

Special Article

Eradication of Childhood Poverty in Hong Kong: From MESS to KASH for CHILD

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Introduction

Words cannot express how thrilled I am to be instructed to address such an honorable audience as members of the Hong Kong Paediatric Society, and how honored I am to be able to be recognised as a comrade in striving for the advancement of children's holistic well-being in Hong Kong.

Since the Society's 2007 initiative of using a medalist orator to highlight a key theme in paediatrics in Hong Kong, assertions have covered integrative child health, moving adolescent and child health work into community, and the education of children with dyslexia. The identified theme for 2011 is "Eradication of childhood poverty in Hong Kong". I believe my current position as teacher and administrator in social work and social administration in The University of Hong Kong has enabled me to be considered for sharing my views on this issue, which brings social and medical health professionals alike to share and work together. To invite curiosity and facilitate conceptualisation, I have expanded the topic of my presentation to include a few acronyms, which I will systematically elaborate in my presentation.

Children Are Poor in MESS

Children need protection and provision from adults to ensure their healthy growth and development. The Gini

coefficient of Hong Kong rose from 0.43 in 1970 to 0.53 in 2006,¹ indicating that Hong Kong has an M-shaped economy with a sizable population of children in material poverty. They might be living on Comprehensive Social Security Assistance, or have parents with very low income and therefore need full subsidy for educational and extra-curricular activities, and even transportation. With escalating inflation and the implementation of the very problematic minimum wage policy, more children will face the risks of even lower family relative income, as well as parental unemployment.

Aside from material poverty, I would also like to draw your attention to the emotional, social and spiritual poverty (MESS) challenging Hong Kong children's healthy development. Like all Chinese societies, Hong Kong families put great emphasis on children's educational achievements. In 2000 when I was Chairperson of the Home-School Cooperation Committee under the then Education Department, the senior official supporting me to lead the Committee already described education policy in Hong Kong as "swaying steadily 穩定地搖擺". The fact that Education Department (ED) later changed its name from Education and Manpower Bureau (EMB) and now to Education Bureau (EdB) within ten years adequately convinced me that the sway in the education policy has proved very "sustainable", and that education continues to be one of the most potent, persistent and penetrating mechanism to threaten children and family well-being. Now that nearly all extra-curricular activities have become functional utilities to build up children's portfolios to facilitate school-hunting, children can hardly find space to explore, handle and learn from emotions arising from personal developmental crises, family challenges, and national or international calamities. Religious stimulations like Sunday schools are often taken as too time-consuming and have to be marginalised. It is therefore natural that many Hong Kong children have been described to be apathetic, flat with emotions, and weak in resilience.²

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When children are physically confined to spend most of their waking time in welcome or unwelcome social contexts (school, home, tuition or multiple-intelligence training centres), it is not surprising that they indulge in electronic games which often give them enriched sensual excitements and refuge from their daily physical and social confinements. Some children are socially withdrawn because they are wounded in social encounters, like parental abuse, peer bullying, or even inappropriate treatment by teachers, especially when they suffer from some degrees of learning challenges not readily recognised by non-keen observers. Finally, children of this hurried generation lack space for reflections on their experiences, and explorations on their aspirations and imaginations. Any morality or virtues they learnt at home or school are easily eroded by media reports on how adults failed in integrity, and what is actually more valued often does not match what is rhetorically claimed. Moral bankruptcy in the adult world has left a graver legacy to children than we can imagine, and we should not be too shocked when we hear about cases of teenage pregnancy, aided commercial sex, juvenile drug trafficking, or child suicide committed to protest problems created by adults.

Eradication of Children from MESS Poverty Needs KASH

Painting a gloomy picture on children, our future, is not the intention of this address. I learnt the acronym KASH from Rick Warren's best-seller "Purpose driven life"³ and I would like to use it to propose some ways out. My assertion is that with appropriate knowledge, attitude, and skills formed into healthy habits and hobbies, all people can help to eradicate childhood poverty.

