and areas of concern of the inmates during and after home leaves.

(ii) All windows of RCHDs, not only limited to the rooms for inmates, should be installed with window grilles and wire nets. The rooms not provided for inmates should be properly locked all the time.

(iii) All facilities which inmates could reach should be in good condition with regular maintenance.

(III) Fire Accident

A11 (i) To provide and strengthen public education on home safety about selection of qualified electrical goods and reliable shops.

(ii) To educate the public on safety issues such as not to place flammable items together with home stuffs near the door entrance and means of escape from fire.

A12 To provide and strengthen public education on home safety issues on proper storage of flammable items, such as lighters and candles, for preventing children gaining easy access.

(IV) Traffic Incident

A13 (i) Children should avoid using mobile phones or other electronic devices when crossing the road as it would easily distract their attention away from the road conditions and the movement of vehicles around them.

(ii) To further publicise road safety messages, such as avoiding mobile-use while road crossing, following pedestrian traffic signals strictly, crossing the roads with full alert, etc. through school educational programmes, Announcements in the Public Interest on television and radio, leaflets, as well as advertisements at prominent locations.

(iii) Setting up of additional traffic warning signs or banners in traffic accident black spots and “school zone” to bring attention to pedestrians.

A14 (i) Pedestrians should get off their bicycles and wheel their bicycles along when crossing the pedestrian crossings.

(ii) Safety facilities at Light Rail pedestrian crossings, such as traffic signs and road markings, to remind pedestrians to pay attention to traffic before stepping beyond the Light Rail areas should be enhanced.

A15 Past fatal traffic accidents could be used as illustrations in the publicity and public education on road safety for students at schools by the Road Safety Team of the Hong Kong Police Force to create greater impression and impact.

(V) Drowning Accident

A16 (i) Parents were advised to enquire the details of the activities/programmes in which the children would participate through different channels, including but not limited to maintaining regular contacts with schools for activities/ programmes updates, seeking further information from other concerned parties, etc.

(ii) To promote and enhance public education for children to be aware of one's own physical limitation and the risks of the environment before taking part in water sport activities.

(iii) To raise public awareness on the importance of swimming in a safe place through publicity campaigns.

A17 Mariculturists should strictly comply with rules and regulations as stipulated in Marine Fish Culture Ordinance (Cap. 353), which requires them to operate marine fish culture activity under licence in designated fish culture zones. Public safety on raft should also be ensured.

(Remarks: Recreation fishing on mariculture raft is provided on the website of the Agriculture, Fisheries and Conservation Department: https://www.afcd.gov.hk/english/fisheries/fish_aqu/fish_aqu_mfco/fish_aqu_mfco.html)

A18 The holder of the swimming pool licence should install relevant devices and facilities with a view to strengthening the protection of swimmers and ensuring swimmers' safety.

7.4 Assault and Non-natural Unascertained Cause Cases

(I) Mental Illness/Suspected Mental Health Problems of the Perpetrators being Main Carers

AS1 (i) Family members should keep-in-view of the caregivers' mental health and be alert to any suicidal signs or depressive mood manifested by them so as to help them seek professional assistance promptly.

(ii) To enhance the public's sensitivity and knowledge of symptoms of "postpartum depression" and relevant treatment required, and render proactive and early intervention for parents with mental health issues.

(iii) To strengthen mental health education to the public by delivering the message that mental illness is "highly treatable" and to encourage those who suspect themselves having suffered from mental illness to seek professional help promptly.

AS2 To reiterate the message that children have their own rights of survival which no one, including their parents, should take away.

AS3 To raise the helping professionals' awareness of the caregivers' stress and beware of their mental health condition, especially for those who have to shoulder the care responsibility of special needs children without adequate social support.

(II) Detection of Suspected Child Maltreatment Cases

AS4 (i) To strive for early and effective detection of suspected child abuse and neglect cases, mandatory reporting by designated professionals, such as doctors, teachers and social workers should be put in place with mandatory pre-service and in-service training for them.

(ii) Mandatory training on identification and reporting of suspected child maltreatment cases should be provided for kindergarten teachers in a continuous mode with regular refresher course offered in e-learning format and an electronic certificate to be awarded upon their passing of a short quiz.

(iii) To better cater for the needs of kindergarten students and to ensure the stability of school social workers, the Government should consider implement the measure of "one school social worker for each kindergarten" through the subvention mode.

(iv) To raise the awareness of the public, particularly security guards and neighbours, to identify any risk of child maltreatment and to connect those children at-risk to professional services as early as possible.

AS5 To heighten the awareness of front-line social workers of the child's caring need on top of the carers' need for support and to closely monitor the child care condition for those families placed under the CCDS with high risk factors.

AS6 To raise the awareness of the public to capture the signs and verbal threats of suicide and homicide of parents seriously and to connect those children at-risk to professional services promptly.

(III) Collaboration with Different Disciplines

AS7 To enhance the training for frontline social workers especially those working with high risk families with emphasis on child-focused assessment and intervention, taking into consideration of the subjective experience of the child. Caseworkers may make reference to the Manual of Parenting Capacity Assessment Framework (for the 0-36 months old).

AS8 Multi-disciplinary collaboration on case handling in terms of communication, sharing of information, roles of different professionals, formulating concrete work plan and goals with the clients, and application for statutory protection for the children should be strengthened so as to safeguard the best interests of the children.

AS9 Strategic planning in collection of information, verification of clients' allegation, purposeful/surprised home visits for case assessment and collaborative efforts with other involving parties were necessary especially when the caseworker had doubts on clients' allegation and identified risk of child maltreatment in the family.

AS10 Regular supervision, training and sharing of good practice, including legal provision on child protection, were essential to foster a clinical culture for professional development and enhancement of professional competency.

AS11 (i) To devise a checklist for carers of residential child care homes on handling children's health concerns properly.

(ii) During home visits, individual time should be spent with children living in residential child care homes for more objective assessment, early identification and prompt handling of problems identified.

(iii) Trainings for carers of and workers serving for residential child care homes should be enhanced in order to strengthen their awareness and intervention.

(iv) To adopt a stricter eligibility assessment on residential child care homes which take care of more than one child.

8 RESPONSES AND UPDATED MEASURES FROM CONCERNED PARTIES

8.1 Natural Cause Cases

(I) Children with Special Needs

(Response to Recommendations N1 and N2)

Social Welfare Department (SWD)

- The SWD has been providing subvented pre-school rehabilitation services for children with disability from birth to under six years of age who have not yet started primary education, with particular emphasis on the role of the children's families. Guidance, counselling and support are provided to parents and family members to facilitate the development and caring of their children with disability.

Labour Department (LD)

- The LD set up in September 2020 a dedicated Foreign Domestic Helpers (FDH) Division to ensure effective coordination and implementation of measures to enhance protection of FDHs, and to provide better support to FDHs and their employers. The LD enhances FDHs' understanding of their statutory and contractual rights and obligations through a series of publicity and educational efforts, including publishing practical guides and handbooks in a number of FDHs' mother languages to explain the obligations and rights of FDHs and to introduce the LD's services and support channels.

(II) Safe Sleeping Arrangement

(Response to Recommendations N3-N5)

Department of Health (DH)

- Family Health Service (FHS) of the DH provides a comprehensive range of health promotion and disease prevention services for children from birth to 5 years through a network of Maternal and Child Health Centres (MCHCs) in Hong Kong. Through the Integrated Child Health and Development Programme, children attend MCHCs at different ages to receive immunisation, health and developmental surveillance (HDS) and parenting service to promote the holistic health of preschool children. Parents are provided with anticipatory guidance on parenting through various means so as to equip them with the necessary knowledge and skills to bring up healthy children through positive parenting practices.

- Baby's sleep safety is an important home safety issue. MCHCs of the DH provides parents-to-be, parents and carers with health education on sleep safety and the risk of bed sharing with the baby through various means like individual counselling, education booklets and video, website, e-newsletters and parenting workshop, etc.

- Different health education resources on sleep safety have been developed and made available to parents and public at MCHCs or the FHS website:

  (i) Video on *"Baby's safe sleeping position and environment--you are the one to care"* (http://s.fhs.gov.hk/9uun7). This video covers important key messages on sleep safety in infants e.g. babies should be put to sleep on their back in their own cot, no bed sharing with babies and no other objects, including pillow, in babies' bed etc. Apart from broadcasting in MCHCs, the video is also uploaded to FHS website and YouTube channel. Periodic public broadcasting in public transport system is being arranged every now and then to increase public awareness of this issue.

  (ii) The leaflet *"Safe Sleep Sweet Dream"* (http://s.fhs.gov.hk/086ly) highlights on the importance of safe sleep environment and common FAQs on baby's sleep safety.

(iii) Factsheet *"Providing a safe environment for your baby"* https://www.fhs.gov.hk/english/health_info/child/30107.html with specific items on sleep safety are being given to parents-to-be and new parents.

(iv) A series of Cue Card developed for parents with important health messages and QR code to relevant leaflets including reminders on home and sleep safety, are given out to parents after nurse interview. The attending nurses would go through and highlight relevant salient points with the parents.

- Parents of newborn babies attending MCHCs are routinely asked to complete a checklist on *"Is Your Baby Safe at Home?"* (http://s.fhs.gov.hk/uoghe) which includes several questions on sleep arrangement of their newborn babies and then reviewed by nurses. Relevant advice, follow up and referral will be arranged as necessary.

- In order to enhance frontline social service providers on knowledge of parenting and support for needy families, the DH, HA, SWD and EDB have also jointly developed a Parenting Capacity Assessment Framework (PCAF) (0-6 years) which covers different child care areas (including home safety) for social sectors staff to facilitate them to assess the capacity of the families in protecting the children from risk and enhancing their developmental experiences, as well as to formulate feasible parenting support and welfare plans for the families according to their needs. Training on the PCAF were also provided to these workers accordingly by the DH, HA, SWD and EDB.

- To further strengthen the publicity and health education on infant sleep safety for the public, parents-to-be and new parents, FHS of DH will:

  (i) Produce and broadcast a new TV and radio Announcements in the Public Interest (API) on sleep safety and the risk of bed sharing.

  (ii) Develop a cue-card for parents-to-be with important health messages and QR code to relevant leaflets including reminders on home and sleep safety, which would be distributed to pregnant women near term.

(III) Referral Mechanism for Metabolic/DNA Screening

(Response to Recommendation N6)

Department of Health (DH)

- In cases of sudden unexpected child death, Forensic Pathologists of Forensic Pathology Service would collect samples including blood and urine, which would be sent to the Department of Pathology of the Hong Kong Children's Hospital for metabolic screening and DNA analysis. In cases of sudden death suspected to be caused by inheritable heart diseases, the Forensic Pathologists would also send samples of blood to the Clinical Genetic Service (CGS) for DNA analysis.
- If the cause of death after the conclusion of autopsy appears to be related to potentially inheritable diseases, the Forensic Pathologist in charge of the case would contact the family and refer them to Clinical Genetic Service for assessment and genetic counselling. Referral pathway has been established for the Clinical Genetic Service to receive referral from the Forensic Pathology Service directly.
- The above practices had been codified in the "Autopsy protocol for Paediatric Deaths" contained within the "Practice Manual of the Forensic Pathology Service".
- The CGS of the DH has provision of urgent whole exome sequencing (WES) for infants and children presenting with serious illnesses of unexplained etiology, and such service is extended to those with unexplained sudden death so that a hidden genetic cause can be identified and subsequent genetic counselling can be provided to the affected family. Yet, CGS has ceased operation with effect from 1 July 2023 onwards and the clinical genetic service has been taken over by the HA, and thereafter such WES service would be provided by the Pathology Department of the HA instead.

Hospital Authority (HA)

- DH is currently working with various experts from the HA to establish a standardised, multi-disciplinary protocol for the investigation and follow-up of suspected genetic and/or metabolic diseases in child deaths. The new protocol will hopefully be implemented by Q4 2023.

(IV) Autopsy and Toxicological Examination

(Response to Recommendation N7)

Department of Health (DH)

- The main role of Forensic Pathology Service is to assist Coroners in the investigation of deaths in accordance with the Coroners Ordinance (Cap. 504) of the Laws of Hong Kong, especially in the determination of the medical cause of death. The decision on whether an autopsy is needed to determine the cause of death falls under the jurisdiction of Coroners, and forensic pathologists can only abide by Coroners' decision to conduct or waive an autopsy. The power to order an autopsy to be performed or waived rested entirely on the hands of Coroners.

Hospital Authority (HA)

- The HA's hospitals, on a case-by-case basis, would facilitate and provide relevant information for evaluation of child death if necessary, on the request of the Coroner for Coroner cases, in particular when the case concerns an application for waiver of autopsy.

(V) Vaccination and Medical Attention

(Response to Recommendation N8)

Department of Health (DH)

- Vaccination is one of the most effective ways to prevent seasonal influenza and its complications. In order to increase the coverage of seasonal influenza vaccination (SIV) among school children, the DH has actively assisted schools and private doctors in organising outreach SIV activities in schools through Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme (SIVSOP) and Vaccination Subsidy Scheme (VSS). These programmes have covered interested primary schools, kindergartens, kindergarten-cum-child care centres, and child care centres. In 2022/23 season, these programmes have been extended to cover secondary schools.

- The DH and other relevant departments organise health education activities and provide health advice on influenza prevention, personal hygiene and environmental hygiene, targeting the general public as well as specific sectors (e.g. schools) of the community. The DH also issues letters to kindergartens, child care centres, primary and secondary schools and Parent Teacher Association to alert them about the latest influenza situation from time to time, and to appeal for their promotion of SIV in children and adolescents. The DH has also solicited the support from primary care doctors and healthcare professional bodies to promote the importance of SIV to the public and encouraging their clients to receive SIV as soon as possible.

- In addition, extensive promotion on SIV has been made through multiple channels, including press conferences, press releases, television/radio, expert interviews/videos, videos by key opinion leaders (KOL), health talks, advertisements, social media, online information, hotlines, posters and leaflets.

- The DH will continue to take proactive measures to encourage more people in the target groups to receive SIV through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to young school students.

Hospital Authority (HA)

- The HA provides a vast variety of services in 43 public hospitals and medical institutions, 49 Specialist Out-patient Clinics (SOPC) and 74 General Out-patient Clinics (GOPC) to take care of the public throughout their episode of illness – from acute phase through convalescence, rehabilitation, and community after-care. The HA is also committed to dovetail with the Government Vaccination Programme, ensuring the public receive both appropriate protection and care.

- There is information available in the HA website in which covers guidance to SOPC and GOPC services. In case of emergency, patient should attend the nearest HA Accident and Emergency (A&E) department.

(VI) Importance of Antenatal Care

(Response to Recommendations N9 and N10)

Department of Health (DH)

- FHS of the DH provides a comprehensive antenatal shared-care programme to pregnant women, in collaboration with the Obstetrics Department of public hospitals, to monitor the whole pregnancy and delivery process. Suitable assistance is provided to ethnic minority service users according to their practical needs, including interpretation services. Antenatal health information is provided by FHS in seven ethnic minority (EM) languages which include knowledge on pregnancy and common problems encountered during pregnancy. These information can be accessed through the FHS website. (https://www.fhs.gov.hk/english/other_languages/)

- To increase women's awareness on management of pregnancy, FHS website will include an introductory webpage to remind pregnant ladies on the importance of early antenatal check-ups and blood tests/investigations to ensure the health of babies and mothers, and introduction of community resources for teenage pregnancy.

Hospital Authority (HA)

- To cater for the needs of EM patients, interpretation services can be arranged in public hospitals and clinics of the HA through a service contractor, freelance interpreter for the Judiciary Administration and consulate offices. Since March 2019, interpretation requests and preferred languages of EM patients at Specialist Out-patient Clinics have been captured in the Patient Master Index (PMI), so as to enhance staff awareness of patients' needs. The HA has also implemented video call interpretation service since March 2020. Besides, breastfeeding booklet with different languages are used for teaching breastfeeding mothers.

(VII) Concealment of Pregnancy of Foreign Domestic Helpers

(Response to Recommendations N11 and N12)

Labour Department (LD)

- Among LD's publications, "Be Prepared for Employment in Hong Kong - A Handbook for Foreign Domestic Helpers" (the handbook) covers information relating to maternity protection, antenatal care, and non-governmental organisations providing assistance and counselling to pregnant migrant workers and points-to-note on taking care of children. It is available in 12 languages, including Chinese, English, Tagalog, Bahasa Indonesia, Thai, Hindi, Sinhala, Bengali, Nepali, Urdu, Myanmar language and Khmer. Apart from uploading onto the LD's dedicated FDH Portal (www.fdh.labour.gov.hk) and Employment Agencies (EA) Portal (www.eaa.labour.gov.hk), the LD also distributes the handbook in seminars and briefings for FDHs. FDHs can also call the LD's dedicated 24-hour FDH hotline (2157 9537) for one-stop support services. Interpretation service for the hotline is provided in 11 languages.

- FDHs enjoy statutory labour rights and protection, including maternity protection on par with local workers. According to the provisions on maternity protection under the Employment Ordinance (Cap. 57), unless the pregnant employee is summarily dismissed due to her serious misconduct, it is an offence for an employer to dismiss a pregnant employee (including an FDH). A female employee employed under a continuous contract immediately before the commencement of her maternity leave, and having given notice of pregnancy and her intention to take maternity leave to the employer is entitled to a continuous period of 14 weeks' maternity leave.

- All pregnant women, irrespective of their nationality and employment status, should be aware of the risks of concealing pregnancy and the importance of seeking help early. The LD has uploaded the leaflet "Having an Unplanned Pregnancy, what can I do?" published by the SWD in eight languages, including Chinese, English, Tagalog, Bahasa Indonesia, Thai, Hindi, Nepali and Urdu, onto the LD's dedicated FDH Portal and EA Portal.

8.2 Suicide Cases

(I) To Education Bureau/Schools/Teachers

(Response to Recommendation S1)

Education Bureau (EDB)

Life planning and multiple exit pathways

- The EDB has allocated additional resources and strengthened the support for schools to implement Life Planning Education (LPE) since the 2014/15 school year. Through relevant learning activities and career exploration activities, schools help students understand themselves, identify their interests, abilities and aspirations at an earlier stage as well as prepare for further studies and career pursuits by equipping them with relevant information on the workplace. Moreover, the EDB has been promoting collaboration between schools and business corporations under Business-School Partnership Programme to provide students with career exploration opportunities.
- Apart from conventional academic education, the Government's policy has all along been providing quality and diversified study pathways with multiple entry and exit points for young people with different aspirations and abilities through Vocational and Professional Education and Training (VPET). As announced by the Chief Executive in the "2022 Policy Address", the Government will, through the strategy of fostering industry-institution collaboration and diversified development, promote VPET as a pathway parallel to conventional academic education, providing diversified learning and employment opportunities for young people. Self-financing post-secondary institutions and the Vocational Training Council have all along been offering diverse programmes at different levels, which include VPET programmes to enable students to unleash their talent.
- To help public sector ordinary schools cater for students with special educational needs (SEN), on top of the regular subvention, the EDB has been providing schools with additional resources, including the Learning Support Grant (LSG). Starting from the 2017/18 school year, LSG covers students with mental illness so that schools can enhance their support to cater for these students' learning, social, emotional and behavioural needs. Schools can holistically and flexibly deploy school-based resources and pool together various community resources, through the Whole School Approach, to provide appropriate support services to students with SEN. To assist school

leavers with SEN in receiving appropriate support for further studies or career pursuits, the EDB requires secondary schools to discuss post-school arrangements with these students and their parents as early as possible, including referring students for relevant support services when necessary.

(Response to Recommendation S2)

Education Bureau (EDB)

Promote diversified activities

- The EDB has been actively promoting diversified student development programmes on students' growth, such as the "Understanding Adolescent Project (Primary)", "Pupil Ambassador Scheme on Positive Living" and "Enhanced Smart Teen Project (Secondary)", to enhance students' resilience, self-respect, self-discipline, sense of responsibility and courage to embrace changes in facing challenges through self-awareness, adventure-based, team-building and problem-solving training.

(Response to Recommendation S3)

Education Bureau (EDB)

- According to the nature and seriousness of the case, student guidance personnel/school social workers would refer students to related organisations or departments for appropriate services and closely monitor the case through multidisciplinary collaboration.

Social Welfare Department (SWD)

- For handling of child protection cases, members in the Multi-disciplinary Case Conference on Protection of Child with Suspected Maltreatment (MDCC) would base on the needs of the child abuse victim and recommend the child and/or the family members to receive counselling/psychological/psychiatric treatment. Relevant professionals including social worker, clinical psychologist or child psychiatrist would provide appropritate service/treatment for the child or/and his/her family through ongoing assessment and intevention.

(Response to Recommendation S4)

Education Bureau (EDB)

- Please refer to Response to Recommendation S2 for Suicide Cause Cases by the EDB

(Response to Recommendation S5)

Education Bureau (EDB)

<u>Enhance counselling and guidance service in schools</u>

- In response to the emotional needs of students after long holiday, the EDB will provide timely special support for schools and parents to help students face the challenges. For example, to help students get prepared for a new school year, the EDB will provide resources to primary and secondary schools and parents before the commencement of the school year to help schools and parents to take care of students' emotional needs. The EDB will launch a designated webpage on transition of Primary Six to Secondary One and Secondary Three to Secondary Four to help schools and parents support students during transitions.

(Response to Recommendation S6)

Education Bureau (EDB)

<u>Strengthen life planning education and life education</u>

- EDB has all along been attaching great importance to the implementation of LPE, allocating additional resources and strengthening the support for schools to implement the LPE on multiple fronts, which includes providing additional resources/manpower and professional support, enhancing professional training, promoting business-school partnership, enhancing online resources, etc. The EDB has implemented the LPE at the secondary levels since the 2014/15 school year and extended it to the upper primary levels (i.e. Primary Four to Primary Six) in the 2021/22 school year.

- The learning content related to life education is covered in the school curricula of different subjects/Key Learning Areas. To support schools in implementing the Values Education Curriculum Framework (Pilot Version), particularly in strengthening life education in schools, the EDB has been organising related teacher professional development programmes, as well as commissioning a tertiary institution to organise a 2-year intensive training programme for enhancing teachers' professional capacity in designing and implementing school-based life education curriculum in primary and secondary schools. The EDB has also been updating and developing various types of learning and teaching resources on life education-related themes.

- Since the 2019/20 school year, the EDB has been adopting "Be Grateful and Treasure What We Have, Stay Positive and Optimistic" as the main theme of the values education promotional activity - "My Pledge to Act" (MPA), so as to help students develop a sense of gratitude, learn to cherish what they have and adapt a positive and optimistic attitude towards life. To strengthen life education, the EDB will introduce a new sub-theme "Cherish Life, Be Healthy" in the 2023/24 school year, along with the existing ones under the main theme of the MPA, to help students learn to cherish and respect life, to protect themselves as well as taking care of both physical and psychological well-being, so as to lead a healthy lifestyle. The EDB will continue to promote life education, so as to enhance students' resilience and their understanding of meaning of life, thereby respect and cherish life; help them face adversity and challenges at different stages of life with positive attitudes.

<u>Enhance peer support</u>

- To cater for students' diverse needs, the EDB encourages schools to adopt a Whole School Approach to provide remedial, preventive and developmental guidance programmes, such as induction/adjustment programme and peer support scheme (e.g. Big Brother and Big Sister Programme and Mentorship Scheme).

(Response to Recommendation S7)

Education Bureau (EDB)

Strengthen relevant teacher training

- The EDB has commissioned tertiary institutions to provide courses, aiming at enhancing teachers' knowledge and skills in integrating guidance and discipline work into the school system and developing their capacity on case management, group work and collaboration with multi-disciplinary professionals. In addition, the EDB regularly conducts seminars, sharing sessions and workshops on guidance and discipline work for teachers. Experts/ academics, relevant institutions and school personnel with successful experience are invited to share their insight and facilitate professional exchange so as to enhance the capability of school personnel in preventing and handling improper behaviour.

- To help public sector ordinary schools cater for students with SEN (including students with attention deficit hyperactivity disorder), the EDB has all along been providing schools with additional resources, professional support and teacher training. At primary and secondary levels, ordinary schools are required to adopt the Whole School Approach to provide support for students with SEN according to their needs. Schools will refer to students' assessment data and understand their performance in areas such as learning, emotions, and behaviour in order to provide them with appropriate school-based support such as quality teaching in classroom, arrangement for supplemental emotion management training in small group, individual training and counselling, and individualised support.

(Response to Recommendation S8)

Education Bureau (EDB)

Enhance counselling and guidance service in schools

- Professionals of different disciplines in schools (including guidance personnel, school social workers and school-based educational psychologists (EP)) work in collaboration to provide students in need with necessary support and guidance. Schools are advised to encourage students to face difficulties with positive attitudes and remind them to seek help when needed as well as inform them of the coping strategies and ways to seek help.

(Response to Recommendation S9)

Education Bureau (EDB)

Early identification of at-risk students

- The EDB is committed to providing "gatekeeper" training for teachers, parents and students to enable early identification of students with mental health needs and suicidal risks. On teacher training, the EDB provided primary and secondary teachers with the "Professional Development Programme for Mental Health", comprising 18 hours of elementary training and 30 hours of in-depth training from the 2017/18 to 2020/21 school years. Starting from the 2021/22 school year, the programme has been enhanced further to become a 60-hour thematic training course targeting students with mental illness and the number of training places has increased from 200 to 320 in the 2022/23 school year. In addition, the EDB has implemented enhanced measures in a timely manner, including disseminating two sets of presentation slides and reference materials to all school-based educational psychologists in Hong Kong respectively in April 2021 and April 2022 to help them conduct school-based professional development activities for teachers based on the schools' needs. The EDB also conducts relevant thematic seminars for school personnel from time to time and organises for them workshops on crisis management on a regular basis. Also, basic "gatekeeper" training is provided for newly-joined teachers to enhance their ability to identify and support students with warning signs of suicide.

(Response to Recommendation S10)

Education Bureau (EDB)

Provide "gatekeeper"resources for teachers and parents

- Apart from providing "gatekeeper" training to teachers and parents from time to time, the EDB published "A Resource Handbook for Schools: Detecting, Supporting and Making Referral for Students with Suicidal Behaviour" for schools in 2017. The content includes introducing different types of suicidal behaviour, how to timely detect different types of warning signs of suicide, practical skills in responding to suicidal behaviour with different degrees of risk, and case illustration. The EDB also produced the "Safeguard Children's Mental Health – Prevent Youth Suicide" factsheet for parents in 2022 to help them understand the suicidal behaviour of youth and appropriate responding strategies.

(II) To Service Providers/Helping Professionals

(Response to Recommendation S11)

Social Welfare Department (SWD)

- The SWD provides a wide spectrum of training programmes to enhance social workers' counselling skills and to increase their professional knowledge and competency in handling cases with complicated family background and psycho-social issues. Regular trainings in relation to the child suicide have been organised with the aims of strengthening the social workers' knowledge and skills in assessing the risk factors, enhancing their understanding of mental health problems so that they can provide appropriate counselling and support.

(Response to Recommendation S12)

Social Welfare Department (SWD)

- To support children who cannot be adequately cared for by their families temporarily for various reasons or young persons under the age of 21 with behavioural and/or emotional problems, the SWD has been subsidising non-governmental organisations (NGOs) to provide various types of residential care services including emergency service. For children in need of emergency residential care services, social workers may make reference to the designated website or approach service operators for enquiries of the service vacancies and, if there are vacancies, arrange for prompt admission of the children.

- The refuge centres for women, operated by NGOs and subvented by the SWD, provide temporary accommodation service (usually two weeks and the maximum period of stay can be extended to three months when necessary) for women, including girls from 13 to 17, who are facing domestic violence and family crisis.

(Responses to Recommendation S13)

Department of Health (DH)

- The Advisory Committee on Mental Health and the DH implement a mental health promotion and public education initiative named "Shall We Talk". The initiative aims to promote mental health and eliminate stigmatisation towards persons with mental health needs, in order to build a mental health friendly community. The initiative has established a one-stop thematic website to provide information on mental well-being, common mental health problems (such as depression), treatment, help seeking, community support, activities, stories and different resources and health education materials (including posters, leaflets, brochures and infographics). The initiative also sets up social media pages (including Facebook and Instagram) and launches KOL social media campaigns, television programmes and interactive art activities. Series of other online and offline advertisement and publicity on various platforms have also been carried out.
- For each year's World Suicide Prevention Day, the DH promotes health education messages including information on emergency helplines via various channels including newspaper column, media interview, social media and website.

Social Welfare Department (SWD)

- The Integrated Community Centre for Mental Wellness (ICCMW), through collaboration with different medical and welfare service units, provides community mental health support services ranging from early prevention to risk management for persons with mental health needs (including secondary school students).
- Besides, the Mobile Van for Publicity Service on Mental Wellness is set up to step up community education, promote the public's awareness on mental wellness and develop positive help-seeking attitude/behaviour.

- Under the Student Mental Health Support Scheme, a multi-disciplinary team is formed in each participating school comprising a designated psychiatric nurse from the HA, a designated school coordinator and a school social worker as the core members who work closely with the psychiatric teams of the HA, the school-based educational psychologists, teachers and social workers from relevant social service units (including Integrate Family Service Centers , Medical Social Services Units, Family and Child Protective Service Units (FCPSUs), etc.) to provide support services not only to students with mental health needs but their carers. The service components include comprehensive assessment, care and support plan, multi- disciplinary interventions, regular case conferences and training.

(Responses to Recommendation S14)

Hospital Authority (HA)

Child & Adolescent (C&A) Psychiatric Service of the HA

- C&A Psychiatric Service of the HA comprising healthcare professionals in various disciplines provides early identification, assessment and treatment services for children and adolescents in need. The multi-disciplinary professional team, involving doctors, clinical psychologists, nurses, speech therapists, occupational therapists and medical social workers, provides a range of appropriate treatment and follow-up for children and adolescents, including in-patient service, specialist out-patient service, day rehabilitation training and community support services, according to the severity of their clinical conditions, with a view to enhancing their speech and communication, sociability, emotion management, problem solving, learning and life skills.

Student Mental Health Support Scheme (SMHSS)

- The Health Bureau (formerly known as Food and Health Bureau), in collaboration with the EDB, HA and SWD, has launched the SMHSS since the 2016/17 school year based on a medical-educational-social collaboration model. Under the SMHSS, a multi-disciplinary team, comprising a psychiatric nurse of the HA, a designated teacher and a school social worker, is formed in each participating school and works closely with the psychiatric team of the HA, the school-based educational psychologist, relevant teachers and social workers from relevant social service units to provide support to students with mental health needs in the school setting.

Social Welfare Department (SWD)

- IFSCs/Integrated Services Centres (ISCs) maintain close contacts with NGOs and district organisations, including the offices of council members, women's associations, and community groups, etc. These organisations can refer individuals or families in need to IFSCs/ISCs for services. In addition, in order to further reach out to families in need but lack of motivation to seek help (including single-parent families) and to respond to their concerns at an early stage, IFSCs/ISCs regularly set up street counters in public housing estates or places with high pedestrian flow. Through outreaching services, IFSCs/ISCs introduce various welfare support services to the families in need and encourage them to receive necessary assistance.

Hong Kong Police Force (HKPF)

- As a general principle, when police officers execute their duties, officers will exercise caution to ensure the safety of all individuals at scene, including young persons if any. At the same time, during the execution of arrest warrants or any other court orders, police officers are duty bound to uphold the justice with due consideration to confidentiality and integrity of the investigation.

- It is agreed that multi-disciplinary collaboration should be strengthened to address the well-being and welfare of any young persons involved in the execution of police duties (i.e. execution of warrant in the instant case). In situations similar to the instant case, in order to balance the welfare of the young person involved and the confidentiality of the police operation, the probation officer (or any other responsible social worker) may take a proactive role in providing information to the police about the youth's special background or welfare needs.

(III) To Parents (Not to Over-Emphasis on the Academic Aspect of Children)

(Response to Recommendation S15)

Education Bureau (EDB)

Promote parent education

- The EDB launched the Curriculum Framework on Parent Education (Kindergarten) and Curriculum Framework on Parent Education (Primary School) (collaboratively named as the "Frameworks") in September 2021 and December 2022 respectively to enable parents to understand children's development and learning needs in a systemic manner. Besides, the EDB commissioned a tertiary education institution to organise parent education programmes for parents of kindergartens and primary school students with reference to the Frameworks and develop e-learning resources to help parents foster the healthy and happy growth of their children since early childhood.

- The EDB has launched the Positive Parent Campaign (the Campaign) and organised different activities to promote positive parent education as well as the proper ways and attitudes of raising children. In recent years, competitions and activities organised under the Campaign include the Video Production Competition on Parent Education "Light Up a Bright Future with Your Child" and "Playtime with Children" activity series, aiming to encourage parents to adopt positive parenting approach to nurture their children. Besides, positive parenting messages as well as strategies are disseminated at the parents' talks during Primary One Admission seminars and Secondary One Admission seminars.

- The Committee on Home-School Co-operation (CHSC) has been conducting different theme-based parent talks covering areas of parenting skills, nurturing positive kids, parent-child communication, children's developmental needs and caring children's mental and psychological well-being, etc., with a view to enhancing parents' understanding and skills to handle their children's emotional and behavioural problems. In the 2022/23 school year, the content of the series of parent seminars for parents of kindergarten students and primary students respectively organised by CHSC covers how to help parents understand the methods that can help improve children's learning motivation, how to deal with children's learning difficulties, and how to make good use of home-school co-operation and community resources to deal with children's learning difficulties.

Social Welfare Department (SWD)

- To meet the needs of the families, IFSCs/ISCs organise specifically-designed groups and programmes (such as mutual help groups and talks) to strengthen their supportive network. Moreover, through counselling, family life education, parent-child activities, volunteer training, groups and programmes, etc. IFSCs/ ISCs provide parents with parenting skills and emotional counselling services to help them care for individual's psychological health, enhance effective parenting, strengthen parent-child relationship, and face life challenges positively.

(Response to Recommendation S16)

Education Bureau (EDB)

Promote parent education

- The EDB set up a one-stop parent education website "Smart Parent Net" (www.parent.edu.hk/en) in 2018 to provide parents with information on supporting physical and psychological development of students, which includes parent-child relationship, parenting skills and emotional management of parents. To reach parents in a more proactive manner, the EDB launched in May 2023 the social media platforms including Facebook and Instagram theme pages and the YouTube channel of the "Smart Parent Net" to feed parents with instant, up-to-date and diverse parent education resources.

Social Welfare Department (SWD)

- To promote and educate the public, the SWD has produced and uploaded to the SWD's social media and YouTube Channel a short video on preventing student suicide to raise the public's concern over the issue of student and deliver the message of cherishing life.

(Response to Recommendation S17)

Social Welfare Department (SWD)

- Currently, the 21 Family Life Education Units through talks, groups, seminars, exhibitions, workshops, mass media programmes, etc. help individuals acquire knowledge, and develop proper attitude and skills in handling family affairs and problems at different stages of the life cycle. Family life education also impart proper knowledge, skills and attitude to the public concerning the developmental paths of the individual and his/her family, including sex education.

(Response to Recommendation S18)

Education Bureau (EDB)

<u>Promote parent education</u>

- The Committee on Home-School Co-operation (CHSC) organises different competition series and activities every year, and organises a prize presentation ceremony to commend the award-winning students and their parents. In the 2022/23 school year, the competitions organised by CHSC include the parent-child colouring competitions with the annual theme of "Home-School United in Love and Care, Students' Growth with Joy to Spare", as well as the four-panel comic drawing competitions and the thanksgiving card design activity, with a view to developing personal interests and potential, and building self-confidence through learning activities other than academics. The "We Did It!" Award Scheme organised by CHSC in the 2022/23 school year also aims to award parents who play an active role in supporting their children's participation in non-academic activities so as to foster their multi-intelligences, and recognise students who actively participate in these activities to develop their interests and challenge themselves.

