PROCEDURAL GUIDE
FOR
HANDLING
CHILD ABUSE CASES
Revised 2015

This Procedural Guide is to provide guidance to serve the best interests of children. Professionals should follow this Procedural Guide when suspected child abuse is identified in their daily work.
FOREWORD

Every child has a right to protection against all forms of abuse and exploitation. To ensure that the abused children could receive proper care and protection, the input of special expertise and multi-disciplinary effort among various professionals is required and significant. The skills and practices in handling child abuse should also be refined constantly over time.

The Procedural Guide for Handling Child Abuse Cases (Procedural Guide) has been reviewed and revised for a number of times. The last version was endorsed by the Committee on Child Abuse (CCA) at its meeting on 20 December 2007. After then, updating of minor changes in factual information has been done by the Social Welfare Department (SWD) with input from the professionals concerned.

Among the procedures for handling child abuse cases / suspected child abuse cases, the mechanism of holding a Multi-disciplinary Case Conference on Child Abuse for formulation of welfare plan to protect the children and assist the families has been in place for years. Frontline social workers had also reported certain concerns which they encountered when conducting the Multi-disciplinary Case Conference on Child Abuse. It was time for a review on its operation for further enhancement so that the mechanism could be more effective in protecting the children and safeguarding their welfare.

In January 2013, a Task Group on the Review of Multi-disciplinary Case Conference on Child Abuse (Task Group) under the CCA was set up to review its operation and arrangement. With thorough discussion amongst members of the Task Group and three rounds of consultations conducted with stakeholders, the Task Group recommended that the “Multi-disciplinary Case Conference on Child Abuse” be renamed as “Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse” (MDCC) and has re-written Chapter 11 of the Procedural Guide concerning the MDCC. Besides, revisions and enhancements have been made in contents of some other chapters including Chapter 3 and other chapters regarding invoking Protection of Children and Juveniles Ordinance, Chapter 4 regarding information sharing and Chapter 8 regarding social enquiry/investigation. Updating of some appendices has also been made. The revised version was endorsed by the CCA at its meeting on 7 October 2015 and is to be implemented on 28 December 2015.

Social Welfare Department
December 2015
## CONTENTS

<table>
<thead>
<tr>
<th>Section I</th>
<th>Introduction</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 1</td>
<td>Aim, Beliefs and Principles</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section II</th>
<th>Basic Knowledge</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 2</td>
<td>Understanding of Child Abuse</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>• Annex I - Major Types of Psychological Abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Annex II - Assessment Matrix</td>
<td></td>
</tr>
<tr>
<td>Chapter 3</td>
<td>Legal Aspects</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>• Annex I - Ordinances and Offences related to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child Protection and Child Abuse in Hong Kong</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Annex II - Frequently Asked Questions about the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Application of the Ordinances relating to Child</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Protection and Child Abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Annex III - Definition of Child and Juvenile</td>
<td></td>
</tr>
<tr>
<td></td>
<td>under Different Legislations</td>
<td></td>
</tr>
<tr>
<td>Chapter 4</td>
<td>Information Sharing and Confidentiality</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>• Annex I - Medical Practitioners and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Confidentiality Issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Annex II - Clinical Psychologists and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Confidentiality Issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Annex III - Social Workers and Confidentiality</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Annex IV – Personal Data and Data Protection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Principles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Annex V - Sample Letter on Request for Personal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Data from Other Data Users In Respect of Persons</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subject / Relating to a Suspected Child Abuse Case</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Consent from data subject for release of data is</td>
<td></td>
</tr>
<tr>
<td></td>
<td>not available)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Annex VI - Frequently Asked Questions about</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Information Sharing and Confidentiality Issues</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section III</th>
<th>Multi-disciplinary Collaboration</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 5</td>
<td>Case Manager and Multi-disciplinary Collaboration</td>
<td>52</td>
</tr>
<tr>
<td>Chapter 6</td>
<td>Initial Handling of Reports / Referrals</td>
<td>54</td>
</tr>
<tr>
<td>Chapter 7</td>
<td>Initial Assessment and Referral Procedures</td>
<td>57</td>
</tr>
</tbody>
</table>
Section IV  Handling of Referrals / Enquiry / Investigation

