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Hats on 4 CPC

Every October the second Friday is designated Paediatric Palliative Awareness Day by the International Children's Palliative Care Network (ICPCN). This year that special day fell on October 14 and CCF's Palliative & Home Care Team decided to mark the occasion with a special event to raise public awareness for paediatric palliative care in Hong Kong.

Status Quo of Paediatric Palliative Care

Paediatric palliative care is available only in a few countries; the public's knowledge of the subject is paltry and major needs of children suffering life-threatening diseases are often neglected. According to figures released by ICPCN, 21 million children and adolescents under the age of 18 are in dire need of this service, but so far only developed countries in Europe, North America and Australia offer it to children. In Hong Kong an estimated 1,000 kids could benefit from this service, unfortunately paediatric palliative care has yet to become part of our healthcare system. CCF established the Palliative and Home Care Service in 1999 to serve child cancer patients and their families, and since 2011 has a pilot project extending its service to children suffering from non-cancer life-threatening illnesses.

Early in 2016 Professor C K Li of the Department of Paediatrics at The Hong Kong Chinese University rallied a group of medical personnel who were interested in developing paediatric palliative care in Hong Kong. The group met regularly to review complex cases and discuss ways to promote the development of palliative care, which CCF fully supports. The Foundation hopes that enthusiastic participation by its Palliative and Home Care nurses would go some way to increase the understanding of the importance of this service among medical professionals and the public.
“Hats for Hong Kong” Event

Thanks to staff and teachers at Caritas Lok Kan School who produced huge numbers of colourful "crown" hats and labels; these were distributed by CCF to medical personnel in children and adolescent wards in hospitals under the Hospital Authority, as well as staff, teachers and students in 10 schools for the severe mentally handicapped. On Paediatric Palliative Awareness Day everyone, donning their stylish hats, had labels on their clothes showing the “Hats for Hong Kong” slogan. The event was designed to promote support for palliative care service, which is critical in allowing children to live out the last journey of their life, with dignity and contentment. On the day Ms Molin Lin, our Professional Services Manager (Palliative & Home Care), accompanied by a bereaved parent, went to Radio Television Hong Kong where they were interviewed about the importance of palliative care service and how it helps families go through some truly dark, difficult times.

Our Vision

Every life, regardless of age, should be respected. When children are afflicted with a severe illness with a life-limiting diagnosis, their needs and rights must be taken seriously. We hope in the near future paediatric palliative care could become a regular feature of the standard medical service on offer in Hong Kong.

The difference between palliative care and hospice care services

Palliative care is different from hospice care. The former aims to improve the quality of life of severely ill children with life-threatening diseases, by focusing on the care of the child’s physical and mental needs as well as those of his family. We hope the child could live better and longer with palliative care. Hospice care, however, is limited to the care and nursing of the patient’s final six- to twelve-month life journey. Palliative care service also includes bereavement counselling and care for the deceased’s family.

Molin Lin
Professional Services Manager
Palliative and Home Care

Children’s Cancer Foundation Newsletter Vol.51 · 1/2017
Based on the information from the Hospital Authority, Hong Kong Children’s Hospital is scheduled to open, by stages, in 2018. Services offered in the initial phase include paediatric oncology, cardiology, nephrology, surgery, intensive care and radiology, pathology and anesthesiology. The hospital will eventually provide 468 beds, as well as in-patient and out-patient care. In addition, operation theatres, clinical and research laboratories, an integrated rehabilitation centre, and teaching and training facilities will also be available.

Paediatric oncology being one of the primary focuses of the new hospital, survivors who had previously received cancer treatment in various public hospitals and parents who had struggled with them through the treatment process are particularly interested in the planning of the new children’s hospital and its related ancillary services. Six parents and survivors shared their views on and expectations for the new hospital.

**Benson Cheung – CCF Governor, his two and a half-year-old son, Hayden, passed away of stage 4 cancer of the adrenal glands**

I still remember the days when for more than two years we took our son Hayden going in and out of different hospitals for various treatments. I believe with the opening of the Children’s Hospital in 2018, parents and young patients would have a much more pleasant environment and comprehensive professional care under one roof, to help them through an extremely tough journey.

What do I see in a Children’s Hospital? Let’s take a virtual tour…

It is with great anticipation that I plan my trip to the newly opened Hong Kong Children’s Hospital (HKCH). I wonder at the possibility of taking the free hourly shuttle bus from the nearest MTR, or getting a discount from the new taxi apps because I listed the HKCH as the destination – what a great initiative! In the end, I managed to get onto an express light minibus service from a major public interchange, as the timing worked out better. It is such a blessing to find parking space under the hospital, at a reasonable hourly rate, in case one should drive there; the steep parking fees or limited parking spaces usually make it really difficult for parents and relatives who are already anxious under difficult conditions and with limited time.

The reception is bright and cheerful and I note the way technical advances allow parents to help check in children very easily on each specialist floor. In some public hospitals in the past, it was quite normal to have to take sick children to register in a long queue or to drop kids off at the ward before rushing to the central registration area and queue with anxiety while being separated from your sick child.

This being a specialist children’s hospital, it strikes me straight away that the staff are very cheerful, helpful and appreciative of the needs of patients, parents, relatives and visitors. A child that is sick really has a big impact on the family, with long-term diseases even more so, and support from the professional staff does make a big difference.

I then note the way specialist staff, such as child life specialists, integrated so cohesively into the hospital setting, working together with the hospital staff and understanding the conditions and next steps in the treatment of individual patients. This means that they can prepare the child and minimise the need for sedation in certain cases, such as radiotherapy, and other investigative scans. Again, in the past, such access and cooperation may not have been possible, and a win/win/win situation gives much comfort and hope to patients that they may progress in their treatment in the easiest and most emotionally painless way possible.

My final observations as I visit the wards and public area are: the amount of attention the hospital has paid to assist parents and caregivers who spend a significant amount of time by the bedside, such as the wards that are designed in such a way to minimise disturbances at night, with small energy-saving and flexible-use lighting; changing rooms with baths and toilet facilities in close proximity; convenient eating and resting areas with the latest kitchen amenities like a home away from home, and finally, free Wi-Fi access for patients capable of using e-devices to keep in touch with their caregivers. What support all this is to the seriously ill children!

**Our Hopes and Dreams for Hong Kong**

Kudos to the designers and the Hospital Authority for putting the Children’s Hospital in place - truly a world-class facility for a world-class city like Hong Kong!
Our Hopes and Dreams for Hong Kong Children’s Hospital

Special Topic

scared of visiting a hospital filled with love and caring folks, even when he has to face difficult treatment procedures. If every medical team member on the ward can show empathy and take the initiative to build trust with patients, the child will not be chatted away. For the child patient, sometimes the scariest is not the treatment itself; it is the fear of being alone and of uncertainty. If I spent in hospital, the most unforgettable times were when I could play games with the medical staff, or when we watched TV together or simply chatted away. For the child patient, sometimes the scariest is not the treatment itself; it is the fear of being alone and of uncertainty. If every medical team member on the ward can show empathy and take the initiative to build trust with patients, the child will not be scared of visiting a hospital filled with love and caring folks, even when he has to face difficult treatment procedures.