1. **Knowledge:** Acknowledging that children face material, emotional, social and spiritual poverty (MESS) is a good start. Seeing children's strengths and assets in face of challenges is a step forward (e.g. AA Lam Foundation started with the life and works of a teenager AA with brain cancer spending his last days spreading love and happiness to people around him).⁴ Appreciating the rights and responsibilities of adults on children puts adults' roles in perspective. It is also important to acknowledge that adults and children are all parts of systems and subsystems casting constant influences on one another, and it is better that we ensure we exchange positive energy to advance our mutual well-being. In 2008, Prof. Cindy Lam, Professor and Head of Family Medicine of The University of Hong Kong quoted Hippocrates (460-357 B.C.) who once said, "it is more important to know what sort of person has a disease than to know what sort of disease a person has".⁵ This is certainly an apt reminder to all who want to solve the right problems and advance child and human welfare.
2. **Attitude:** Knowing does not necessarily bring believing, and believing does not necessarily activate actions. Only when one owns the attitude that one can be part of the solution will one contribute to the eradication of childhood poverty. In December 2008, the Institute of Medical and Health Sciences Education chose the theme "Making Doctors Human" in that year's Frontiers in Medical and Health Care Sciences Education conference. Prof. Chan Li-Chong, Chairman of the Organising Committee, stated in his welcoming message that, "in many instances, patients are forgotten as people requiring healing and care beyond diagnosis and standard clinical treatment; and doctors work under unrealistic expectations that they know all, can cure all and are infallible as human beings..... In time and without paying attention to one's mental and physical health, doctors, at all stages of their career, face guilt, anxiety and depression".⁶ This is only one example when the medical professional again takes the lead in addressing attitudinal issues in professional practice, and the multi-disciplinary involvement in this and other conferences⁷ are clear evidence of increased cross-sectoral collaborations and contributions for societal good.
3. **Skills:** Owning the problems and owning the solutions for the problems should motivate one to seek the Dos and Don'ts in effective problem solving. The required skills in effective problem solving range from engaging apathetic partners, to winning the partners' sympathy, empathy, philanthropy, and comradeship in addressing the issues of concern. The scale of the partner can be individuals, organisations, and even local, national and international policy-making bodies. That requires micro-clinical skills, group and committee work skills, visions and strategies to revamp policies, and also propaganda skills like working with the media, composing songs and making commercially available public education products like what Dr. Chan Yee-Shing has done. While I have been trained in clinical skills, case, group and community work, and also in mediation, I have to admit that I learnt the gist of integrated practice wisdom from

Dr. Chan Chok-Wan. As an experienced warrior in improving holistic child health in Hong Kong and internationally, he taught me not to kill the enemy in any battle. He emphasized that it works even better to use mediation skills and appeal to common goals to win them over as friends. He certainly has a track record with flying colors to prove him right.⁸

4. **Habit:** One might sometimes be puzzled why some advocates can be so persistent and tireless with what they want to uphold. Some tips include making it a healthy habit (or even hobby). The task takes no effort and even generates positive energy when one is engaged in it; or making it a group activity to draw from group synergy, and to deter chickening-out. Since I joined Heep Hong Society for Handicapped Children as their first clinical psychologist in 1983, I have witnessed paediatricians making regular volunteer visits to the Heep Hong centres to monitor child health and to provide on-site consultations. Paediatricians like Dr. Chow Chun-Bong runs the Hong Kong Childhood Injury Prevention and Research Association to work on child protection from home safety hazards, and also domestic violence. Over the past ten years, I have also collaborated with many paediatricians in research as well as parent and public education to press for necessary services and policies for children with specific educational needs and their families, and I am delighted that these children can make their ways into local universities and are beginning to enjoy equal educational opportunities and support at that level. Another role model I can quote is the alertness of Dr. Catherine Lam in working with parents with children with dyslexia. She was driven into faster and more rigorous actions when a mother said she had given up all hope and expectations on her child when she knows that child had dyslexia. Such an attitude of total surrender alarmed Dr. Lam and inspired her to re-ignite a healthy expectation in such parents and families to establish the right atmosphere for children to develop. Without such alertness as our habit or hobby, it is not easy to sustain the necessary enthusiasm for rightful advocacy work, at both micro and macro levels.

Although paediatricians have set impressive role models in eradicating childhood poverty, they are necessary but not sufficient players in the long term struggle to make Hong Kong a more healthy home for our children. All members of the community, including policy makers, government officials, human and non-human service professionals, the

business and religious sectors, adults with and without children, and young people and children, all own the rights and responsibilities to make Hong Kong a better place for all.⁹

Eradication of Children from MESS Deprivation Should Anchor on CHILD

To make my advocacy for "It is everybody's responsibility" more explicit, I hope the following themes generated from the ecological-systems theory,^{10,11} the public health approach¹² and positive psychology¹³ may help emphasize some important strategies in cross-sectoral collaborations, primary prevention and strength-based approaches:

1. C: Child, Care-givers, Chinese and non-Chinese Cultures

Children should benefit from the attempts to alleviate childhood poverty. Children should also be treated as active agents in creating their future. However, on the micro level, children live under the protection and provision of adults, namely their parents, care-givers, and teachers in schools and extra-curricular training. It is important that these adults master the proper attitude, expectation and skills and command the necessary resources to foster healthy child development. Thus parent and teacher training and promotion of home-school cooperation are all important. On the meso-level, child commissions and policies in Hong Kong, if they exist at all,¹⁴ also have to be more culture-sensitive now that we have more non-Chinese and new arrival Chinese as inhabitants. Helping these families and their children smoothly integrate into Hong Kong should be an important agenda. On the macro and global levels, it is important to make our children well-anchored to respond healthily to changing world values, styles and standards of living.