Chapter 8 Social Enquiry / Investigation

- Annex I - Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse -- Leaflet for Children
- Annex II - Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse -- Leaflet for Adolescents
- Annex III - Social Enquiry / Investigation and Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse -- Leaflet for Parents
- Annex IV – Triangle chart for the Assessment of Children in Need and their Families
- Annex V - Social Enquiry Report for Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse

Chapter 9 Medical Examination

Chapter 10 Joint Investigation - Early consultation, Strategy Planning, Investigation interview and Immediate Case Assessment

Chapter 11 Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse (MDCC)

- Annex I - Sample Letter for Cases with MDCC not Conducted
- Annex II - Reference Kit for Chairperson of MDCC
- Annex IIA - Checklist for Chairpersons of MDCC
- Annex III - Sample Invitation Letter for MDCC
- Annex IV - Sample Feedback Form for Family Participation in MDCC (For Special Arrangement only)
- Annex V - Introductory Remark in Relation to Personal Data (Privacy) Ordinance, Cap 486 by the Chairperson of MDCC
- Annex VI - Sample Notes of MDCC
- Annex VII - Sample Letter to Parents after
MDCC

- Annex IX - Frequently Asked Questions about MDCC

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Section V</th>
<th>Roles of Relevant Departments / Organisations</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 12</td>
<td></td>
<td>Follow-up Service</td>
<td>169</td>
</tr>
<tr>
<td>Chapter 13</td>
<td></td>
<td>Victim Management Before Court Hearing and Post Abuse Therapeutic Service</td>
<td>172</td>
</tr>
<tr>
<td>Chapter 14</td>
<td>Section V</td>
<td>Roles of Social Service Units</td>
<td></td>
</tr>
<tr>
<td>Chapter 15</td>
<td></td>
<td>Integrated Family Service Centres (IFSCs) &amp; Integrated Services Centres (ISCs)</td>
<td></td>
</tr>
<tr>
<td>Chapter 16</td>
<td></td>
<td>Medical Social Services Units</td>
<td></td>
</tr>
<tr>
<td>Chapter 17</td>
<td></td>
<td>Children and Youth Services</td>
<td></td>
</tr>
<tr>
<td>Chapter 18</td>
<td></td>
<td>Clinical Psychological Service</td>
<td></td>
</tr>
<tr>
<td>Chapter 19</td>
<td>Section V</td>
<td>Roles of Health Service</td>
<td></td>
</tr>
<tr>
<td>Chapter 20</td>
<td></td>
<td>Clinics (Department of Health)</td>
<td></td>
</tr>
<tr>
<td>Chapter 21</td>
<td></td>
<td>Hospitals / Clinics (Hospital Authority)</td>
<td></td>
</tr>
<tr>
<td>Chapter 22</td>
<td></td>
<td>Residential Child Care Service, Day Child Care Service and Special Child Care Service</td>
<td></td>
</tr>
<tr>
<td>Chapter 23</td>
<td></td>
<td>Educational Services</td>
<td></td>
</tr>
<tr>
<td>Chapter 24</td>
<td></td>
<td>Police</td>
<td>217</td>
</tr>
<tr>
<td>Chapter 25</td>
<td></td>
<td>Housing Department</td>
<td>227</td>
</tr>
<tr>
<td>Chapter 26</td>
<td></td>
<td>Other Departments, Organisations and Individual</td>
<td>229</td>
</tr>
<tr>
<td>Section VI</td>
<td>Handling of Allegations against Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chapter 27</td>
<td>Allegations against Staff, Carers and Volunteers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Membership List of Task Group on Review of Multi-disciplinary Case Conference on Child Abuse
Appendices