Nutrition is another oft-spoken-of issue. Good food is a sure way parents and shift-working staff? How late do the transport lines operate for the benefit of late-leaving and parents to arrive without too much commuting time. Finally, until transport routes that pass through different districts allows patients could arrive at the hospital easily, or through a known, non-secluded route. Developing convenient transport by setting up more public transit of emergency cases? Even for those who can walk, is the hook up to medical devices? Will there be special lanes for rapid transit of emergency cases? Even for those who can walk, is the transportation convenient? This single factor can greatly affect the transportation, for example, is of high importance, for ease of parents to bring their children to the hospital, or to take them home. While within the boundaries of the hospital, there may be lifts, grab bars, and wheeled stretchers available for children who require intensive care, who have undergone surgeries, who are on ventilators or IV drips, yet, how will they move about outside the hospital? Will there be enough parking spaces for parents of patients to drive them there? What about parking spots for specialized vans to carry patients hooked up to medical devices? Will there be special lanes for rapid transit of emergency cases? Even for those who can walk, is the transportation convenient? This single factor can greatly affect the attendance rate of medical follow-ups.

Parents, who want to keep an eye on their kids but also have jobs or other duties, also need a convenient way to commmune to and from the hospital. For children or adolescents allowed to go for check-ups themselves, parents will be more at ease if they knew their children could arrive at the hospital easily, or through a known, non-secluded route. Developing convenient transport by setting up more public transport routes that pass through different districts allows patients and parents to arrive without too much commuting time. Finally, until how late do the transport lines operate for the benefit of late-leaving parents and shift-working staff?

Nutrition is another oft-spoken-of issue. Good food is a sure way to keep the in-house staff, patients and visitors happy. While many pediactric patients may lose their appetite due to their medical treatment or state of health, both the choice and the presentation or packaging of food can help entice them into eating. The hospital may contrat catering that can take into account the dietary habits of developing children, which are often different from adults’. With better catering, parents also do not have to venture far for a good meal to build their stamina before heading back to the wards to care for their children. Something as simple as how a floor plan is arranged affects how much, or how little, in-patients might interact with each other. The lack of chairs in hospital rooms has always struck me as rather odd - people lying prone are not primed to interact socially. Children need socialization to maintain a healthy mind, and where their schoolmates may not understand their situation, other patients in the ward would have experiences that resonate with them. Parents may feel more comfortable inviting each other to have a seat and chat about their children’s conditions, and they may also feel more comfortable inviting nurses speaking next to them in a chair than over a counter. If strategically positioned, chairs are also ways for parents to coax bed-ridden children to step down from their beds and move around a bit - perhaps for a better angle to watch TV, to speak with other children, or feel less intimidated and trapped when a group of researchers/medical students happens to examine them with inquisitive questions.

There are many aspects of a hospital that can be made more user-friendly. For children, their sensitive needs are just magnified versions of adults’ - they wish for freedom of choice and movement, social interaction and validation, and, no matter how far from reality it is, to not be made to feel like a patient. The white walls and uniformed staff can be masked with flowery colours to brighten the hospital, but ultimately it is how a hospital is designed and how the patients are treated that determines the satisfaction of its users.
Everyone knows clearly that cancer treatments are no easy thing to both the children and their parents, and the toughness is inevitable. Staying at the hospital – someone calls it a temporary home – for months is as horrible as being put in jail. No mobility and no fun at all. Most of the time sick kids are surrounded by ‘monsters’ such as medicine, injection, etc. Have you ever thought of anything that can turn the darkness and boredom around?

If I were a kid at the age of 5, I would imagine myself being in a more familiar environment: seeing a lot of cartoons on the walls with stars glowing in the dark on the ceiling; playing with toys when I was full of energy.

If I were a 13-year-old teenager, I would look for video games and board games to kill time. I would also want to study, when in good spirits, so that I would not lag too much behind my peers.

If I were a parent, I wish my kid could consult nutritional advisors to avoid malnutrition. I would much appreciate it if there was a parents’ rest room for me to take a quick nap or get freshened up after taking care of my kid for most of the day.

The completion of treatment is just the beginning of new challenges and diverse difficulties. As a survivor, I hope the new hospital can provide children who have completed their treatment with central resources for short-term and long-term follow-up care of their physical and psychosocial needs. For example, the Children’s Hospital can:
- provide more efficient case referrals to other relevant social workers;
- facilitate the provision of counselling services by setting up designated rooms/areas in relevant outpatient clinics; and
- establish a survivors’ register for further clinical study and enhancement of post-treatment life.
Jacqui Cheung – a cheering mother of a leukaemia survivor (original in Chinese)

“The only real prison is fear, and the only real freedom is freedom from fear.” Aung San Suu Kyi once said. Have you experienced this type of prison-like fear? When I found out my son’s diagnosis of leukaemia I was thrown into a nightmare. Shock, fear, helplessness… I fell into a black hole and down I went, with no way out. The whole world changed; what was once bright and colourful became dull and black and white. Faced with the fact that my son had to enter hospital for treatment immediately, I felt like I was handed a prison sentence. I was gripped by fear, the kind of fear of not knowing what lies ahead. I felt the pain deep in my bones. It was like falling over the precipice, going down and down into a black, bottomless pit.

But the natural instinct of a mother always is to protect the child; there is work to do. Seeing the four white walls of the hospital, I felt weak and cold from the air-conditioning. I looked at people walking to and fro in the corridor; I knew it was going to be a long and weary battle. No matter how hopeless I felt, I had to move forward. Reading the fine print about the treatment procedure and advice, the information overwhelmed me like a desert sand storm. What was I supposed to do, or not to do? I had not the slightest clue.

Arriving at the front door of the hospital, I had to take a deep breath before I could go in; whereas my son jumped right ahead of me and started pointing at the door, “Look! Toys!” What greeted us were some cartoon characters on the wall. They might not be the most familiar ones, but they gave the right first impression for my son. Both of us relaxed after that, teasing and making up stories with the cartoon characters. I felt as though, finally, the dark cloud hanging over my head was beginning to shift.

We had never known a children’s ward before, my son had never been seriously ill. To a three-year-old child, everything there was new and special. The ward was decorated like a play room: the patterns on the wall, the colourful decor, even the lighting and signage were designed for children. The friendly surrounding took away some of the child’s anxieties and fears, in fact he might even feel safe and enjoy playing there, which meant healing had started. The design and look of the children’s ward suggested that we were gradually making an effort to improve and enhance the hospital environment in Hong Kong. What was once a place that engendered fear and discomfort evolved into a friendly place where we could find love and care.

Hardware alone does not make a hospital; “software”, too, requires serious attention in the new children’s hospital. I once read an article in which the author talked about his experience with a group of children who although cured of their illnesses, had been afflicted with post-traumatic stress disorder due to their experience during treatment in hospital. As a result the children changed personality and had uncontrollable temper; they suffered nightmares in their sleep and sometimes even hysteria. Our healthcare system must provide humane care for patients in order to truly heal them.

I remember when my son went through his initial treatment, intravenous injections were very much part of the process but also a painful struggle. Injections are hard even for some adults, let alone a defenseless child. On many occasions, these injections brought endless screams, tears and sobbing. As I watched him suffer, I could not help but cry inside, too. At this time we met a child life specialist, a stranger who brought warmth and comfort. Child life specialists are no magicians; they can’t make the pain or fear disappear. But by engaging the child in play they took away some of the anxieties and worries, opening up the child’s mind to possibilities – a good foundation for self-therapy. To parents who have to bear the brunt of the child’s dire condition, these professionals, with their knowledge of the child’s needs, are a veritable godsend. They don’t only help the child; they are our soul mates, walking with us on the hardest journey of our lives.