To Parents (Handling Children's Addiction to Online Game)

(Response to Recommendation S19)

Education Bureau (EDB)

Related support on information literacy and e-Safety

- The EDB has been providing teachers with relevant professional development programmes and e-learning resource kits, and collaborate with different Government departments and NGOs to produce videos and teaching materials to assist schools in conducting relevant parent education in nurturing their children's ability and attitude to use information and communication technology effectively and ethically, including healthy use of the Internet. In addition, the EDB also organises seminars to help parents cultivate good habits of their children in using information technology in daily life and study, refraining from Internet addiction. Besides, a telephone hotline has been set up to provide individual support for parents, teachers and students in need. A list of relevant resources produced by different Government departments, including the EDB and NGOs, has been uploaded onto the website of the EDB for easy reference by teachers, parents and students.

- Since the 2017/18 school year, the EDB, Hong Kong Education City and CHSC have been jointly organising a series of parent talks each year engaging professionals and social workers to brief parents on effective parenting for Net Generation, information literacy, youth online culture, ways to guide children to avoid unethical use of digital technologies, eye care tips for e-learning, online risks and tips for handling internet addiction of children and ways for protecting their children from cyberbullying, etc.

To Parents (Mental Health of Children)

(Response to Recommendations S20 and S21)

Department of Health (DH)

- Through an array of traditional and emerging publicity channels in the community, the "Shall We Talk" initiative reaches out to all walks of life (including parents). The one-stop thematic website of "Shall We Talk" has set up a dedicated page for parents, with a view to understand mental health, as well as ways to support their children and manage stress.

- The Child Assessment Service (CAS) of the DH has developed a lot of parenting resources to support parents of children with SEN including ADHD, autism spectrum disorder and Anxiety Disorder. Parents can access these resources through individual counselling after assessment, printed factsheets and community resources lists, online parent training videos and factsheets in CAS website, YouTube channel or Vimeo platform. These resources aim at empowering the parents on their understanding of their children's condition and how to parent and support their children.

Education Bureau (EDB)

Support for parents with students with special educational needs

- The EDB has launched the "SENSE" information website (sense.edb.gov.hk/en). The website contains information on the policies, measures and resources of integrated education (IE) and provides information like schools' sharing of practical experiences to facilitate access by schools and parents to the latest information and online resources on IE for supporting students with SEN. To help parents support their children with SEN, the EDB has published the "Parent Guide on Whole School Approach to Integrated Education", the Parent Education Series pamphlets on ADHD and a series of pamphlets on nurturing children with SEN. All these have been uploaded onto the "SENSE" website for parents' reference. The EDB also from time to time disseminate online information to parents on supporting children with SEN and arrange workshops and seminars, etc., for parents. As the aforementioned measures are mainly carried out by the EDB officers, the expenditure involved is subsumed under the recurrent expenditure of the EDB.

- In addition to that, the EDB requires Special Educational Needs Coordinators to enhance home-school co-operation at school, work with parents to support students with SEN and collaborate with different professionals such as school-based educational psychologists, school-based speech therapists, school social workers and teachers through a multi-disciplinary team approach. They provide support to parents of children with SEN in schools by different means, including consultation, meetings and seminars.

(Response to Recommendation S22)

Department of Health (DH)

- Adolescent Health Programme (AHP) of the Student Health Service of the DH provides out-reaching health promotion services to secondary school students, their parents and teachers in the school setting. The aim is to improve the psycho-social health of of adolescents by empowering them with necessary basic life skills which covers areas on stress management, problem solving etc. Such training serves to help adolescents establish a positive attitude and outlook so that they would be able to deal with changes and challenges with confidence during their development. Students are encouraged to seek early professional help if they have emotional or depressive symptoms. AHP also has a programme for enhancing teachers and parents' awareness and handling of susceptible adolescents for the prevention of adolescent suicide.

- Besides, enrolled primary and secondary school students at the Student Health Service Centre will be given an annual appointment for health screening including screening for psycho-social health and behavioural problems. Counselling and advice are provided according to the screening results and concerns raised by students/parents. Students may be referred to clinical psychologists of Student Health Service, school social worker, the SWD, NGOs or HA's psychiatric specialists for further assessment and follow up as appropriate.

- Parents and students can also access health information related to emotional and mental health at Student Health Service website.

Education Bureau (EDB)

Provide gatekeeper training for parents and relevant resource

- The EDB has been organising "Positive Vibe @Home Thematic Online Workshops on Parent Gatekeeper Training" on a regular basis since the 2020/21 school year, inviting clinical psychologists to provide "gatekeeper" training for parents of primary and secondary students in Hong Kong. The number of workshops has increased from four in the 2020/21 school year to 16 in the 2022/23 school year. In the 2022/23 school year, the EDB rolled out additional thematic "gatekeeper" online workshops for parents on four topics, namely strengthening children's adaptability, supporting children in dealing with study pressure, enhancing children's resilience, and skills in supporting children with mental health needs. The corresponding videos were uploaded onto the "Mental Health @ School" website for easy browsing of parents. We also produce useful tips, factsheets and pamphlets for reference of parents, including pamphlets giving a brief introduction on various types of mental illness (such as depression and anxiety disorder) and the "Safeguard Children's Mental Health – Prevent Youth Suicide" factsheet for parents. Such materials have been uploaded onto the "Mental Health @ School" website, with a view to helping parents early identify and support students with mental health needs.

(Response to Recommendation S23)

Hospital Authority (HA)

Child & Adolescent (C&A) Psychiatric Service of the HA

- The multi-disciplinary professional team of the C&A Psychiatric Service of the HA, involving doctors, clinical psychologists, nurses, speech therapists, occupational therapists and medical social workers, provides parents and carers of the children and adolescents in need with information on the respective diseases and medications so as to enhance their understanding of the symptoms and treatment needs of their children. The professional team also maintains close communication with related organisations, such as early training centres and schools, to provide support according to the developmental needs of the children and adolescents.

HA Mental Health Direct

- The HA has established a mental health advisory hotline, namely Mental Health Direct Hotline (Tel: 2466 7350), to provide support for ex-mentally ill persons and their carers (including children and adolescents with mental health needs and their parents). Manned by professional psychiatric nurses, the hotline provides professional advice on mental health issues for patients with mental illness, their carers, the relevant stakeholders and members of the public. The hotline operates around-the-clock so that persons in need may call and seek assistance at their convenience.

To Parents (Separation or Divorce of Parents)

(Response to Recommendation S24)

Social Welfare Department (SWD)

- SWD has set up five Specialised Co-parenting Support Centres (SCSCs) operated by NGOs since October 2019 in Hong Kong to provide one-stop co- parenting support services for separated/divorcing/divorced parents (the parents) and/or their children, to assist the parents in carrying out parental responsibilities based on a child-focused principle, strengthen parent-child connection and provide support to children affected by parental separation/divorce and family change to promote their healthy growth and development. Such services include co-parenting counselling, parenting co-ordination service, structured parenting groups or programmes, child-focused counselling, groups or programmes, as well as children contact service.

- On publicity side, the thematic website on "Parenthood Goes On" provides reference materials related to co-parenting and relevant groups/programmes which needy parents and their children are encouraged to participate in. The five SCSCs and the SWD's district service units also publicise messages of parental responsibility and advocate seeking early assistance when facing difficulties.

- Currently, 65 IFSCs and two ISCs operated by the SWD or subvented NGOs provide a spectrum of preventive, supportive and remedial welfare services including casework counselling, consultation service, outreaching service, financial assistance and service referrals etc. for individuals and families in need, including single-parents families.

(IV) To Students (Heighten Awareness of Peers' Suicidal Expression and Gate-keeper Training)

(Response to Recommendation S25)

Education Bureau (EDB)

Promote gatekeeper training for students

- The EDB has commissioned an NGO to launch the "Peer Power – Student Gatekeeper Training Programme" since the 2019/20 school year, which aims to provide training to students to become "Peer Leaders", enhance their knowledge about mental health and skills in managing their own stress and emotions, equip them to identify and address the needs of their peers, and promote positive coping and help-seeking culture in schools. The number of participating schools has increased from six in the 2019/20 school year to 40 in the 2022/23 school year.

To Students (Loss in Courtship)

(Response to Recommendation S26)

Education Bureau (EDB)

Strengthen sex education

- Sex education is an integral part of values education in secondary and primary schools. The school curricula allow schools to enhance students' understanding of knowledge related to sex education from an early age while developing their interpersonal and critical thinking skills and nurturing their proper values, attitudes and behaviour through different subjects, school-based cross-curricular values education and life-wide learning activities inside and beyond classroom. Learning elements related to sex education, including puberty, making friends, dating, respecting others, cherishing and protecting one's body, and gender relationships, etc., have been embedded in the curricula at secondary and primary levels. The Values Education Curriculum Framework (Pilot Version) released in 2021 also clearly sets out relevant learning expectations at different learning stages for schools' reference in planning their school-based sex education curriculum and relevant learning activities.

- To support schools in strengthening sex education, the EDB has been updating and developing learning and teaching resources of different themes for teachers' use. The EDB has also been organising various teacher professional development programmes, including commissioning or inviting relevant organisations/bodies and Government departments to co-organise sex education-related courses and seminars in order to enhance teachers' professional knowledge and pedagogy in implementing sex education.

To Students (Internet World and Online Games)

(Response to Recommendation S27)

Hong Kong Police Force (HKPF)

- The Police has all along been actively collaborating with Government departments and NGOs to promote education and publicity, raising awareness about child protection. Initiatives include the annual "Child Protection Campaign" and the launch of the "ChildProtection.gov.hk/en" web application and animations, among others, providing information and knowledge on child protection, including preventing children from falling into cyber traps.

- In Q1 2024, the Police will continue its efforts by organising a multidisciplinary seminar to address child sexual abuse in the cyber world, with a focus on the exploitation of children through online platforms, including social media and online games. Practical advice will be shared to empower parents and teachers in preventing such abuse.

8.3 Accident Cases

(I) Suffocation (Toy Safety)

(Response to Recommendation A1)

Department of Health (DH)

- Regarding the toy safety, FHS website has made the hyperlink to the "Toys and Children's Products Safety" webpage of the Customs and Excise Department. Moreover, FHS will strengthen the health education for the public, parents-to-be and new parents on toy safety via developing a new leaflet and health talk.

Customs and Excise Department (C&ED)

- Hong Kong Customs is committed to the protection of consumer interests and regularly conducts spot checks and safety tests on toys and children's products to ensure that they are reasonably safe for use. The C&ED would take appropriate follow-up actions against unsafe toys or children's products under the Toys and Children's Products Safety Ordinance ('TCPSO'). TCPSO stipulated that it is an offence to supply, manufacture or import unsafe toys or children's products.

- The C&ED has also regularly provided education programmes or seminars, urging traders to comply with the requirements of TCPSO. Parents are also reminded to be aware of the safety of toys and children's products in the market, and take heed of the warnings as well as the usage instructions beforehand to ensure the safe use of toys and children's products.

Fire Services Department (FSD)

- In the event of receiving an emergency call of "choking", after dispatching an ambulance, the call-taker of Fire Services Communications Centre (FSCC) will provide immediate, comprehensive and appropriate post-dispatch advice (PDA) to assess the level of obstruction to patient's airway by foreign object and render further first aid advices.

Suffocation (Home Furniture Safety - Folding Table)

(Response to Recommendation A2)

Housing Department (HD)

- Posters of the SWD have been arranged to be displayed at prominent areas of the lift lobby of each domestic block of public housing estates to enhance residents' awareness on children home safety.
- The message of promoting child care and child protection will be disseminated to public housing residents through the Estate Newsletters distributed to them.

Hong Kong Housing Society (HKHS)

- Posters of Parent-child Support Line have been put up in the lift lobbies to alert the residents of related information.
- Home safety posters relating to caring for children to be obtained from related organisations and posted up in the lift lobbies.

(Response to Recommendation A3)

Department of Health (DH)

- The MCHCs of the DH provide a comprehensive range of health promotion and disease prevention service for children from birth to five years. Parents-to-be and parents of young children are provided with anticipatory guidance on childcare (including home safety), child development and parenting issues through various channels.
- Ensuring a safe home environment is a key role of parents, the MCHC has strengthened its health advice on home safety for carers. Parents attending MCHCs will be provided with home safety information relevant to the age of their children. Parents of newborn babies and they are asked to complete a home safety check list and then reviewed by nurses. Relevant advice and follow up will be arranged as necessary. For families identified to have specific risk conditions and needs extra supports, they will be referred to relevant social services for further management.

- A series of Cue Card for parents with important health messages and QR code to relevant leaflets, including reminders on home safety, are given out to parents after each nurse interview. The attending nurses will go through and highlight the relevant salient points with the parents.

Fire Services Department (FSD)

- If the neck of a child is trapped by the legs of foldable table, the call-taker of FSCC will dispatch fire appliance(s) to extricate the child and ambulance(s) to convey the child to a hospital after first aid is rendered at scene.

- In case that only ambulance service is required (for example, the child has been saved from danger but reported suffering from suffocation), the call-taker of FSCC will, after dispatching an ambulance, provide immediate, comprehensive and appropriate PDA to assess the effectiveness of breathing of the patient and render further first aid advices.

Customs and Excise Department (C&ED)

- Hong Kong Customs has regularly conducted market surveillance and spot checks on folding tables supplied at retail level with a view to identifying unsafe tables for appropriate follow-up action under the Consumer Goods Safety Ordinance. The ordinance stipulates that it is an offence for a person to manufacture, import or supply consumer goods not in compliance with the general safety requirement.

- The C&ED has also regularly provided education programmes or seminars for the furniture association and their members. The programmes and seminars aim to raise their awareness of manufacturing, importing or supplying folding tables with locking devices and safe furniture, in order to compile with the general safety requirement and to prevent kids from potential injury hazards posed by unsafe furniture.

Consumer Council (CC)

- The CC supports the Child Fatality Review Panel to reiterate the importance of home furniture safety, especially in the safety of folding tables, and to raise public awareness in this area.

- A folding table poses a significant safety risk within households. The majority of fatal accidents involving folding tables occur when the table is overturned and the legs are not securely locked. According to the Consumer Goods Safety Ordinance (Cap. 456), all folding tables are required to comply with the general safety requirements, which need to be equipped with safety locking devices to ensure the legs of the table will not accidentally fold up.

- The CC conducted a survey of folding tables in 2011, it was found that some models did not come with safety devices, and some models even though were installed with safety devices, did not have the necessary instruction labels on how to use the safety devices while in other cases user instructions or safety warnings were omitted.

- The locking mechanisms of folding tables may vary across different products available in the market. Some folding tables may have locking devices that can be easily unfastened or disengaged, potentially increasing the risk of accidents. To address the concerns, the CC suggests that the relevant Government department in Hong Kong to conduct more frequent surveillance checks on folding tables. These checks would ensure that locking mechanisms are properly in place for folding tables, and the lock can be securely fastened, and not easily deactivated, particularly by children.

- Furthermore, it is essential to label the folding table products with appropriate user instructions that clearly outline how to utilise the safety devices. Such labeling serves as a crucial safety reminder for consumers, ensuring that they are aware of the proper usage of the locking mechanisms.

- The CC has also observed instances where parents and caregivers unfasten the locking devices in folding tables for the sake of convenience. However, this behaviour would pose a potential threat to the safety of children in the vicinity. It is therefore imperative to raise public awareness, specifically among parents and caregivers, regarding the significance of consistently activating the safety locking devices. This is particularly crucial in households with young children.

- Additionally, it is vital to remind parents and caregivers to maintain close supervision of their children at all times and to prevent them from playing alone near folding tables or treating the table as a toy. By emphasising these precautions, the risk of accidents can be further minimised, promoting a safer environment for children.

Suffocation (Sleeping Arrangement)

(Response to Recommendations A4 and A5)

Department of Health (DH)

- Please refer to Response to Recommendations N3-N5 for Natural Cause Cases by the DH.

Suffocation (Food Choking Hazard)

(Response to Recommendations A6 and A7)

Education Bureau (EDB)

- Learning contents of good eating habit and choosing healthy food were included in General Studies subject.
- The EDB will continue to remind aided special schools that they should pay attention to the logistic in food distribution and the meal arrangement for children with special diets living in boarding section subvented by the EDB.

(II) Falls from Height (Unlocked, No Installation or Poor Maintenance of Window Grilles/Leaving Children Unattended at home)

(Response to Recommendation A8)

Department of Health (DH)

- An e-book called "Domestic Safety Handbook" was published by DH in 2019, in consultation with the Electrical and Mechanical Services Department, Coroner's Court and Consumer Council, to highlight injury hazards and safety precautions in relation to furniture, electronic appliances and general equipment which can easily be found in the domestic setting in Hong Kong. Safety recommendations related to common home equipment such as window frame is included in this e-book. Parents are one of the major targets of this handbook.

Social Welfare Department (SWD)

- The SWD uploaded on its social media platform the thematic videos of home safety produced by Commission on Children in end 2022 for raising the public awareness on child protection. The SWD will continue to assist in promoting home safety to raise the public awareness on child protection.

Fire Services Department (FSD)

- In the event of receiving an emergency call of "person fell from height", after dispatching an ambulance, the call-taker of FSCC will provide immediate, comprehensive and appropriate PDA to assess the level of injuries and consciousness of the patient, and render further first aid advices to stabilise the patient's condition.

(Response to Recommendation A9)

Department of Health (DH)

- Apart from individual advice, parents/carers and publics can also access different printed and audiovisual home safety health education resources (including prevention of falls by not to leave young child alone at home, always keep an eye on children at home and during outdoor play, install window guards and fences or wire meshes around balconies, use folding tables or chairs with safety lock, proper disposal of plastic bags to avoid suffocation etc.) for children of different age groups through FHS website. https://www.fhs.gov.hk/english/health_info/class_topic/ct_child_health/ch_home_safe.html

- Information on different child care services is also introduced to parents-to-be and parents to increase their awareness and use of these services to avoid leaving children unattended at home. Information leaflets on various child care services produced by the SWD are also available in MCHCs.

Social Welfare Department (SWD)

- The SWD has adopted the publicity themes of "not leaving children unattended" and "taking proper care of children" to raise the parents/carers' awareness of the possible consequences of child neglect. The SWD has also produced a microfilm "No neglect of children. Seek help. Don't wait" and different promotional materials to enhance the public awareness on child neglect and to educate the public not to ignore the child's basic needs. The said microfilm has been uploaded to the SWD's social media and YouTube Channel to continue promoting the message to the public.

- The SWD provides needy parents with a flexible form of day child care service at the neighbourhood level and, at the same time, to foster mutual help and care in the community through the Neighbourhood Support Child Care Project. Besides producing publicity materials to promote day child care services by the SWD regularly, the service operators also conduct promotional activities in their districts including setting up street stands, distributing leaflets and hanging promotional banners, etc.

(Response to Recommendation A10)

Social Welfare Department (SWD)

- The SWD has tightened the ratio of residents of different care levels for classifying mixed Residential Care Homes (Persons with Disabilities) (RCHDs) and strengthened the regulation on care for children with disabilities by revising the Code of Practice for RCHDs which took effect in January 2020. Appropriate measures have been adopted to provide a stable and safe environment in RCHDs for the children with disabilities, such as maintaining effective communication with residents' guardians/guarantors/family members/relatives on individual care plans and installation of suitable security facilities, e.g. closed-circuit television systems, digital door locks, sensory alarms, etc.

(III) Fire Accident

(Response to Recommendation A11)

Consumer Council (CC)

- The CC supports the Child Fatality Review Panel's recommendations to provide and strengthen public education on home safety about selection of qualified electrical goods and reliable shops.
- The CC has regularly published safety test reports on electrical products to educate consumers about selecting safe electrical goods. These reports not only help consumers identify which products meet safety standards but also alert them about the potential risks of substandard products. The CC believes that providing consumers with knowledge about selecting quality electrical goods and trustworthy shops is paramount in reducing the risk of accidents.
- The CC recognises the potential dangers associated with overcharging lithium-ion batteries, particularly in electric scooters, which can result in overheating and fire hazards. To address this concern, the CC emphasises the importance of widely publicising the correct charging procedures for batteries to the general public. The public should be educated on essential charging practices, such as avoiding overcharging batteries and never leaving electric scooters or any home electronics unattended during the charging process. These guidelines serve as vital reminders to promote safe charging habits and prevent potential accidents. Furthermore, it is imperative to educate the public about the proper storage and charging locations for electric scooters. Individuals should be advised to avoid storing or charging their scooters in escape routes or in close proximity to combustible or flammable materials. By adhering to these precautions, the risk of fire incidents can be minimised.
- The CC would publish relevant articles to raise consumer's awareness in battery safety and to provide knowledge of best practices in the usage and maintenance of lithium-ion batteries as appropriate.

- Currently, the using of Electric Mobility Devices (EMDs), for example: electric scooters, electric unicycles, electric hoverboards, electric skateboards, electric bicycles, etc. on carriageways, footpaths or cycle tracks is not allowed under the Road Traffic Ordinance (Cap. 374), its subsidiary legislation and other relevant legislation. These products would not be licensed or registered as motor vehicles as they are not suitable for sharing road space with ordinary vehicles nor using on pedestrian roads.

- The CC believes that regular surveillance checks by relevant Government departments are crucial in monitoring the quality and safety of EMDs in the market. By doing so, Government departments can identify non-compliant products and take appropriate actions to protect consumers from potential hazards.

- Apart from electrical safety, the physical and mechanical safety of the scooters is indeed crucial. In a test conducted by the CC on children's scooters published in the September 2017 issue of the CHOICE Magazine, it was observed that certain models exhibited weakness in the strength of their steering tube and platform. This deficiency could potentially lead to breakage and collapse, posing a risk for young children who may lose balance and fall off the scooter.

- Moreover, the CC also recommends strengthening parental education about the importance of providing children with appropriate protective devices, such as helmets and knee and elbow protective shields, when they are playing with toy scooters. These protective devices should be selected based on the child's head size and age to ensure optimal fit and protection.

(Response to Recommendation A12)

Fire Services Department (FSD)

- In case of fire, loss of life or severe damage to property may be resulted if the fire occurs without giving early warning to, or being noticed by the occupant(s). To facilitate citizens to evacuate when fire breaks out, FSD is actively promoting a wider use of stand-alone fire detector (SFD) is the simplest and most practical way.

- An SFD is a device that detects fire and alerts building occupants upon its activation. The purpose of installation of SFD is to give early warning to occupants at the incipient stage of a fire that enables the occupants to evacuate before the escape route becomes impassable due to the effects of exposure to smoke, heat or toxic effluent.

- FSD has integrated the departmental policies of promotion and education on public safety, as well as the departmental publicity activities into a new Public Safety and Communication Division (PSC) in July 2022.

- The PSC reaches out to different age and community groups through platforms such as social media (Facebook, WeChat, Instagram and YouTube), publicity campaigns, advertisements and exhibitions, in a bid to raise the public's awareness of emergency preparedness as well as their response capabilities in case of danger or emergencies, which can be grouped into three broad categories, namely "Extinguish and Prevent Fire", "Self-help and Help Others" and "Escape and Evacuate". Represented by three different colours, i.e. red, yellow and green, these skills are collectively termed the "three basic skills on emergency preparedness". Getting a good grasp of the "three basic skills on emergency preparedness" will help strengthen public's capabilities in dealing with emergencies or contingencies. Besides, the "AED Anywhere for Anyone" (AAA) Programme aims to facilitate the provision and use of automated external defibrillator (AED) in the community.

- FSD will continue strengthening public education on the home fire safety as well as skills on emergency preparedness in order to enhance the capabilities of the public in dealing with emergencies or contingencies.

(IV) Traffic Incident

(Response to Recommendation A13)

Road Safety Council (RSC)

- The RSC concerns about children's road safety and has been endeavouring to deliver road safety message to children and their guardians via series of education and promotional activities.

- The RSC has been cooperating with relevant organisations to promote road safety in different ways through online and offline channels with the road safety theme – "Keep Your Cool on the Road – Stay Alert, Stay Alive" in order to achieve the vision of "Zero Accidents on the Road, Hong Kong's Goal". In the meantime, the RSC aims to educate and propel the public to develop a positive attitude and consciousness of road safety with a clearer, more concise, and easier-to-remember theme as a promotional slogan.

- The RSC produced a series of Announcements in the Public Interest (API) for both television and radio, such as "Driving attentively and pedestrians' attentive use of roads" and "Be a Responsible Road User" to promote the messages of pedestrian safety. In 2023, the RSC produced a new TVAPI to promulgate the new theme of "Keep Your Cool on the Road - Stay Alert, Stay Alive". The TVAPIs emphasised road safety messages to remind drivers to be aware of 'blind spots' of large vehicles, and to encourage pedestrians to use crossing facilities properly and don't cross the road where there are parked vehicles.

- In order to convey road safety messages to road users more effectively, the RSC wrapped up the Traffic Signal Controllers near 30 traffic black sites with simple and amusing phrase posters together with distinctively designed promotional stickers to remind road users to be attentive, patient, and law-abiding to prevent traffic accidents.

Transport Department (TD)

- The Government attaches great importance to road safety. TD published an updated Road Users' Code (RUC) in June 2020, which provided rules and advice on crossing roads. The RUC reminds children not to carry out any other activities when crossing roads, such as eating, drinking, playing mobile games, using a mobile phone, listening to any audio device or talking. The RUC is available on TD's website (https://www.td.gov.hk/en/road_safety/road_users_code/index.html) for viewing by the public.

- TD has been collaborating with the RSC and HKPF to promote road safety among road users (including parents and children) through various publicity and education channels. These includes distributing the 58th Issue of the Road Safety Bulletin "Be Cautious when Children on the Road" (https://www.td.gov.hk/filemanager/en/content_182/rs_bulletin_58.pdf), broadcasting publicity episodes in TVB Scoop, installing publicity covers on the existing traffic signal controllers, organising road safety seminars for primary and secondary schools, launching promotion video clips and feeds via RSC's social media platform (https://www.facebook.com/mr.safegg), broadcasting Announcements in the Public Interest on television and radio with topic of "pedestrian safety" (https://www.youtube.com/watch?v=_SBf1kacK7A) etc. which disseminate various road safety messages to the parents and children, such as observing the traffic rules when crossing roads, using proper crossing facilities and paying attention to road conditions before crossing etc. We will continue carrying out the publicity and education activities to enhance safety awareness of the road users.

- TD launched a trial in July 2022 by installing auxiliary devices at 4 pedestrian crossings to draw pedestrians' awareness of the traffic signal and upkeep safety at the crossings. The auxiliary device projects red light onto the pedestrian waiting area of a crossing when the "red man" is lit. The red light reflects from the ground or mobile device could serve to remind the pedestrians regarding the "red man" of the traffic signal, in particular when their heads are nodding down looking at the mobile devices. Owing to the positive results of the trial, TD will install new auxiliary devices with red light beam projections at pedestrian crossings of accident-prone sites in various districts, with the target of completing installation at a total of 100 locations by the end of 2024.

- TD implemented a trial for low speed limit zone of 30km/h at Wai Chi Street, Sham Shui Po in the neighbourhood of schools and public housing estates in 2020. A raised crossing with colour dressing was built in 2021 to calm the traffic, thus enhancing pedestrian safety and connectivity. Noting that this initiative is well received by the public, TD implemented low speed limit zones of 30km/h at five locations with schools nearby, namely Tai Hong Street and Lei King Road in Eastern, Tong Yam Street in Sham Shui Po, Muk Hung Street in Kowloon City, Man Lai Road in Sha Tin, and On Shun Street and Po Shu Lane in Yuen Long, progressively from end 2022 to mid-2023. TD will keep watch of and evaluate its effectiveness for considering further implementation in other suitable areas.

(Response to Recommendation A14)

Road Safety Council (RSC)

- The RSC values all kinds of road users. To enhance students' safety awareness of preventing cycling accidents, the RSC resumed the "Safe Cycling Training Programme" in 2022 and organised 50 courses concerning cycling safety for 36 primary and secondary schools. Through the programme, participants were able to develop a better understanding of safe cycling rules, related legislations, traffic signs, road markings and techniques for noticing road conditions.

- In 2022, the number of fatal and serious traffic accidents involving bicycles decreased to 153 cases, which has a significant drop of over 70% when compared with 2021. This indicated the effectiveness of the RSC in promoting bicycle safety.

- The RSC also displayed bicycle safety promotional signs at popular cycle track locations to remind cyclists to wear safety gear and bicycle equipment and to provide relevant road safety information.

Transport Department (TD)

- The Road Traffic Ordinance (Cap. 374) and the Road Traffic (Traffic Control) Regulations (Cap. 374G) stipulate that cyclists must observe traffic rules, including compliance with traffic signals, traffic signs, road markings and speed limits. For example, the traffic sign stating "Cyclists dismount - Use pedestrian crossing" means that cyclists should get off from bicycles and use the pedestrian crossing to cross the road.

- The TD has been collaborating with the RSC and the HKPF to promote cycling safety among cyclists through various publicity and education channels. These includes distributing the Road Safety Bulletins, installing publicity covers on the existing traffic signal controllers, placing publicity banners along the cycle tracks, organising cycling training courses for primary and secondary schools, launching promtion video clips and feeds via RSC's social media platform (https://www.facebook.com/mr.safegg) and cycling information centre (https://www.td.gov.hk/mini_site/cic/en/), broadcasting Announcements in the Public Interest on television and radio etc. which disseminate various road safety messages to cyclists, such as getting off

the bicycles for crossing roads and paying attention to road conditions before crossing the roads etc. In addition, we have been conducting regular meetings with MTR to review the traffic facilities located near the light rail stations, such as installing pedestrian warning systems and road markings etc., reminding road users (including cyclists) to observe road safety. We will continue carrying out the publicity and education activities to enhance safety awareness of cyclists.

(Response to Recommendation A15)

Road Safety Council (RSC)

- By leveraging the powerful impact of social media, the RSC published four series of publicity videos regarding "Avoid Fatigue Driving", "No Jaywalking", "Motorcycle Safety" and "Cycling Safety" on social networking sites to promote road safety.
- Additionally, the RSC's mascot, "Mr. Safegg", actively participated in various social media platforms to share road safety tips with netizens, especially the young generation, in an amusing and timely way.
- In order to propel public education and publicities on road safety, especially for children, the RSC has been working on analysing key data, investigating the causes of traffic accidents, cooperating with the Traffic Branch Headquarters to deliver road safety knowledge to students in a vivid way, and distributing souvenirs, to enhance children's awareness of road safety; hence, to improve road safety in rounded.

(V) Drowning Accident

(Response to Recommendation A16)

Education Bureau (EDB)

- Schools should refer to all relevant regulations as laid down in relevant EDB circulars and the latest "Guidelines on Extra-curricular Activities in Schools" and "Guidelines on Outdoor Activities" (the Guidelines) issued by the EDB before organising extra-curricular activities and outdoor activities. Among others, the Guidelines specified that schools should inform parents of the details of organised activity. Special attention should be paid to outdoor activities for which schools should ask in writing for the parental consent of the participants.

- The EDB has all along been encouraging schools to enhance their communication and collaboration with parents proactively, establishing effective communication channels, and strengthen the roles and responsibilities of parents, so as to work jointly in providing students with appropriate care.

(Response to Recommendation A17)

Agriculture, Fisheries and Conservation Department (AFCD)

- To remind the licensees to comply with the Marine Fish Culture Ordinance (Cap. 353), the Conditions of the Licence to Culture Marine Fish and the Conditions of the Consent for Recreational Fishing, AFCD issues a letter to the licensees on a regular basis. Incompatible activities, including but not limited to swimming and water sports activities, are prohibited. AFCD also requires licensees operating recreational fishing businesses to post a "Code of practice for recreational fishing on mariculture raft" notice and to distribute a leaflet to remind the public not to swim or engage in water sports.
- AFCD will strengthen patrols and take enforcement actions against incompatible activities in fish culture zones (FCZs). The code of practice for recreational fishing on mariculture rafts has been publicised on the AFCD webpage to remind the public not to engage in water sports in FCZs and to look out for safety on mariculture rafts.

(Response to Recommendation A18)

Leisure and Cultural Services Department (LCSD)

<u>Education and publicity on water safety</u>

- Notices and public announcement messages are put up and broadcast at public swimming pools and beaches to remind swimmers to take care of their children.
- Swimmers' Handbook is produced and uploaded to LCSD webpage for public access.
- The Water Safety Campaign, water safety slogan competition and poster design competition are organised in May and June annually with a view to disseminate messages on water safety to the public.
- APIs are broadcast to promote water safety at swimming pools and beaches.

8.4 Assault and Non-natural Unascertained Cause Cases

(I) Mental illness/Suspected Mental Health Problems of the Perpetrators being Main Carers

(Response to Recommendation AS1)

Department of Health (DH)

- The "Shall We Talk" initiative will continue to emphasise on the theme of timely help seeking. The initiative will also continue to promote positive messages on mental health, with a view to enhancing public knowledge and awareness of the importance of maintaining their own mental health, paying attention to the mental health condition of people around them, and seeking help from professionals in a timely and prompt manner.

Hospital Authority (HA)

- The Comprehensive Child Development Service (CCDS), jointly implemented by the Labour and Welfare Bureau, EDB, DH, HA and SWD, aims to early identify and timely support mothers at-risk and with postnatal depression and families in psychological needs, and refer them to appropriate health and social services, including psychiatric services, parenting programmes, family planning education, counselling service, supportive groups and programmes, and even drug detoxification service etc., to help them adjust the physical and psychological changes during pregnancy and cope with the stress of taking care of a newborn baby.

Social Welfare Department (SWD)

- The ICCMW, through collaboration with different medical and welfare service units, provides community mental health support services ranging from early prevention to risk management for persons with mental health needs (including carers).
- Besides, the Mobile Van for Publicity Service on Mental Wellness is set up to step up community education, promote the public's awareness on mental wellness and develop positive help-seeking attitude/behaviour.

(Response to Recommendation AS2)

Social Welfare Department (SWD)

- A range of preventive, supportive and remedial programmes/services are provided to enhance public awareness and to help the individuals and families to cope with adversities and strengthen their support network.

(Response to Recommendation AS3)

Hospital Authority (HA)

<u>HA Community Psychiatric Services</u>

- The multi-disciplinary teams of the community psychiatric service (CPS) of the HA, involving doctors, nurses, clinical psychologists, occupational therapists, medical social workers and peer support workers etc., provide appropriate community support services to patients with mental health problems residing in the community, having regard to their severity of the condition and clinical needs. The healthcare professionals in the CPS mainly provide necessary community support services, including, among others, mental health assessment, disease management, training and crisis intervention, to facilitate patients' re-integration into the community. They also offer support and advice to patients' carers and families as appropriate and promote mental health in the community.

- Since 2010/11, the HA launched the Case Management Programme by phases to provide intensive, continuous and personalised support for patients with severe mental illness. Under this Programme, case managers will also work closely with various service providers, particularly the ICCMWs subvented by the SWD, in providing coordinated support to needy patients in the community. By 2014/15, the Programme has been extended to cover all the 18 districts.

Social Welfare Department (SWD)

- The SWD all along provides a variety of training programmes to the social worker and related professionals to increase their knowledge of the common concerns and difficulties of caregivers having children with special needs and raising their awareness of the caregivers' mental health condition.

(II) Detection of Suspected Child Maltreatment Cases

(Response to Recommendation AS4)

Education Bureau (EDB)

- The Mandatory Reporting of Child Abuse Bill has been introduced to the Legislative Council in June 2023. The Government will set up an e-learning platform to provide appropriate training for mandated reporters to facilitate their early identification and reporting of suspected child abuse cases. The EDB will continue to strengthen the training for school personnel (including principals, teachers and student guidance personnel), enhance their capability in risk assessment and handling suspected child abuse cases through multidisciplinary collaboration. Besides, the EDB will have close communication with the teacher education institutes and suggest them to include contents relating to the ordinances on education and child protection in their pre-service training for teachers.

- Apart from providing training for mandated reporters, the SWD will, in collaboration with the Government bureaux/Departments (B/Ds) concerned, draw up a Mandated Reporters' Guide to assist them in identifying target cases for early identification, reporting and intervention. The EDB will collaborate with the school sector and relevant B/Ds in updating relevant circulars/guidelines, organising seminars as necessary to facilitate schools in formulating relevant measures and procedures, and enhancing school personnel's understanding of the ordinance.