Appendix I  Definition of Known Cases of Welfare Organisations
Appendix IIA  Chart on Referrals of Suspected Child Sexual Abuse / Serious Physical Abuse Cases
Appendix IIB  Chart on Procedures for Handling Suspected Child Sexual Abuse / Serious Physical Abuse Cases
Appendix IIIA  Chart on Referrals of Other Forms of Suspected Child Abuse Cases (Other Than Child Sexual Abuse and Serious Physical Abuse Cases)
Appendix IIIB  Chart on Procedures for Handling Other Forms of Suspected Child Abuse Cases (Other Than Child Sexual Abuse and Serious Physical Abuse Cases)
Appendix IV  Guide to People Working with Children Who Disclose Sexual Abuse
Appendix V  Key to Making Referrals to Child Protection Special Investigation Team (CPSIT) for Cases falling under Charter of CAIU
Appendix VI  Information Sheet on Child Protection Registry (CPR)
   Annex 1 - CPR Form I
   (Initial Registration / Reporting Changes)
   Annex 2 - CPR Form II
   (Data Input Form)
   Annex 3A - CPR Form IIIA
   (Case Updating Form)
   Annex 3B - CPR Form IIIB
   (Reporting Transfer Form)
   Annex 4 - CPR Form IV
   (De-registration / Extension of Registration)
Appendix VII  List of Social Work Officers of Family and Child Protective Services Units (SWO/FCPSU) and SWD Senior Clinical Psychologists (SCP)
Appendix VIII  List of Police Duty Controllers
Appendix IX  Report Form for Reporting Suspected Child Abuse Cases to Police
Appendix X  Written Dated Notes
Appendix XI  List of Designated Paediatric Department within Hospital Authority Hospitals
Appendix XII  Flow Chart on Procedures for Handling Suspected Child Abuse Cases
Appendix XIII  Record of Strategy Planning
Appendix XIV  Summary of the Phased Approach (Extracted from Memorandum of Good Practice)
Appendix XV  Immediate Case Assessment
Appendix XVI  Guidance for Paediatric Wards, A&E Department and Staff involved with Child Abuse
Appendix XVII Summary of Handling Procedures of Child Sexual Abuse Cases for Medical Officers
Appendix XVIII Index of Direct Disclosure and Three Levels of Suspicious Child Sexual Abuse Cases for Medical Officers
Appendix XIX  List of Child Psychiatry Teams
Appendix XX   List of Offices of Education Bureau
Appendix XXI Witness Support Programme for Child Witnesses
Appendix XXII List of District Police Stations
Appendix XXIII List of Family and Child Protective Services Units / Integrated Family Service Centres / Integrated Services Centres of Social Welfare Department and Non-governmental Organisations
**List of Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AED</td>
<td>Accident and Emergency Department</td>
</tr>
<tr>
<td>CAIU</td>
<td>Child Abuse Investigation Unit</td>
</tr>
<tr>
<td>CCTV</td>
<td>Closed Circuit Television</td>
</tr>
<tr>
<td>CP</td>
<td>Clinical psychologist</td>
</tr>
<tr>
<td>CPR</td>
<td>Child Protection Registry</td>
</tr>
<tr>
<td>CPSIT</td>
<td>Child Protection Special Investigation Team</td>
</tr>
<tr>
<td>CP</td>
<td>Clinical Psychologist</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DSW</td>
<td>Director of Social Welfare</td>
</tr>
<tr>
<td>DCRVO</td>
<td>Domestic and Cohabitation Relationships Violence Ordinance</td>
</tr>
<tr>
<td>EDB</td>
<td>Education Bureau</td>
</tr>
<tr>
<td>FCPSU</td>
<td>Family and Child Protective Services Unit</td>
</tr>
<tr>
<td>FPM</td>
<td>Force Procedures Manual</td>
</tr>
<tr>
<td>FAQ</td>
<td>Frequently asked questions</td>
</tr>
<tr>
<td>HA</td>
<td>Hospital Authority</td>
</tr>
<tr>
<td>ICYSC</td>
<td>Integrated Children and Youth Services Centre</td>
</tr>
<tr>
<td>IFSC</td>
<td>Integrated Family Service Centre</td>
</tr>
<tr>
<td>ISC</td>
<td>Integrated Services Centre</td>
</tr>
<tr>
<td>MCCA</td>
<td>Medical Coordinator on Child Abuse</td>
</tr>
<tr>
<td>MDCC</td>
<td>Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse</td>
</tr>
<tr>
<td>MO</td>
<td>Medical Officer</td>
</tr>
<tr>
<td>MOGP</td>
<td>Memorandum of Good Practice</td>
</tr>
<tr>
<td>MSSU</td>
<td>Medical Social Services Unit</td>
</tr>
<tr>
<td>MSW</td>
<td>Medical Social Worker</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental Organisation</td>
</tr>
<tr>
<td>OC Case</td>
<td>Officer-in-charge of the case</td>
</tr>
<tr>
<td>PCJO</td>
<td>Protection of Children and Juveniles Ordinance</td>
</tr>
<tr>
<td>PD(P)O</td>
<td>Personal Data (Privacy) Ordinance</td>
</tr>
<tr>
<td>SOPC</td>
<td>Specialist Out-patient Clinic</td>
</tr>
<tr>
<td>SWD</td>
<td>Social Welfare Department</td>
</tr>
<tr>
<td>SWO</td>
<td>Social Work Officer</td>
</tr>
</tbody>
</table>
SECTION I