Creative or expressive art therapy has long been explored, such as music and dance. Whether or not we’ll see them fully developed as a treatment therapy, I hope the future children’s hospital will aim to deliver the most comprehensive care and support for kids and their parents. A smooth treatment process means less stress for the medical personnel and for the afflicted, and a positive attitude not only helps to make it a smooth operation, it may also improve the chances for a cure. We cannot totally avoid illness, but I still hope for ever-improving medical treatment for our sick children, and adequate resources to support them so they can live a healthy and comfortable life.
**Time to Say Goodbye**

“Goodbye may seem forever. Farewell is like the end, but in my heart is the memory and there you will always be.”

- The Fox and the Hound, Disney 1994 -

I must say that this is the most difficult piece of writing I have ever committed myself to write. How does one say goodbye to one’s baby? One doesn’t. Not really. I shall now take on a new role as a parent volunteer and watch with loving care on the side as she continues to bloom.

Furthermore, since two years ago, this baby - beautiful, fully grown and the pride of her CCF family - found herself the need for a sibling, so that while she takes care of children with cancer, her sister will look after the other children with life-threatening illnesses. This recent adoption is an extended personification of compassion and an act of charity born of burning demand by those seriously ill children who have the need for similar services that only the CCF family can offer. Both sisters will now be nurtured by their loving adoptive parents as one.

Talking about being a parent, here is a part of CCF history that not many may be aware of and which I need to put right. Terry Lai, then Founder Vice-chairman of CCF in May 1989, was rampant with endless energy to start raising funds for children with cancer and was adamant that a charity should be formed. She was also generous with the necessary resources to support this baby through the initial phase. Two compassionate doctors, Patrick Yuen (who already started a bone marrow transplant fund of his own) and Lam Tai-kwan (my son’s brilliant attending doctor) were all for the idea and agreed to contribute whatever know-how they possessed from the medical field. Peter Lam, a friend of Terry’s, expressed willingness to give the charity all the brain power with which he was gifted. Totally unarmed with anything, I could only agree to be the Chairman who does the paper work and deal with ‘come what may’. What this means, therefore, is that I am actually the nanny who looked after the baby Terry gave birth to and not the mother of CCF people think I am, albeit that I am indeed the mother of a child once diagnosed with leukaemia. Such is the bit of record that I am now officially putting straight.

During the days following, other concerned individuals were recruited, committee members grew exponentially and eventually a Council was formed. We set our official limit at 30, but we always kept the numbers within around 20 for ease of operation. These were the caregivers of CCF who came and went as years passed and they will be long remembered for their dedication and commitment as well as their exceedingly generous and warm support with which the baby was impacted. It is with even more gratification one notes that the present Board of five still consists of three who were then founder members of 27 years ago.

In those early days, I was just an overly detail-minded housewife who didn’t know how to run meetings, hence our monthly meetings used to over-run for hours on end, so much so that we had to go for midnight snacks to fill our hunger! But because the Council members were kind and caring people, they always graciously accommodated me in my inadequacies and helped me to grow through the years. To this day, I remain grateful to all of them for making CCF the happy Council that it was then.

Watching patients go through the days and years of their illnesses is always like a roller-coaster ride that sets off a huge mixture of up and down emotions for me. While it is a blessing that two-thirds of our patients do survive cancer, there are still many who do not. Interacting with most
of the survivors-turned-CCF-Sunshine-Ambassadors is invariably the most rewarding fruit of our labour, and seeing them graduate, get married and have children is almost the culmination of happiness for us. Yet, on the other hand, as we share the struggle of those in palliative care through their final days, it is always the ultimate of sadness to us, and attending their funerals is, unquestionably, a truly painful and heart-breaking experience each and every time. Whether in joy or in sorrow, the emotions evoked usually lead to questions to which there can never be satisfactory answers. Life is never fair.

Fund-raising has always been my weakest link in CCF operations because I am incorrigibly shy of the public eye, hence I leave this very important part of our work almost completely to those well-spoken and sociable members of the then Council and the Board. I remember vividly once when I was forced upon by the MC, without warning, to say a few words - I literally crawled under the table, to everyone’s shock and horror, so as to avoid the embarrassment. Yet, when working behind the scenes, sometimes upon seeing little acts of kindness that move me to no end, I could barely curb an urge to shout to the world my huge thankfulness to these givers who are the life and bread of CCF. I am forever deeply touched by the big-heartedness of our donors whose generosity, be it of tangible or intangible support, know no bounds. They can be a hawker, a housewife, a student, an ordinary man on the street or a low-key millionaire, a school, an institution, a society, a club, a hotel, a bank, an association or a multi-national company, or even the disciplinary forces. They all have but one thing in common – compassion for the less fortunate and a strong desire to help in whatever ways they can. CCF cannot exist without these benefactors and we are continually humbled by their kindness and magnanimity on a daily basis.

Then there are our treasured volunteers and supporters. The earliest group had been with us since 1991 when we first pioneered hospital play at the Prince of Wales Hospital. I can still remember being trained with this small team of hospital playworkers on how to play with children, and I thought to myself: “Being a mother, do I not already know how to play with children?” Little did I know then that playing with sick children is vastly different to playing with healthy children! All in all, there are the individual and corporate volunteers, the bereaved parents of CCF’s Bereavement Club, the Sunshine Ambassadors who are patient survivors, and parents of CCF’s Families’ Club who have helped CCF over such a long time that most of them are now like family. Not forgetting, of course, the CCF Board members who are also volunteers who commit time, effort and energy far more than anyone else and work the hardest of all; yet, more often than not, they are somewhat being taken for granted. To every single one of these unsung heroes of CCF, my heart goes out to them and I salute them with my deepest admiration and profound respect.

With every group of people communicated above, I have numerous incidents, tales and anecdotes which I can recount and endless yarn about which I can spin, yet, try as I may, as emotions begin to run high, sentiments overwhelm and the impact intensifies, words suddenly fall inadequate and part of Ernest Dowson’s fitting verse comes to mind: “Words are so weak, when love hath been so strong, let silence speak…”

But, before I close, allow me to express my deepest appreciation to some of the loyal staff of CCF with whom I have had the privilege of working for many years and who have now become more of a friend to me than a mere colleague.

Finally, a very warm, earnest and heartfelt thank-you to those who have sustained me in my hour of need over the past 27 years. You know who you are. Keep well, keep healthy and keep happy. God bless.

Miami Wu
Founder Chairman
Never-ending Enthusiasm

We had participated in countless number of CCF activities with Hong Yuen over the last 20 years. Whatever the occasion was that we saw him, Hong Yuen was never without his characteristic enthusiasm to help his fellow humans. A simple gesture like helping a sick child getting into or coming out of the car, or something a little more strenuous like pushing a wheelchair or carrying a child, he was always ready to lend a helping hand. Often he would take the initiative to befriend new families; paying them special attention to make sure they feel supported and loved.

Those who knew Hong Yuen well would know he was a man of few words, although he would pay close attention to participants and observe them quietly at events. As soon as someone needed help he would be the first to rush over. He did this out of a heartfelt desire to ensure that all participants have a great time. While his silence might obscure his presence, we naturally thought of Little Baldy Hong Yuen as soon as we needed help. Putting others first, and always caring for those around him, that was the Hong Yuen that we knew.