Social Welfare Department (SWD)

- To early identify and provide assistance for pre-primary children and their families with welfare needs, the SWD has launched the pilot scheme from the 2018/19 school year to provide social work service in phases for pre-primary children and their families in more than 700 subsidised/aided pre-primary institutions in Hong Kong. As the pilot scheme has been effective in early identifying families with welfare needs including those at risk of child maltreatment, the SWD has regularised the social work service for pre-primary institutions (SWSPPI) in the 2022/23 school year. To further strengthen district collaboration on child protection, the SWD has adopted the district-based model for SWSPPI in the 2023/24 school year starting from four SWD districts including Eastern and Wan Chai, Sham Shui Po, Tai Po and North and Tuen Mun.

Housing Department (HD)

- Estate staff will encourage neighbourhood support for early identification and intervention for in-need hidden families. Security guards and frontline staff have been instructed to report to estate management staff and make referrals if they encounter any suspected child maltreatment cases so that at-risk children receive professional assistance as early as possible.

- Estate staff will organize community building activities to strengthen public education, enhance residents' awareness of social responsibility for child protection, and encourage the building of a spirit of caring for children in the neighbourhood, as well as provide relevant support services.

Hong Kong Housing Society (HKHS)

- To increase frontline colleagues' awareness and enhance their knowledge in handling special incidents such as suspected child abuse cases, HKHS has requested the staff and security guards to pay special attention during patrol and such alert is include in Working Instruction of "Estate Patrol".

(Response to Recommendation AS5)

Department of Health (DH)

- Family Health Service (FHS) of the (DH) provides a comprehensive range of health promotion and disease prevention services for children from birth to 5 years through a network of MCHCs in Hong Kong. Through the Integrated Child Health and Development Programme, children attend MCHCs at different ages to receive immunisation, health and developmental surveillance (HDS) and parenting service to promote the holistic health of preschool children. Parents are provided with anticipatory guidance on parenting through various means so as to equip them with the necessary knowledge and skills to bring up healthy children through positive parenting practices. In addition, MCHC also provide health education resources on postnatal mental health to mothers and their families.

- Under the CCDS, MCHCs act as one of the platforms to identify at an early stage at-risk pregnant women, mothers with postnatal depression, families with psychosocial needs, so that appropriate timely service will be provided to facilitate children's healthy development. Depending on their needs, clients will be referred to relevant health and social services.

Social Wefare Department (SWD)

- To ensure timely support for children in need in their early developmental stages, the Government continues to implement the CCDS through the platform of MCHCs under the DH, hospitals under HA and other relevant service units (e.g. IFSCs, ISCs and pre-primary institutions) to enable early identification of the health and social needs of children aged 0 to 5 and their families, including at-risk pregnant women (including pregnant women with records of substance abuse/drug-taking or suffering from mental illness), mothers with postnatal depression, families with psychosocial needs and children with health, developmental and behavioural problems, etc. Children and their families with needs will be referred to relevant health or social service units to receive appropriate health and/or social services.

(Response to Recommendation AS6)

Social Wefare Department (SWD)

- The SWD has been taking forward various publicity and public education programmes to raise public awareness on child protection. These include a series of publicity campaigns and diversified education activities in different districts, production of promotional videos to arouse public concern, promoting thematic messages of child protection through media platform including television, radio, public transport, online platforms, social media and large-scale networks, and engaging in cross-sectoral collaboration in various promotional activities and programmes for appealing for full participation in fostering child protection and prevention of domestic violence.

(III) Collaboration with Different Disciplines

(Response to Recommendation AS7)

Social Wefare Department (SWD)

- The SWD will continue to organise a wide spectrum of training programmes regularly for frontline social workers especially those working with high risk families, including the knowledge and skills in using the Parenting Capacity Assessment Framework, to enhance their professional competence, sensitivity, knowledge and skills to handle high-risk families. The SWD will also continue to arrange regular training to enhance social workers' skills in child assessment and safety plan formulation with multi-disciplinary collaboration.

- To enhance early identification of and to provide assistance to children and families in need, a task group jointly formed by the DH, HA and SWD has developed the Parenting Capacity Assessment Framework (PCAF) to assess the child care capacity of parents/carers, including assessments of risk factors and follow-up service plans. A user manual for social workers on the use of the assessment framework targeting at children aged 0 to 3 was promulgated in March 2019, which was expanded to cover children aged 0 to 6 in April 2023.

(Response to Recommendation AS8)

Department of Health (DH)

- The DH, HA, SWD and EDB have also jointly developed a Parenting Capacity Assessment Framework (PCAF) (0-6 years) for social and health sectors staff to facilitate them to assess the capacity of the families in protecting the children from risk and enhancing their children's developmental experiences, as well as to formulate feasible parenting support and welfare plans for the families according to their needs.

- MCHCs have also implemented a strengthened HDS for children from very high-risk families, e.g. substance abuse parents, families with poor compliance to health/social services, or parents with unsatisfactory parenting capacity. These children are subjected to more stringent surveillance so that potential health and developmental problems can be identified as early as possible for timely intervention and support. More frequent and comprehensive HDS interviews are arranged from newborn to 4 to 5 years. Defaulter tracing system is in place and there is close communication and collaboration with the CCDS working partners e.g. case social workers, the HA CCDS professionals etc., in case management. Psychosocial and parenting capacity assessment is performed routinely as well as on need basis. In case there is suspicion of child abuse/neglect, the necessary procedure of child protection with health and social service partners will be activated to ensure safety of the child.

Hospital Authority (HA)

- The mechanism of MDCC formed by professionals having a major role in the handling and investigation of the suspected child abuse case has been in place to share their professional knowledge and information as well as to analyze the risks and provide recommendations in relation to the welfare planning of the children.

Education Bureau (EDB)

- Schools are staffed with professionals including guidance personnel, school social workers and school-based EPs, to provide students in need with necessary support and guidance. Schools are requested to formulate school guidance policy, concrete work plans and coordinates related guidance services according to students' needs. The EDB has also commissioned tertiary institutions to provide courses, which aims at equipping teachers with necessary knowledge and skills to integrate guidance and discipline work into the school system and developing their capacity on case management, group work and collaboration with multi-disciplinary professionals. In addition, the EDB regularly conducts seminars, sharing sessions and workshops on guidance and discipline work for teachers. Experts/academics, relevant institutions and school personnel with successful experience are invited to share their insight.

Social Wefare Department (SWD)

- At the district level, there have been various mechanisms/platforms, such as District Co-ordinating Committee, multidisciplinary case conferences, task groups and focus groups, etc., for collaboration among professionals of welfare, education and healthcare sectors, and Government departments to enhance the multidisciplinary collaboration in early identification, referrals and intervention of at-risk families.

- The Protecting Children from Maltreatment Procedural Guide for Multi-disciplinary Co-operation jointly drawn up by relevant Government bureaux/departments and NGOs, provides reference for professionals of different disciplines in taking necessary actions for safeguarding the best interests of the child in the course of child protection work, with emphasis on multi-disciplinary collaboration.

- The SWD, together with the DH, HA, EDB and NGOs, had set up/strengthened the designated collaboration platform on the CCDS at district level since 2021. District Social Welfare Offices, considering individual district needs, will invite the participation of concerned units or members, such as MCHCs, IFSCs/ISCs, FCPSUs, Counselling Centre for Psychotropic Substance Abusers, NGOs operating children and youth services, and school personnel, etc.

(Response to Recommendation AS9)

Social Welfare Department (SWD)

- Social workers through various collaboration platforms, e.g. multi-disciplinary service team, case review meeting, etc., will continue working closely with professionals of different disciplines to strengthen the communication and collaborative efforts in the strategic planning, case management and joint intervention in cases identified with high-risk factors.
- Different sectors, including NGOs, medical and healthcare professionals and academics have adopted a multi-pronged and cross-disciplinary approach on case handling in terms of sharing of information so as to safeguard the best interests of the children.

(Response to Recommendation AS10)

Social Welfare Department (SWD)

- The SWD will continue to organise a variety of training activities, including sharing of good practice in child protection to foster a clinical culture for professional development and enhancement of professional competency in working with high risk families.

(Response to Recommendation AS11)

Social Welfare Department (SWD)

- The SWD continues to enhance the training for frontline related professionals through physical and online training courses/seminars/workshops, etc. to strengthen their ability on early identification of suspected child abuse cases, risk assessment, handling procedures and skills on suspected child abuse cases, etc. for protection of children from abuse.
- For strengthening staff training, NGOs operating residential child care services (RCCS) should provide frontline staff with induction, regular and ongoing training, such as courses relating to mandatory reporting of child abuse cases, basic medical knowledge, ways of handling children's emotional and behavioural problems, knowledge and skills in identifying and handling crises, etc. In addition, the SWD will provide training for frontline staff of RCCS, with a view to enhancing their knowledge and skills in identifying and handling suspected child abuse cases and strengthening their awareness of child protection.

9 THEMATIC REVIEW ON CHILD DEATHS RELATED TO HOME SAFETY
(A REVIEW FROM 2006 TO 2021)

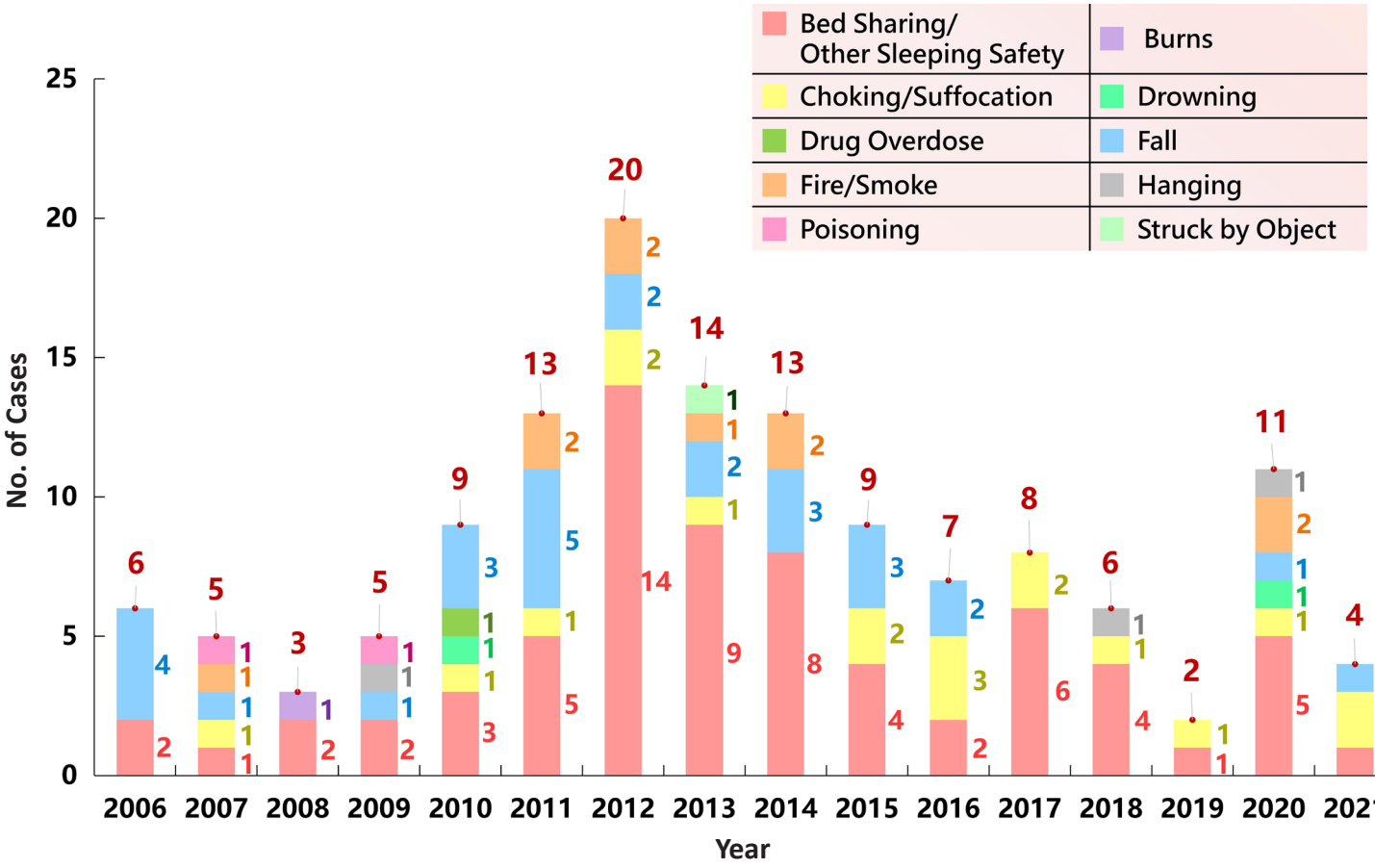
Home safety is a paramount concern for everyone as home safety issues may result in unintentional child fatalities. Unsafe conditions in the home environment may easily lead to accidents and injuries, and even bring accidental or unintentional deaths of children. Many unintentional child deaths occur at home environment could have been prevented if the community was able to raise their awareness of safety and well place proper home safety measures.

The Review Panel had reviewed a total of 135 child death cases related to home safety from 2006 to 2021, including bed sharing, unsafe sleeping arrangements, burns, choking, drowning, drug overdose, fall, fire or smoke, hanging, poisoning, and being struck by objects. It unveiled that certain child death cases caused by potential dangers at home, such as sharing bed with infants, improper sleeping arrangements, choking, fall from heights, etc., continued to occur perennially.

To draw public's attention to the potential dangers identified through the review on child death cases and prevent occurrence of similar avoidable fatal reports, the Review Panel has conducted a thematic review to examine the trend and significant findings on the child deaths related to home safety from 2006 to 2021.

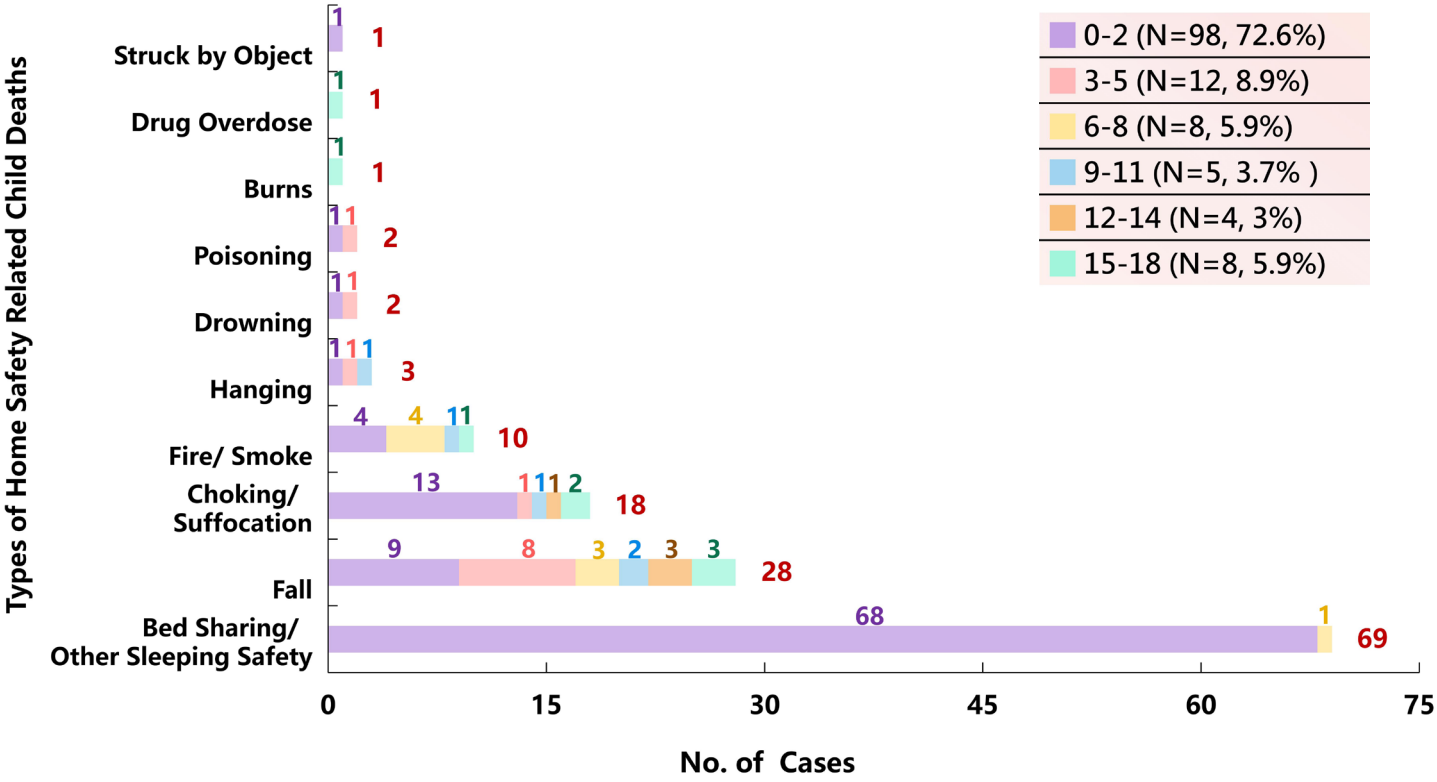
9.1 Summary of Findings on Child Deaths Related to Home Safety from 2006 to 2021

Chart 9.1.1. Number of Reviewed Child Death Cases Related to Home Safety by Year



- From 2006 to 2021, there were a total of 135 reviewed child death cases related to home safety with an average of 8.4 cases per year. The chart shows a progressive increase of this category of cases from 2008 to 2012, with the number of child death cases significantly rising by 54% from 13 in 2011 to 20 in 2012. After this peak, the number of cases steadily dropped, reaching the lowest of 2 cases in 2019. However, there was a considerable rebound to 11 cases in 2020, jumping by more than 4 times in a year before dropping to 4 child death cases in 2021.

Chart 9.1.2. Number of Reviewed Child Death Cases Related to Home Safety by Type and Age



- Out of the 135 reviewed child death cases related to home safety from 2006 to 2021, the highest number of home safety related child deaths was bed sharing/other sleeping safety (N=69, 51.1%), followed by fall (N=28, 20.7%) and choking/suffocation (N=18, 13.3%).

- Majority of the child deaths related to home safety occurred in the age group of 0-2, accounting for 72.6% (N=98). The age group of 3-5, made up 8.9% of child deaths associated with home safety (N=12) comes in second, following by two age groups of 6-8 and 15-18, both constituting 5.9% (N=8).

Bed sharing/Other Sleeping Safety

- Among children aged 0 to 2 years, the most prevalent type of home safety related child deaths was bed sharing/other sleeping safety, recording 68 (69.4%) reviewed cases. As children grow older, this sleeping practice declines significantly, with only one incident reported in the 6-8 age range and none in the other age groups. For those 68 reviewed cases, most of them were cases of Sudden and Unexpected Death in Infancy (SUDI), or without clear aetiology that could explain the death, or cause of death could not be ascertained. Despite the absence of a conclusive proof of cause-and-effect relationship between bed sharing/other sleeping safety and SUDI, extensive researches have explored the possible connection and made recommendations concerning such issue. This might suggest the specific risk factors associated with unexplained child deaths during sleep, including bed sharing with adults or with siblings/other children, prone sleeping position, inappropriate sleeping surfaces, the presence of unsafe items in the crib/bed, etc.

- For those reviewed cases where the cause of death was unknown or could not be ascertained, it was observed that the risk of suffocation was a significant concern for children aged below one, especially when they were placed in unsafe sleeping environments. Accidental suffocation easily occurred when some obstacles limited infants' breathing, like when soft bedding or blankets were against their face or when infants got trapped between two objects, such as a mattress and wall. They lacked the strength and motor agility to recover themselves if they fell into a gap between the bed and the wall or a faulty cot side. Bed sharing with adults or siblings/other children could also lead to suffocation if an adult or older child rolled over onto a baby or if a baby became trapped in bedding. A number of researches conducted in various countries have even unveiled that the risks linked with bed sharing among infants seemed to be associated with parental smoking, alcohol consumption and/or drug use. Infants also grasped objects naturally and might have difficulties to let go, which increased the risk of suffocation if they pulled items that could obstruct the airways to their mouths. It was also noticed that the majority of accidental suffocation occurred when infants slept on adult beds.

- Providing a safe sleeping environment is crucial to protect the well-being of children. Various factors, however, might affect the parents or caregivers who would directly or indirectly expose to or tolerate sleep-related risks. Lack of awareness and having practical constraints would hinder caregivers implementing safe sleeping arrangement in consistent way. Cultural norms and personal experiences of the parents or caregivers might also reduce their acceptance to follow the safe sleep advice. For example, owing to the space constraint in some households in Hong Kong, the parents or caregivers might need to place the infant's bed or crib close to the wall or even place the infant on an adult bed, which create a potential threat to infant's safety. Different priorities, such as comfort, bonding, and convenience of breastfeeding, might be contradicting with the recommendations on avoidance of bed-sharing with infants. Furthermore, unrecognised benefits along with bed sharing, such as swift attention to infant's crying at night time and enhanced maternal sleep, could affect parents' decisions.

- To prevent the recurrence of sleep-related child deaths, efforts should be continuously made to address the problem by strengthening public education on safe sleeping environment for children, particularly in some families facing the congested living environment, and to further arouse public awareness of such a threat. Public awareness campaigns, educational programmes, and dissemination of safety guidelines should be prioritised to reduce the occurrence of avoidable incidents. To mitigate the potential sleep-related hazards, parents-to-be, parents and caregivers should be educated about safe sleep practices, such as preventing bed sharing with a baby, room sharing but not bed sharing with infants, keeping loose bedding out of a baby's sleep area, and maintaining a hazard-free sleep environment. The Department of Health (DH) is suggested to further promote the tips on "sleeping safety for babies" for drawing the special attention of the parents-to-be and new parents during pre-natal and post-

natal check-ups. Parents of newborns attending Maternal and Child Health Centres (MCHCs) are required to complete a baby health and safety checklist to identify any inadequate child care elements. To proactively attend to the service needs of parents with inadequate child care capacity or those identified with high risk factors, such as drug-abusing parents, MCHCs are a very good entry point to look into the parents' needs for assistance/support and make early referrals to appropriate social service, medical or nursing/para-medical units for follow-up under the collaborative platform of Comprehensive Child Development Service (CCDS). A home visit might be conducted as necessary to assess the sleeping arrangement of the infants and provide on-site advice to families with high risk factors. Medical, healthcare and other helping professionals could therefore offer tailoring recommendations and follow-ups to the needy parents and their children.

Fall

- As the second leading type of home safety related child death, a total of 28 children dying from accidental fall was reported across various age groups. The highest number of fatal fall incidents occurred in the age group of 0-2 (N=9, 32.1%), followed by 8 fall incidents in the 3-5 age range (28.6%). The age groups of 6-8, 12-14 and 15-18 had 3 incidents related to fall hazards each constituting 10.7%, while the age group of 9-11 accounted for (7.1%). Pre-schoolers were typically regarded as being at the highest risk of falling, as their urge to explore their surroundings usually did not match with their capacity to assess or react to potential risks. There were two reviewed child death cases, in which both children aged below 5 years, one involving a single-father with 4 young children who left 2 children unattended at home when they went asleep, leading to a child accidentally fell from the window with unlocked window grills. In another fatal incident, a child unlocked the window grilles by keys in his father's bedroom when his grandmother went to the kitchen, resulting in an accidental fall from the building.

- Insufficient safety measures, including the absence of window grills, unsecured window grills in high-rise buildings, and inadequate adult supervision and attention, significantly increased the risk of fatal fall among children. Tragic incidents would have been avoidable if the parents or caregivers had fully recognised their responsibilities to maintain continuous and close supervision of their children, refraining from leaving them alone at home even for a short period of time or when they were asleep. Parents should diligently address any concealed hazards within the households and ensure the proper installation and securement of home safety equipment at any time. Special attention should be paid to the single-parent families, particularly to male caregivers by providing them with additional support and facilitating their easy access to appropriate services in the community. Promotion of neighbourhood support is also crucial for creating a mutual support network in the community to offer immediate assistance to needy families. Installing window grilles and ensuring proper usage and maintenance were indispensable for overall safety. By adopting these proactive measures, the occurrence of fatal fall could be substantially reduced, creating a safer environment for children.

Choking/Suffocation

- Accidental choking/suffocation at home was another pressing home safety issue associated with child fatality. Among 135 reviewed child death cases, a total of 18 choking/suffocation-incident was reported. The highest number of choking/suffocation incidents occurred in the age group of 0-2 (N=13, 72.2%), followed by 15-18 age range (N=2, 11.1%). One incident-related fatal death was reported each in the age groups of 3-5, 9-11 and 12-14 (N=1, 5.56%).

- Children aged 0-2 years were particularly vulnerable to unintentional choking and suffocation risks. The choking/suffocation threats lead to fatality varied in accordance with children's developmental stage. Choking by foreign objects was common among children in the oral stage, while asphyxiation in bed could occur when infants fell into gaps. It was not surprising that the curiosity and mobility of children under 5 years old increased the likelihood of choking and strangulation incidents, when the children considered that they had the dexterity to manipulate objects when they did not acquire.

- Noting that 4 accidental choking and suffocation related deaths took place among children aged over 9 years. These children, suffering from health problems or with special needs, had difficulties with swallowing or had sensory issues that affected their abilities to recognise and respond to choking hazards. Among them, one also required special diets and modified food textures, making it imperative for caregivers to ensure proper meal preparation and supervision. Parents or caregivers should be vigilant in providing a safe environment tailored to the specific needs of these children to prevent such fatal threats.

- To reduce the risks of accidental choking/suffocation and create a safer environment for young children, the parents or caregivers must ensure a safe sleeping environment by keeping the crib/bed free from any possible breathing obstructions, such as pillows, blankets, and stuffed animal toys. Small items like coins and toys with small parts should be kept out of reach to prevent choking incidents from occurrence. Choking hazards could also manifest in various aspects of children's environment. Children under the age of 3 years might not have full set of teeth and could not chew properly, so any food that was small and firm might lead to choking hazards. Certain foods could also be dangerous for young children as they are easily inhaled and blocked their breathing airways. These includes grapes, nuts, hard or sticky candy and popcorn, which required careful supervision when children were eating. Plastic bags and packaging materials could also pose suffocation risks for children and must be stored safely or disposed of correctly. Educating public about the potential dangers of these hazards and promoting safe handling and storage practices added an additional layer of protection.

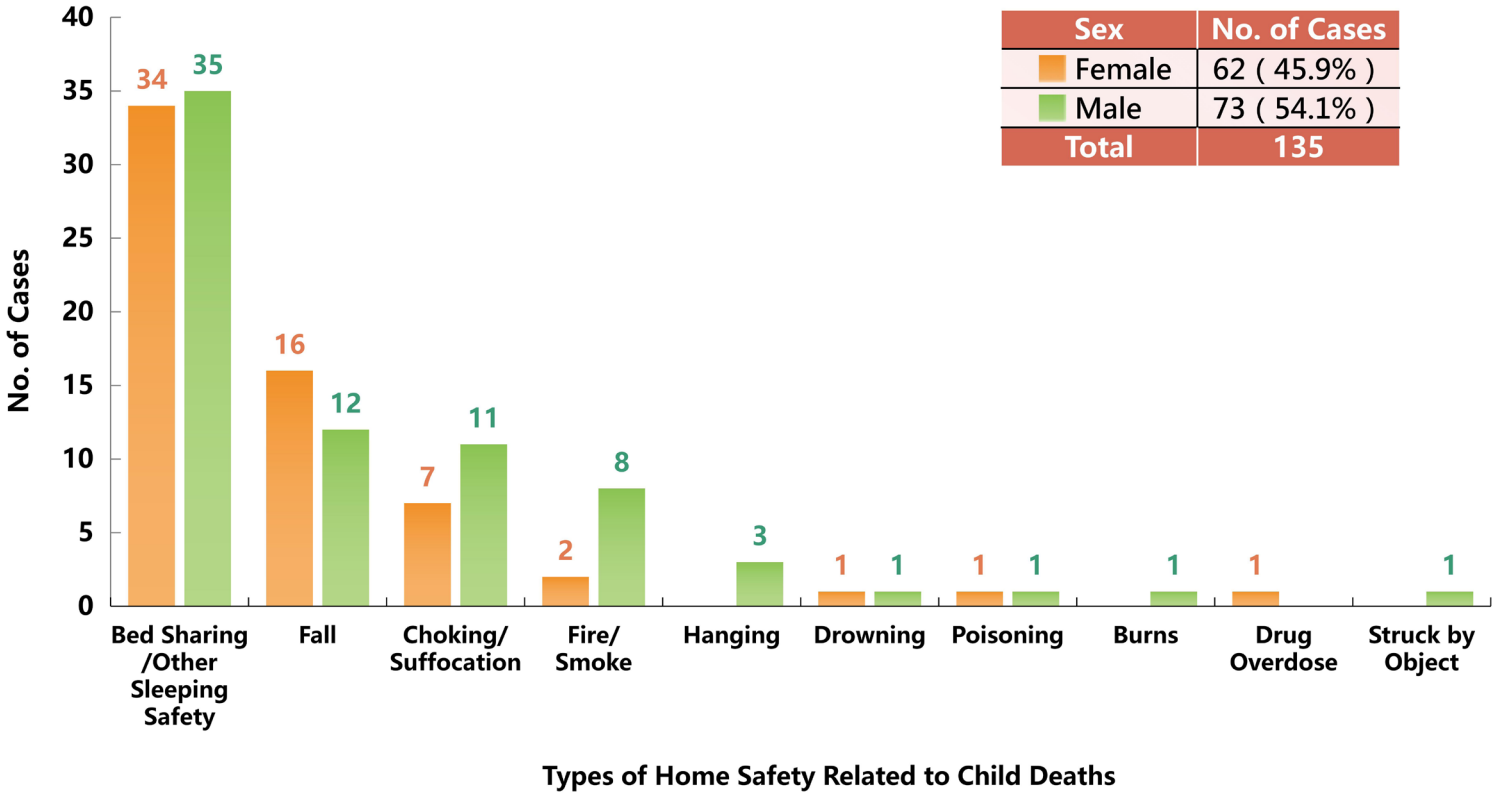
Fire/Smoke

- Home is meant to be a sanctuary for children, a place where they feel safe and secure. However, the presence of fire and gas hazards can turn a home into a dangerous environment, posing a significant risk to children's well-being and, in extreme cases, leading to tragic loss of children's lives.
- The case review included the report of a total of 10 fatal incidents related to fire or smoke at home. In both age groups of 0-2 and 6-8, each equally shared of 4 child death cases (40% per age group) related to fire or smoke hazards. Each had one fatal incident associated with fire or smoke (10% per age group) in the age groups of 9-11 and 15-18.
- Malfunctioning and misuse of electrical goods and home appliances, improper storage of flammable items, and inadequate knowledge on fire escape, were identified as some major factors contributing to fire-related child fatalities. Caregivers' awareness of minimizing/eliminating the above-mentioned risk factors and knowledge on fire safety played a significant role in mitigating potential fire dangers. Negligence in teaching children about fire safety and failure to establish emergency escape plans could increase the severity of incidents. It was essential to address the potential fire hazards, such as overcrowding blocked exits and improper storage of flammable materials at home, as they contributed to the severity of fire incidents. Selection of qualified electrical goods and reliable shops, proper storage of flammable items for preventing children from easy access, and ensuring easy and free reach-out to emergency exits could also help minimise the impact of fires that do occur.

Other Hazards at Home

- The data of the reviewed cases also outlined various incidents posing risks to children across different age groups. Incident related to hanging drew a total of 3 tragic deaths in different age groups, that the importance of public awareness on home furniture safety to prevent from accidental strangulation to death or trapped by objects, such as electrical cords and strings on blinds should be emphasised. When parents or caregivers noticed children playing with strangulation hazards items, they should directly remove those items from home immediately, rather than only instruct their children not to play with them. Burns-related incident showed a low occurrence overall, with just one incident reported in the 15-18 age range. Tragically, drowning incident was rare, but even 2 incidents demanded continuous efforts to educate parents or caregivers about water safety. The data also recorded drug overdoses and poisoning incidents, highlighting the significance of secure storage of medications and household chemicals.

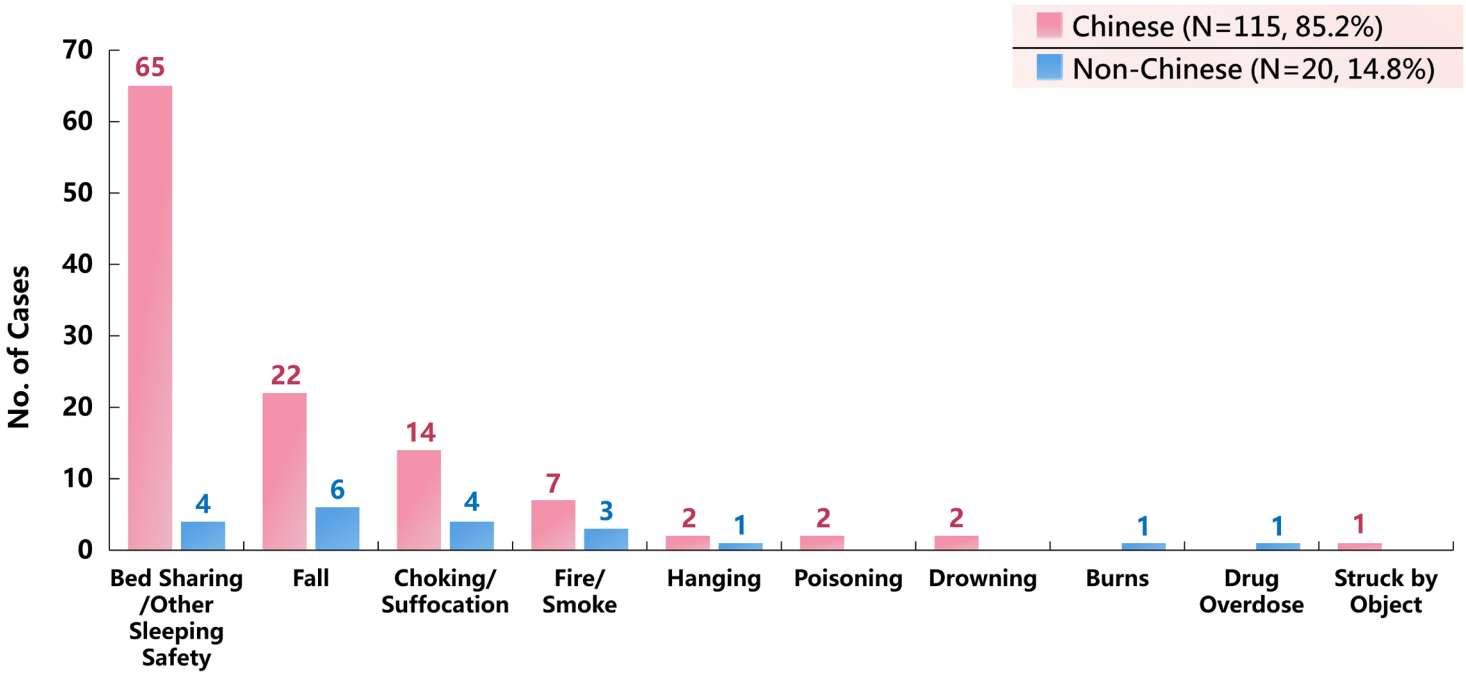
Chart 9.1.3. Number of Reviewed Child Death Cases Related to Home Safety by Gender



Sex	No. of Cases
Female	62 (45.9%)
Male	73 (54.1%)
Total	135

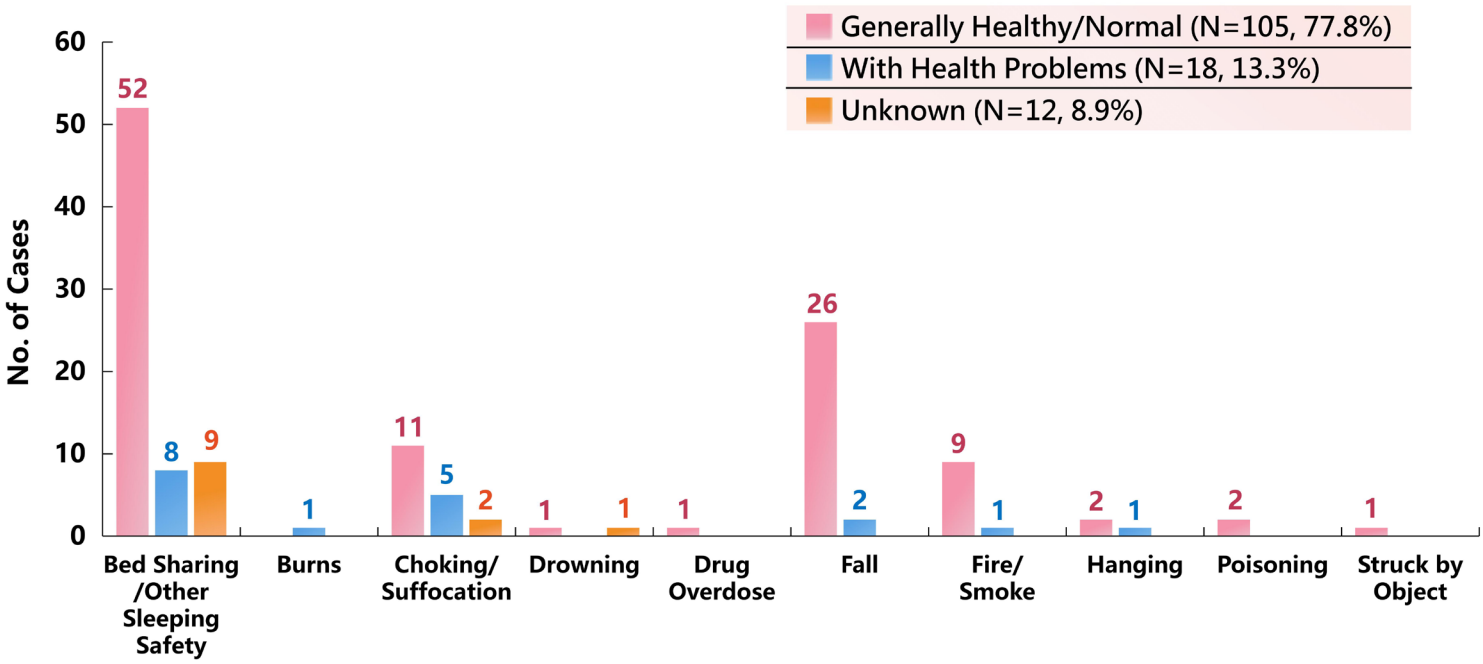
- Out of 135 reviewed child fatalities associated with home safety occurred from 2006 to 2021, 54.1% (N=73) were male and 45.9% (N=62) were female. The gender ratio was similar among different types of home safety related incidents, except fire/smoke in which there were 8 male deceased children (80%) and 2 female deceased children (20%) while more fall-related female deaths (N=16, 57.1%) than male deaths (N=12, 42.9%) and more choking/suffocation-related male deaths (N=11, 61.1%) than female deaths (N=7, 38.9%) were noted.