INTRODUCTION
CHAPTER 1

AIM, BELIEFS AND PRINCIPLES

AIM

1.1 The aim of this Procedural Guide is to provide guidance on the way government departments, non-governmental organisations and other concerned sectors should work together to serve the best interests of children and to provide protection to the children suspected to be abused or having been abused. This Procedural Guide is to provide reference to professionals or personnel engaged in social service, health service, educational services, law enforcement and those whose work brings them into close contact with children. This Procedural Guide recognizes that the key to effective action is built on the multi-disciplinary approach of WORKING TOGETHER, TRUSTING EACH OTHER and FOR THE WELFARE OF CHILDREN.

BELIEFS

1.2 All children have the right to:

(a) grow and develop as physically, emotionally and mentally healthy as possible before as well as after birth;
(b) live in a safe environment and be protected from harm;
(c) be loved and valued, and be supported by a network of reliable and affectionate relationships;
(d) become competent in looking after themselves and coping with everyday living;
(e) have a positive image of themselves, and a secure sense of identity;
(f) receive proper education;
(g) develop adequate inter-personal skills and confidence in social situations; and
(h) receive medical and health assessment and treatment.

1.3 All children have physical, psychological and social needs that should be met by their parents / guardians, carers and society at large.

GOVERNING PRINCIPLES OF CHILD PROTECTION

1.4 All children have the right to be protected against harm and exploitation regardless of their:

(a) race, language or religion;
(b) political or immigration status;
(c) gender;
(d) age;
(e) health or ability; and
(f) behaviour.

1.5 The safety, needs, welfare and rights of the children should always come first and should be the primary concern in working with children and families.

1.6 All relevant parties should collaborate and share the responsibility for protection of children at relevant stages of case development with the involvement of the children and significant others.

1.7 Any symptom or report of suspected child abuse must be taken seriously and investigation should be conducted as soon as possible.

1.8 To avoid requiring the children to describe the suspected abuse incident(s) repeatedly, the number of investigative / assessment interview on the suspected abuse incident(s) should be kept to a minimum. Face-to-face contacts with the children should be conducted and relevant information should be collected from sources other than the suspected abusers wherever applicable to ascertain the condition of the children.

1.9 Where necessary, the information collected with regard to the suspected abuse incident(s) should be shared with other concerned parties as soon as possible to ensure effective protection of the children. The Personal Data (Privacy) Ordinance, Cap 486 provides specific exemption for collection of data and transfer of information under Part VIII of the Ordinance (refer to Personal Data (Privacy) Ordinance, Cap 486 for details).

1.10 The children's participation should be encouraged and their voices should be heard at different stages including investigation and assessment. Their wishes and feelings must be explored and attended to in formulating welfare plans. However, care must be exercised to strike a balance between safety and the preference of the children.

1.11 While serving the best interests of children, consideration should be given to assist the families and the children's significant others to protect the children. In the formulation of welfare plans for the children, the views of the parents / guardians / significant others should be sought and should be taken into account. The parents / carers’ co-operation and capability to protect the children should also be considered. However, risk assessment has to be conducted irrespective of the severity of the abuse. Statutory protection under the Protection of Children and Juveniles Ordinance, Cap 213 should be sought whenever situation warrants, including removal of the children to a place of safety.
SECTION II

BASIC KNOWLEDGE
CHAPTER 2
UNDERSTANDING OF CHILD ABUSE

DEFINITION

2.1 In a broad sense, child abuse is defined as any act of commission or omission that endangers or impairs the physical / psychological health and development of an individual under the age of 18. Such act is judged on the basis of a combination of community standards and professional expertise. It is committed by individuals, singly or collectively, who by their characteristics (e.g. age, status, knowledge, organisational form) are in a position of differential power that renders a child vulnerable. Child abuse is not limited to a child-parent / guardian situation, but includes anyone who is entrusted with the care and control of a child, e.g. child-minders, relatives, teacher, etc. For child sexual abuse, the acts may also be committed by strangers to the child.