Ever since the special series the “Little Baldy’s Note” in the CCF newsletter, Mak Hong Yuen and the moniker “Little Baldy” became one and the same. Hong-Yuen soon began to write a “Little Baldy’s Dairy”, as a record of life’s precious little moments for child cancer survivors to provide insights and a deeper understanding of the child patient’s experience. We, four editors of Sunshine Express, have known Little Baldy for some 20 years. Whether it was organising events large and small or writing and editing Sunshine Express for cancer patients and their families, the five of us had seen through plenty of thick and thin.
For many years, as well as participating we also worked as volunteers in events and necessarily had to deal with all kinds of problems. When the proverbial hit the fan it always fell to Hong Yuen to remind us that everything would work out fine in the end. Once we were in the middle of a four-day-three-night outward bound training course, we had to spend a whole day cross-terrain biking in the hills. Hong Yuen’s bicycle blew a tyre before the half way point; he finished the rest of the hike carrying his bicycle. But he never complained. Instead he laughed and said that this gave him a perfect opportunity to get fit. I doubt if any of us would be so sanguine about the situation.

Hong Yuen was a member of the balloon twisting team, which happened to be his most-treasured identity as a volunteer. He was hard of hearing, a late effect from an earlier treatment, but that didn’t affect his dedication to learning in the balloon twisting class. He would practice back home with the balloons many times until he was satisfied with his best work.

He was far from an expert in balloon twisting, but that never stopped him from going to social media to learn skills to complement his class work. Then he would return to class to share his new-found skills with others and was hailed as the “junior teacher”. His most famous works were the “Hong Yuen Caterpillar” and the “Hong Yuen Rose”, both representing his indomitable spirit.

Yes, Hong Yuen has left us but his positive energy remains deep within each and every one of us who has been lucky enough to know him. He spent his whole life showing us what selfless or love means. His spirit is forever with us while he donated his body as “Silent Teacher” to The Chinese University of Hong Kong for teaching and research purposes as his final contribution to the society.

Always giving, never asking for a reward in return, that is our dear friend Hong-Yuen. We are so proud of you, Professor Mak, to our editorial team. May love define your soul in the Heavenly Kingdom.

Editors of Sunshine Express
Hong Kong’s Child Life Service Recognised by International Experts

After some 20 years, the professional Child Life Service team in recent years has stepped up its cooperation with medical personnel in order to deliver holistic care for patients. Historically the team has always followed internationally recognised rules and guidelines set down by the industry. To further comply with international standards, Hospital Play Service formally changed its name to Child Life Service in July 2015.

As part of the professional development of Child Life Service in Hong Kong, CCF invited two experts from the United States: Ms Jill Koss from Cook Children’s Medical Center and Ms Patrice Brylske from Johns Hopkins Children’s Center, to visit the local team. Ms Koss and Ms Brylske, respectively the director of their institution’s child life service department, also sit on the board of directors of the influential Child Life Council in the United States. They came for several reasons: to see for themselves the latest development of Child Life Service in Hong Kong and to fully appreciate its impact on the quality of care of child cancer patients, as well as to share in an industry seminar their wisdom and experience with local Child Life professionals and medical personnel.

The two visitors met with the Foundation’s Child Life Service team and medical staff as they made their way through Lady Pao’s Children’s Cancer Centre at the Prince of Wales Hospital, Queen Mary Hospital and United Christian Hospital.
Having observed first-hand the operations of the local medical teams, the visitors opined that the standards of Child Life Service in Hong Kong compare very well with those in the United States. To their pleasant surprise, in the short time that CCF sent a single representative in 1997 for training in the US, the depth and breadth of Child Life Service has progressed by leaps and bounds in the last 10 years. The CCF team expressed their gratitude to the Child Life Council for their unstinting support for the professional development of child life specialists in Hong Kong and globally, and for the critical platform the Council gives to the international community to publish their work, exchange ideas and share knowledge.

At the “Child Life Symposium 2016”, organised jointly by CCF and The Hong Kong Paediatric Haematology & Oncology Study Group, the United States visitors presented to the attendees the concept of Child Life Service and its development overseas while the CCF team showed the results and impact of the service in Hong Kong. At the end of the presentations, more than 100 medical professionals obtained a more in-depth appreciation of the service’s work and a better understanding of the specialists’ role in the medical team. The unanimously positive response from participants bodes well for the future development of Child Life Service in Hong Kong.

The Foundation was honoured to have Professor Sophia Chan, the Under Secretary for Food and Health; Dr Lee Tsz-leung, Hospital Chief Executive of Hong Kong Children’s Hospital; senior management representatives from the Hospital Authority and over 100 medical personnel, in attendance at the seminar. Hong Kong Children’s Hospital will soon open for service; we expect the quality of paediatric care to enter a new era. For Child Life Service to continue to satisfy the needs of child patients in Hong Kong we have to continue to invest in training, research and professional development. The exchange with international experts has established a benchmark for the service. Our Child Life Service has firmly established itself on the map, with the efforts of our specialists being recognised and the CCF team’s service development dovetailing international standards.

Looking forward to the future, we hope we continue to expand the boundaries of current standards and be the trailblazers of Child Life Service in the Asian Chinese community.
It All Starts with the Family

“Who knew all of that would come to pass? These days I cannot fall asleep without the curtains open. I have to see the light outside; when it’s dark in the room I feel so very scared. I know I shouldn’t overthink things, but that feeling of desperation and hopelessness is real.”

Life was hard enough for the family of four when her husband lost his job, struck down by chronic illness in the prime of his life. She took care of the family during the day and worked through the night to earn a living. She made a pittance and never had much rest during the day, but she did not complain. She stoically lived her life, resigned to her lot. Last year her elder son Ah Wah was diagnosed with cancer. Although his condition was stable, inside she had no peace. But she never expected what hit her next: early in the year her husband had a stroke and was diagnosed with nasopharyngeal carcinoma. One month later Ah Wah had a relapse. She was close to breaking down, as her world was quickly turned upside down and nothing made sense. Soon her husband’s condition worsened and died. She was left with two sons, grief-stricken, to continue to fight the injustice of cancer, and life, with all its hardship.

The experience of this mother is typical and illustrates powerfully the impact of cancer on the family. It brings into sharp relief all the challenges cancer can present to a family overwhelmed by problems coming from all directions. This is what drives the Foundation to provide a comprehensive, family-centred counselling service to child patients and their families. Delivering this service requires a methodical approach and sharp focus on the interactions between individual, family and their circumstances. When and if the service should be rendered depends on the overall conditions of the family, the relationships between individual family members, the individual’s situation and the prospective impact of the service on the family.

“It never even entered my mind; I wish I were the sick one!” Most parents would feel this way. Nobody wants to see their children stricken with cancer but things happen in life without us having a say. I hope the child patient and family members can reach deep within their inner selves to find the wisdom and strength to walk hand-in-hand the tough journey of fighting against cancer. “Family-centred Service” starts with a comprehensive review of the physical and psychological toll the illness exacts on the patient’s mood and social interaction; it then identifies the type of support and counsel the child patient and his family
may require, such as psychotherapy, discharge planning and support, as well as bereavement care. The goal is to help family members develop their own potential and life wisdom, encourage harmony in familial relationships so that the family immune support system could be strengthened.