Chart 9.1.4. Number of Reviewed Child Death Cases Related to Home Safety by Nationality



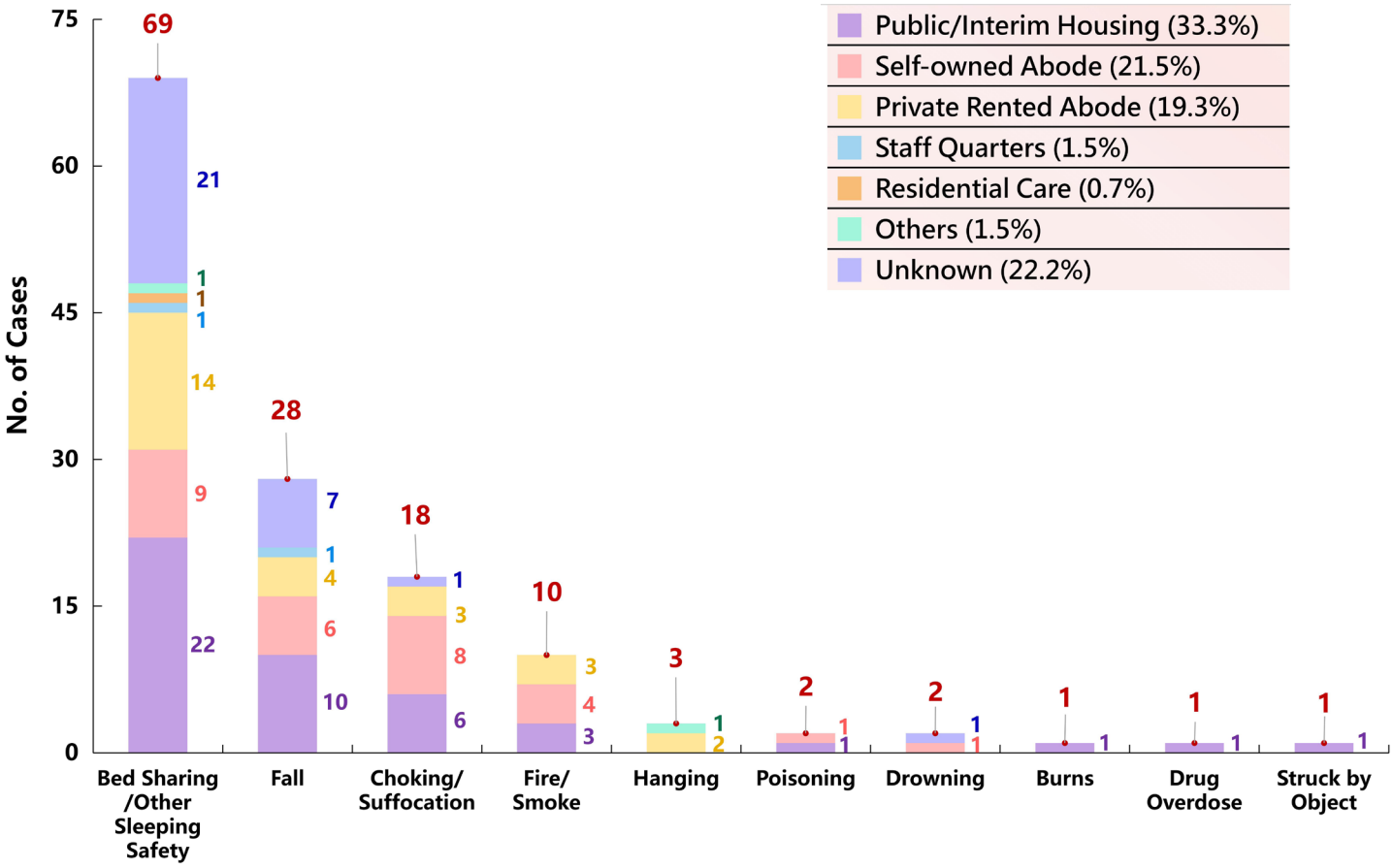
- 85.2% children died of different types of home safety related incidents were Chinese (N=115), while non-Chinese seized 14.8% (N=20). While home safety related incidents could take place in any community regardless of ethnicity and no definitive conclusions could be drawn, several factors, such as socio-economic challenges, limited access to community resources, unfamiliar with the environment might have impacts on child care condition and drug use patterns. Additionally, cultural differences and varying social support systems of the parents or carers might affect risk-taking behaviours and coping mechanisms within their communities.

Chart 9.1.5. Number of Reviewed Child Death Cases Related to Home Safety by Health Condition



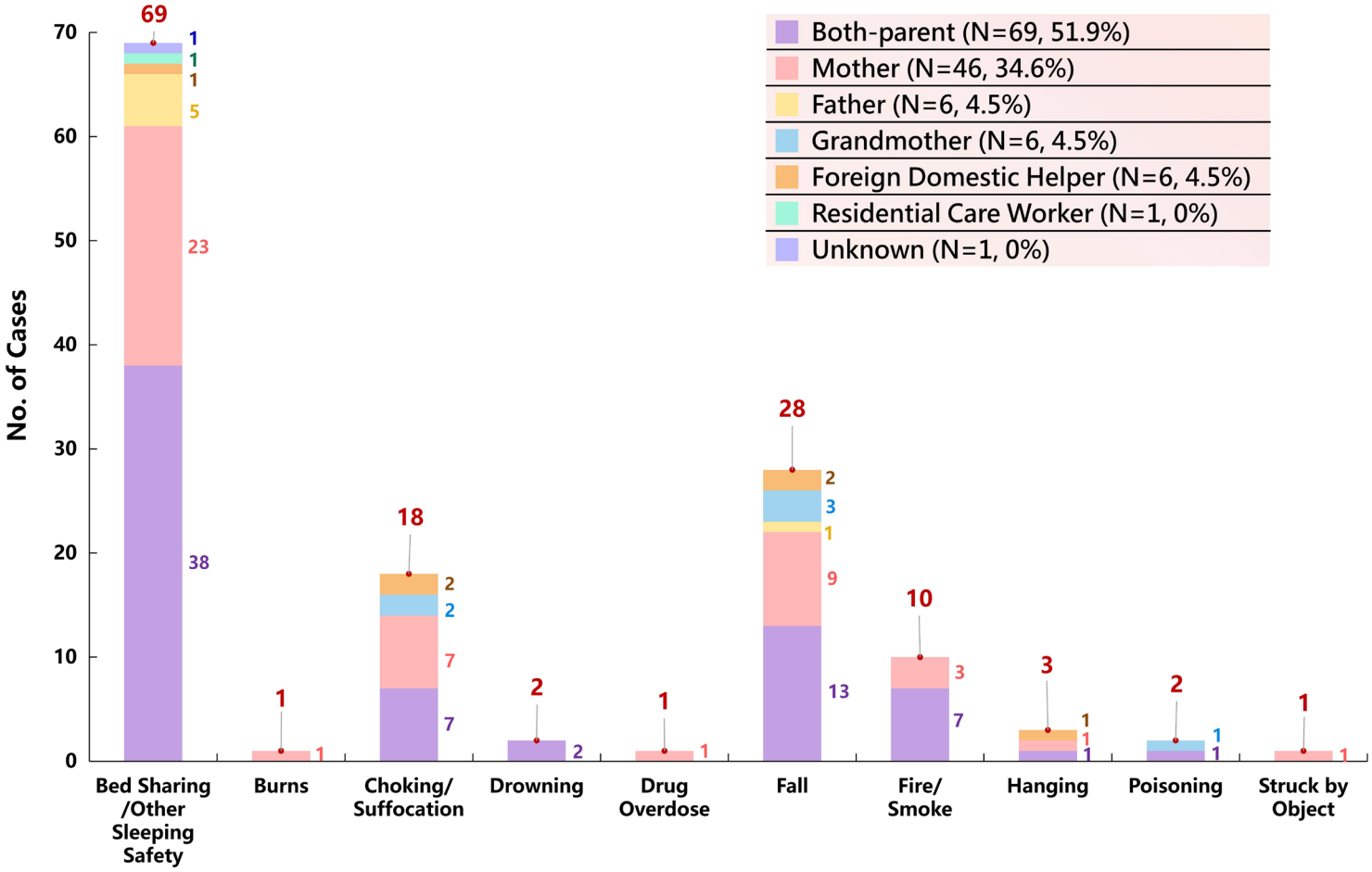
- Majority of children (N=105, 77.8%) who lost their life which associated with different types of home safety related incidents were generally healthy/normal whereas a small proportion of deceased (N=18, 13.3%) was having health problems.
- By examining individual incident types, choking/suffocation incidents amounted to 18 child death cases, with 11 cases involving children with generally healthy cases and 7 cases with health problems/unknown health conditions. There might have more concerns over the home safety of children who suffered from health problems, such as mental deficiency, mobility limitations, physical disabilities, etc., which might limit them to seek prompt help when the accidental choking reported to have happened during meal time that led to life-threatening incidents easily. "Burns" incidents recorded 1 child death case involving a child with mental disability that might have constraints on the understanding of safety rules or ability to recognise dangerous situations. While the number of fatal incidents related to burns was relatively low, it still highlighted the importance of being mindful of children's health conditions to reduce the likelihood of burns-related incidents.

Chart 9.1.6. Number of Reviewed Child Death Cases Related to Home Safety by Type of Residence



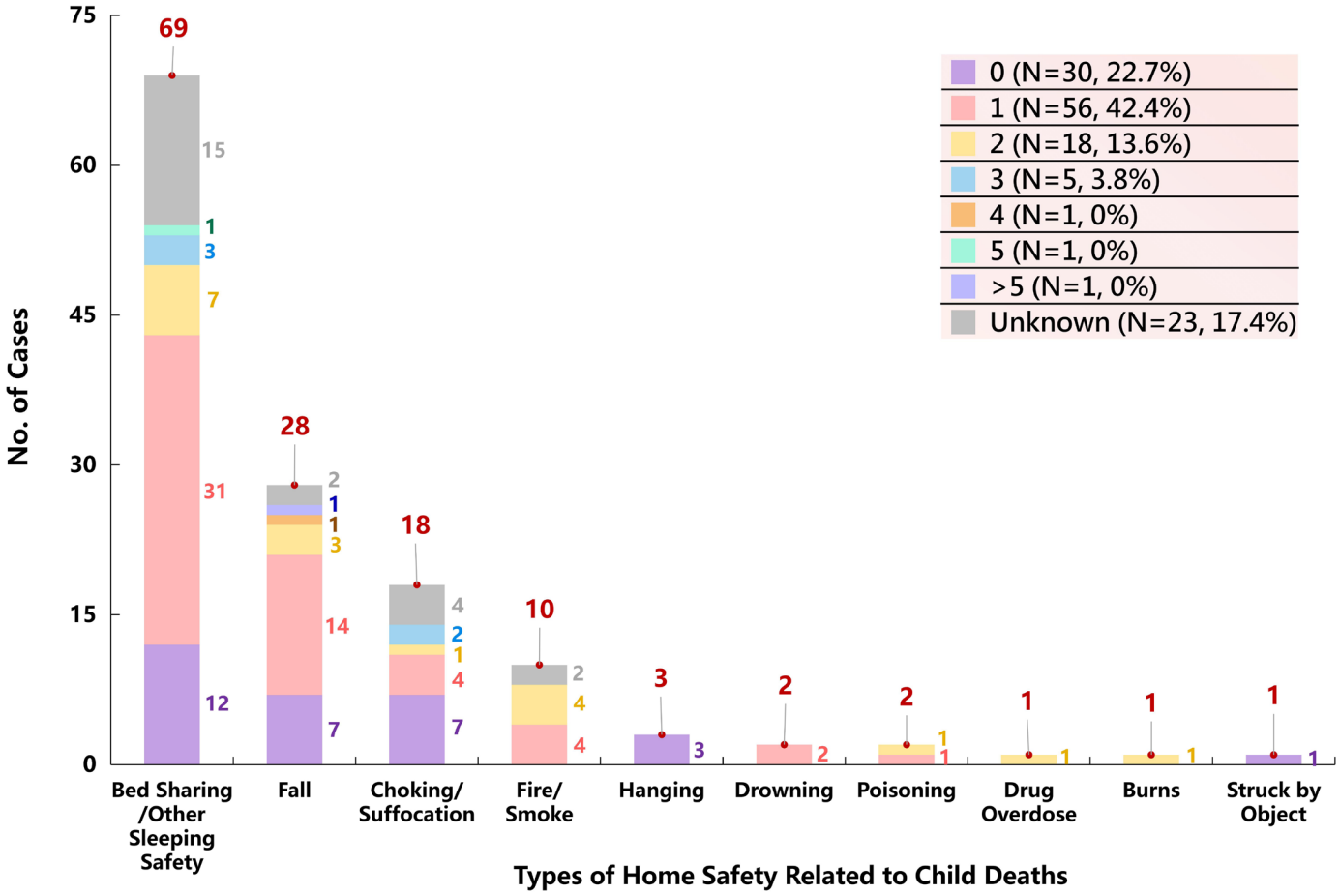
- 33.3% of the children who died of home safety related incidents lived in public/interim housing whereas 21.5% lived in self-owned abode and 19.3% lived in private rented abode. It appeared that a higher percentage of home safety related child fatalities occurred in public/interim housing compared to self-owned abodes and private rented abodes. However, there was no evidence to suggest the prevalence of child deaths occurred in different types of residence. Other potential factors contributing to child fatalities, such as the age groups, household population density, safety awareness, safety measures in place, home environments, or socio-economic factors, should be taken into account. We had to emphasise that, regardless of the type of residence, with very cramped living space, the parents and caregivers might encounter more practical constraints on providing a safe living environment for the families which might increase the risks of exposing the family members including children to life-threatening accidents.

Chart 9.1.7. Number of Reviewed Child Death Cases Related to Home Safety by Main Caregiver



- The data presented the reviewed child deaths related to home safety related incidents concerning different types of caregivers. Among the caregiver types, both-parent caregiver (N=69, 51.9%) reported the highest number of incidents across most categories. They reported 38 incidents of bed sharing/other sleeping safety, 13 fall-related incidents, and 7 incidents each in home safety related groups of fire/smoke and choking/ suffocation. The second highest was mother caregiver (N=46, 34.6%), with 23 incidents of bed sharing/other sleeping safety, 9 fall incidents, and 7 choking/suffocation related incidents. The father, grandmother and foreign domestic helpers being the caregivers equally weighed (N=6, 4.5%) in different home safety hazards.
- The above findings indicated that both-parent being the main caregiver was the most commonly reported, followed by mother caregiver. However, the information should be interpreted carefully. Given factors, such as sample size, limited information available and reporting bias, might have the effects on drawing a more definite conclusion, further analysis and a deeper understanding of each individual child death case within its specific context are therefore required.

Chart 9.1.8. Number of Reviewed Child Death Cases Related to Home Safety by Number of Siblings (Excluding Deceased Child)



- There were 56 child death cases (42.4%), in which were associated with different types of home safety related incidents, having one sibling (excluding deceased child) in the family, recording the highest. Cases without sibling (N=30) and with 2 siblings (N=18) in the family came the second with 22.7% and the third with 13.6% respectively. There was a total of 8 child death cases reported to have 3 or more siblings in bed sharing/other sleeping safety, fall and choking/suffocation related incidents.

- Based on the above-mentioned data, there were 82 cases in which deceased child had one or more siblings (excluding deceased child). While a household with more children is not necessarily having higher risk of home safety related incidents, attention should be given to circumstances such as supervision difficulties, limited resources and household chaos, which could pose challenges to fostering a safe home environment. The high population density in Hong Kong further reduced the living space of individual household. Limited living space resulted in congested and overcrowding environment, making it difficult to properly store hazardous substances or ensure home safety measures to be in place properly. Moreover, in household with more children, there was an increased likelihood of a greater demand for parental attention. Parents might find it challenging to closely monitor each child's activities simultaneously, especially in a busy household. This could lead to a higher probability of accidents or even tragic deaths occurring, such as burns, choking/suffocation, fire or drowning, etc., as children might engage in unsupervised activities or explore unsafe areas.

Home Safety Recommendations for Preventing Child Deaths

Ensuring the safety of children within the home environment is of utmost importance, regardless of their age. Tragic accidents leading to child deaths can occur across various age groups, highlighting the need for comprehensive home safety measures. By implementing effective recommendations in accordance with different age groups, we can greatly reduce the risk of home safety related child deaths and create a secure living environment for children.

0-2 Age Group

Bed Sharing/Sleep Safety Arrangement

- Babies and young children should never be left alone or unattended at home, even for a very short period of time and especially when they were asleep;
- Raising parents and caregivers' awareness of appropriate sleeping arrangement for young children, such as placing a child in a baby nest when he/she was sleeping with parents or caregivers on the same bed, infants should be placed for sleep in a supine position for every sleep, and not to arrange the child to sleep alone on a high bed without a fence or having a gap between the bed and the wall;
- Enhancing parents' awareness of the risk of suffocation for very young babies when they roll over to a face-down position on a bed being placed with soft objects, such as pillows, cushions, bumpers, blankets and stuffed toys, lining with a plastic bag, etc. as babies could easily be smothered by these objects. Making sure that babies sleep on a firm, flat, non-inclined sleep surface;
- Further Promotion on "sleeping safety for babies" to parents-to-be during the pre-natal and post-natal check-up through audio-visual means or delivery of information kits conducted by the DH is recommended;
- Identifying those parents-to-be or parents of new born babies who are inadequate in child care and require them to complete questionnaires on the baby's health and safety checklist when attending MCHCs, for further review by the medical professionals. Relevant advice and follow up could also be arranged for those needy parents; and
- Professionals of CCDS should keep-in-view of the drug taking habit of the drug abused mother and make referrals to appropriate social service units, such as Integrated Family Service Centres, Counselling Centres for Psychotropic Substance Abusers, etc. for follow-up services.

Choking/Suffocation

- Educating parents and caregivers that grapes and similar round-shape food are common choking hazards for babies and young children. To avoid choking, grapes should be cut vertically into quarters with seeds removed prior to serving.

Fire

- Strengthening public education on fire prevention and safety issues such as means of escape from a fire, whether to stay or leave the household unit and whether it is appropriate to put out the fire by oneself; and
- Strengthening public education on the proper selection and use of electrical home appliances and installations.

3-5 or Above Age Group

Choking/Suffocation

- Providing and strengthening public education on toy safety to raise the sensitivity of parents or caregivers in choosing age appropriate toys for the children.

Fall (also applicable to 0-2 Age Group)

- Enhancing parents' knowledge on home safety for infants and consider placing slip resistant rubber mats on the floor to prevent infants from slipping at home;
- Raising public awareness on the importance of window grilles with moveable padlocks, which should be re-locked properly immediately after use, especially for those designed for hanging laundry;
- Parents and caregivers should seek immediate medical attention at once when children sustained/were suspected to have sustained head injuries, especially from a fall even without any obvious/observable injuries;
- Motivating male caregivers to seek help and facilitating their easy access to the social services; and
- Promoting mutual help and care among neighbours for immediate/short-term assistance in the community and to further promote the "Neighbourhood Support Child Care Project" (NSCCP) so as to provide temporary child care support for families in need.

Burns

- When running a bath for a child, parents and caregivers always test water temperature beforehand.

Drowning

- Highlighting the significance of water safety at home, including bathroom safety and home pool safety. Ensuring constant adult supervision when children are near water sources and the use of life jackets when near, on and in the home pool. Empty tubs, buckets, containers and kids' pools immediately after use.

Hanging

- Raising caregivers' awareness on home furniture safety, in particular the potential hazards of strangulation and choking of children.

Poisoning

- Keeping medicines and chemicals out of sight and reach of children, preferably in an isolated and locked cabinet.

Conclusion

Maintaining a safe home environment is paramount in preventing child fatalities. Families, communities, the Government and non-governmental organisations together play a vital role in enhancing home safety to prevent avoidable child deaths. The safety of children should never be compromised, and they should never be left alone or unattended. Installing appropriate window grilles, ensuring they are securely locked, and raising awareness among parents and caregivers about proper sleeping arrangements are vital steps in safeguarding the valuable lives of the children. Additionally, knowledge of home safety practices and understanding the potential home safety hazards, is essential for protecting children. Public education on fire prevention and proper selection and use of electrical home appliances should be reinforced to promote a safer living environment. By identifying and addressing potential risks, taking appropriate steps to eliminate or mitigate risk, educating children about safety, providing adequate and continuous supervision, and having an emergency plan in place, parents and caregivers can help ensure a safer living environment for their families. Let us work together to provide a child-safe home environment to minimise potential hazard and risk of harm to children.

10 SUMMARY OF STATISTICS ON CHILD DEATH CASES REVIEWED FROM 2006 TO 2021

Taking account of the child death cases reviewed from 2006 to 2021, the following tables and charts are prepared as follows to show the changes over time by various nature of cases.

10.1 Statistics of Child Death Cases Reviewed

Table 10.1.1: Number of Cases by Cause of Death and Year

Cause of Death	Year in which the cases occurred																Total
	2006@	2007@	2008	2009	2010	2011	2012^	2013	2014	2015&	2016<	2017>	2018+	2019~	2020$	2021%	
Natural Causes	74 [69]	60 [52]	70	86	79	72	72	62	50	62	72	57	42	42	38	36	974 [961]
Non-natural Causes	43 [48]	32 [40]	49	33	49	38	41	37	33	27	38	37	31	35	35	30	588 [495]
Suicide	14	10	14	12	21	14	10	10	9	9	21	24	15	24	23	24	254
Accident	20	12	13	10	15	13	19	11	6	6	12	7	4	5	8	5	166
Assault	5	6	9	9	8	4	2	6	3	7	2	3	6	5	2	1	78
Unascertained#	1 [6]	2 [10]	9	1	5	7	10	8	15	5	1	3	4	0	2	0	73 [86]
Medical Complication*	3	2	4	1	0	0	0	2	0	0	2	0	2	1	0	0	17
Total:	117	92	119	119	128	110	113	99	83	89	110	94	73	77	73	66	1 562

 # Unascertained cases include cases with unknown/unascertained/other death causes.

** Medical Complications refer to (i) Complications of Medical or Surgical Care; or (ii) Complications of Medical Treatment/ Procedures.*

@ For years 2006 and 2007, figures previously published are given in the square brackets [ ] for reference purpose. The discrepancies between the previously published figures and the revised figures are due to inclusion of the natural cause cases with unidentifiable aetiology in the "Unascertained" category in the previously published figures. From year 2008 and beyond, these cases have been grouped under "Natural Causes" with a sub-category of "Unidentifiable Aetiology", while the "Unascertained" category refers to non-natural cause cases with unascertained/ unknown/other death causes. For consistency purpose, the following analysis is based on the revised figures.

^ 7 accident cases of 2012 are still not covered in this report.

& 2 natural-cause cases of 2015 are added after review.

< 3 natural-cause cases and 1 accident case of 2016 are added after review.

> 3 natural-cause cases, 1 assault case of 2017 are added after review while 1 natural-cause case is still not covered in this report.

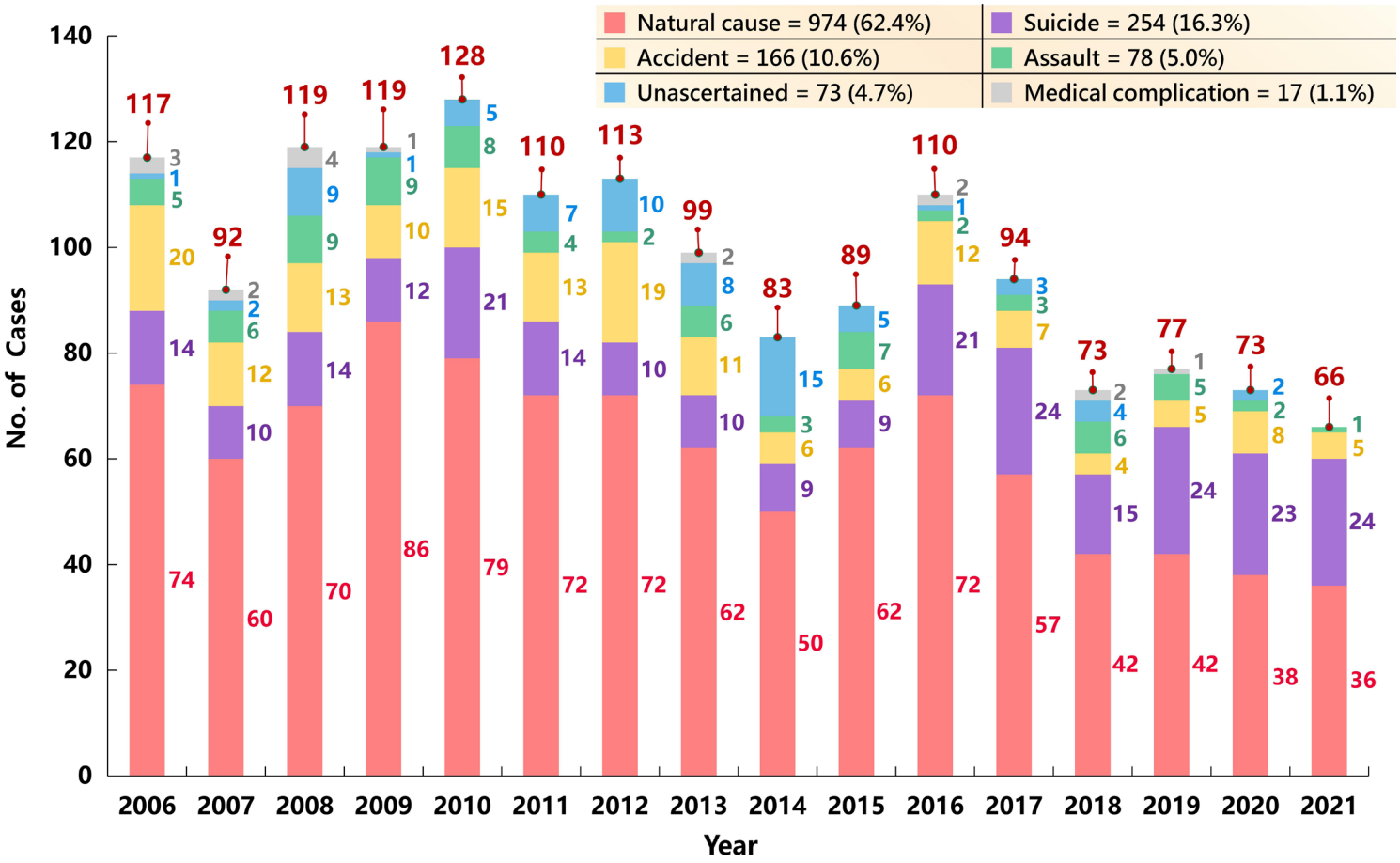
+ 6 natural-cause cases, 1 suicide case and 3 assault cases of 2018 are added after review.

~ 3 natural cause cases and 2 assault cases in 2019 are not covered in this report.

$ 3 natural cause cases, 5 accident cases and 3 assault cases in 2020 are not covered in this report.

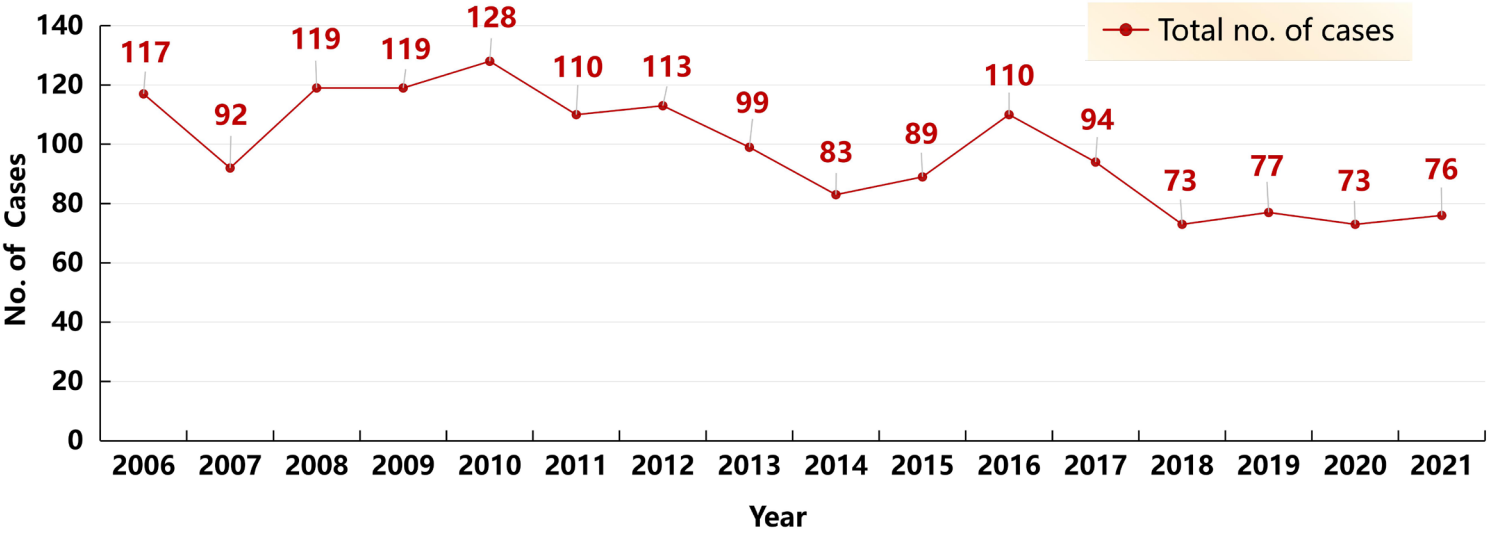
% 7 natural cause cases, 3 suicide cases, 3 accident cases and 2 assault cases in 2021 are not covered in this report.

Chart 10.1.1.1: Number of Cases by Cause of Death and Year



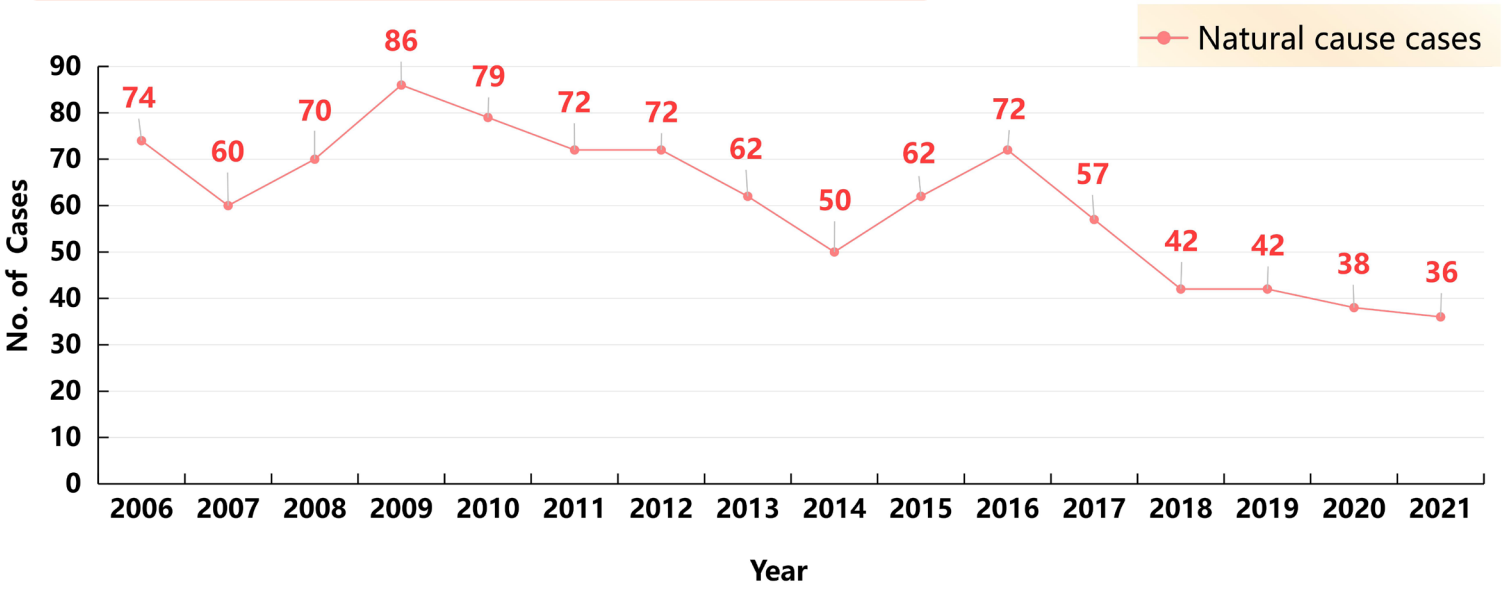
The leading cause of death was natural cause (N=974, 62.4%), followed by suicide (N=254, 16.3%) and accident (N=166, 10.6%).