2.2 The definition of child abuse set out in this Procedural Guide is provided to facilitate relevant professionals or personnel to safeguard the welfare of children being abused or at risk of abuse. It is not a legal definition. When prosecution against an abuser is required, reference should be made to the relevant Ordinances in force. It should also be noted that cases involving child welfare but not defined as child abuse in this Procedural Guide should also be handled with care and appropriate services should be rendered to ensure the best interests of children.

2.3 In determining whether a case should be defined as a child abuse case, the responsible professionals should make assessment based on individual case merits and take into consideration various factors (e.g. the child’s age, the act, the consequences of the act on the child, etc.) instead of just focusing on the frequency and nature of incident that has occurred.

2.4 Child abuse includes the following:

*Physical Abuse* is a physical injury or physical suffering to a child (including non-accidental use of force, deliberate poisoning, suffocation, burning, Munchausen’s Syndrome by Proxy¹, etc.), where there is a definite knowledge, or a reasonable suspicion that the injury has been inflicted non-accidentally;

*Sexual Abuse* is the involvement of a child in sexual activity (e.g. rape, oral sex) which is unlawful, or to which a child is unable to give informed consent². This

---

¹ Munchausen’s Syndrome by Proxy occurs when a parent or guardian falsifies a child’s medical history or alters a child’s laboratory test or actually causes an illness or injury to a child in order to gain medical attention for the child which may result in innumerable harmful hospital procedures. (Ref.: Zumwalt R. E. & Kirsch C.S., “Pathology of Fatal Child Abuse and Neglect” in R. E. Helfer & R.S. Kempe (Eds.), The Battered Child (4th ed.), pp. 247-285, Chicago: University of Chicago Press, 1987.)

² In consultation with the then Attorney General’s Chambers, any dependent, developmentally immature children and adolescents involved in sexual activities that they do not fully comprehend are considered unable to give “informed consent”. For instance, when a child is involved in a sexual act for snacks or money, though the child may say “yes” to the perpetrator, this should not be regarded as an “informed consent” by the child.
includes direct or indirect sexual exploitation and abuse of a child (e.g. production of pornographic material). It may be committed by individuals whether inside the home or outside. It may be committed by parents, or carers or other adults singly or acting in an organised way, or children. It includes acts which may be rewarded or apparently attractive to the child. It may be committed by individuals either known or strangers to the child. (Child sexual abuse differentiates from casual sexual relationship that does not include any sexual exploitation e.g. between a boy and a girl, though the boy can be liable for offences like indecent assault or unlawful sexual intercourse with an underaged girl.)

Neglect is severe or a repeated pattern of lacking of attention to a child’s basic needs that endangers or impairs the child’s health or development. Neglect may be:

- Physical (e.g. failure to provide necessary food, clothing or shelter, failure to prevent physical injury or suffering, lack of appropriate supervision or left unattended)
- Medical (e.g. failure to provide necessary medical or mental health treatment)
- Educational (e.g. failure to provide education or ignoring educational needs arising from a child’s disability3)
- Emotional (e.g. ignoring a child’s emotional needs, failure to provide psychological care);

Psychological Abuse is the repeated pattern of behaviour and attitudes towards a child or extreme incident that endangers or impairs the child’s emotional or intellectual development. Examples include acts of spurning, terrorizing, isolating, exploiting / corrupting, denying emotional responsiveness, conveying to a child that he / she is worthless, flawed, unwanted or unloved (refer to Major Types of Psychological Abuse at Annex I to Chapter 2 for details). Such act damages immediately or ultimately the behavioural, cognitive, affective, or physical functioning of the child.

INDICATORS OF POSSIBLE CHILD ABUSE

2.5 In conducting investigation into any suspected child abuse case, the responsible professionals should make reference to indicators manifested by the child, the parents and the family. Physical indicators are indicators which are usually readily observable and may be mild or severe. The child’s behaviour can sometimes be a clue to the presence of child abuse. Behavioural indicators may exist alone, or in combination with physical indicators. They may be subtle or they may be graphic statements by the child. The behaviour and attitudes of the parents, their own life histories, or even the conditions of their home, can also offer valuable clues to the presence of child abuse.