In the case of this afflicted family, Ah Wah and his father had to stay in different hospitals for their cancer treatment, making visits to each other impossible. The unexpected passing of Ah Wah’s father caused not only sadness but Ah Wah was also overwhelmed by guilt, remorse and regret. “I used to throw tantrums and make his life hell…what can I do now to make it up? I can’t do anything for him now. He toiled his whole life for us. He was not at peace when he left; I know he must be so worried about us, especially my younger brother.” Ah Wah shared with me crying. He was not a talkative person, yet he showed us a different Ah Wah these days when he spoke to me and to his mother. He teased his mother that her home-made rice crepes was “okay but would be better with more practice.” Chemotherapy changed his palate so that everything he put in his mouth tasted bitter. Even when he had no appetite, he told me he would “make an effort to eat more” so he wouldn’t worry his mother. The changes I saw in Ah Wah, clearly as a result of his love for his late father, mother and younger brother, astounded me. Children are often deemed immature, in the unequal power structure. We are convinced that they are not capable of handling their own affairs and hardship; they need help from other people. The new Ah Wah reminds us that we must give up our assumptions about children; we should not underestimate their capabilities and wisdom.

Family-centred counselling service works on the premise that individuals and families can rise up to the challenge of cancer. Since family members are the ones who understand most about their own situation and the needs of individual members, they are the best placed to help solve problems for the family. As a social worker, I intend our intervention only to serve as a catalyst in encouraging participation and contribution by each family member. In their fight against cancer, we want to help them develop their potential and wisdom, their zest for life and for one another, and for their hopes and dreams, desires, faith, principles and values. We cheer them on as they lean in to one another, held up by the strength of a loving family.

Catherine Tsang
Professional Services Manager
Family Counselling
Updates on the Long-term Follow-up Programme

The second most common type of malignant tumours for child patients is brain tumour, which affects not only their body, but their mood and to varying degrees their daily life. Family support is the most important in the battle against cancer. To facilitate mutual support and interaction between these families, CCF invited some 20 "Brain Buddies" to join us in launching the activity, "Standing with Brain Buddies". We wanted to bear witness to their love and perseverance as they deal with the many obstacles to rehabilitation.

Some family members suggested that they could benefit from learning about the latest development in the treatment of brain tumour so they might better understand the needs of their child and be more effective caregivers. We were especially grateful to Dr Dennis T L Ku, Associate Consultant, Department of Paediatric and Adolescent Medicine at Tuen Mun Hospital, who shared with the attendees the latest news on brain tumours, rehabilitation assessment and training. Young brain tumour patients watched the puppet show performed by the Red Cross Voluntary Puppet Theatre. They also learned to make puppet and put on a finger-puppet show. The budding actors were very involved in the production, showing a level of bravery that was de rigueur in battling brain tumour. Their strength obviously came from the loving parents and family members. “Dad, Mum, I love you!” – A simple utterance from the heart is the most touching note of thanks they can give.

During the group sharing sessions, a parent chose a picture on which was printed the word “Help”, to represent what the family experienced since the child was diagnosed. The many difficulties, tears and confusion were all there without saying. But they pressed on regardless, driven by the unending love for their children. Some adolescent brain tumour patients shared their first-hand experience with fighting the disease. They had to drop out of school during the often lengthy treatment process, which, coupled with the compromised memory in the late effect of cancer treatment, brought many challenges and frictions when they resumed their studies. They had to find new ways of learning, readjust their targets, and rise above the rejections from classmates that could happen sometimes. A survivor said: “Dad is my punch bag.” She explained that whenever she was down in the dumps, her father never treated her like a burden or reacted with any negativity. Instead he would listen attentively and give her plenty of encouragement. She was profoundly grateful for his love, without which she would not have made it out of the woods.

Our brain buddies, from child patients, survivors to family members, were totally engaged in the event. Everyone appreciated the chance to meet others on the same path, sharing similar stories and experiences, and extending moral and physical support. The post-event response was very positive, with the majority expressing a desire to join CCF’s soon to be set up "Brain Buddies' Club". We expect the club to channel the strength and energy of all its brainy members, and we hope you will lend a hand in cheering us on and making the recovery of our brainy buddies a reality.

Venus Ho
Social Worker
Happy Summer Holiday! Returning to School? A Piece of Cake!

In recent years CCF has focused much of its efforts to help young children resume their studies. Initiatives such as the Sunshine School, home visits by tutors, tutoring at centre and special summer vacation back-to-school programmes, have all eased child patients back to school. This year the “Happy Summer Holiday” programme was designed to serve primary school children aged six to 14.

During the summer vacation more than 10 precocious little kids took part in activities ranging from Fun with English, Chinese language and specific subjects such as mathematics, to creative arts workshop, “self-finding” focus groups and drama therapy. The goal is to develop children’s self-awareness and problem-solving capability, so that they may confidently and positively handle difficulties they encounter in their studies. The end game is to see them return to school with lots of cheer in September.

Feedback from Students:

> I’m so happy to be enrolled in a class! I discovered that I, too, have many good qualities. Yeah!

> I love the volunteers who are like our elder brothers and sisters; they are so caring and patient with us.

> It’s so much fun being in drama. I like pretending to be animals; I can express myself freely.

> In the beginning of the class I told my classmates to call me “whatever”. But by the end of the course I have learned to accept myself. I, too, have my unique qualities and I should know how to appreciate myself. In the last class I finally told my classmates my real name.

> My favourites were art and drawing, so I really paid attention in class. The best part was meeting new friends.

Feedback from Parents:

> I appreciated CCF’s thoughtful arrangements; I enjoyed the arts programmes the most. The kids had such a great time.

> On this treacherous road we worried the most about schooling and the child’s future. After the treatment he lost his self-confidence and became very withdrawn. Watching him laughing and talking again in the various activities, and finding himself again – both the good and the bad – I was very touched.

> This was a great learning activity. Seeing that my child was commended and recognised by the teacher, I was so happy that I cried. What the child could accomplish, no matter how insignificant, made us the parents very proud and happy.

Kudos to “Happy Summer Holiday” Students and Parents:

Although offering only 10 short courses, the programme was a great success in discovering and nurturing talent. Some younger, timid kids were driven to tears in the first class but soon enough they were happily integrated with the rest of the group.

Learning is a long and winding road. I watched the children get into the spirit of the class, expressing themselves, exploring, putting their new-found knowledge and experience to the test. That initial spark of simple curiosity is the most critical building block of a lifetime of learning.

As parents, we tend to over-worry about our innocent child. But instead of worry we could perhaps consider giving the child the space to explore and develop. I always prefer to give them the freedom to explore by themselves and let their sense of wonder be their guide.

In the one month that was “Happy Summer Holiday”, I had the opportunity to watch the kids grow in that relatively short time. One of my most endearing memories was seeing a father cry, overcome by happiness, as he watched his daughter commended by a teacher. I felt absolutely touched to the core. That thunderous applause is for you all.
When children fall sick they are not the only ones who suffer, because it’s hard on the family, too. The mental hardship – the worries and anguish – is difficult to put in words. A warm hug or a cold, uncaring word could be the difference between heaven and hell. On the long road to recovery, they yearn to see the light at daybreak.

During the summer corporate volunteers joined hands with the CCF Families’ Club in organising a range of recreational activities to suit the diverse interests of survivors and their families.

Members of the CCF Families’ Club enjoyed the new experience of training their bodies and mind in each of the activities. As a person in-charge, I kept noticing the big smile on the children and the parents’ face. I am glad that the children took full advantage of the opportunity to satisfy their curiosity in trying out the different skills and their parents cajoled and encouraged them on the side. We are very grateful to the participating organisations and especially to the many volunteers whose contributions made the activities a great success.