Chart 10.1.1.2: Number of Overall Cases by Year



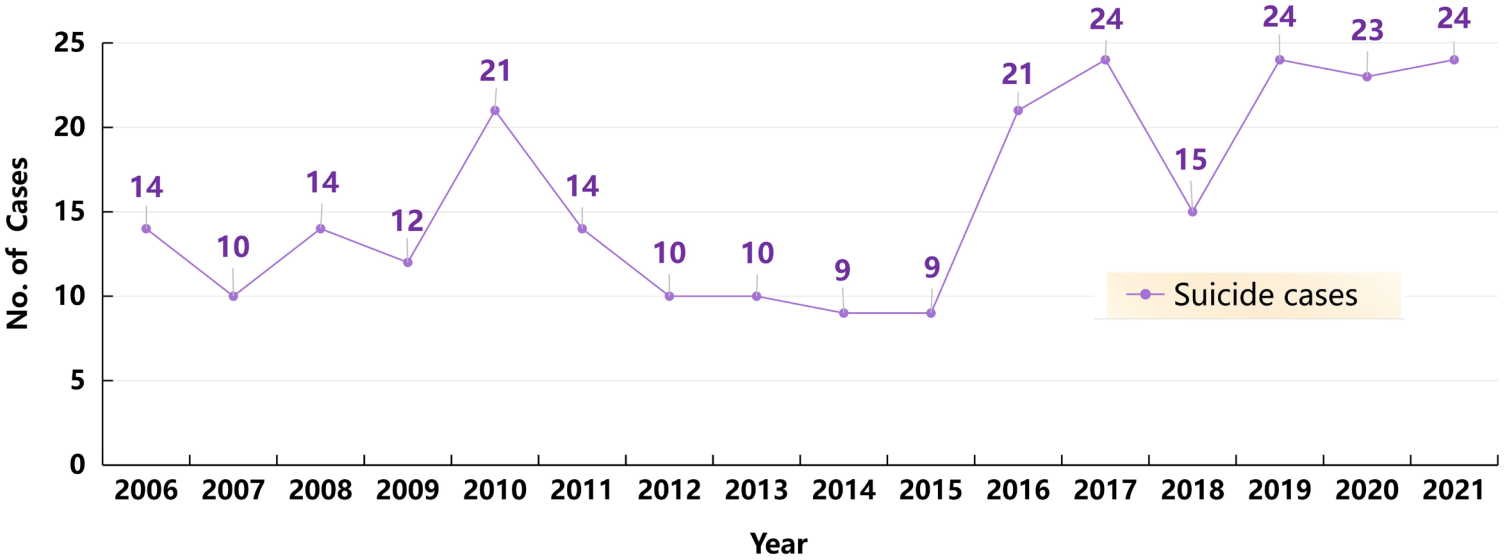
The overall number of reviewed cases started to rise from 92 in 2007 to its highest at 128 in 2010. It then started to drop till 2014 to 83 with a rise again up to 110 in 2016. Since then, the number of reviewed cases gradually dropped to 76 in 2021.

Chart 10.1.1.3: Number of Natural Cause Cases by Year



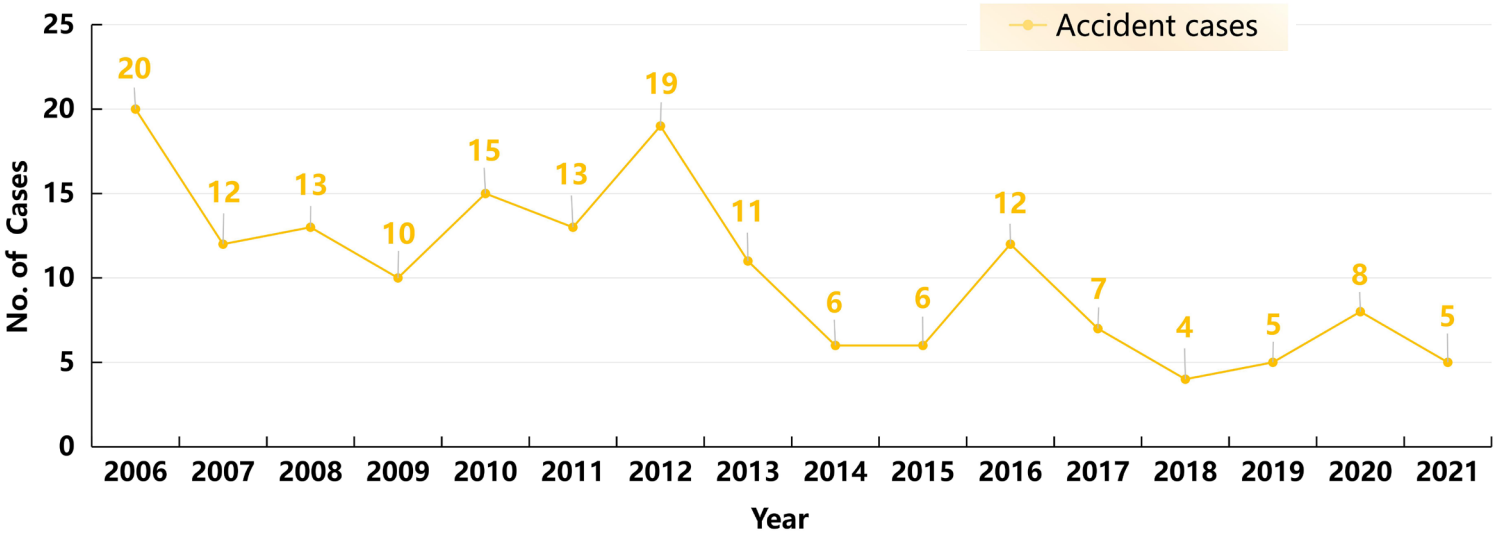
The highest number of reviewed natural cause cases was at 86 in 2009. Since then, there was a gradual decline to 50 cases in 2014. It started to rise again to 72 in 2016 but then a gradual drop to 36 in 2021.

Chart 10.1.1.4: Number of Suicide Cases by Year



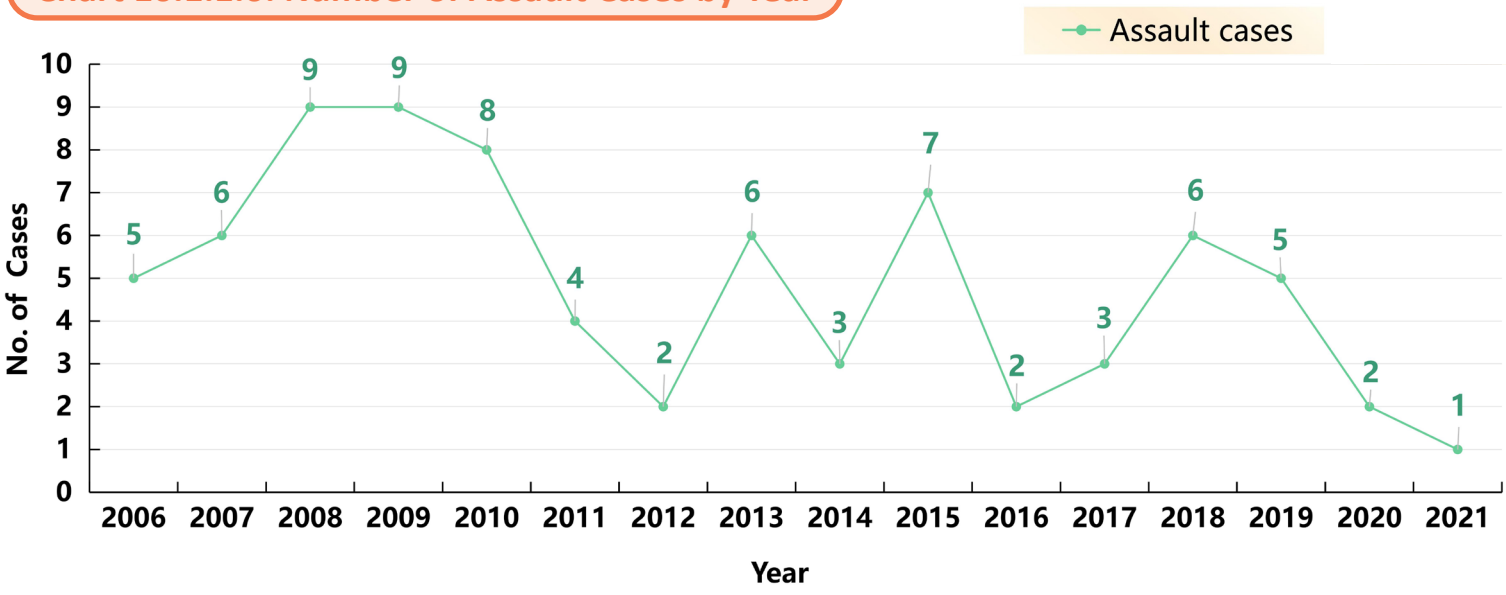
There was a marked increase of suicide in 2010 with 21 cases but the number of cases dropped continuously to its lowest at 9 in 2014 and 2015. However, there was a sharp rise to 21 cases in 2016, reaching its record high to 24 cases in 2017 and then dropped to 15 cases in 2018. Then it sharply increased to 24 cases in both 2019 and 2021.

Chart 10.1.1.5: Number of Accident Cases by Year



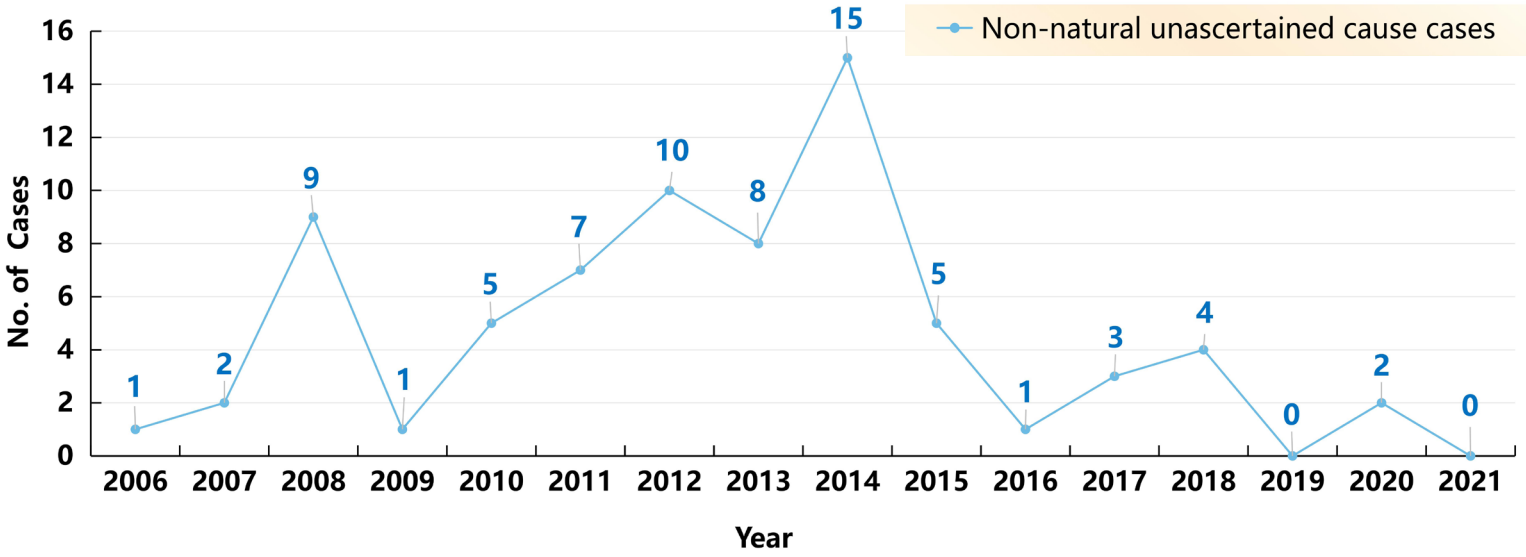
The number of accident cases went up and down from 2006 to 2012. A great decline started after 2012 till 2015 to 6 cases with an upward bounce to 12 cases in 2016. Since then, the number of cases dropped continuously to its lowest at 4 in 2018. The number went up again to 8 cases in 2020 and then dropped to 5 in 2021.

Chart 10.1.1.6: Number of Assault Cases by Year



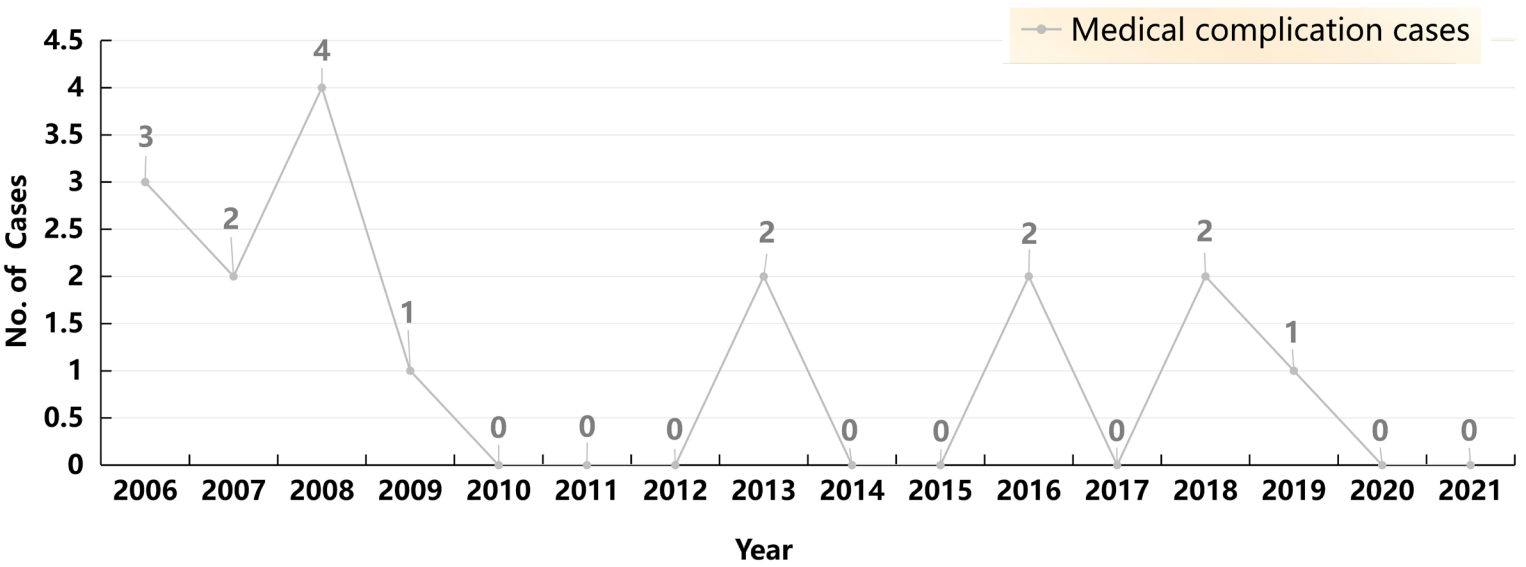
The number of assault cases increased from 5 in 2006 to its highest at 9 in both 2008 and 2009. A decline started after 2010 with cases dropped to 2 in 2012. Since then, the number of cases fluctuated from 2012 to 2015 with a drop to 2 in 2016 but a rise again in 2018. Then it continuously declined to 1 in 2021.

Chart 10.1.1.7: Number of Non-natural Unascertained Cause Cases by Year



The number of unascertained cause cases went up from 1 in 2006 to 9 in 2008 and then drop to 1 in 2009. A rise started in 2010 till 2012 to its highest at 15 in 2014 though there had been a drop to 8 cases in 2013. After 2014, cases dropped down to 1 in 2016 with a rise again in 2017 and dropped to 0 in both 2019 and 2021.

Chart 10.1.1.8: Number of Medical Complication Cases by Year



There was a decline for medical complication cases after 2008 to 0 in 2010. Since then, the number of cases kept either at 0 or 2. In 2018, it reached to 2 and dropped in subsequent years until coming to nil case in both 2020 and 2021.

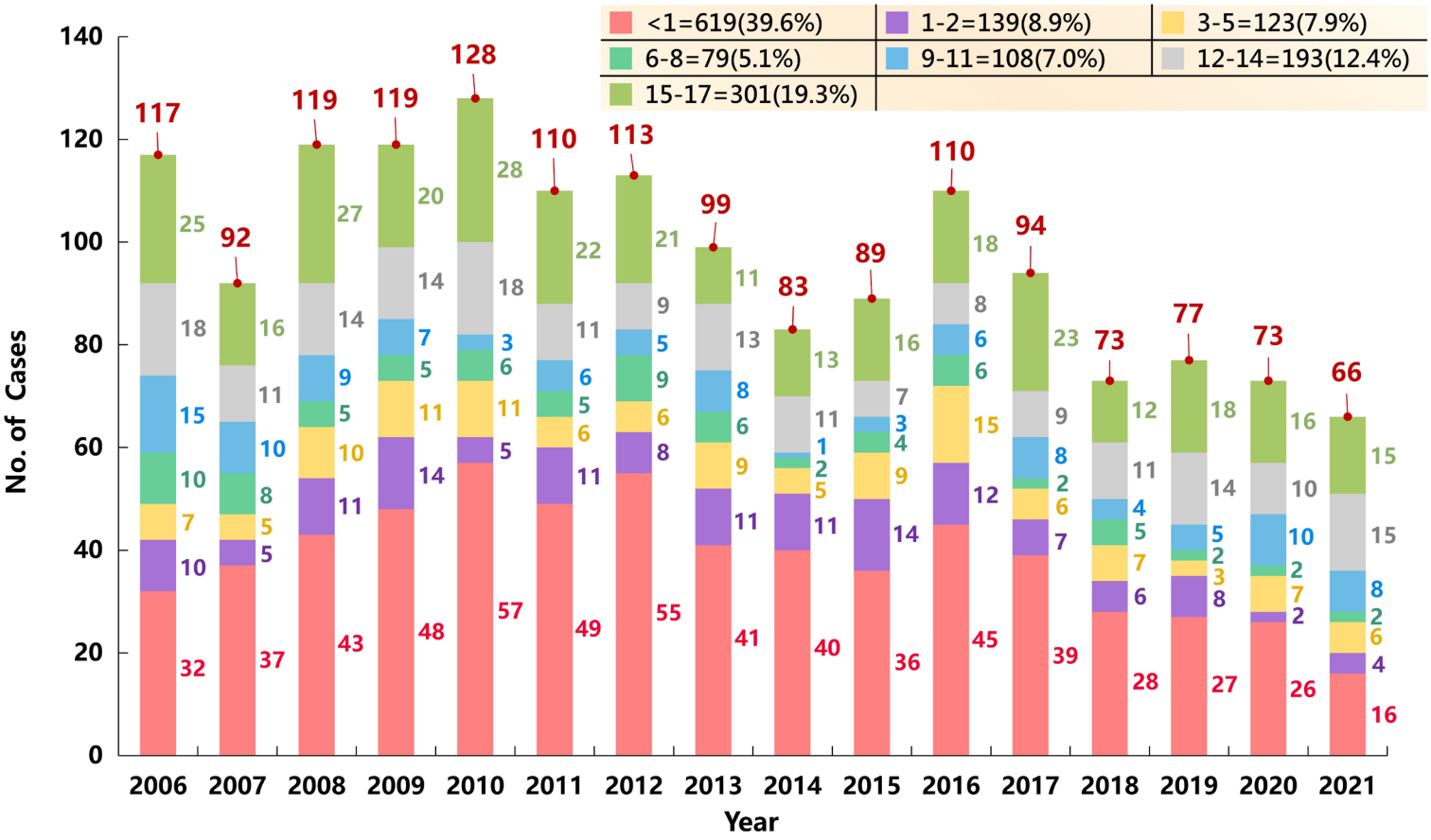
Table 10.1.2: Number of Cases by Age Group, Gender and Year

Age Group and sex		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	No. of Cases (%)
<1	F	18	17	16	23	17	24	27	14	24	13	20	17	14	10	11	6	271
	M	14	20	27	25	40	25	28	27	16	23	25	22	13	17	15	10	347
	Unknown	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
	Sub-total	***32***	***37***	***43***	***48***	***57***	***49***	***55***	***41***	***40***	***36***	***45***	***39***	***28***	***27***	***26***	***16***	***619 (39.6%)***
1–2	F	3	2	8	7	3	3	3	4	6	6	5	4	3	3	0	1	61
	M	7	3	3	7	2	8	5	7	5	8	7	3	3	5	2	3	78
	Sub-total	***10***	***5***	***11***	***14***	***5***	***11***	***8***	***11***	***11***	***14***	***12***	***7***	***6***	***8***	***2***	***4***	***139(8.9%)***
3–5	F	1	3	5	4	2	5	1	4	4	1	7	5	5	2	1	3	53
	M	6	2	5	7	9	1	5	5	1	8	8	1	2	1	6	3	70
	Sub-total	***7***	***5***	***10***	***11***	***11***	***6***	***6***	***9***	***5***	***9***	***15***	***6***	***7***	***3***	***7***	***6***	***123(7.9%)***
6–8	F	3	3	2	2	2	2	4	2	0	2	2	0	3	0	1	1	29
	M	7	5	3	3	4	3	5	4	2	2	4	2	2	2	1	1	50
	Sub-total	***10***	***8***	***5***	***5***	***6***	***5***	***9***	***6***	***2***	***4***	***6***	***2***	***5***	***2***	***2***	***2***	***79(5.1%)***
9–11	F	8	6	3	4	1	1	1	5	0	0	5	3	0	4	3	3	47
	M	7	4	6	3	2	5	4	3	1	3	1	5	4	1	7	5	61
	Sub-total	***15***	***10***	***9***	***7***	***3***	***6***	***5***	***8***	***1***	***3***	***6***	***8***	***4***	***5***	***10***	***8***	***108(6.9%)***
12–14	F	6	5	8	8	7	5	7	3	6	2	4	4	5	7	2	3	82
	M	12	6	6	6	11	6	2	10	5	5	4	5	6	7	8	12	111
	Sub-total	***18***	***11***	***14***	***14***	***18***	***11***	***9***	***13***	***11***	***7***	***8***	***9***	***11***	***14***	***10***	***15***	***193(12.4%)***
15–17	F	11	4	12	8	8	8	4	8	6	8	4	8	5	7	8	6	115
	M	14	12	15	12	20	14	17	3	7	8	14	15	7	11	8	9	186
	Sub-total	***25***	***16***	***27***	***20***	***28***	***22***	***21***	***11***	***13***	***16***	***18***	***23***	***12***	***18***	***16***	***15***	***301(19.3%)***
Total (%):	F	50	40	54	56	40	48	47	40	46	32	47	41	35	33	26	23	658
	M	67	52	65	63	88	62	66	59	37	57	63	53	37	44	47	43	903
	Unknown	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
	Total	***117***	***92***	***119***	***119***	***128***	***110***	***113***	***99***	***83***	***89***	***110***	***94***	***73***	***77***	***73***	***66***	***1562 (100%)***

The top 3 highest case numbers among different years are highlighted.

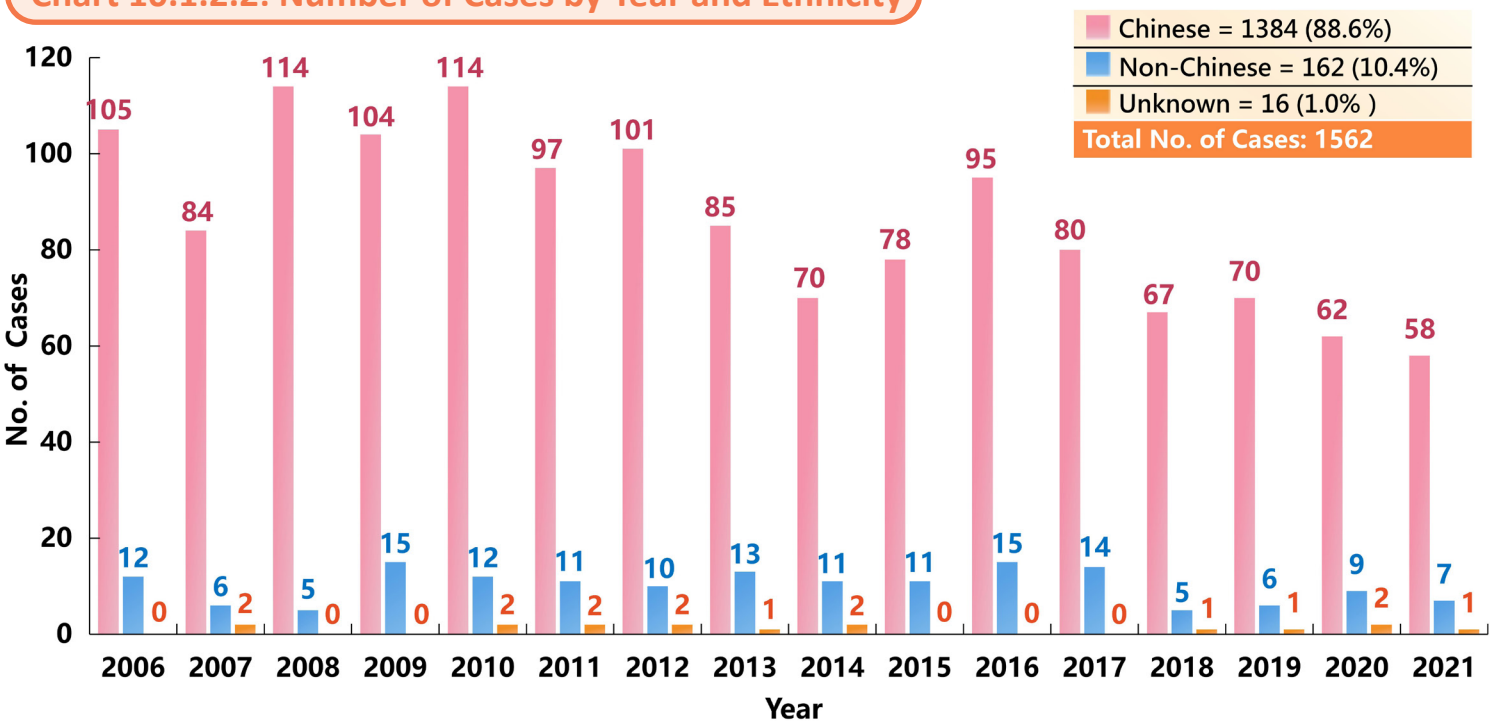
The highest number of child deaths occurred for children aged below 1 (N=619, 39.6%), followed by the age groups of 15-17 (N=301, 19.3%) and 12-14 (N=193, 12.4%).

Chart 10.1.2.1: Number of Cases by Year and Age Group



The highest number of child deaths occurred for children aged below 1 (N=619, 39.6%), followed by the age groups of 15-17 (N=301, 19.3%) and 12-14 (N=193, 12.4%).

Chart 10.1.2.2: Number of Cases by Year and Ethnicity



The majority of the deceased children were Chinese (N=1384, 88.6%) and there were 162 (10.4%) non-Chinese children.

Table 10.1.3: Number of Cases by Cause of Death, Year and Gender

Cause of Death		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	No. of Cases (%)
Natural Causes	F	31	29	32	39	24	35	33	20	27	21	34	23	18	16	12	13	407
	M	43	31	38	47	55	37	39	42	23	41	38	34	23	26	26	23	566
	Unknown	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
	Sub-total	***74***	***60***	***70***	***86***	***79***	***72***	***72***	***62***	***50***	***62***	***72***	***57***	***42***	***42***	***38***	***36***	***974 (62.4%)***
Suicide	F	7	3	6	6	6	6	5	6	5	4	5	9	8	11	11	8	106
	M	7	7	8	6	15	8	5	4	4	5	16	15	7	13	12	16	148
	Sub-total	***14***	***10***	***14***	***12***	***21***	***14***	***10***	***10***	***9***	***9***	***21***	***24***	***15***	***24***	***23***	***24***	***254 (16.3%)***
Accident	F	8	3	3	4	6	2	4	6	3	4	5	6	2	1	1	1	59
	M	12	9	10	6	9	11	15	5	3	2	7	1	2	4	7	4	107
	Sub-total	***20***	***12***	***13***	***10***	***15***	***13***	***19***	***11***	***6***	***6***	***12***	***7***	***4***	***5***	***8***	***5***	***166 (10.6%)***
Assault	F	3	3	5	6	4	1	1	1	2	2	1	2	3	4	1	1	40
	M	2	3	4	3	4	3	1	5	1	5	1	1	3	1	1	0	38
	Sub-total	***5***	***6***	***9***	***9***	***8***	***4***	***2***	***6***	***3***	***7***	***2***	***3***	***6***	***5***	***2***	***1***	***78 (5.0%)***
Unascer-tained	F	0	1	7	1	0	4	4	6	9	1	0	1	3	0	1	0	38
	M	1	1	2	0	5	3	6	2	6	4	1	2	1	0	1	0	35
	Sub-total	***1***	***2***	***9***	***1***	***5***	***7***	***10***	***8***	***15***	***5***	***1***	***3***	***4***	***0***	***2***	***0***	***73 (4.7%)***
Medical Complica-tion	F	1	1	1	0	0	0	0	1	0	0	2	0	1	1	0	0	8
	M	2	1	3	1	0	0	0	1	0	0	0	0	1	1	0	0	10
	Sub-total	***3***	***2***	***4***	***1***	***0***	***0***	***0***	***2***	***0***	***0***	***2***	***0***	***2***	***2***	***0***	***0***	***18 (1.2%)***
Total (%):	F	50	40	54	56	40	48	47	40	46	32	47	41	35	33	26	23	658 (42.1%)
	M	67	52	65	63	88	62	66	59	37	57	63	53	37	44	47	43	903 (57.8%)
	Unknown	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1 (0.1%)
	Total	***117***	***92***	***119***	***119***	***128***	***110***	***113***	***99***	***83***	***89***	***110***	***94***	***73***	***77***	***73***	***66***	***1562 (100%)***

There were more male (N=903, 57.8%) than female (N=658, 42.1%) among the deceased child cases reviewed. This phenomenon applied to the death cause groups of natural causes, suicide, accident and medical complication. There were more female than male only among death cause groups of assault and unascertained causes.