---

3 According to the Disability Discrimination Ordinance Code of Practice on Education, the provisions of the Disability Discrimination Ordinance apply to a wide range of persons, including those usually referred to as persons with intellectual disability or mental handicap, autism, specific learning disabilities, hearing impairment, visual impairment, physical disability or handicap, mental illness and various other chronic illnesses, and persons who are infected with the human immunodeficiency virus (commonly known as “HIV-positive”) or who have acquired immune deficiency syndrome (commonly known as “AIDS”).

4
2.6 The list of indicators presented in this Chapter is not intended to be exhaustive. Neither does the presence of a single or even several indicators necessarily prove that child abuse exists. However, the possibility of child abuse should be seriously considered in case of repeated occurrence of an indicator, presence of several indicators in combination, or presence of serious injury. The behavioural indicators in different categories of child abuse might be interchangeable and should be applied as appropriate.

2.7 These indicators are only useful for professionals with training and experience in dealing with children and families. They are an aid to assessment by professionals and should be used with caution. Some sections will have more relevance to certain professions than others. (It is not expected, for example, that non-medical professionals should be conversant with or attempt to interpret the different forms of fracture or internal injury specified in this Chapter).

CHECKLIST FOR IDENTIFYING POSSIBLE CHILD ABUSE

2.8 The following checklist aims to help concerned professionals and parties for identifying possible child abuse and is listed for reference only. It is not exhaustive and due consideration should be taken according to the age appropriateness of the child and his / her ability.

Physical Abuse

2.9 If there is doubt about the nature or severity of the physical signs of injury, the child concerned should be brought to medical attention as soon as possible.

(a) Bruises and Welts
- Should be interpreted with reference to the developmental age (e.g. whether the child is able to walk), number, size and distribution of the bruises, and whether they form a specific pattern that suggests direct impact with an object, punching, grasping, and / or bites.
- Bruises that are unlikely to be accidental, e.g. large bruises, bruises at unusual locations, multiple bruises of different ages, or injuries around the genitalia are suspicious.
- Bite marks are specific signs of injuries. If identified early, the injury itself may contain sufficient information to help identify the perpetrator.

(b) Lacerations and Abrasions
- Lacerations over the hands, arms or feet that damage the underlying tendons may be potentially crippling.
- Laceration to the fraenulum, the piece of tissue that connects the upper lip to the upper gum in the middle, may be indicative of forced feeding.
(c) Burns and Scalds
- Burns / scalds from unintentional and intentional origin may be difficult to differentiate.
- Some inflicted burns may assume the shape or pattern of the burning objects, e.g. heated plate, cigarette.
- “Glove and / or stocking” distribution is indicative of dunking (immersion) scald of a limb or buttock.

(d) Fractures
- These should be interpreted / handled individually.

(e) Internal Injuries
- Brain / head injuries
  - May be due to direct impact, shaking or penetrating injuries.
  - The “Shaken Baby Syndrome” is the most common cause of death in physical child abuse.
- Abdominal injuries
  - Perforation of internal organs may lead to abdominal pain and vomiting.
  - Serious injuries or even death may occur without any external signs of injuries. Hence, a high degree of suspicion is required if abdominal injury is not to be missed.

(f) Others
- Fabricated or induced illnesses, including Munchausen’s Syndrome by Proxy
- Poisoning
- Hair loss by pulling or burning
- Drowning
- Cot death
  - Conclusion should not be made until a formal Coroner’s examination has been completed.

Sexual Abuse (Both sexes)

(a) Physical Indicators
- Torn, stained or bloody underclothing
- Complaints of pain, swelling or itching in the genital area
- Complaints of pain on urination
- Bruises, bleeding, or lacerations in external genitalia, vaginal or anal area, mouth or throat
- Vaginal / penile discharge
- Sexually transmitted disease
- Early adolescent pregnancy

(b) Behavioural Indicators
- Appetite disturbance
- Sexual exploitation of young children
- Poor peer relationship
- Unwilling to participate in physical activities
- Behaviour disturbance (anorexia nervosa, obesity, self-mutilation, run away, suicide, promiscuity, drug abuse)
- Sexual knowledge or behaviour that is abnormally advanced for the respective age of the child
- Marked change in academic performance
- Sleep disturbance
- Excessive masturbation
- Excessive reaction to being touched
- Intensive dislike for being left somewhere or with someone