The volunteers played many roles at the events, helping the kids by demonstrating the necessary skills. With their warm smiles and happy faces they were also the biggest cheer-leaders for the children, making the parents and the kids of Families’ Club feel accepted and safe. On one occasion, a young survivor, not familiar with an activity was very shy and refused to join in. Despite much cajoling from his parents, he remained a by-stander on the sidelines. One of the volunteers approached him and began patiently explaining to him the ins and outs of the activity. Then the volunteer took the child to watch close-up the other participants. Before we realised what was happening, the child had joined the class and picked up his tools. He started to try out his skills next to the volunteer, much to the delight of his folks. Through these special hands-on experiences, be they outward bound challenges or sailing training, club members and the children could build self-confidence and also friendship with one another.
CCF has a long history of working with volunteers. The very foundation of CCF was made possible through the hard work of a group of doctors and parents who volunteered. Over the years many of the Families’ Club activities have relied on the kind contribution and participation from supportive organisations giving up their time and providing resources. Of course, we also relied very much on our valuable individual volunteers to make things happen too!

While it may not always be comfortable for parents and survivors to accept strangers in an unfamiliar environment, through these activities they get to experience the acceptance and the sense of security offered by volunteers, giving them the strength and confidence to reintegrate into their community. For the volunteers they get an in-depth understanding of the survivors’ and their families’ needs, so that they could be more ready to reach out when they meet others in a similar predicament.

Families’ Club was first established to provide a link for survivors and their families to get to know one another, but soon enough volunteers have become a major part of the club, injecting an extra dose of liveliness and fun, and making many beautiful memories. It is with the support of members and volunteers that the Families’ Club could be enriched and made more meaningful than ever.
A Comic strip from another talented survivor!

After receiving a funny comic strip from writer “NGO” in our last issue, we received a submission from another talented writer, Kerry for this issue!

Does Kerry’s artwork look familiar? If you ever get a chance to visit our two centres, you will find books sitting at our reception area. Yes! The pink one, named Happy Candy is Kerry’s masterpiece! All the writings and drawings were done by her. The comic strip, Recycle, she submitted is a gift for our readers! The story is to remind us that if we make the best out of everything, even flowers can bloom from an empty bottle!

Recycle by Kerry

Our newsletter is available electronically! Help the environment, request the newsletter electronically by submitting your name in full, your e-mail address and donor number or mailing address to ccf@ccf.org.hk; subject line: “E-Newsletter”.
Thank you for helping to conserve natural resources and save administration costs.
## Fund-raising Activities

### May-October 2016

<table>
<thead>
<tr>
<th>Date</th>
<th>Donor/Organiser</th>
<th>Event</th>
<th>Amount (HK$)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 7</td>
<td>Yaumati Catholic Primary School (Hoi Wang Road)*</td>
<td><em>Miracles from Heaven Movie</em> Fund-raising</td>
<td>29,720.00</td>
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<tr>
<td>May 15</td>
<td>A Group of Volunteer Divers*</td>
<td><em>Let’s Go Diving for Charity</em></td>
<td>13,150.00</td>
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<tr>
<td>May 17</td>
<td>The Hong Kong Golf Club*</td>
<td><em>Annual Charity Cup Golf Competition</em></td>
<td>20,000.00</td>
<td>The amount was raised by the Ladies’ Section.</td>
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<td>May 25</td>
<td>Hong Kong Football Club Junior Netball Academy</td>
<td>Shootathon</td>
<td>31,476.30</td>
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<tr>
<td>May</td>
<td>HUGO BOSS Hong Kong Limited</td>
<td>Fund-raising Campaign</td>
<td>78,400.00</td>
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<tr>
<td>May-Oct</td>
<td>The Castello Club</td>
<td>Castello Generous Exchange Square</td>
<td>4,000.00</td>
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<tr>
<td>May-Oct</td>
<td>Crown Publishing (HK) Ltd</td>
<td>《成長，帶著這封信》 Charity Book Sale</td>
<td>31,228.60</td>
<td></td>
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<tr>
<td>May-Oct</td>
<td>Hong Kong Commercial Broadcasting Co Ltd*</td>
<td><em>Share My Song Programme</em></td>
<td>8,612.34</td>
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<tr>
<td>May-Oct</td>
<td>St. Baldrick’s Foundation*</td>
<td>Head-shaving Event</td>
<td>591,381.07</td>
<td>The event was held on Mar 17, Apr 19, May 6, 31 and Aug 27, 2016. The fund was designated for childhood cancer research. (Total amount raised in 2016 was HK$ 1,981,831.53)</td>
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<tr>
<td>May-Oct</td>
<td>Dr Peter Teo*</td>
<td>Fund-raising Campaign</td>
<td>140,574.50</td>
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<tr>
<td>May-Oct</td>
<td>《飯聚男女》</td>
<td>《飯聚男女》Cookbook Charity Sale</td>
<td>5,306.40</td>
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<td>Jun 8 &amp; 10</td>
<td>Staff from Samsonite Asia Limited</td>
<td>Samsonite Act for Love 2016</td>
<td>20,087.00</td>
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<tr>
<td>Jun 17</td>
<td>Pacific Club*</td>
<td>Charity Casino Night</td>
<td>127,095.00</td>
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<tr>
<td>Jun 17, 18 &amp; 20</td>
<td>May So (LP82)</td>
<td>Pass It On Fund-raising Drawing Exhibition</td>
<td>60,340.00</td>
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* Repeat donor
<table>
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<tr>
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<th>Event</th>
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<th>Remarks</th>
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<tr>
<td>Jun 18</td>
<td>Carmen &amp; Pui Yee (LP82)</td>
<td>Kiss/Kiss/Kidss Charity</td>
<td>24,500.00</td>
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<tr>
<td></td>
<td></td>
<td>Mini-Concert</td>
<td></td>
<td>* Repeat donor</td>
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<tr>
<td>Jun</td>
<td>Christian Alliance P.C. Lau</td>
<td>Readathon</td>
<td>28,550.38</td>
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<td>Memorial International School</td>
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<tr>
<td>Jun-Oct</td>
<td>Great Eagle Holdings Limited*</td>
<td>Great Eagle Casual Wear Day</td>
<td>50,330.00</td>
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<td></td>
<td>Memorial International School</td>
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<tr>
<td>Jul 9</td>
<td>Creators</td>
<td>「Love is all around —愛。無處不在」 Charity</td>
<td>16,807.00</td>
<td>Mini-Concert</td>
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<td></td>
<td>Mini-Concert</td>
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<tr>
<td>Jul 24</td>
<td>United Overseas Bank Limited Hong Kong Branch*</td>
<td>The UOB Heartbeat Run/Walk 2016</td>
<td>158,804.00</td>
<td>Sponsoring the Sunshine School for nine months’ operating cost.</td>
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<tr>
<td>Aug</td>
<td>Mr Poon Tak Chun Paul*</td>
<td>Fund-raising Campaign</td>
<td>100,000.00</td>
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<tr>
<td>Sep 1-30</td>
<td>Mrs Gaylene Meeson</td>
<td>Be Bold Go Gold</td>
<td>47,375.60</td>
<td>The fund was designated for childhood cancer research.</td>
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<tr>
<td>Sep 3-4</td>
<td>Little Philanthropists</td>
<td>Little Philanthropist Toy Drive and Sale</td>
<td>10,000.00</td>
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<tr>
<td>Sep 10-11</td>
<td>Hong Kong Disneyland Resort*</td>
<td>Hong Kong Disneyland 10K Weekend</td>
<td>500,150.00</td>
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<tr>
<td>Sep 10-Oct 2</td>
<td>Lesliecheung Cyberworld*</td>
<td>Charity Sale of Red Card 2.0</td>
<td>322,367.20</td>
<td>Sponsoring the Dreams Come True Programme.</td>
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<tr>
<td>Sep 30</td>
<td>Renaissance College Hong Kong*</td>
<td>Ingenium Talent Show</td>
<td>7,141.00</td>
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<tr>
<td>Sep</td>
<td>Fidelity International</td>
<td>Charity Bake Sale</td>
<td>37,421.00</td>
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<tbody>
<tr>
<td>Oct</td>
<td>Mavis Mak (LP86)</td>
<td>『愛·彤夢慈善籌款音樂會』</td>
<td>20,190.00</td>
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<td>Oct</td>
<td>Gold Coast Yacht &amp; Country Club*</td>
<td>Hong Kong Gold Coast Cardboard Boat Charity Regatta</td>
<td>93,681.60</td>
<td>The event was held between Apr 30 and May 2, 2016.</td>
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<td>Oct</td>
<td>Yaumati Catholic Primary School (Hoi Wang Road)*</td>
<td>『童』來閱讀顯愛心 圖書義賣活動</td>
<td>26,713.40</td>
<td>The event was held between Sep 2015 and Sep 2016.</td>
</tr>
</tbody>
</table>