2. H: Health, Happiness, Hope, Harmony

In line with the principle underlining the World Health Organization's 1946 definition of health,¹⁵ eradication of child poverty should not cater just for meeting basic needs. It should provide for conditions for positive growth and development¹⁶ and generate happiness for the present and hope for the future. There should also be barrier-free provisions for harmonious inclusion of people from different ethnicities, and with diverse functional abilities.^{17,18}

3. **I: Immediate, Interdisciplinary, International**

Fostering child holistic health development requires immediate efforts from different disciplines and sectors for primary, secondary and tertiary prevention strategies,¹² as well as human and material resources. Increasing globalisation in actual and virtual means also call for international sharing and collaboration to ensure that negative trends are nipped in the bud, while positive energies are recognised and promoted.

4. **L: Live, Learn, Leverage, Leap and Lift**

Ensuring home safety is basic to healthy child living but has not been given due attention until paediatricians like Dr. Chow Chun Bong engineered local research and public education on the subject. More obvious service interfacing between child health clinics and integrated family service centres to support children and families in need were started around 2005 through the Comprehensive Child Development Service under the Health Department; parent education services in child health clinics,¹⁹ and integrative family services under the Social Welfare Department.²⁰ Other examples of cross-sectoral research and service efforts in early identification and intervention include the Hands-On Parents Empowerment (HOPE) project to support new arrival parents to facilitate child learning;^{21,22} the Parent-Child Interactive Therapy (PCIT) project to prevent parental abuse on children;²³ as well as the resource kit on the engagement of parents in anti-adolescent-drug work.²⁴ The progress through leverage on professional and peer input should include forward leaps as well as upwards lifts in social mobility. There should even be moral and spiritual ascendance so that our future generations can help make the world a better place than what they have inherited.

5. **D: Data, Direction, Doing now and Dedication over time**

Research and data collection are important in identifying the right directions and developing realistic strategies. Then concerned parties need to rise to the "doing" now, and be dedicated over time to see the eventual fruition of the endeavors. Forerunners for child welfare in Hong Kong have led the long march and achieved a world record of low infant mortality rate in Hong Kong. However, as stated at the beginning of this sharing, children in Hong Kong still suffer from material, emotional, social and spiritual poverty. Hong Kong still needs to boost the quantity and quality of children to

achieve a healthy population profile, and contributions from all parties concerned are all indispensable. I am particularly delighted to state that voluntary initiatives, like the scholarship fund started in memory of a young man with dyslexia who passed away with brain cancer can bring encouragement to some 30 families every year. There are also volunteer Christian teams bringing physical healing and love to orphans with disabilities in China.²⁵ Leading professionals have also pointed out that professionals should be prepared to assume roles like clinicians, researchers to develop assessment tools and intervention methods, psychoeducators for the children and families, as well as advocates for policy improvements.²⁶

Conclusion

Thanks to the thoughtfulness of the Hong Kong Paediatric Society, occasions like this where important directions are identified and asserted will regularly remind and empower people with KASH to render dedicated support to children in need. While I fully admire the vision and mission of professionals like paediatricians to serve for common good, I also want to share the personal source of energy I have enjoyed, beyond my professional training and collegial support. I have known Jesus since I joined a Christian kindergarten, and I became a Christian after I became a social worker, and before I got trained as a clinical psychologist. My over three decades of service as a social and psychological professional and a tertiary educator, as well as the mother to a daughter and a son, have shown me what man as flesh can and cannot do, and the excitements and limitations of working only along human standards of rights and wrongs. Increasingly I owe my service vision and mission to what my God has stated in the Holy Bible

Micah, Chapter 6, Verse 8: "The Lord has told you what is good, and this is what he requires of you: To do what is right, to love mercy, and to walk humbly with your God."

Matthew, Chapter 23, Verse 40: "Because you did it to the least of these my brothers, you did it to me."

I also pray that I have the courage to change the things I can, the serenity to accept things I cannot change, and the wisdom to tell the difference. I am delighted that I have this chance to share my journey with you on this occasion. I wish that you have some even more exciting sharing by

the Orator in the 50th anniversary of the Hong Kong Paediatric Society.