**Neglect**

(a) **Physical Indicators**
- Malnutrition, under-weight, or lacking sufficient quantity and/or quality of food
- Delayed development
- Severe rash or skin disorder
- Left in care of inappropriate carer (e.g. young child)
- Inadequately supervised for long periods or when engaged in dangerous activities
- Unattended physical problems or unmet medical/dental needs
- Chronically dirty/unkempt
- Habitual absence from school or deprivation of schooling
- Spoiled food found at home
- Insanitary living conditions (garbage, excretion, dirt, etc)
- Young child unattended for long periods
- Abandoned: totally or for long periods of time
- Child confined at home

(b) **Behavioural Indicators**
- Persistent complaints of hunger or rummaging for food, overtly aggressive eating habit or begs for/steals food
- Assumes responsibilities inappropriate to age
- Addiction
- Delinquency
- Complaints of inadequate care, supervision or nurturing
- Being made to work excessive hours/beeyond physical ability
- Poor peer relationship
- Responds to questions in monosyllables
- Extreme apprehension
- Sexual activity caused by inadequate supervision
- Reluctant to return home
- Runs away from home

**Psychological Abuse**

(a) **Physical Indicators**
- Failure to thrive
- Developmental delay e.g. speech disorder
- Anorexia nervosa

(b) **Behavioural Indicators**
- Indicators in Child
  - Alienation
  - Habit disorder
  - Wetting / soiling
  - Learning disorder e.g. marked deterioration in academic performance
  - Lags in mental, emotional, social development
  - Self harm or suicidal thoughts / attempts
  - Disruptive behaviour or conduct problems
  - Sleep disturbance
  - Appetite disturbance
  - Speech impediment

- Indicators in Family
  - Rejection
  - Constant scolding
  - Humiliating criticism
  - Inducing fear
  - Encouraging deviant behaviour
  - Bizarre punishment

**CHARACTERISTICS COMMONLY ASSOCIATED WITH CHILD ABUSE**

2.10 Child abuse may occur in any family and the background of families with problem of child abuse may be different. The following characteristics which are often found in child abuse cases are listed for reference only and should not be taken as evidence of child abuse. On the other hand, child abuse may occur in families without any of the following identifiable features.

**The Family**

(a) Chaotic or obsessively organized home
(b) Social isolation
(c) Crisis or tension in family e.g. pregnancy, eviction, divorce / desertion / separation, in-law conflict
(d) Cultural / superstitious beliefs
(e) Domestic violence e.g. spouse battering

**The Parents**

(a) **Biography**
  - History of childhood abuse
  - History of unhappy or being rejected in childhood; serious physical
/ emotional deprivation
- History / Experience of domestic or other violence
- History of serious recurrent illness and / or psychiatric disorder
- Alcoholism / Drug abuse / Gambling

(b) **Attitude and Behaviour**
- Rigid or unreasonable expectation on the child
- Strong belief in harsh discipline / corporal punishment
- Overtly critical of or aloof to the child
- Immaturity of parents
- Low self-esteem
- Passiveness
- Low intelligence of one or both parents
- Low tolerance to stress
- Deficiency in anger control
- Diffusion and confusion in family roles
- Sexual problems
- Unconvincing or inconsistent explanations of the child’s injury
- Failure or delay in seeking medical advice
- Inadequate parenting

**The Child**

(a) Premature birth
(b) Unwanted child
(c) Illegitimate child
(d) Baby with feeding or sleeping problem
(e) Non-thriving baby
(f) Early separation from parents
(g) Complicated birth delivery
(h) Child exposed to conflicting child care rearing practices e.g. child reared away from home
(i) Child with physical or mental disability
(j) Child associated with family misfortune
(k) The female gender

**GUIDE TO RISK ASSESSMENT**

**Functions**

(a) To assess the level of risk to a child who is reported to be the victim of the alleged abuse;

(b) to measure and organize factors present in abuse situation, which are considered as important in describing the current safety and in predicting future safety of the child. These factors include the characteristics of the reported abuse, the child and his / her family involved, and the environment in which the child and his / her family exist; and
to facilitate planning of action, case management and service delivery such that the child can receive sufficient care required to sustain growth, health and safety.

**Governing Principles in Risk Assessment**

(a) Risk assessment should begin at the time of case intake and continue throughout the process of case management, provision of service and termination of the case. It should take into consideration the likelihood of recurrence of maltreatment, neglect, physical or sexual abuse AND not only the severity of the child’s injuries. It is a continuous and future oriented process.