Special thanks to:

1. New Century (Huang’s) Foundation Limited for a donation of HK$800,000 for sponsoring the Drug Sponsorship Programme.
2. S.K. Yee Medical Foundation for a grant of HK$141,000 for training Mainland medical personnel in paediatric oncology in Hong Kong.
3. BBG Magazine for the free advertising space.
4. The following organisations for placing the Foundation’s donation boxes on their premises:
   - Action Waterfall
   - Aji Yakitori
   - Backyard
   - Bright Diva International Limited
   - Dr Chung Siu Kwan and
   - Dr S.M. Kwok & Partners
   - Family Medical Centre
   - Eastrip Travel Co Ltd
   - Galaxia Clubhouse
   - Geodis Wilson Hong Kong Limited
   - Grand Waterfall
   - Guangdong Hotel
   - The Hebe Haven Yacht Club Limited
   - Holiday Inn Express Hong Kong Causeway Bay
   - Kinetic Stretch
   - Llegend International Training Institute
   - Manchester Business School Worldwide
   - Metropark Hotel Mongkok
   - Music Horizon
   - My Music Company
   - Natural Music Center
   - Net Travel
   - New Generation English Kindergarten (Tuen Mun)
   - Oh! My Dog
   - Verdure Bodhi Vegetarian
   - The Waterfront Club House
   - Welldone Learning Centre
   - Wharney Guang Dong Hotel
   - Wise-Kids Educational Toys

A note of thanks is also due to the many unlisted individuals and organisations that have made generous donations/donations in kind or have lent their support to the Children’s Cancer Foundation.

(The organisations above are listed in random order)
Patient Services Regular Activities (based on number of attendance)

**Sunshine School**
May – Oct: 98 parents and 95 patients attended 31 sessions.

**Home-based Tutorial Service**
May – Oct: 30 patients attended 30 sessions.

**Mathematics Tutorial Class**
May – Oct: 75 children attended 75 sessions.

**Back-To-School Education Support Programme**
Aug: 140 patient and 119 patients attended 119 sessions.

**Primary Tutorial Class**
Oct: 6 children attended 6 sessions.

**Youth Mutual Support Group**
May – Oct: 40 survivors attended 12 meetings at Community Service and Rehabilitation Centre (CS&RC).

**Bridge Project**
May – Oct: 57 parents attended eight support group meetings at The Lady Pao Children’s Cancer Centre, Prince of Wales Hospital (CCC).

Other Activities

May
Two capsule toy lucky draw sessions were conducted for 20 patients at Queen Mary Hospital (QWH).
Four Mother’s Day arts & crafts sessions were conducted for 20 patients at CCC and QMH.

May 6
Special thanks to St. Baldrick’s Foundation and Hong Kong Police College. Five parents and nine children visited the College and attended the St. Baldrick’s Head-shaving Event.

May 7
Special thanks to Chow Tai Fook Charity Foundation. 25 parents and 21 children from 14 palliative case families had lunch buffet at the Disneyland Hotel. Special thanks to the Hong Kong Disneyland Resort for providing complimentary tickets for the families to visit the theme park after lunch.

May 14
Eight parents and nine children attended the Dragon Boat Festival rice dumplings making class at CS&RC.

May 28
Three parents and three children attended a Life Education Programme – Parent-child Communication at TeenGuard Valley – Crime Prevention Education Centre (The Society of Rehabilitation and Crime Prevention, Hong Kong).

Jun
Two medical art sessions were conducted for nine patients at QMH.
Two Father’s Day arts & crafts sessions were conducted for 10 patients at QMH.

Jun 6
46 parents and 44 children had a day of fun barbecuing at Kam Tin Country Club.

Jun 20-24
Special thanks to Lesliecheung Cyberworld. 12 patients of palliative/poor prognosis cases, accompanied by one parent enjoyed a five-day trip to Osaka. Special thanks to Dr H L Yuen of Queen Elizabeth Hospital (QEH) for his voluntary escort.

Jul
One board game session was conducted for three patients at QEH.
Two group play sessions were conducted for four patients at QMH General Paediatric.

Jul 16, Aug 6 & 27
Special thanks to Pure Yoga. 11 parents and four children attended three relaxing afternoon yoga classes at CS&RC.

Jul 17, Aug 7, Sept 11
Seven QEH bereaved mothers attended the first section of families bereavement group at CS&RC. Six bereaved mothers also attended the second and third section.

Jul 23-24
37 parents and 41 children attended the summer camp at Po Leung Kuk Jockey Club Tai Tong Holiday Camp. 10 sunshine ambassadors and a volunteer organised a party in the evening for the participants.

Jul 28 & 31
Special thanks to Mountain Entertainment Limited. 32 parents and 18 children enjoyed a Paula Tsui’s Concert at The Hong Kong Coliseum.

Jul 29
Four parents and 10 children visited the Mushroom Initiative in Tai Po. Learning about recycling and environmental protection.

Jul 30
Special thanks to Henderson Land Development Co Ltd. Eight parents and 13 children attended a DIY musical instrument workshop at Mad Good Lab in Cheung Sha Wan.

Aug
Three Pokemon-hunt sessions were conducted for 25 patients at CCC.
One mini Olympic game session was conducted for four patients at CCC.

Aug 3
Special thanks to Handscript. Five parents and 11 children attended a DIY Notebook Workshop at CS&RC using different handcraft material to design their own unique notebook.

Aug 7
Special thanks to The Boys’ & Girls’ Clubs Association of Hong Kong. Five parents and eight children attended a Creative Circles Drawing workshop at The Boys’ & Girls’ Clubs Association of Hong Kong Tai Wai Children and Youth Integrated Service Centre.
Aug 10 Four parents and five children visited the Tao Heung Museum of Food Culture in Fotan.