Chart 10.1.4.1: Number of Overall Cases by Year and Gender

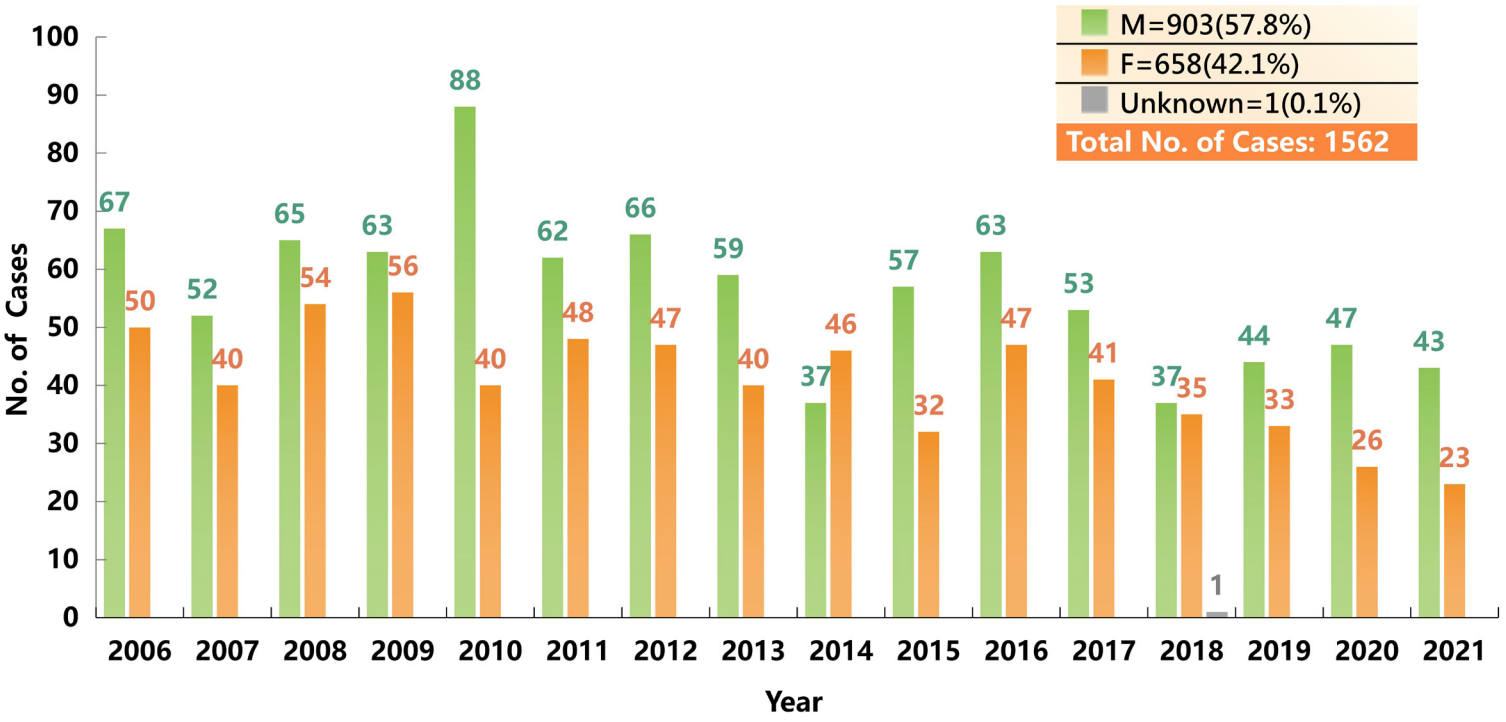


Chart 10.1.4.2: Number of Natural Cause Cases by Year and Gender

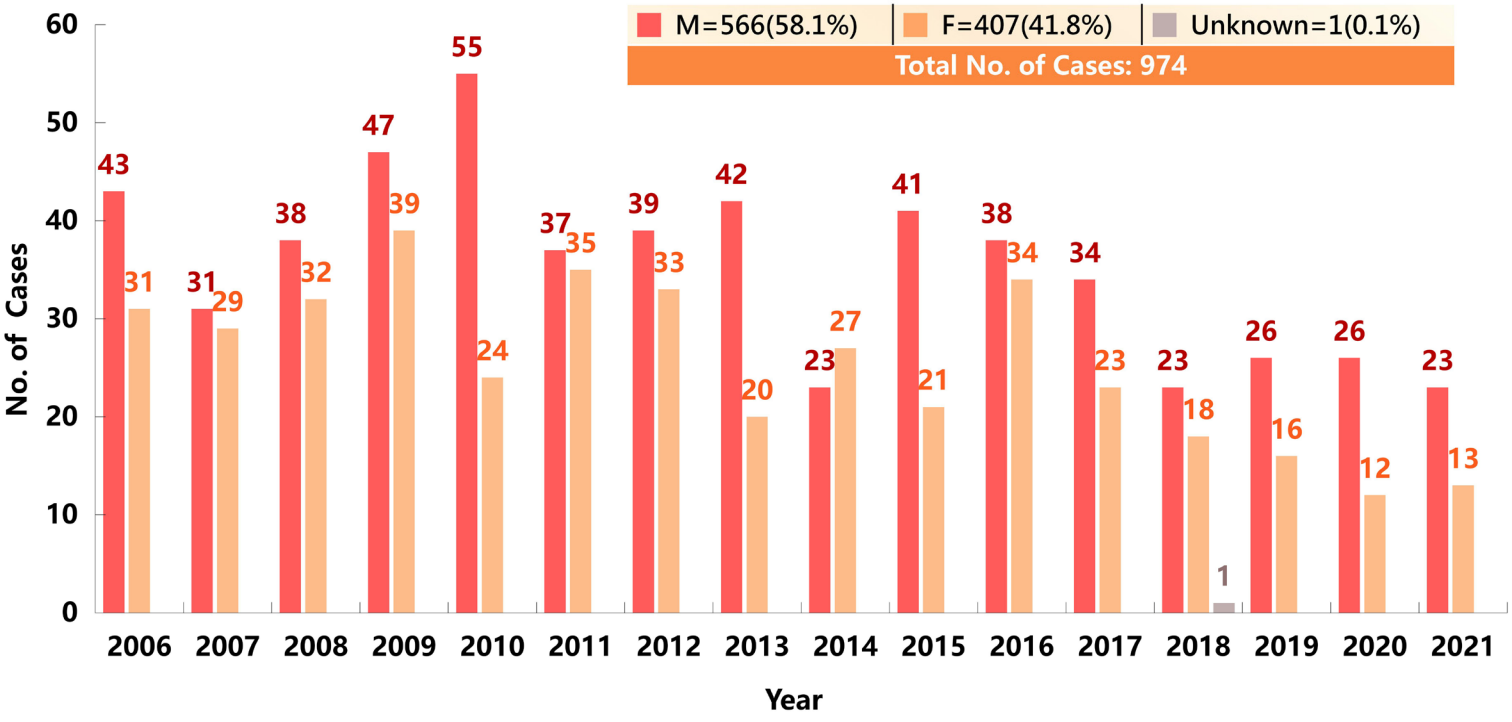


Chart 10.1.4.3: Number of Suicide Cases by Year and Gender

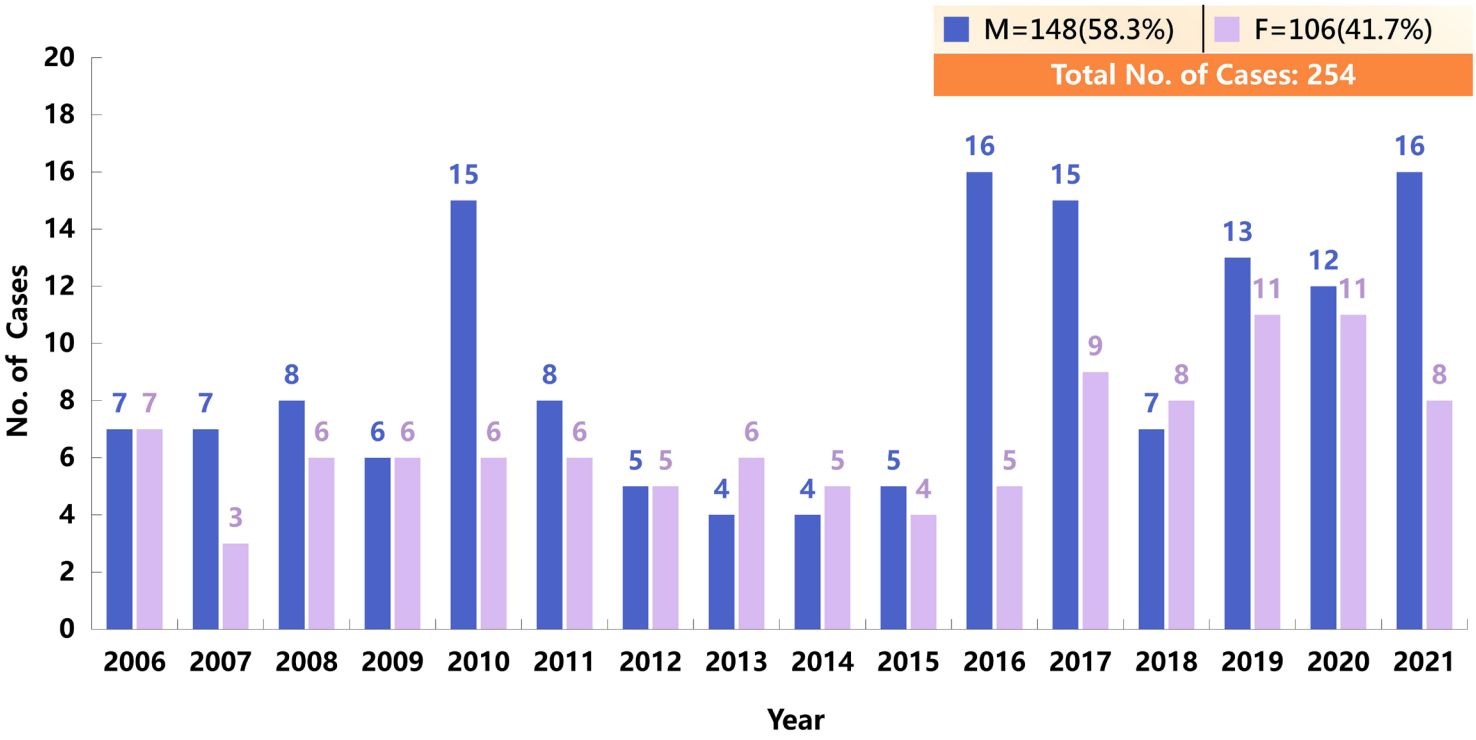


Chart 10.1.4.4: Number of Accident Cases by Year and Gender

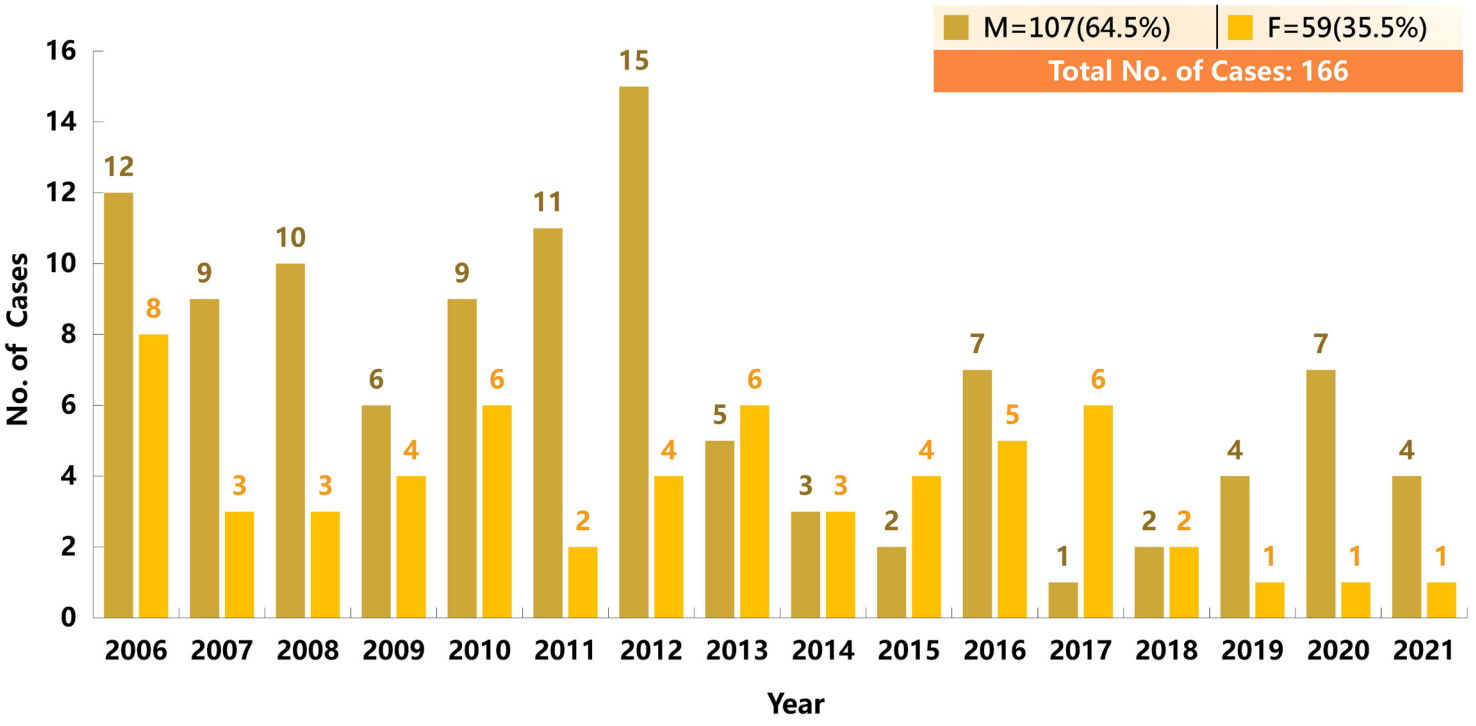


Chart 10.1.4.5: Number of Assault Cases by Year and Gender

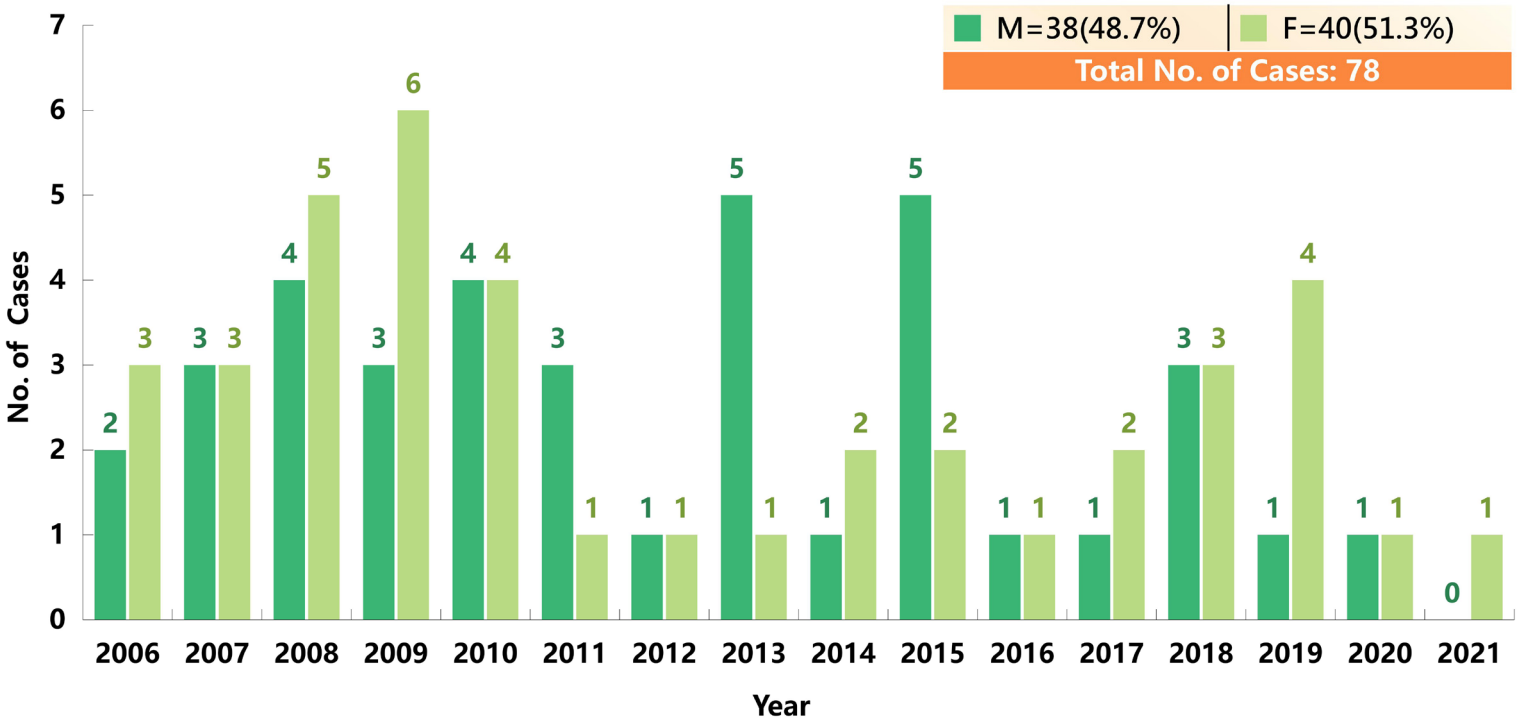


Chart 10.1.4.6: Number of Non-natural Unascertained Cause Cases by Year and Gender

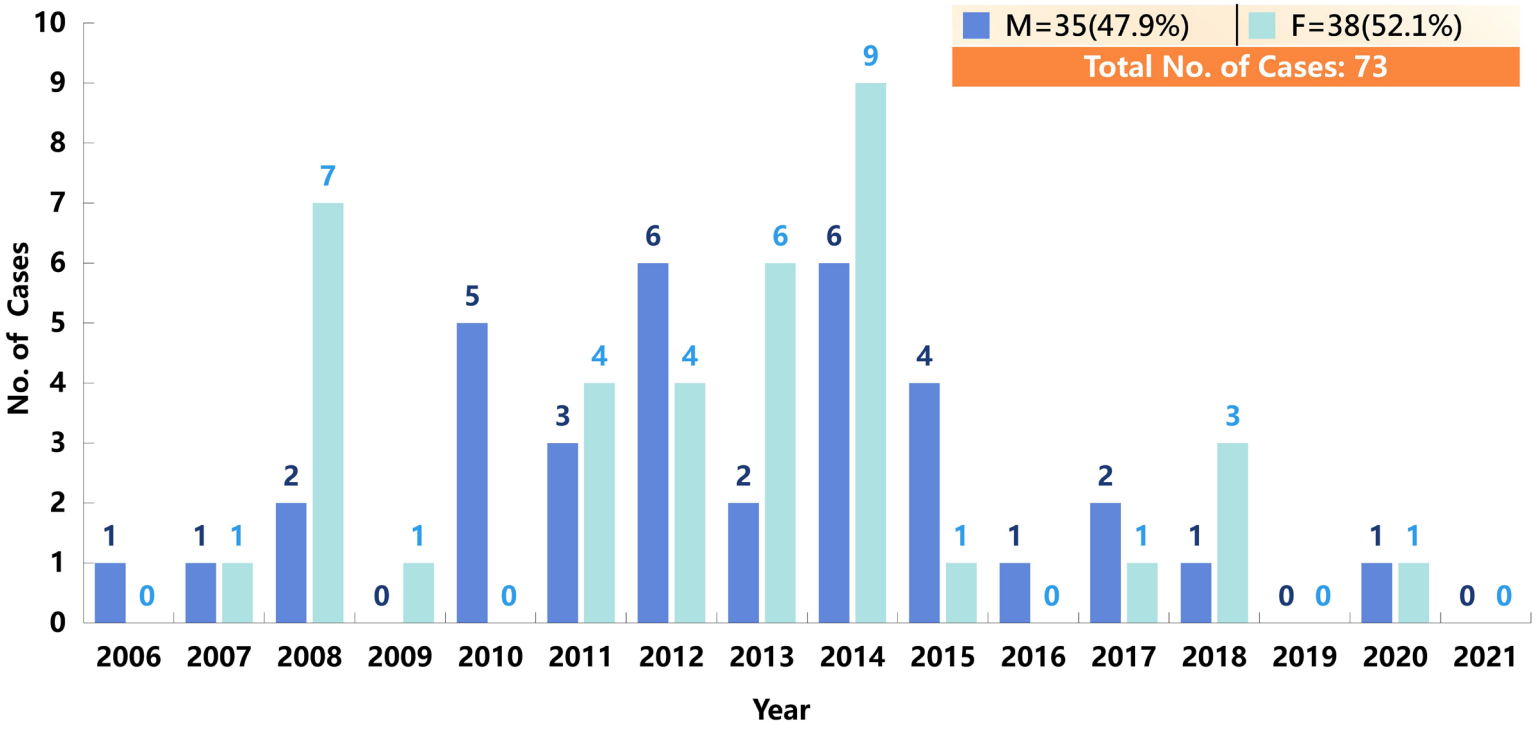


Chart 10.1.4.7: Number of Medical Complication Cases by Year and Gender

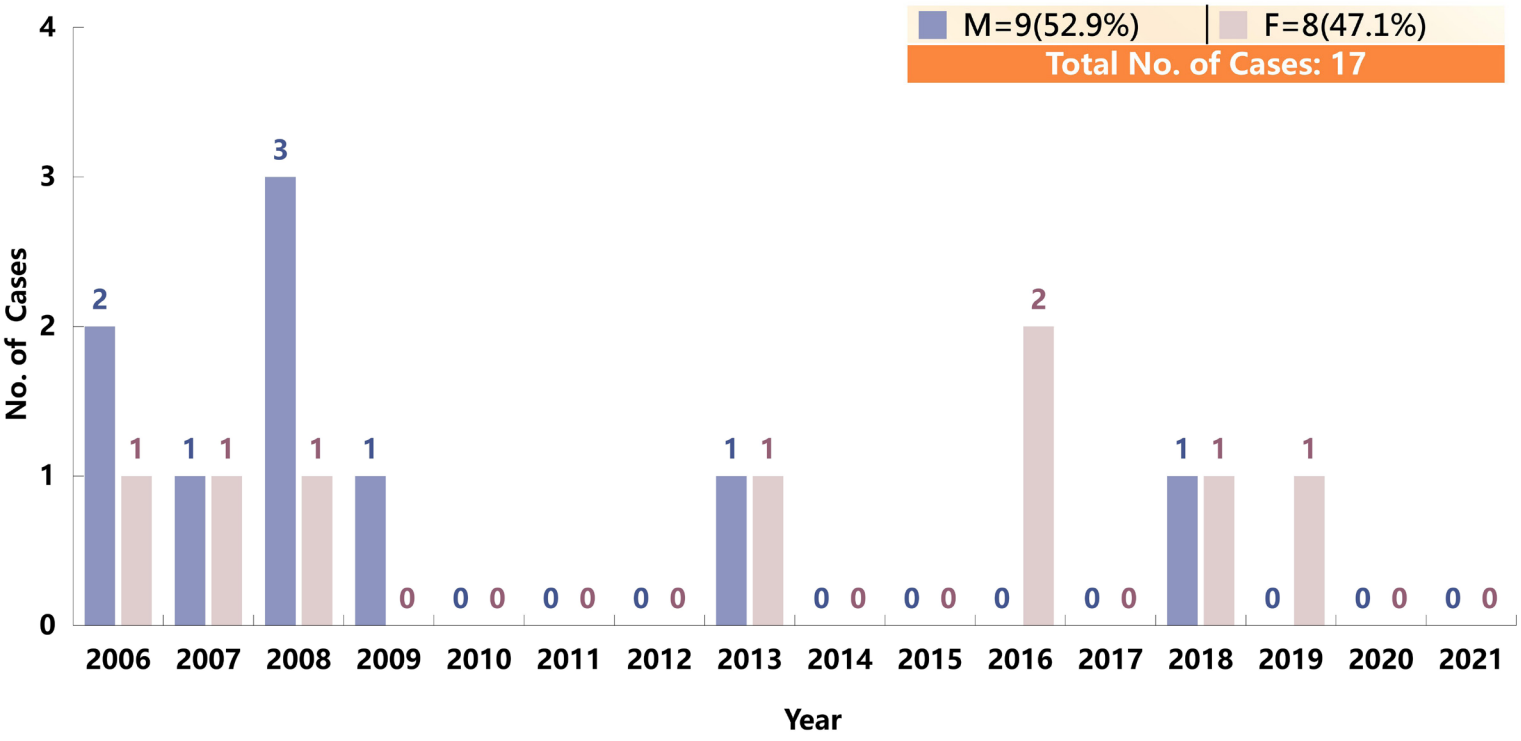


Table 10.1.5: Number of Cases by Residential District

Residential District	Number of Cases / Death Rate*																
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total (%)
HONG KONG ISLAND																	
Central & Western	7	1	4	6	2	5	6	1	3	2	1	5	2	4	2	1	**52 (3.3%)**
	0.185	0.026	0.102	0.157	0.051	0.144	0.172	0.029	0.087	0.052	0.034	0.167	0.066	0.140	0.075	0.037	
Wan Chai	1	0	1	0	2	0	2	2	1	1	0	2	0	1	3	3	**19 (1.2%)**
	0.045	0.000	0.047	0.000	0.099	0.000	0.105	0.109	0.051	0.050	0.000	0.093	0.000	0.050	0.158	0.151	
Eastern	4	7	9	5	2	6	11	7	8	6	6	4	7	3	5	2	**92 (5.9%)**
	0.043	0.076	0.100	0.058	0.024	0.074	0.140	0.092	0.107	0.082	0.082	0.052	0.094	0.042	0.075	0.032	
Southern	4	5	6	3	7	3	2	5	2	6	2	3	1	3	3	1	**56 (3.6%)**
	0.085	0.111	0.132	0.069	0.165	0.071	0.050	0.134	0.053	0.170	0.053	0.083	0.027	0.081	0.086	0.031	

Residential District	Number of Cases / Death Rate*																
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total (%)
KOWLOON																	
Yau Tsim Mong	1	0	2	7	4	5	7	5	4	3	7	6	4	6	4	5	**70**
	0.025	0.000	0.046	0.160	0.088	0.107	0.148	0.104	0.083	0.060	0.158	0.131	0.088	0.137	0.098	0.120	**(4.5%)**
Sham Shui Po	8	6	2	9	5	7	6	6	2	5	8	6	3	8	7	5	**93**
	0.134	0.106	0.035	0.158	0.090	0.120	0.105	0.108	0.036	0.089	0.141	0.103	0.052	0.133	0.113	0.085	**(6.0%)**
Kowloon City	5	4	1	1	7	7	2	3	3	6	9	3	3	3	4	3	**64**
	0.088	0.070	0.018	0.018	0.128	0.126	0.036	0.057	0.052	0.104	0.152	0.053	0.050	0.054	0.074	0.051	**(4.1%)**
Wong Tai Sin	7	7	6	4	11	6	5	7	5	4	3	3	6	2	1	2	**79**
	0.102	0.103	0.093	0.065	0.187	0.103	0.087	0.122	0.091	0.075	0.054	0.054	0.109	0.039	0.019	0.044	**(5.1%)**
Kwun Tong	7	8	9	7	9	4	10	6	8	7	10	9	3	3	6	10	**116**
	0.073	0.083	0.095	0.074	0.095	0.042	0.104	0.064	0.088	0.077	0.107	0.095	0.031	0.031	0.061	0.116	**(7.4%)**
NEW TERRITORIES																	
Kwai Tsing	10	8	15	7	8	6	2	5	8	4	5	8	7	5	5	4	**107**
	0.115	0.092	0.175	0.086	0.102	0.079	0.027	0.069	0.118	0.057	0.068	0.111	0.099	0.074	0.072	0.067	**(6.9%)**
Tsuen Wan	4	5	0	3	6	1	4	2	4	2	8	2	1	3	0	1	**46**
	0.083	0.095	0.000	0.058	0.119	0.020	0.085	0.042	0.086	0.043	0.182	0.046	0.023	0.071	0.000	0.023	**(2.9%)**
Tuen Mun	8	7	13	13	8	11	7	3	6	4	7	5	10	5	4	2	**113**
	0.083	0.079	0.153	0.162	0.104	0.150	0.099	0.044	0.087	0.057	0.105	0.074	0.145	0.076	0.061	0.031	**(7.2%)**
Yuen Long	10	9	12	15	14	10	13	14	9	10	19	15	5	12	10	8	**185**
	0.083	0.077	0.105	0.135	0.130	0.096	0.128	0.142	0.095	0.106	0.213	0.164	0.054	0.132	0.112	0.087	**(11.8%)**
North	6	2	6	6	10	6	2	7	3	4	4	4	2	3	2	4	**71**
	0.104	0.035	0.108	0.109	0.191	0.122	0.041	0.153	0.067	0.085	0.083	0.082	0.042	0.064	0.043	0.097	**(4.5%)**
Tai Po	5	2	6	7	2	3	4	5	2	5	2	2	2	2	6	2	**57**
	0.091	0.041	0.128	0.161	0.048	0.074	0.100	0.132	0.052	0.125	0.047	0.047	0.046	0.047	0.145	0.049	**(3.6%)**
Sha Tin	7	3	11	6	9	9	6	7	7	8	7	7	5	10	6	7	**115**
	0.069	0.030	0.113	0.064	0.099	0.100	0.068	0.080	0.081	0.090	0.076	0.074	0.054	0.108	0.065	0.075	**(7.4%)**
Sai Kung	11	7	3	9	4	6	10	3	3	6	4	6	6	2	1	4	**85**
	0.139	0.090	0.039	0.122	0.055	0.084	0.140	0.044	0.044	0.090	0.062	0.093	0.095	0.032	0.017	0.061	**(5.4%)**
Islands	3	2	1	4	5	2	3	2	2	5	5	1	0	1	1	2	**39**
	0.094	0.065	0.032	0.131	0.164	0.075	0.111	0.078	0.077	0.188	0.223	0.045	0.000	0.036	0.037	0.070	**(2.5%)**
OTHERS																	
Not residing in HK	9	6	7	6	9	11	10	7	2	1	3	3	3	0	2	0	**79 (5.1%)**
Unknown	0	3	5	1	4	2	1	2	1	0	0	0	3	1	1	0	**24 (1.5%)**
Total :	**117**	**92**	**119**	**119**	**128**	**110**	**113**	**99**	**83**	**89**	**110**	**94**	**73**	**77**	**73**	**66**	**1562 (100.0%)**

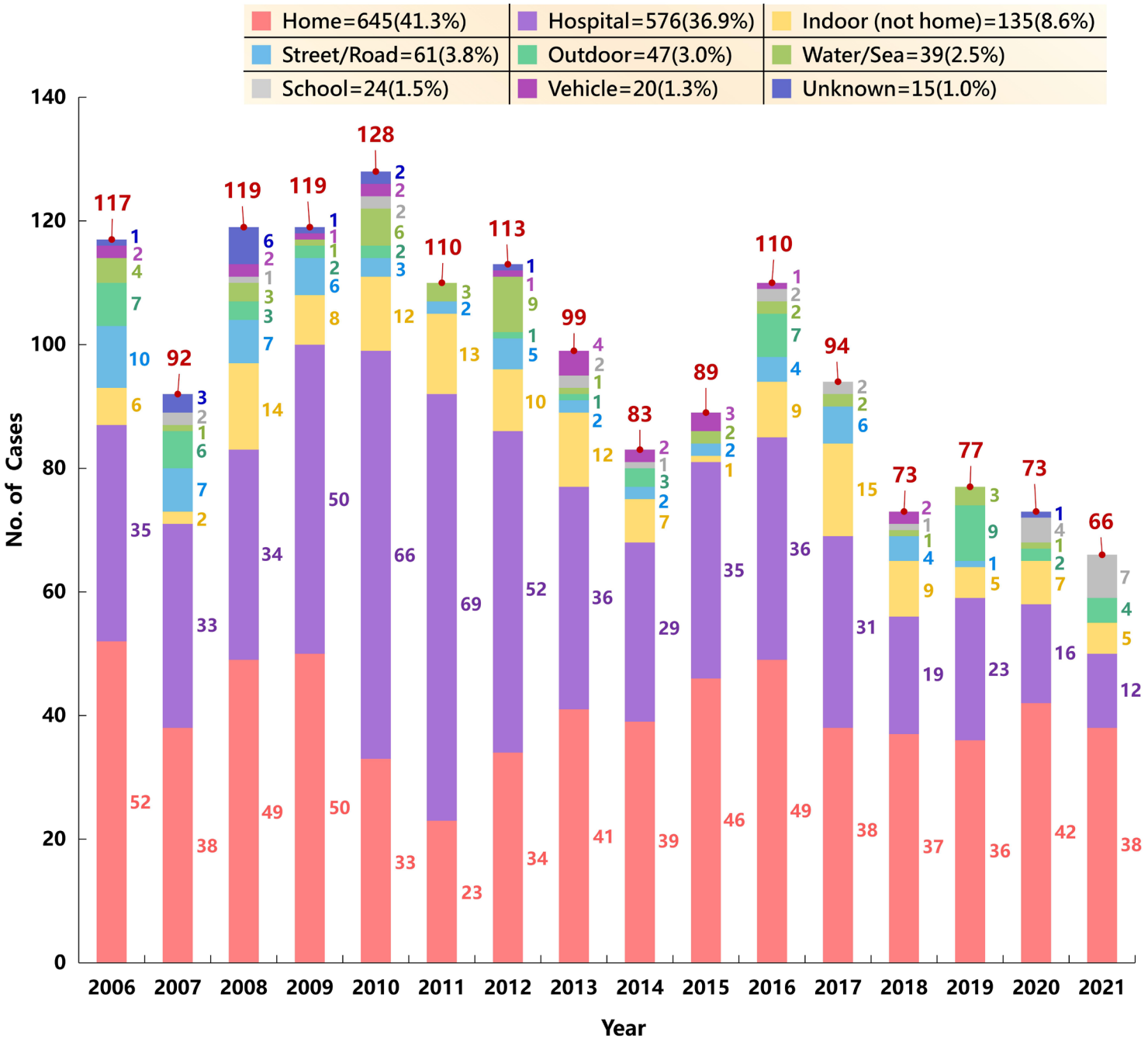
* *denotes district-specific child death rate, i.e. child death cases reviewed per 1 000 land-based non-institutional child population in respective district.*

The highest case numbers or death rates among the 18 districts of different years are highlighted.

Yuen Long District had the highest number of child deaths (N=185, 11.8%), followed by Kwun Tong District (N=116, 7.4%) and Sha Tin District (N=115, 7.4%)

The lowest number of child deaths (N=19, 1.2%) was in Wan Chai District. Families of 79 deceased children (5.1%) were not residing in Hong Kong or taking Hong Kong as their usual place of residence.

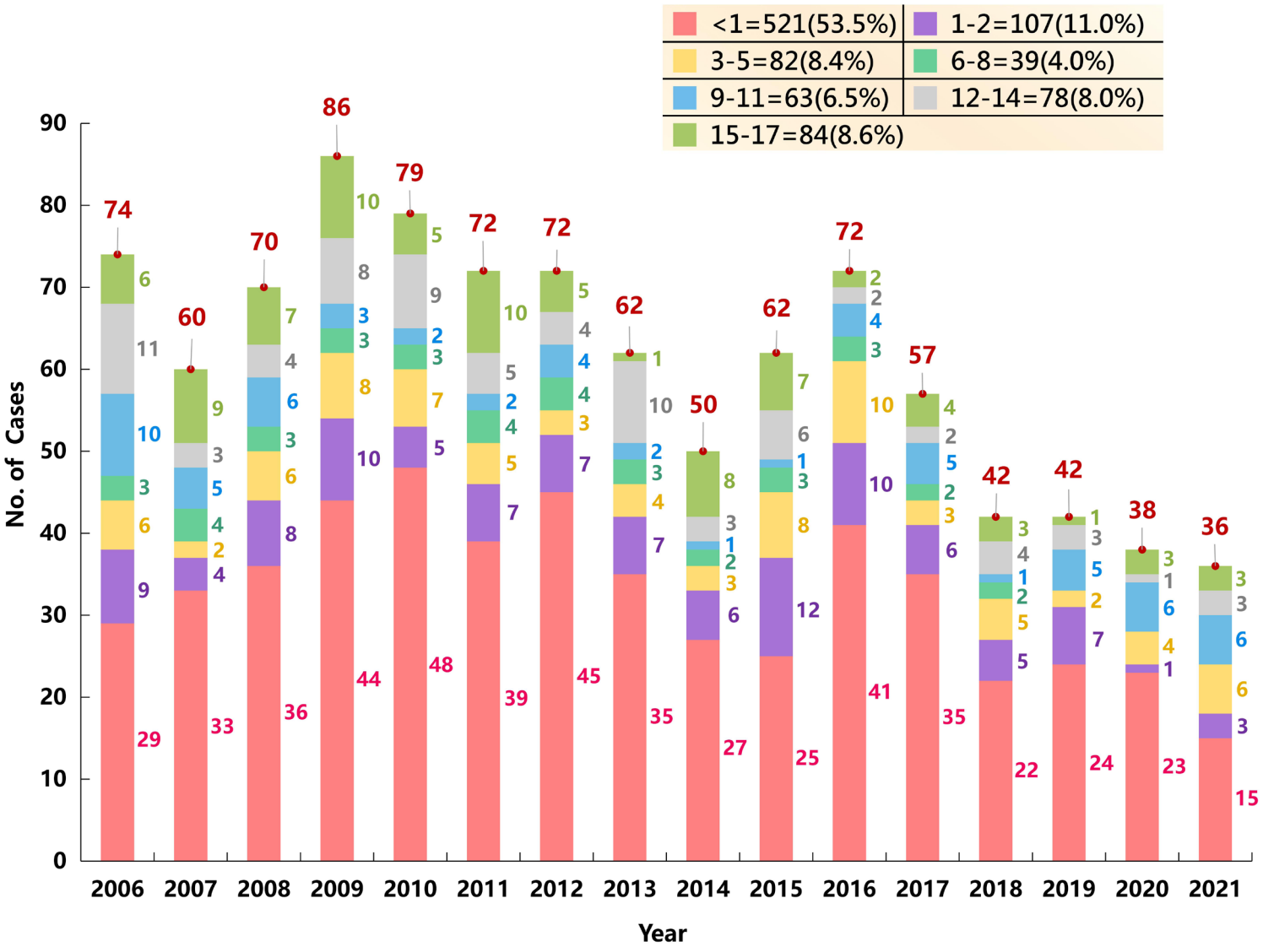
Chart 10.1.6: Number of Cases by Place of Fatal Incident



Home was the most common place for the occurrence of fatal incidents (N=645, 41.3%), followed by Hospital (N=576, 36.9%) due to natural causes and indoor (not home) (N=135, 8.6%)

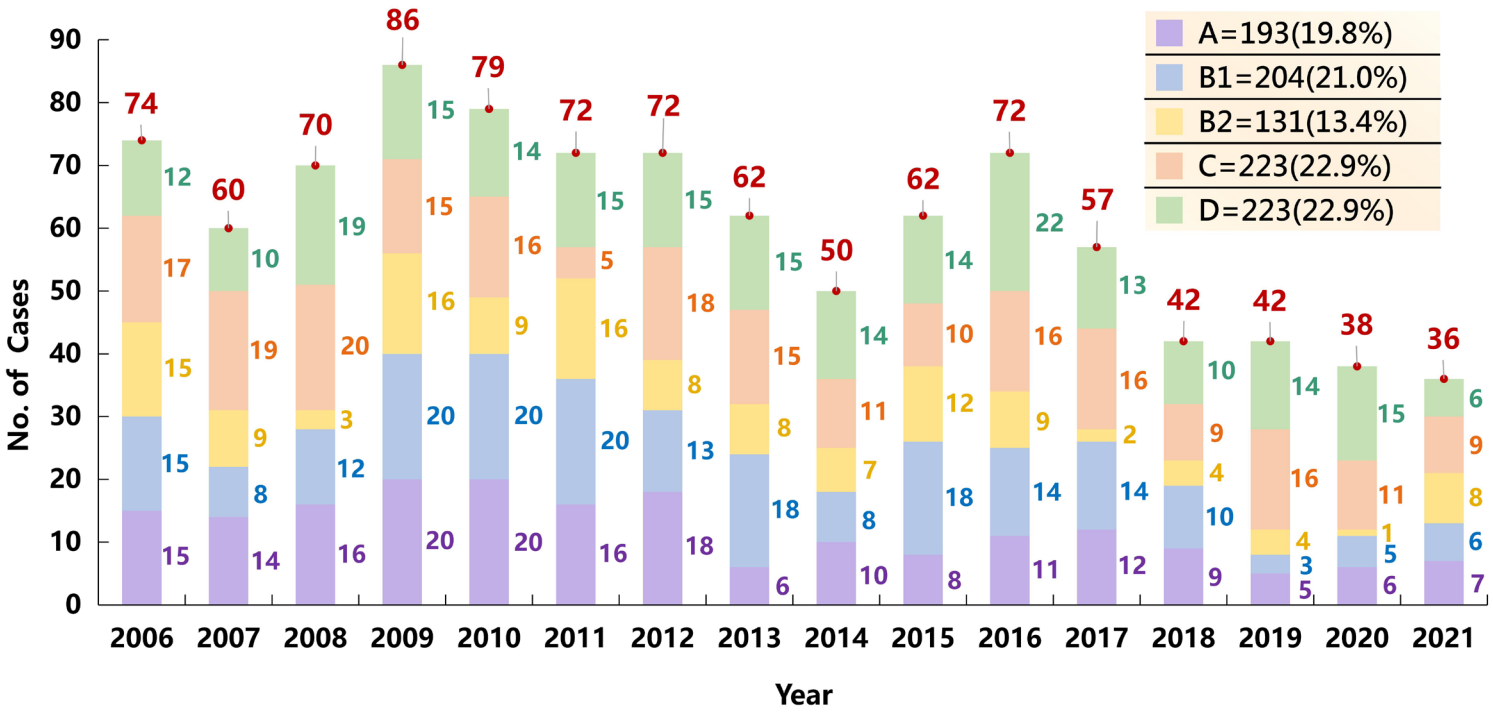
10.2 Statistics of Natural Cause Cases

Chart 10.2.1: Number of Cases by Year and Age Group



The highest number of natural child deaths occurred for children aged below 1 (N=521, 53.5%), followed by the age groups of 1-2 (N=107, 11.0%) and 15-17 (N=84, 8.6%).

