CHAPTER 16

MEDICAL SOCIAL SERVICES UNITS
(SOCIAL WELFARE DEPARTMENT / HOSPITAL AUTHORITY)

SOURCE OF REFERRALS

16.1 Suspected child abuse cases may come to the notice of the Medical Social Services Units (MSSUs) in hospitals, specialist out-patient clinics and child assessment centres under Social Welfare Department (SWD) / Hospital Authority (HA) through:

(a) hospital personnel or Medical Coordinator on Child Abuse (MCCA) of the HA;
(b) social workers, police and other organisations, etc;
(c) direct approach by patients or their families.

ROLES OF MEDICAL SOCIAL WORKER

Handling of Intake / Referrals

16.2 The medical social worker (MSW) who comes across the suspected child abuse case should intake the case and conduct initial social assessment during enquiry / intake interview in accordance with the governing principles, general guide and procedures as set out in Chapter 6 and Chapter 7.

For New Cases of Suspected Child Abuse

16.3 Upon receiving a referral or when handling an intake, the MSW should follow the intake procedures as stipulated in paragraphs 7.4 to 7.15 of Chapter 7 to collect available information, confirm with the Medical Officers (MO) the result of their examination of the child if appropriate and conduct initial social assessment.

16.4 If the information collected / referral indicates suspected child abuse incident(s) and the case is not a known case of any welfare organisations, for suspected child sexual abuse and serious physical abuse cases which fall in the Charter of CAIU, the MSW should refer the case to FCPSU or CAIU for consultation as far as possible. For other forms of abuse cases, the MSW should consult / refer the case to the appropriate Family and Child Protective Services Unit (FCPSU) as soon as possible. Casework service will be provided by the FCPSU worker assigned, including immediate protection for the child.

16.5 For cases under the attention of hospital / clinic, the MSW attached in hospital should provide support service for the child and/or his/her family while the

Refer to Appendix I for Definition of Known Cases of Welfare Organisations
child is in hospital and the MSW will be consulted throughout the handling process, including the welfare planning of the child. The MSW should assist the Medical Coordinator on Child Abuse (MCCA) and Consultant / Senior Medical Officer (SMO) / MO concerned to co-ordinate and facilitate intra-agency and inter-agency communication, investigate and plan for further handling of the case. The MSW should be prepared to attend and report at the Multi-disciplinary Case Conference as well as to assist the FCPSU worker whenever necessary.

16.6 Whether or not the child is to be warded in hospital, the MSW should make sure that the suspected child abuse case is brought to the attention of the appropriate FCPSU.

16.7 If no abuse element is detected, the case can be closed. If other problems in the family are identified, this should be treated as an ordinary family case and be referred to IFSC / ISC of SWD / NGO for non-hospitalized case or to the responsible MSW for hospitalized case.

For Known Cases of MSSUs of SWD / HA

16.8 The responsible MSW concerned should take up the case and follow the steps described in paragraphs 7.7 to 7.15 of Chapter 7 as appropriate and to conduct the social enquiry.

16.9 The responsible MSW should provide casework service to the child and/or his/her family, including implementation of the child protection plan. He/she should also prepare the social enquiry report and arrange the Multi-disciplinary Case Conference to formulate the welfare plan for the child and his/her family. For cases where CPSIT is formed, the responsible MSW will be involved throughout the handling procedures of CPSIT, including strategy planning and immediate case assessment. The SWO/FCPSU or Police/CAIU will share information obtained on the abuse incident(s) and the result of the immediate case assessment with relevant parties concerned as necessary. If urgent statutory care proceedings on the child / children are required for the case other than known case of SWD Units during the course of enquiry, application should be either made by respective IFSC of SWD according to the latest residential address of the child’s parent / guardian or by the Police.

16.10 The MSW attached in hospital will continue to observe the child’s condition while the child is in hospital, be prepared to attend and report at the Multi-disciplinary Case Conference as well as to assist the responsible MSW whenever necessary.

For Known Cases of other SWD / NGO Units

16.11 For known cases of other SWD / NGO units, the intake MSW should inform the responsible social worker of concerned SWD or NGO unit to take immediate action. The responsible social worker should assess the situation and follow the steps described in paragraphs 7.7 to 7.15 of Chapter 7 as
appropriate and to conduct the social enquiry. The responsible social worker of the NGO unit should handle the case as described in the respective Chapter of Social Service Unit in Section V of this Procedural Guide.

16.12 The MSW attached in hospital will continue to observe the child’s condition while the child is in hospital, be prepared to attend and report at the Multi-disciplinary Case Conference as well as to assist the responsible social worker whenever necessary.

CHILD ASSESSMENT PROCEDURE (only applicable to MSSUs/SWD)

16.13 Where there is reasonable cause to suspect that the child is or is likely to be in need of care or protection having regard to the state of the child’s health, development or welfare or there is suspicion that the child’s health, development or welfare is neglected or avoidably impaired, the responsible worker should consult his/her senior officer(s) on the need to serve a Child Assessment Notice to the parent(s) / guardian(s) under Section 45A of the Protection of Children and Juveniles Ordinance, Cap 213, requiring the child to be produced for an assessment by a medical practitioner, clinical psychologist or an approved social worker. [For details of the Child Assessment Order, refer to the Guidelines on Handling Cases of Children and Juveniles in need of Care or Protection (1993).]

16.14 In situation if there is a cause for concern that child abuse might have occurred but no abuse element is detected after investigation / assessment, the case can be closed at IFSC / ISC as appropriate if the child and his/her family members has/have no welfare needs.

COLLABORATION WITH OTHER PARTIES

16.15 All parties concerned should maintain communication about the case progress as appropriate for the protection of the child and provision of welfare services to the family.