Aug 13 Sept 10 Special thanks to Aviation Club Charity Foundation. Two patients and four family members from CCC and QWH enjoyed a half-hour helicopter ride.

Aug 13 Nine parents and 12 children attended an apple pie making class at CS&RC.

Aug 20 Special thanks to Marco Polo Hong Kong Hotel. 28 parents and 25 children attended the Brain Tumour Day Programme at the Marco Polo Hong Kong Hotel. Talks were given by Dr Dennis Ku of Tuen Mun Hospital (TMH) and Occupational Therapist of CCF.

Aug 21 & 28, Sept 4,18,25 Special thanks to Hebe Haven Yacht Club. 16 survivors attended a five-Sunday Pico Training.

Sept Special thanks to Fortune Cookies Ltd. 420 boxes of Mooncookies were distributed to home-stay patients and patients at CCC, Princess Margaret Hospital (PMH), GEH, QMH, TMH and UCH to celebrate Mid-Autumn Festival.

Two Mid-Autumn Festival lantern making sessions were conducted to nine patients at CCC.

Two balloon twisting classes were conducted to 14 patients at CCC.

Sept 10 Special thanks to Intercontinental Film Distributors (H.K.) Ltd. 94 parents and 107 children watched 36th Doraemon the Movie: Nobita and the Birth of Japan 2016 Film Show at MCL Metro City Cinema.

Sept Special thanks to the Hong Kong Disneyland Resort. Two parents and 13 survivors participated in Hong Kong Disneyland 10K Weekend.

Sept 24 Special thanks to Chow Tai Fook Charity Foundation. 28 parents and 22 children from 14 patients’ families had lunch and a day of fun at the Ocean Park.

Two Retinoblastoma parents, 10 Retinoblastoma kids and five volunteers attended a Retinoblastoma Sharing at CS&RC.

Oct One board game session was conducted for three patients at QMH.

Four medical art play sessions were conducted for 20 patients at CCC.

Two Halloween art activity sessions were conducted for six patients at CCC.

Two Halloween balloon twisting sessions were conducted for 12 patients at CCC.

Financial Assistance

May - Oct Financial assistance was provided for the following:

1) nine drug sponsorships at HK$819,222
2) one PET-CT sponsorship at HK$16,000
3) one diagnostic test at HK$3,780
4) one column for stem cell transplant at HK$150,000
5) two reagents for treatment of CMV infection at SGD19,713 & HK$57,390
6) 10 wigs
7) living expenses
8) funeral expenses
9) travelling allowance
10) supermarket coupons
11) subsidy for home removal

Half-way Homes

May - Oct A total of seven families used the Half-way Homes.

Publication

Jul CCF Newsletter Vol. 50

Hospital Services

May 4 & Sept 8 The quarterly Coordinating Committee Meeting with CCF and doctors from the five major public hospitals were held at QEH.

Medical Training

May 12-Jun 8 A nurse from the Children’s Hospital of Chongqing Medical University received training at CCC.

Jun 8-Sep 5 A doctor and a nurse from the Children’s Hospital of Kunming Medical University received training at CCC.

Jun 10-Sep 5 A doctor from the Shandong Provincial Qian Fo Shan Hospital received training at CCC.

Jun 29-Aug 4 A nurse from the Children’s Hospital of Chongqing Medical University received training at CCC.

Sep 24-25 The National Continuous Education Course on Paediatric Haematology and Oncology, co-organised by the Shanghai Children's Medical Centre and The Lady Pao Children's Cancer Centre, Department of Paediatrics, The Chinese University of Hong Kong, Prince of Wales Hospital was held at Dalian, China. The course was sponsored by CCF with 50 doctors and nurses from various provinces benefitted.
**Research Grants**

May-Oct  HK$299,979 for a 18-month project on Feasibility and effectiveness of a mindfulness based intervention for bereaved parents of children with cancer related death: A pilot study conducted by the Division of Family Medicine and Primary Healthcare, Faculty of Medicine, The Chinese University of Hong Kong.

**Other Sponsorships**

Jun 24  HK$50,000 including air tickets and hotel accommodation for two guest speakers to present at the Paediatric Oncology Symposium organised by the Hong Kong Paediatric Haematology & Oncology Study Group.

Aug  HK$19,200 for the printing cost of 2,000 handbooks on Home Care of Central Venous Catheter. The booklet to be distributed to parents and caregivers was written by the nurses of the five public hospitals.

**Staff Training**

May 6, 13, 20 & 27  A Registered Nurse attended a 4-day Skill-building Basic Training Programme course organised by The Society for the Promotion of Hospice Care.

May 18-22  The Services Director and a Child Life Specialist attended a Child Life Conference in Florida, USA held by the Child Life Council.

Jul 5, 12, 19 & 26  A Social Worker attended Clinical Supervision by Live Demonstration Marital Counselling. It is organised by 中華基督教會香港區會婚姻及家庭輔導學苑．

Jul 6  The Professional Services Manager – Child Life gave a lecture to nurses from Post-Registration Certificate Course in Paediatric Specialty Nursing Programme of Hospital Authority on the topic of Child Life Service - Psychosocial Care to Hospitalised Children.

Jul 15-16/8  Jill Koss, Director of Family Support Services, Cook Children’s Hospital and Patrice Brylske, Director of Child Life and Children Development Programs, Johns Hopkins Children Centre from the USA had a tour at CCC, QMH and United Christian Hospital (UCH) to meet with the Child Life and medical teams and to get a better understanding on CCF’s services in Hong Kong.

Aug 17 & 24  Two nurse specialists and two registered nurses attended a two-day workshop on Applying Logotherapy in End-of-life and Bereavement Care organised by the Jockey Club End-of-life Community Care Project, Faculty of Social Sciences, The University of Hong Kong.

Aug 29  The Professional Services Manager – Palliative and Home Care Service, a Nurse Specialist and a Registered Nurse gave an introduction on CCF Palliative and Home Care Service to the doctors and nurses from the Department of Paediatrics in The Alice Ho Miu Ling Nethersole Hospital.

Aug 30-31  A Registered Nurse and three Social Workers attended a three-day workshop on End-of-life Care: Uninterrupted Connection organised by the Department of Social Science, The University of Hong Kong.

Aug 15  A Nurse Specialist gave a presentation on 提升生活質素–家醫校共融 in the Symposium on Advance Care Planning and Palliative Care for Students with Medical Complexities organised by The Nethersole School of Nursing, The Chinese University of Hong Kong.

Aug 22  The Founder Chairman, Services Director, Professional Services Manager – Family Counselling, two Nurse Specialists and two Registered Nurses attended the 12th Hong Kong Palliative Care Symposium organised by The Society for the Promotion of Hospice Care.

Aug 29  Two governors, Executive Director, Operations and Services Director visited the Department of Ophthalmology & Visual Sciences, The Chinese University of Hong Kong to discuss collaboration on the Hong Kong Retinoblastoma Awareness & Education Campaign and the initiative on eye care for child cancer patients.

**Public Education**

May – Oct  Talks on life education were given to five secondary schools, with more than 1,090 students attended.
Christmas tree dressing up~

I am dressing up as? Guess!

Our Chairman turned into... an elf!

Let me win more prizesssssss
The children are having a ball with the CCF balloon twisting wizards.

I know how to spin the plate. Yeah!!!

Wow!

All the cartoons came to life!

Hats off to you, Volunteers!