References

1. Gini Index, 2011. Retrieved on April 25 2011 from http://www.nationmaster.com/graph/eco_gin_ind-economy-gini-index (in 1996 Hong Kong ranked 45 at 43.44).
3. Wong ML. Hong Kong Children 港孩. Hong Kong: Ming Pao Publications (Chinese book), 2008.
2. Warren R. The Purpose-Driven Life. Grand Rapids, MI: Zondervan, 2002.
4. AA Lam Foundation, 2011. Retrieved on May 22, 2011 from <http://www.aa-lam.org/page.php?parentid=1&pagecontentid=1>.
5. Lam CLK. Support Message. The Abstract Book of the Conference on "Making Doctors Human", organized by the Institute of Medical and Health Sciences Education, The University of Hong Kong Li Ka Shing Faculty of Medicine, 2008, p.36.
6. Chan LC. Welcome Message. The Abstract Book of the Conference on "Making Doctors Human", organized by the Institute of Medical and Health Sciences Education, The University of Hong Kong Li Ka Shing Faculty of Medicine, 2008, p.3.
7. Specific Learning Disabilities Summit 2007. Special Issue on Specific Learning Disabilities in Brainchild, official publication of Hong Kong Society of Child Neurology and Developmental Paediatrics, 2008;9(2).
8. Chan CW. Overview of specific learning disabilities (SLD)/Dyslexia development over the last decade in Hong Kong. HK J Paediatr (New Series) 2008;13:196-202.
9. Tsang SKM, with Review Panel. Report on review of family services in Tin Shui Wai. Review commissioned by Social Welfare Department of the Hong Kong SAR Government after the Tin Shui Wai family tragedy in April 2004. Hong Kong: Authors, 2004
10. Bronfenbrenner U. The ecology of human development: experiments by nature and design. Cambridge, MA: Harvard University Press, 1979.
11. Nicholson RI. The dyslexia ecosystem. Dyslexia. 2002;8:55-66.
12. Tulchinsky TH, Varavikova EA. The new public health: An introduction for the 21st century. San Diego: Academic Press, 2000.
13. Seligman MEP, Ernst RM, Gillham J, Reivich K, Linkins M. Positive education: positive psychology and classroom interventions. Ox Rev Educ 2009;35: 293-311.
14. Chow CB. Asia's world city deserves a child commission. HK J Paediatr (New Series) 2009;14:70-3.
15. WHO definition of Health. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p.100) and entered into force on 7 April 1948. World Health Organization, 1946.
16. Shek DT, Yu L. Prevention of adolescent problem behavior: longitudinal impact of the Project P.A.T.H.S. in Hong Kong. ScientificWorldJournal 2011;11:546-67.
17. Buildings Department. Design manual: Barrier free access 2008. Hong Kong: Printing Department, HKSAR, 2008
18. Sherry M. Chapter 1: Disability and diversity. In M. Sherry, Disability and Diversity: A Sociological Perspective. New York: Nova Science Publishes, Inc., 2008, p.1-17.
19. Ip F. Child health service in Hong Kong: The parenting programme in maternal and child health centres. HK J Pediatrics (New Series) 2008;13:180-2.
20. Tsang SKM with Consultancy Team, Department of Social Work and Social Administration, HKU. Building effective family services: Review on the Implementation of the Integrated Family Service Centre Service Mode. Hong Kong: Social Welfare Department, HKSAR, 2010 (English report, 160 pages).
21. Leung C, Tsang S, Dean S. Evaluation of a program to educate disadvantaged parents to enhance child learning. Research on Social Work Practice 2010;20:591-9. DOI: 10.1177/1049731510362224.
22. Leung C, Tsang SKM, Dean S, Chow P. Development and pilot evaluation of the "Hands on Parent Empowerment" (HOPE) project – a parent education programme to establish socially disadvantaged parents as facilitators of preschool children's learning. Journal of Children's Services 2009;4:21-32.
23. Leung C, Tsang SKM, Heung K. Evaluation of the effectiveness of the Parent Child Interaction Therapy (PCIT) in treating families with children with behaviour problems in Hong Kong. Research on Social Work Practice OnlineFirst, published on August 5, 2008 as doi:10.1177/1049731508321713.
24. Tsang SKM with T.W.G.Hs. Engagement of parents in anti-drug work: Research Report and four program manuals on implementation guidelines, prevention programmes for general parents, parents with at risk children and parents with drug-taking history. Commissioned by Narcotics Division, Hong Kong SAR Government, 2008. Available at http://www.nd.gov.hk/pdf/EPA_Full_Report.pdf.
25. Starfish Charitable Trust, 2011. Retrieved on May 22, 2011 from <http://www.starfishtrust.org.hk/>.
26. Chan CW. Specific learning disabilities (SLD): A pediatrician's role. HK J Paediatr (New Series) 2008;13:154-6.