Chart 10.2.2: Number of Cases by Year and Death Category*

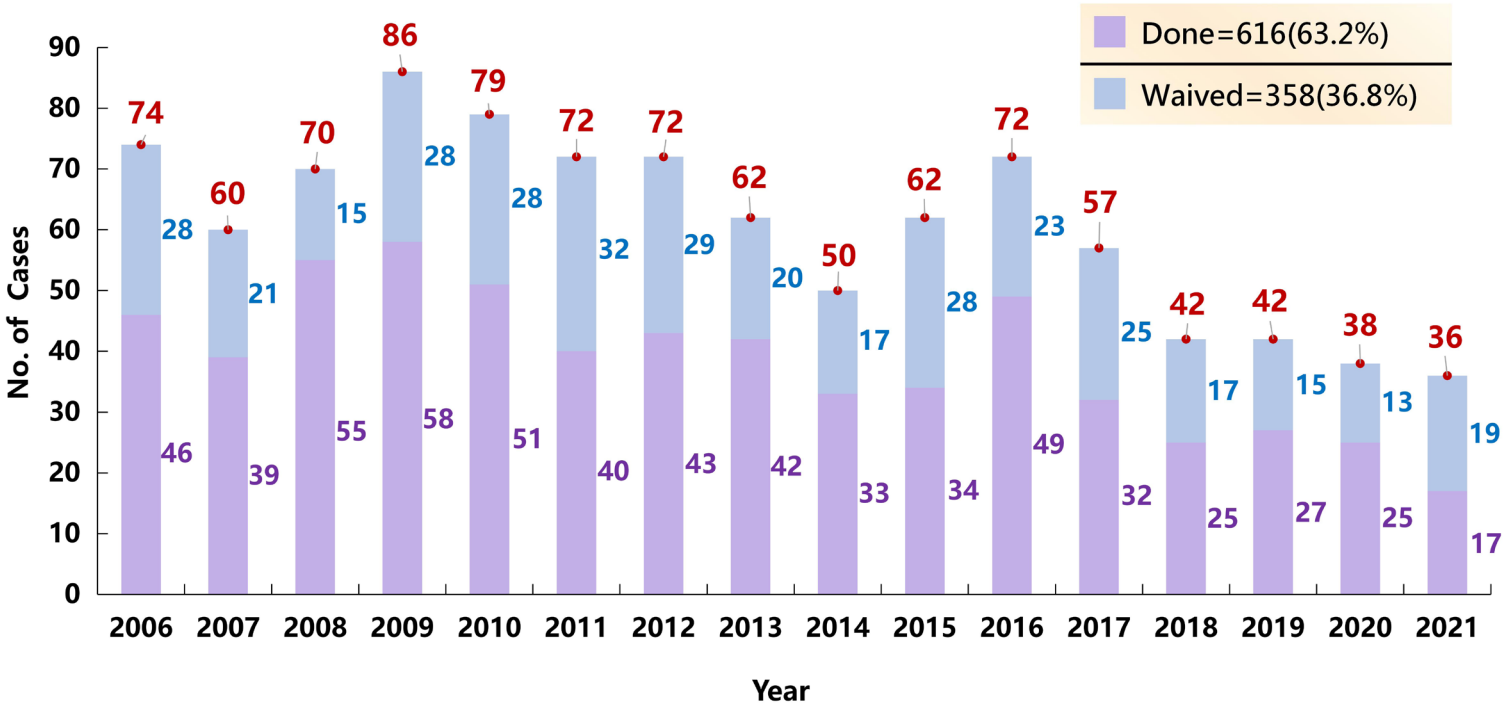


These categories of death, with content listed below, are designed by the medical experts of the Review Panel for review purpose:

- ***A*** *– Neo-natal Conditions*
- ***B*** *– Chronic Medical Conditions*
  - ***B1*** *– with mental or physical disabilities*
  - ***B2*** *– without mental or physical disabilities*
- ***C*** *– Acute Medical Conditions*
- ***D*** *– Others, including:*
  - *Unidentifiable Aetiology*
  - *SUDI (Sudden and Unexpected Death in Infancy)*
  - *Stillbirth*

Category B (chronic medical conditions) constituted the highest number of child deaths (N=335, 34.4%). Under this category, there were two sub-categories including cases with mental or physical disabilities (N=204, 21.0%) and cases without mental or physical disabilities (N=131, 13.4%). Category C (acute medical conditions) had the second highest number of child deaths (N=223, 22.9%) while Category D (Others) constituted the third highest number of child deaths (N=223, 22.9%).

Chart 10.2.3: Number of Cases by Year and with Autopsy Done or Waived*

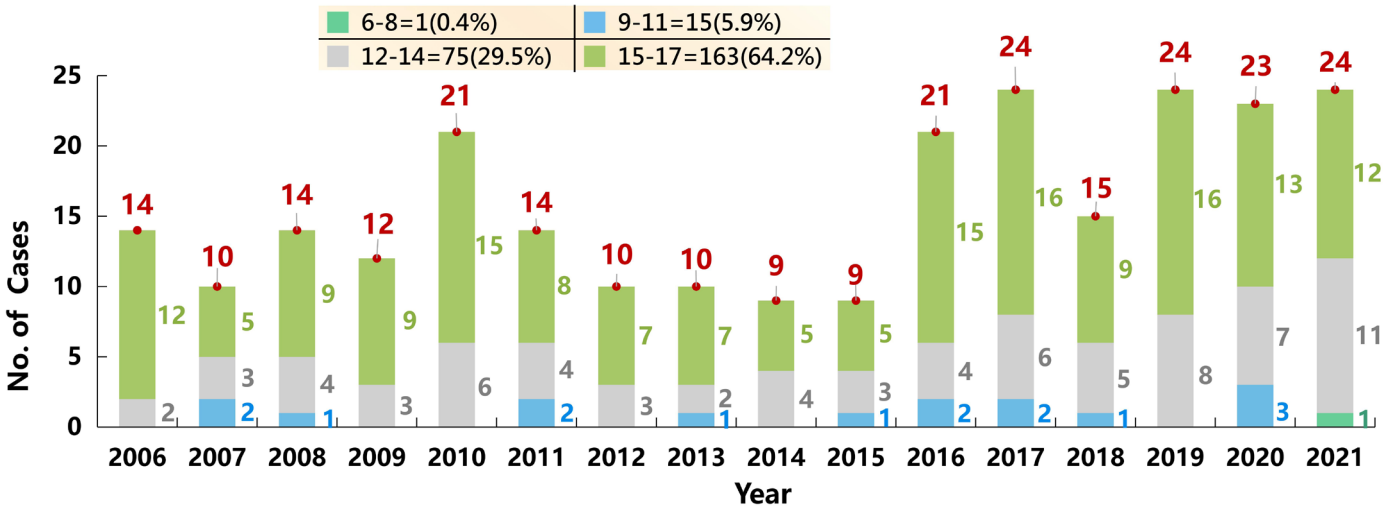


**Source: According to information search at the Coroner's Court.*

Autopsy had been done for 616 cases (63.2%) and waived for 358 cases (36.8%).

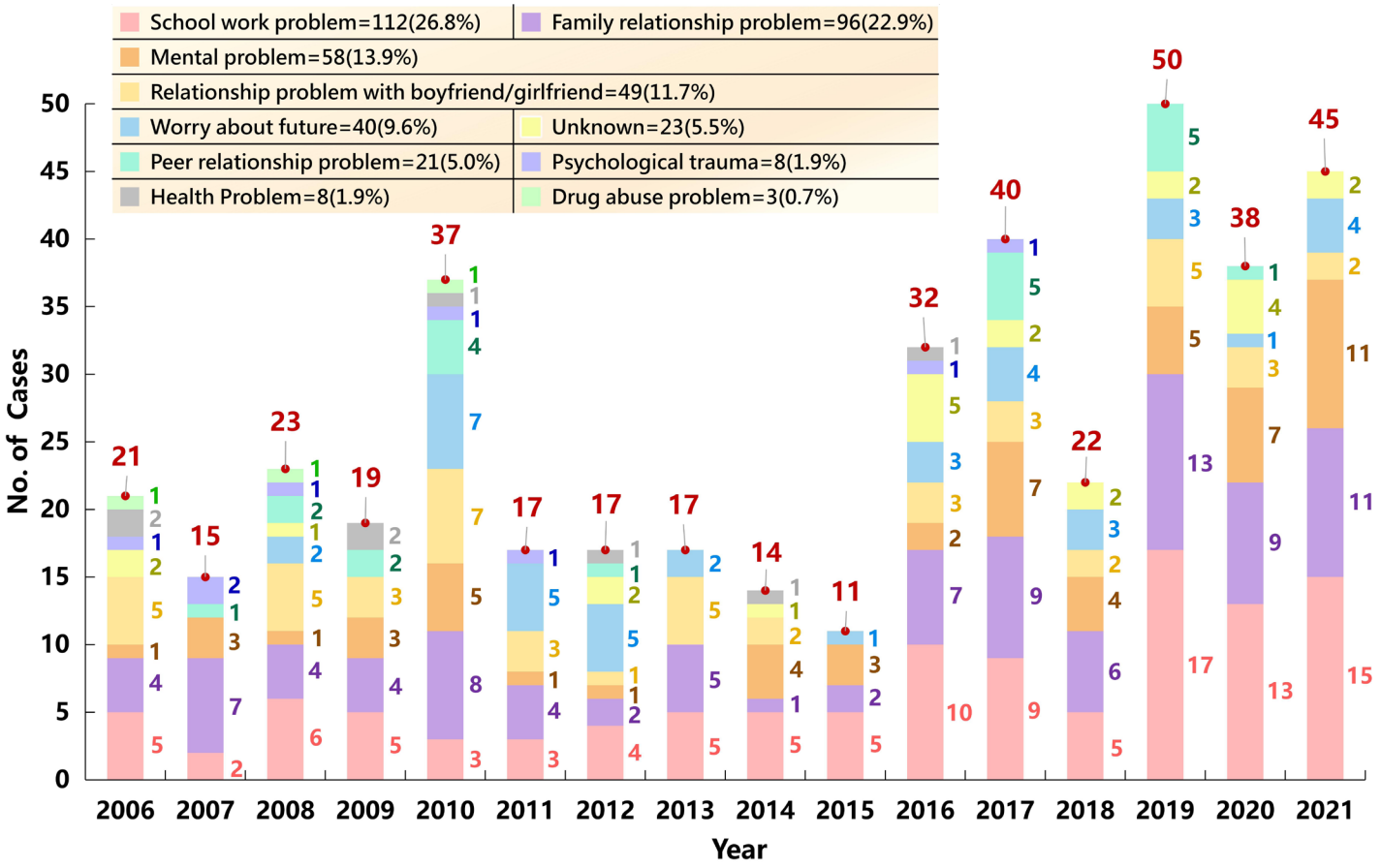
10.3 Statistics of Suicide Cases

Chart 10.3.1: Number of Cases by Year and Age Group



The highest number of suicide deaths occurred for children aged 15-17 (N=163, 64.2%), followed by the age group of 12-14 (N=75, 29.5%) and 9-11 (N=15, 5.9%).

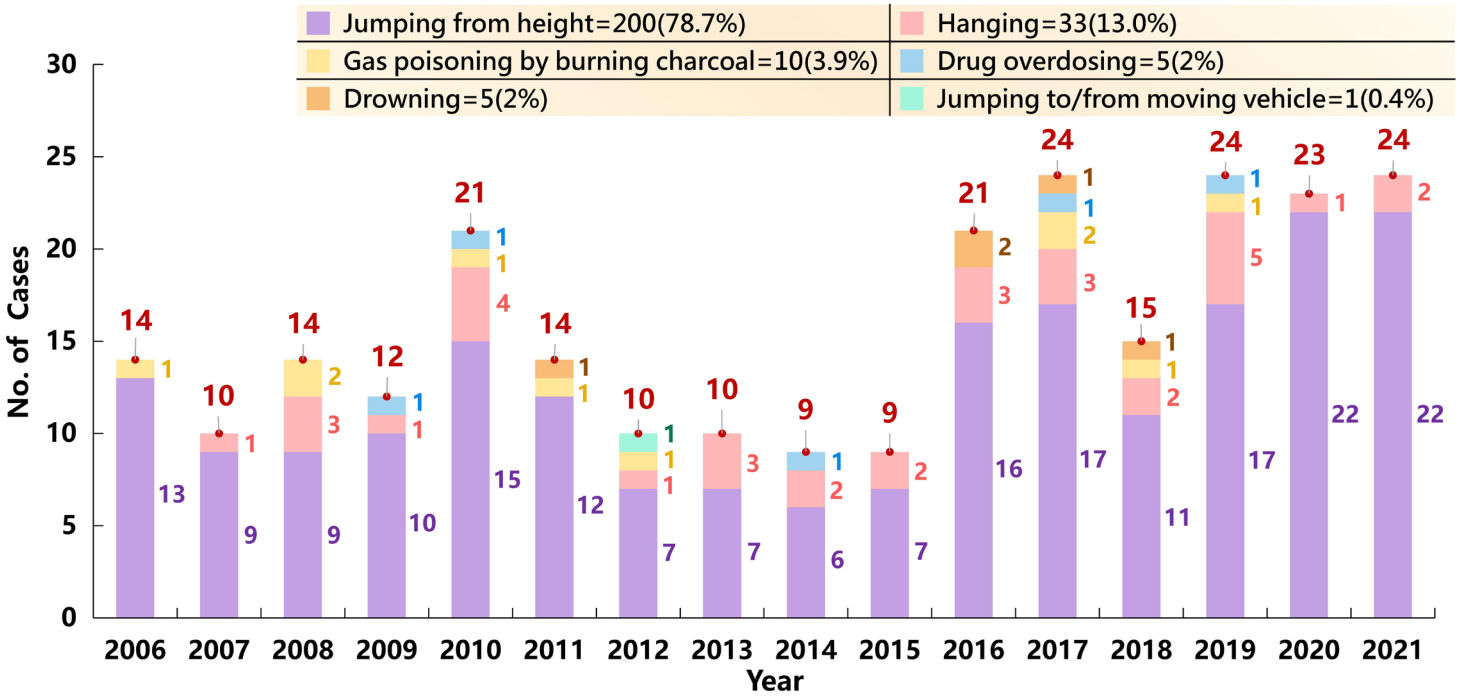
Chart 10.3.2: Number of Cases by Year and Primary Factors* Contributing to Committing suicide



**Note: More than one factor is allowed. The factors were identified in the police death investigation reports of the reviewed cases.*

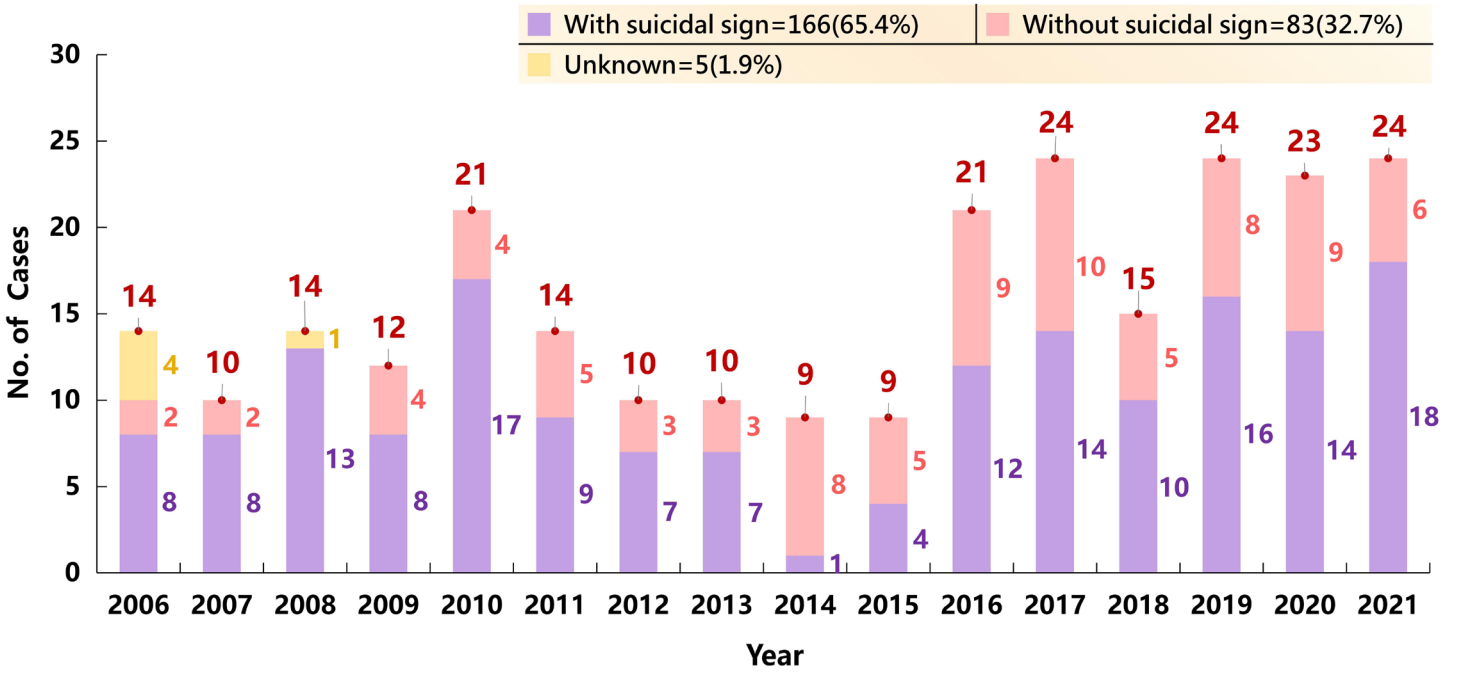
The most common factors leading the deceased children to commit suicide were school work problem (N=112, 26.8%), followed by family relationship problem (N=96, 22.9%) and mental problem (N=58, 13.9%).

Chart 10.3.3: Number of Cases by Year and Means of Committing Suicide



Most of the deceased children committed suicide by jumping from height (N=200, 78.7%), followed by hanging (N=33, 13.0%) and gas poisoning by burning charcoal (N=10, 3.9%).

Chart 10.3.4: Number of Cases by Year and Identified Suicidal Signs*

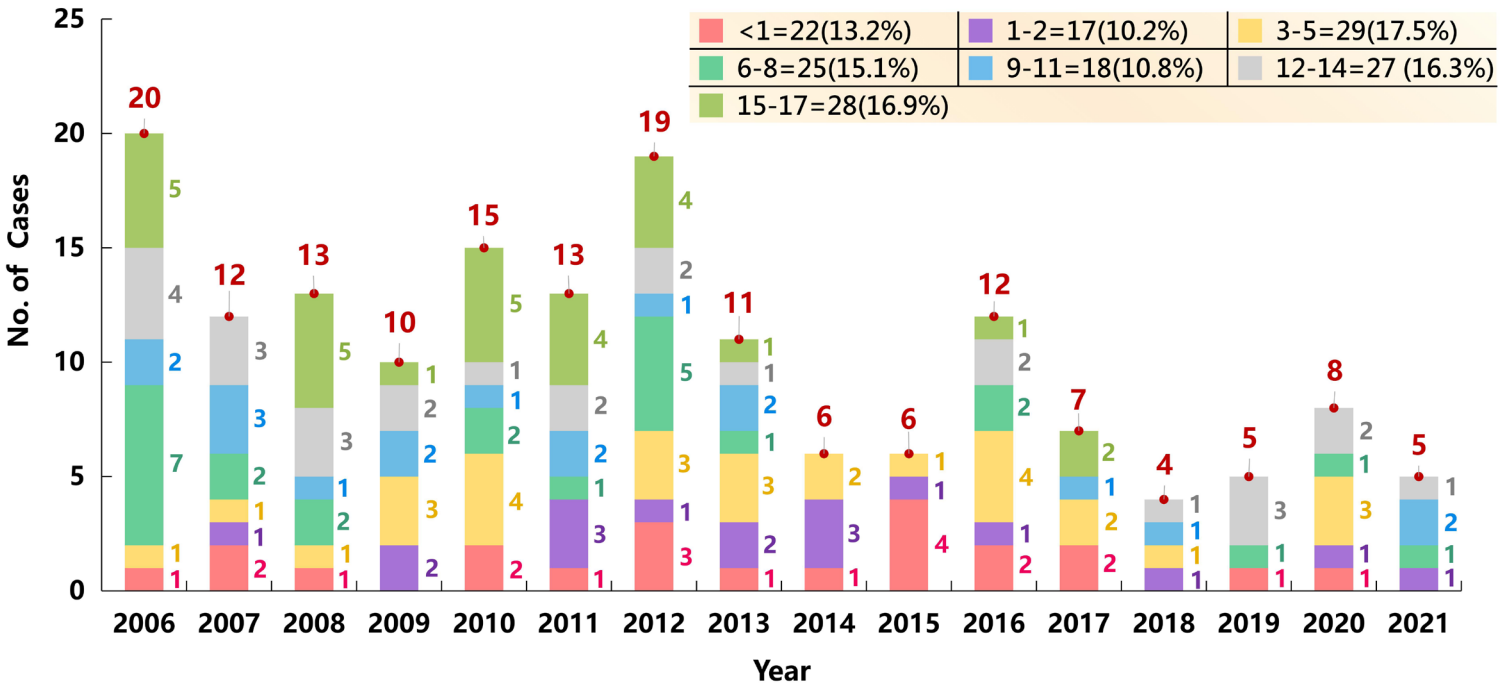


**Signs: Include leaving suicidal notes; emotional / violent acts; verbal expression / threatening of suicidal intention and past history of suicidal attempts. (The signs were identified through police investigation reports.)*

The majority of children who committed suicide (N=166, 65.4%) had expressed their suicidal thoughts in one way or other before actual attempts.

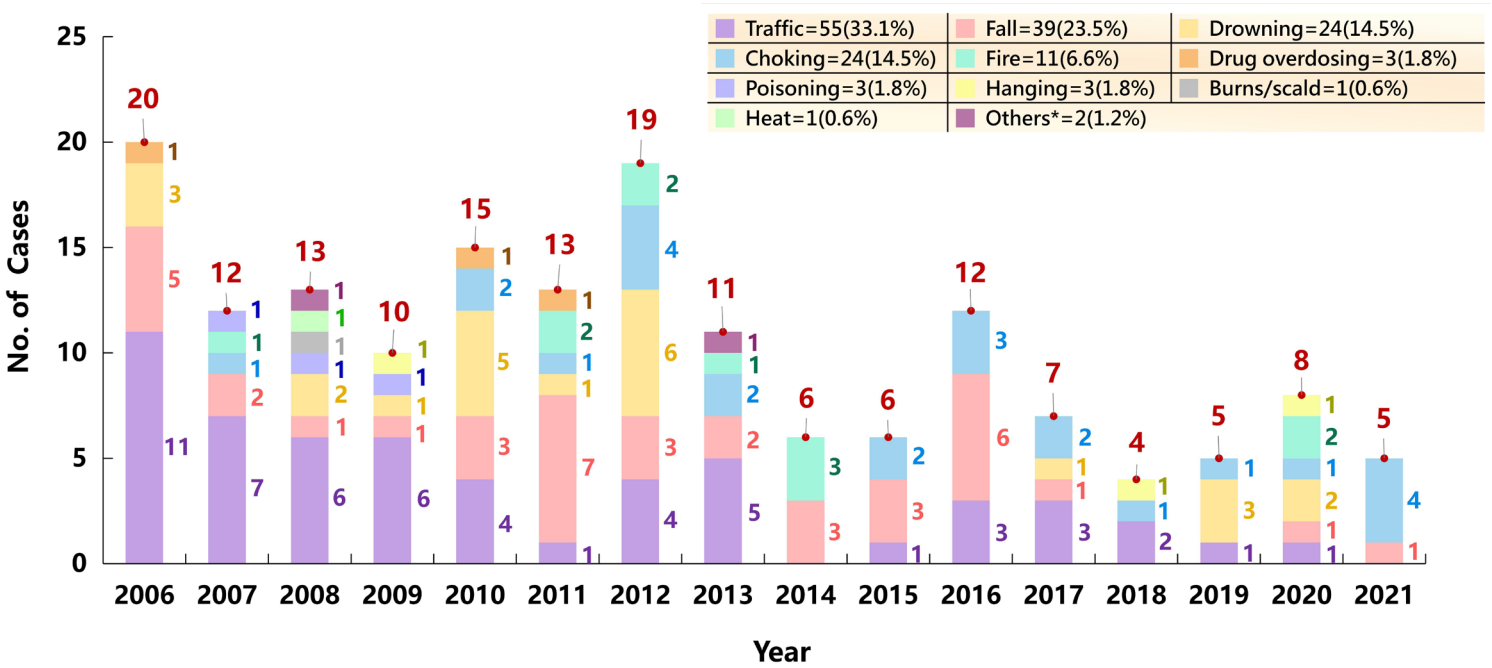
10.4 Statistics of Accident Cases

Chart 10.4.1: Number of Cases by Year and Age Group



The highest number of child deaths occurred in the age group of 3-5 (N=29, 17.5%), followed by the age group of 15-17 (N=28, 16.9%) and 12-14 (N=27, 16.3%).

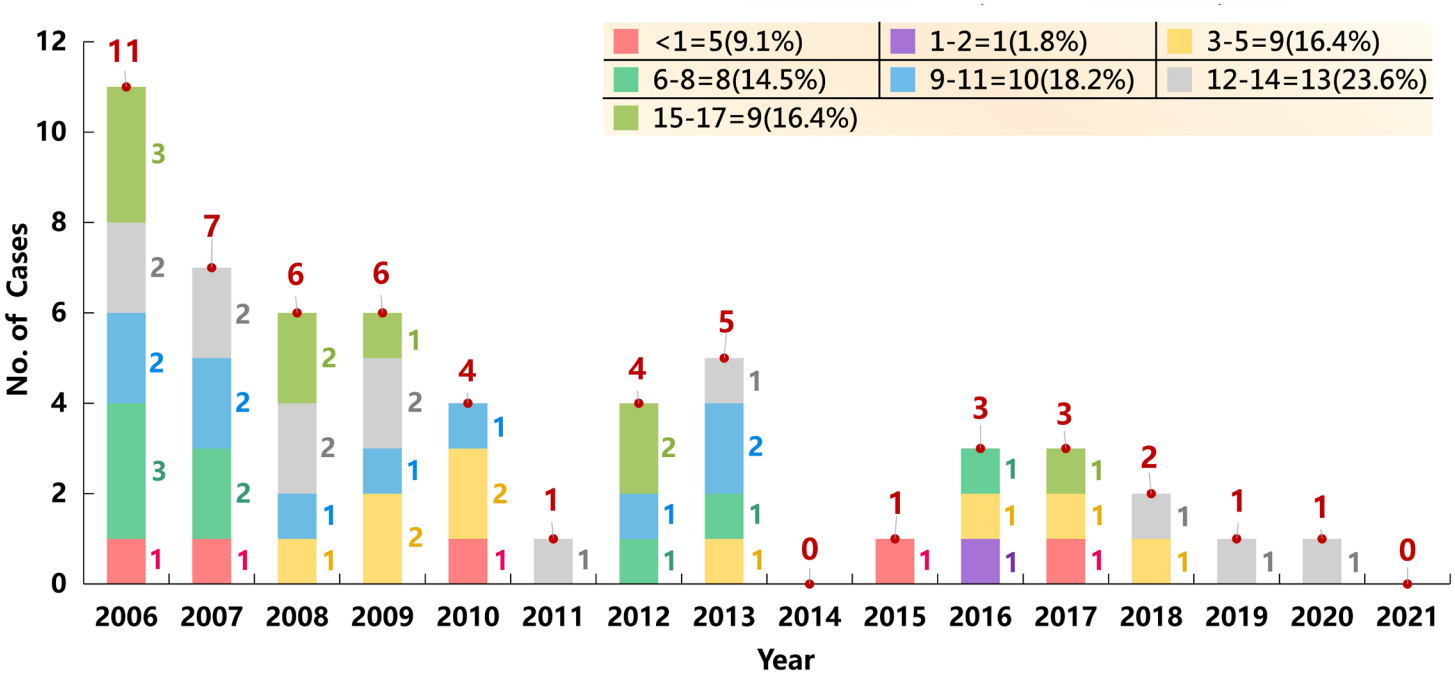
Chart 10.4.2: Number of Cases by Year and Type of Accident



** The case in 2008 was a newborn who died a few hours after birth due to complication during birth. The Coroner's Court ruled that the death cause was "Other accidental threats to breathing". The case in 2013 was a child struck by an object causing head injury.*

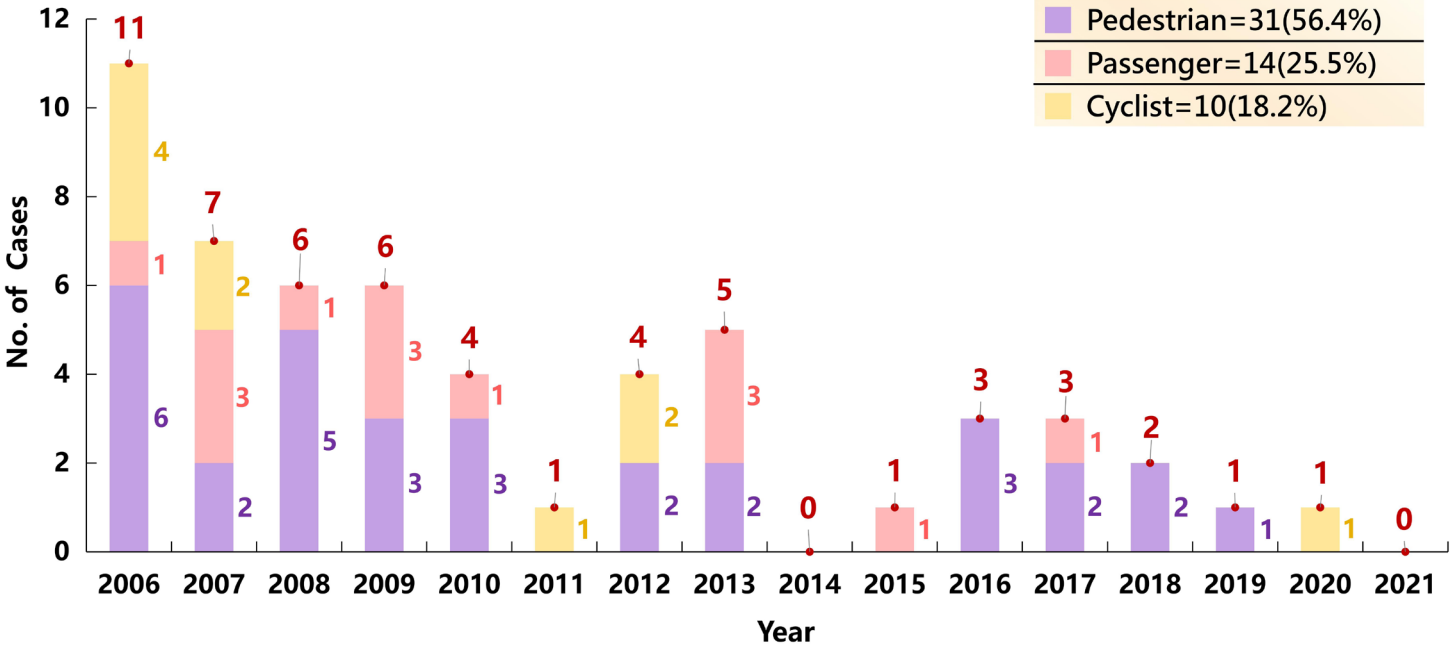
Traffic accident (N=55, 33.1%) was the leading cause of accident death, followed by fall (N=39, 23.5%) and drowning and choking (both N=24, 14.5%).

Chart 10.4.3: Number of Traffic Accident Cases by Year and Age Group



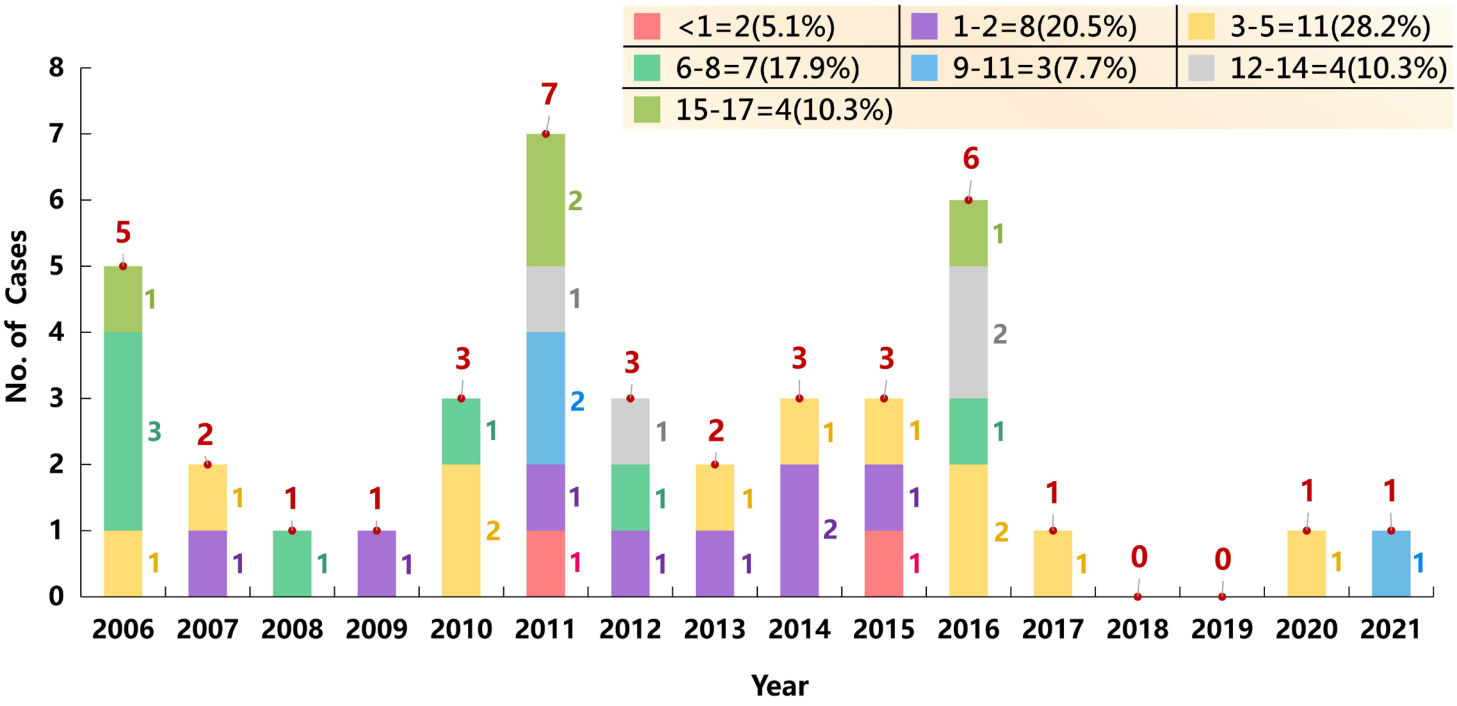
The highest number of child deaths out of traffic accident occurred in the age group of 12-14 (N= 13, 23.6%), followed by the age group of 9-11(N=10, 18.2 %) and both the age groups of the age group of 3-5 and 15-17 (N=9, 16.4%)

Chart 10.4.4: Number of Cases by Year and Type of Traffic Victim



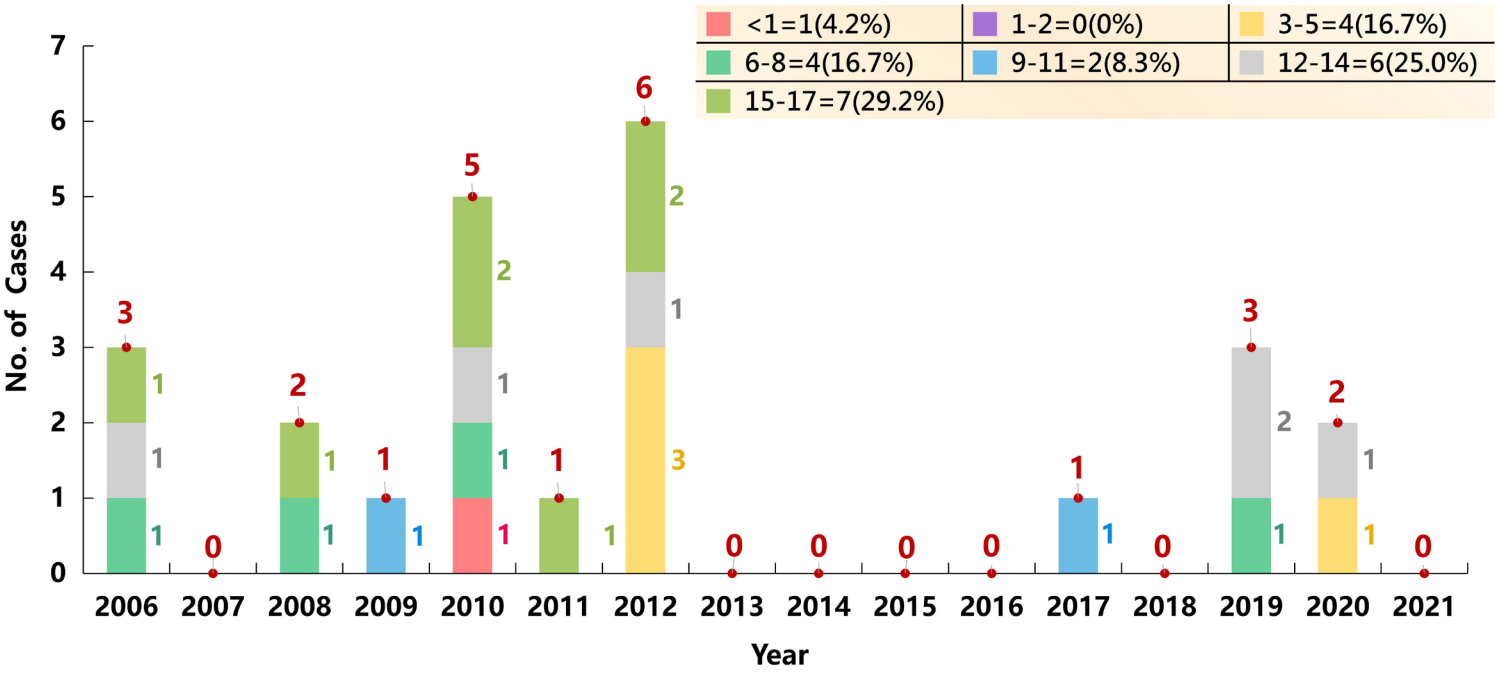
The highest number of traffic victims were pedestrian (N=31, 56.4%), followed by passenger (N=14, 25.5%) and cyclist (N=10, 18.2%).

Chart 10.4.5: Number of Fall Accident Cases by Year and Age Group



The highest number of child deaths for fall accident occurred in the age group of 3-5 (N=11, 28.2%), followed by the age group of 1-2 (N=8, 20.5%) and 6-8(N=7, 17.9%).

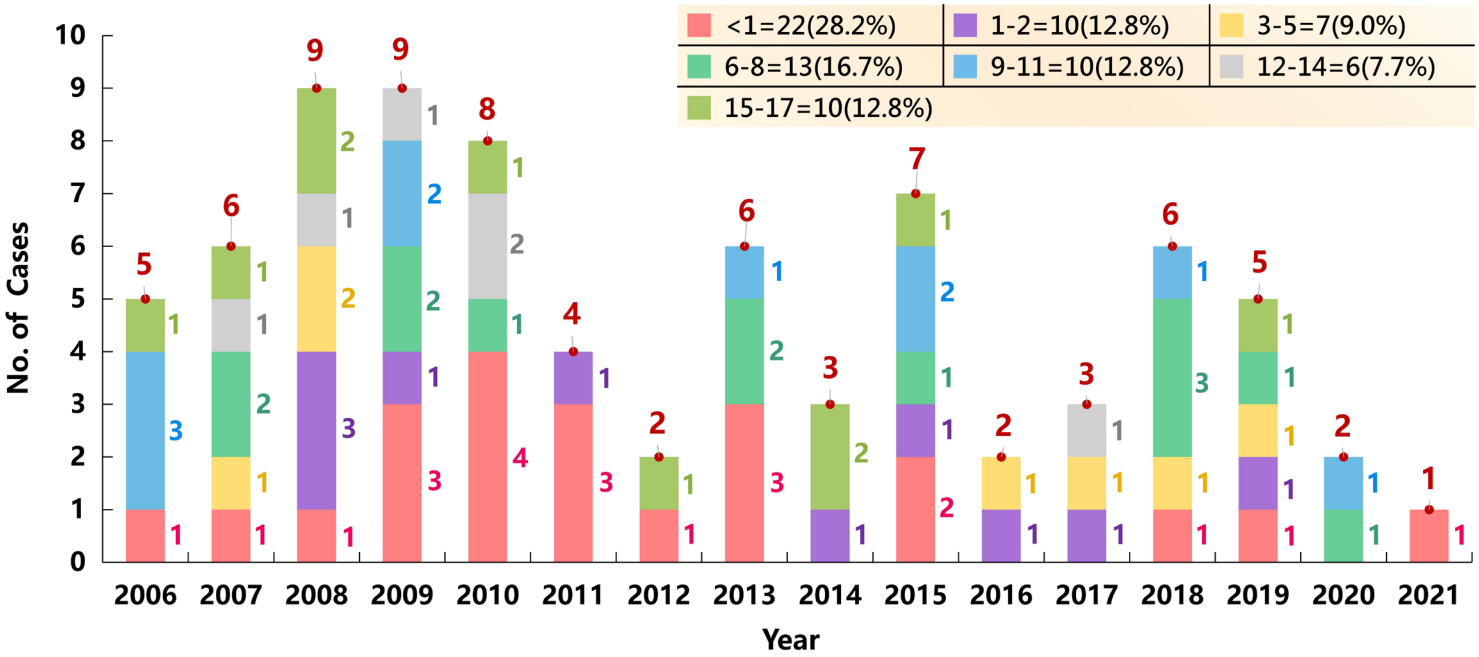
Chart 10.4.6: Number of Drowning Accident Cases by Year and Age Group



The highest number of child deaths for drowning occurred in the age group of 15-17 (N=7, 29.2%) followed by the age group of 12-14 (N=6, 25.0%) and both the age groups of 3-5 and 6-8 (N=4, 16.7%).

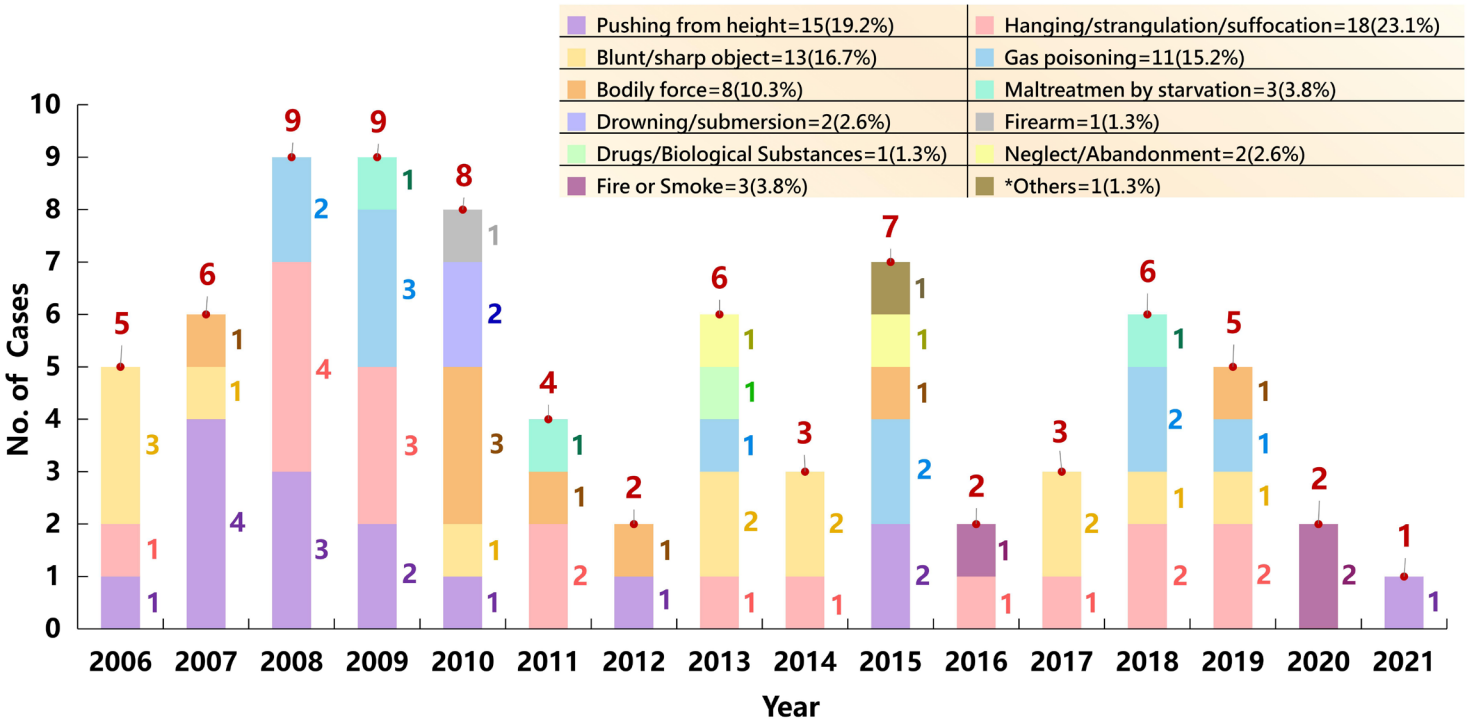
10.5 Statistics of Assault Cases

Chart 10.5.1: Number of Cases by Year and Age Group



The highest number of child deaths for assault occurred in the age group of <1 (N=22, 28.2%), followed by the age group of 6-8 (N=13, 16.7%) and then the age groups of 1-2, 9-11 and 15-17 with the same number of deaths (N=10, 12.8%).

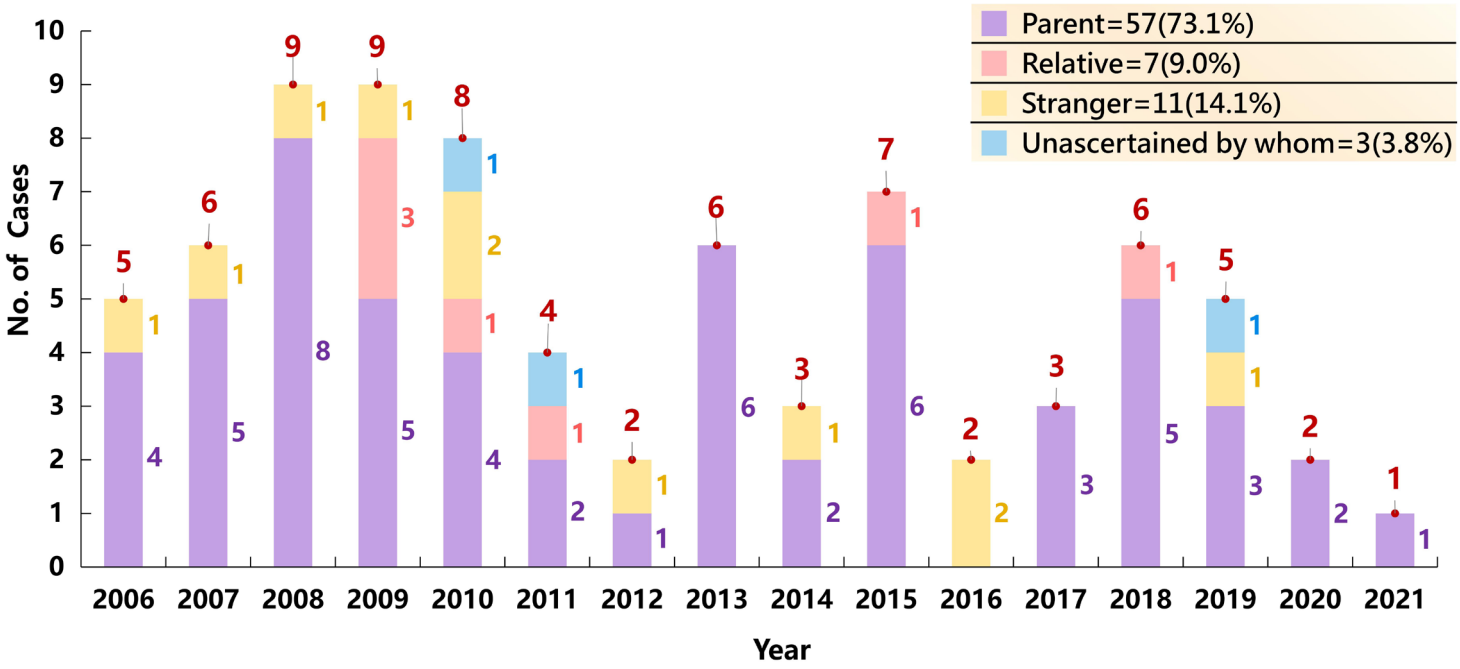
Chart 10.5.2: Number of Cases by Year and Type of Assault



**Others: Unascertained due to decomposition of dead body*

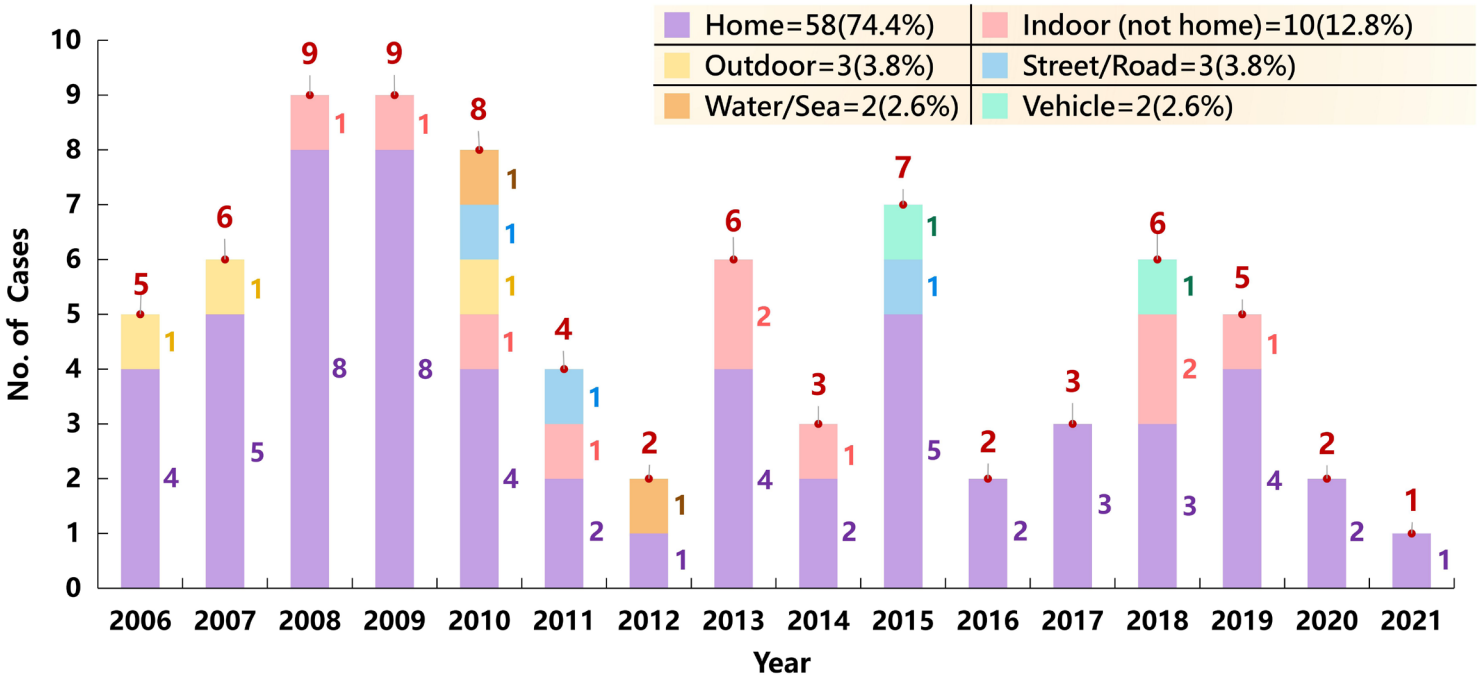
The highest number of types of assault was hanging/strangulation/suffocation (N=18, 23.1%), followed by pushing from height (N=15, 19.2%) and by blunt/sharp object (N=13, 16.7%).

Chart 10.5.3: Number of Cases by Year and Perpetrator's Relationship with Deceased Child



Most of the perpetrator were parent (N=57, 73.1%), followed by stranger (N=11, 14.1%) and relative (N=7, 9.0%).

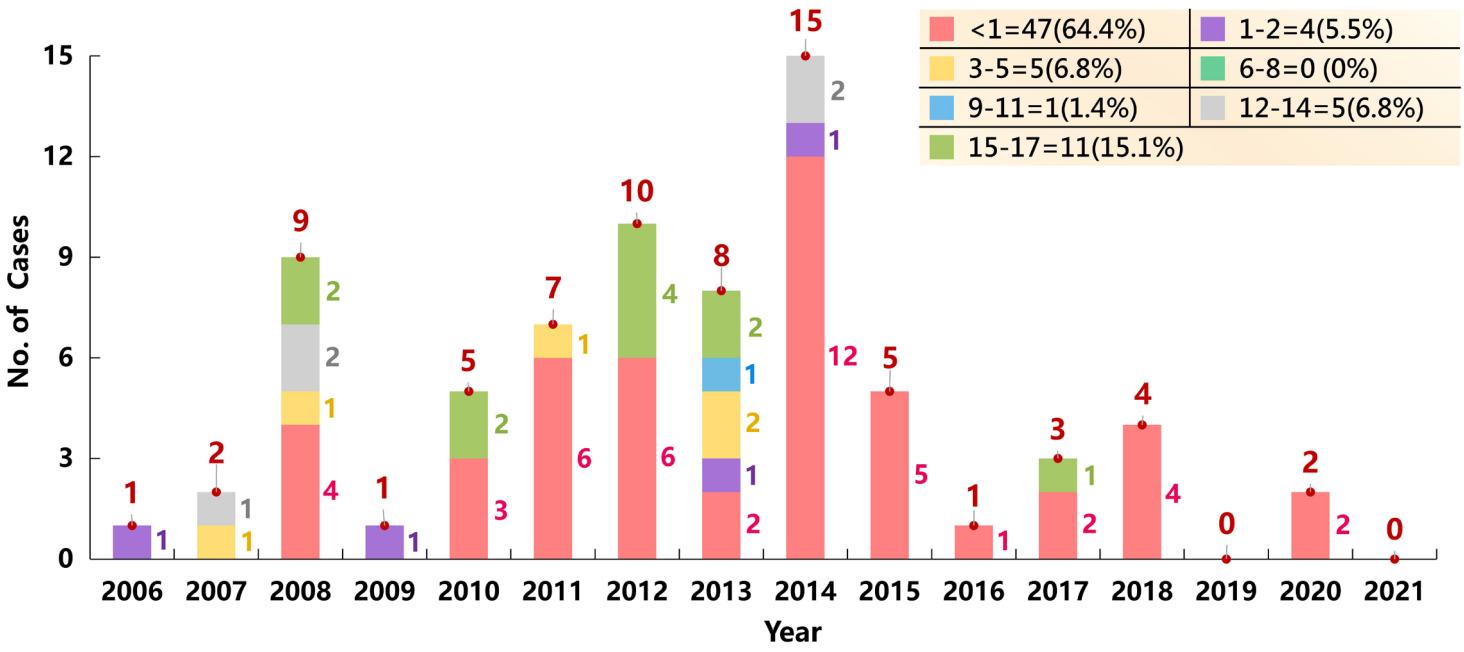
Chart 10.5.4: Number of Cases by Year and Place of Incident



Most of the assault incident occurred at home (N=58, 74.4%), followed by indoor (not home) (N=10, 12.8%) and then both the incident places of outdoor and street/road (N=3, 3.8%).

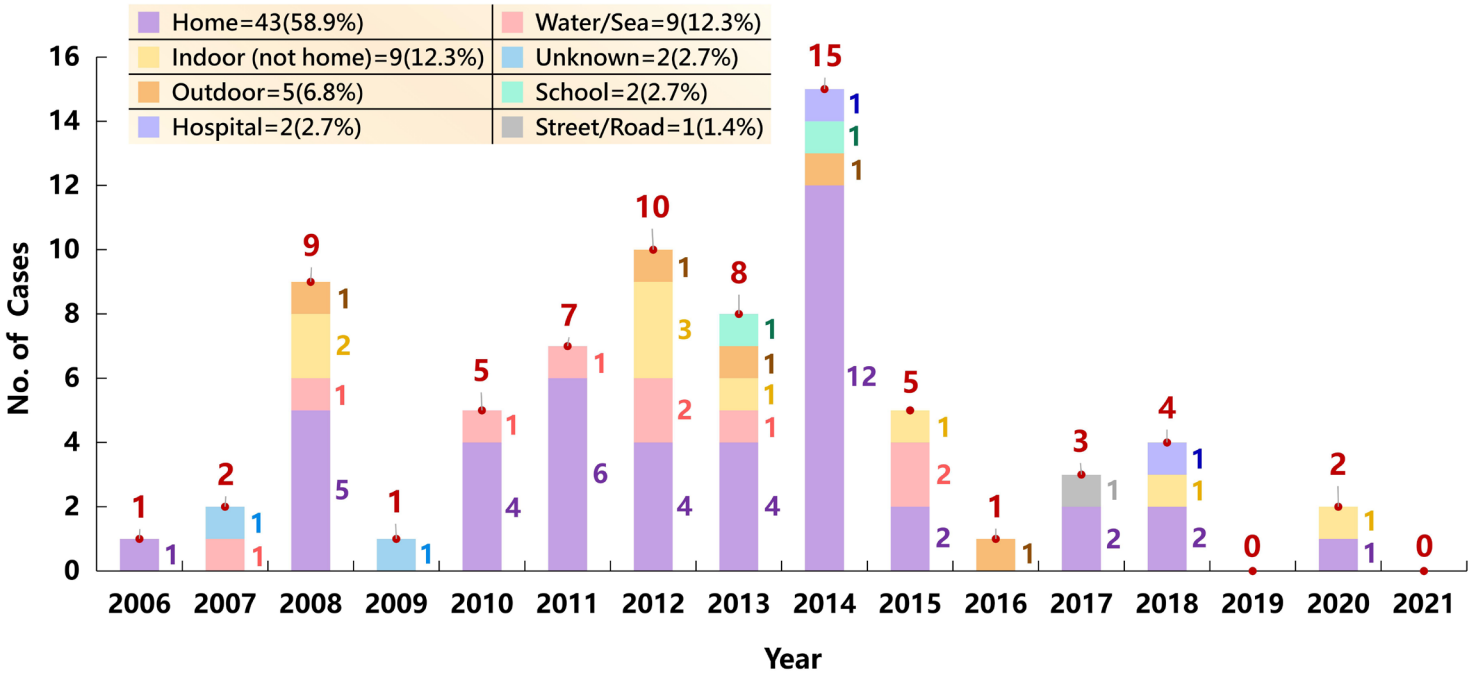
10.6 Statistics of Non-natural Unascertained Cause Cases

Chart 10.6.1: Number of Cases by Year and Age Group



The highest number of child deaths occurred in the age group of <1 (N=47, 64.4%), followed by the age group of 15-17 (N=11, 15.1%) and both the age groups of 3-5 and 12-14 (N=5, 6.8%).

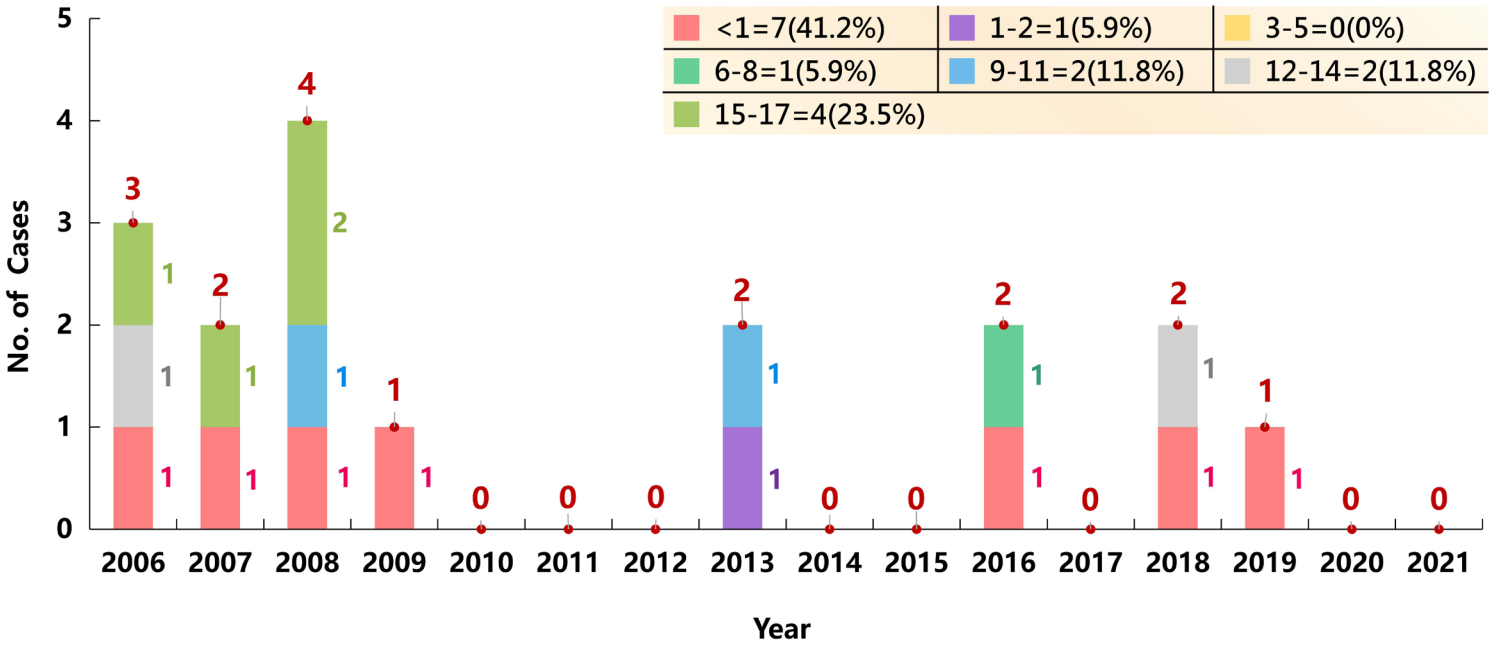
Chart 10.6.2: Number of Cases by Year and Place of Fatal Incident



Home was the most common place for the occurrence of unascertained death (N=43, 58.9%), followed by Water/Sea and Indoor (not home) (N=9, 12.3%), and then outdoor (N=5, 6.8%).

10.7 Statistics of Cases with Causes Related to Medical Complication

Chart 10.7.1: Number of Cases by Year and Age Group



The highest number of child deaths occurred in the age group of <1 (N=7, 41.2%), followed by the age group of 15-17 (N=4, 23.5%) and both the age groups of 9-11 and 12-14 (N=2, 11.8%).

11 APPENDICES

Appendix 11.1 List of Child Fatality Review Panel Members

The current members of the Review Panel are:

	Name	Profession/ Discipline	Position
1	Dr DUNN Lai-wah, Eva, M.H.[1]	Medical (Psychiatry)	Chairperson
2	Dr CHENG Wai-fun, Anna[2]	Medical (Paediatrics)	Group Convenor of Medical Cases
3	Prof FUNG Lai-chu, Annis[3]	Academia	Group Convenor of Suicide Cases
4	Prof SIU Fung-ying, Angela[4]	Academia	Group Convenor of Accident Cases
5	Dr CHUI Mo-ching, Eileena[5]	Medical (Psychiatry)	Group Convenor of Assault and Non-natural Unascertained Cause Cases
6	Ms CHAN Siu-lai	Social Welfare	Member
7	Ms CHEUNG Lai-chu	Education	Member
8	Dr FUNG Cheuk-wing	Medical (Paediatrics)	Member
9	Ms HSU Siu-man	Social Welfare	Member
10	Mr JAO Ming, Raymond	Parent Representative	Member
11	Dr LAI Sai-chak[6]	Medical (Forensic Pathology)	Member
12	Ms LAM Moon-hing, Vera	Legal	Member
13	Dr LAM Siu-man	Medical (Psychiatry)	Member
14	Mr LEUNG Shek-lim	Legal	Member
15	Dr SHIU Yiu-keung	Medical (Paediatrics)	Member
16	Dr TSUI Pui-wang, Ephraem	Clinical Psychology	Member
17	Dr WONG Lap-ming	Medical (Paediatrics)	Member
18	Ms WONG Siu-ling, Susanna	Education	Member

1. *Dr DUNN has been the Chairperson since June 2021, and was a Group Convenor of Suicide Cases from June 2017 to May 2018 and a member from June 2012 to May 2017.*
2. *Dr CHENG has been a Group Convenor of Medical Cases since June 2022 and was a member from June 2019 to May 2022.*
3. *Prof FUNG has been a Group Convenor of Suicide Cases since June 2023 and was a member from June 2018 to May 2023.*
4. *Prof SIU has been a Group Convenor of Accident Cases since June 2022 and was a member from June 2019 to May 2022.*
5. *Dr CHUI has been a Group Convenor of Assault and Unascertained Cases since June 2022 and was a member from June 2018 to May 2022*
6. *Dr LAI, has been a representative of the Department of Health since June 2023.*

Appendix 11.2 Terms of Reference

The Terms of Reference of the Child Fatality Review Panel are:

(i) To examine the circumstances and service delivery process of the organisations/ departments concerned (if any) preceding the death of children through a review of child death cases;

(ii) To identify good practice and lessons to learn on the service delivery process, systems and multi-disciplinary collaborative efforts through the cases reviewed and to recommend improvements;

(iii) To keep in view the implementation of the recommendations made by the Child Fatality Review Panel on service enhancement;

(iv) To identify the patterns and trends of child death cases for formulation of preventive strategies; and

(v) To promote inter-sectoral and inter-disciplinary collaboration in the delivery of child welfare services to prevent child death.

Appendix 11.3 Information Brief on Child Fatality Review

Background

The Social Welfare Department (SWD) launched the Pilot Project on Child Fatality Review (Pilot Project) from 15 February 2008 to 14 February 2011. The findings of the Pilot Project have confirmed the value and worth of child fatality review in facilitating the improvement of social service systems to enhance child welfare (details of the Pilot Project can be found in the Final Report of its Review Panel at website: https://www.swd.gov.hk/storage/asset/section/655/en/fcw/PPCFRFR-Eng.pdf. This leads to setting up of the standing child fatality review mechanism on 1 June 2011.

Purpose

The review aims at facilitating the enhancement of social service systems pertaining to child welfare with focus on inter-sectoral collaboration and multi-disciplinary cooperation for prevention of occurrence of avoidable child death cases. It is not intended to identify death causes or attribute responsibility to any party.

Objectives

1. To examine the practice and service issues in relation to the child death cases under review;
2. To identify and share good practice and lessons to learn for service improvement;
3. To keep in view the implementation of recommendations made after review for service enhancement;
4. To identify patterns and trends in relation to the reviewed child death cases for formulation of preventive strategies; and
5. To promote inter-sectoral collaboration and inter-disciplinary cooperation for prevention of occurrence of avoidable child death cases.

Levels and Scope

1. All cases with children aged under 18 who died on or after 1 January 2008 and were reported to the Coroner will be reviewed after the conclusion of Coroner's Court proceedings and criminal trials (if any) so as to avoid prejudicing such judicial process.
2. Cases not reported to the Coroner but worthy of examination.

The Standing Review Mechanism

1. A non-statutory Child Fatality Review Panel (CFRP), with members appointed by the Director of Social Welfare will conduct review with secretariat support from the SWD.
2. The Secretariat will obtain the list of cases and relevant information from different sources for review by the CFRP. The review is primarily documentary in nature, supplemented by use of other means such as focus group or interview with concerned parties where necessary.
3. Organisation(s) that had rendered service(s) to the deceased child or his/her family could facilitate the review by reporting child death or providing service reports to the CFRP. Relevant forms can be obtained from the Secretariat upon request.
4. A database of child death cases is set up to facilitate the review and for future statistical or research purpose of the CFRP.
5. The review findings and recommendations of the CFRP will be released to the public through integrative reports. Recommendations will be distributed to relevant parties/organisations for feedback, consideration and follow-up action.
6. Where appropriate, the CFRP will request the organisations concerned to provide update of the progress of implementation of improvement measures.
7. No details of individual cases or particulars of persons or agencies concerned will be included in CFRP's report to ensure strict confidentiality. Information furnished by organisation(s) to the Secretariat will be used for the purpose of conducting child fatality review only. Such information will be kept strictly confidential and will not be disclosed without the prior consent of the organisation(s) concerned unless its disclosure is authorised or required by law. The information collected will be destroyed upon completion of review.

Reports of the Child Fatality Review Panel

The Child Fatality Review Panel has completed the review of child death cases which occurred from 2008 to 2018 and published its First Report, Second Report and Third Report, Fourth Report and Fifth Report in May 2013, July 2015, August 2017, May 2019 and November 2021 respectively. The reports are available at websites:

https://www.swd.gov.hk/storage/asset/section/655/en/fcw/CFRP1R-Eng.pdf

https://www.swd.gov.hk/storage/asset/section/655/en/fcw/CFRP2R-Eng.pdf

https://www.swd.gov.hk/storage/asset/section/655/en/CFRP_Third_Report_Aug2017_Eng.pdf

https://www.swd.gov.hk/storage/asset/section/655/en/CFRP_Fourth_Report_en_Nov2019.pdf

https://www.swd.gov.hk/storage/asset/section/655/en/CFRP_Fifth_Report_(Eng).pdf

Enquiries

Secretariat / Child Fatality Review Panel

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Tel. No.: 3468 2140 E-mail: srp@swd.gov.hk

Appendix 11.4 20 Categories of Deaths Reportable to the Coroners

20 Categories of Reportable Deaths

- Death the medical cause of which is uncertain
- Medically unattended within 14 days prior to the death, except where the person was diagnosed as having a terminal illness before his/her death
- Death caused by an accident or injury
- Death caused by a crime or suspected crime
- Death caused by an anaesthetic or the deceased was under the influence of a general anaesthetic or which occurred within 24 hours after the administering of a general anaesthetic
- Death caused by an operation or which occurred within 48 hours after a major operation
- Death caused by an occupational disease or which is directly/indirectly connected with the person's present/previous occupation
- Still birth
- Death of a woman which occurred within 30 days after the birth of her child/an abortion/ a miscarriage
- Death caused by septicaemia with unknown primary cause
- Suicide
- Death in official custody
- Death occurred during discharge of duty of an officer having statutory powers of arrest or detention
- Death in the premises of a Government department, any public officer of which has statutory powers of arrest or detention
- Death of certain mental patients (as defined by law) in a hospital or in a mental hospital
- Death in private care premises
- Death caused by homicide
- Death caused by administering of a drug or a poison
- Death caused by ill-treatment, starvation or neglect
- Death which occurred outside Hong Kong where the body of the person is brought into Hong Kong

Source: The Judiciary (Website: https://www.judiciary.hk/en/court_services_facilities/cor.html)