(b) The child and his / her family members (including siblings and abusers) should be involved in risk assessment in identifying problems and developing service plans. However, decision to remove or allow the child to remain with the family must be made carefully.

(c) Risk assessment has to be made with professional skills and judgement of various disciplines on individual case situation.

**Guide to Decision Making in Risk Assessment Process**

(a) Whether the child is in immediate danger or future risk of abuse.

(b) What social services, actions, or support system are necessary to protect the child during the investigation.

(c) Whether or not the child must be removed from home for his / her protection.

(d) What initial action plan is needed to address the factors that are placing the child at risk.

(e) What modifications, if any, must be made to the action plan to further reduce risk and enhance safety of the child.

(f) When it is safe to return a child home, if the child has been removed.

(g) When sufficient care is being provided that would support case closure.

**Skills in Risk Assessment**

(a) Identify the concern for risk as reflected in the available reports or information. Assess all areas of risk.

(b) Ascertain the immediacy of risk.
(c) Assess the origin, type and extent of risk. Be alert especially for serious risk factors.

(d) Examine the duration, severity and controllability of the risk factors. Be aware of risk factors that may interact in a dangerous manner.

(e) Assess family strengths and resources.

(f) Examine the overall level of risk to the child within the context of risk factors, family strengths, and agency resources.

(g) Determine the child’s capabilities to face / manage the risk and to protect himself/herself, and the degree of safety.

(h) Gather direct and genuine evidence whenever possible.

(i) Use risk assessment as the foundation of the action plan, subsequent modifications of the plan, and case referral to Family and Child Protective Services Units, Child Protection Special Investigation Team or case transfer.

(j) Consider action plan and develop strategies to respond to and reduce risk.

(k) Mobilize service resources to reduce risk.

(l) Conduct case review when action plan changes and consider alternatives to reduce risk.

(m) Identify conditions which suggest risk is being reduced or has been sufficiently reduced to warrant closure of the case.

**Risk Factors**

Risk factors may interact with one another in a dynamic way in child abuse. The risk factors and their variables can be summarized as follows:

<table>
<thead>
<tr>
<th>Factors</th>
<th>Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Precipitating incident</td>
<td>(a) Severity and / or frequency of abuse</td>
</tr>
<tr>
<td></td>
<td>(b) Location of injury on body</td>
</tr>
<tr>
<td></td>
<td>(c) History of abuse</td>
</tr>
<tr>
<td>(2) Assessment on child</td>
<td>(a) Child’s age, physical and / or mental abilities</td>
</tr>
<tr>
<td></td>
<td>(b) Perpetrator’s access to child</td>
</tr>
<tr>
<td></td>
<td>(c) Child’s behaviour and mental well being</td>
</tr>
<tr>
<td></td>
<td>(d) Interaction between child and carer</td>
</tr>
<tr>
<td></td>
<td>(e) Child’s interaction with siblings, peers and others</td>
</tr>
</tbody>
</table>
### Factors

<table>
<thead>
<tr>
<th>(3) Assessment on carer</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Carer’s capacity for child care</td>
</tr>
<tr>
<td>(b) Interaction between child and carer</td>
</tr>
<tr>
<td>(c) Interaction between carers</td>
</tr>
<tr>
<td>(d) Carer’s parenting skills / knowledge</td>
</tr>
<tr>
<td>(e) Carer’s substance / alcohol abuse</td>
</tr>
<tr>
<td>(f) Carer’s criminal behaviour</td>
</tr>
<tr>
<td>(g) Carer’s emotional and mental health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(4) Family assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Family interactions / relationship</td>
</tr>
<tr>
<td>(b) Strength of family / support systems</td>
</tr>
<tr>
<td>(c) History of abuse / neglect in family</td>
</tr>
<tr>
<td>(d) Presence of a parent substitute in the home</td>
</tr>
<tr>
<td>(e) Progress of child / family in treatment</td>
</tr>
</tbody>
</table>

**Assessment Matrix**

Risk Assessment Guidelines with an Assessment Matrix is at Annex II to Chapter 2 for quick reference in assessing child abuse cases.
### MAJOR TYPES OF PSYCHOLOGICAL ABUSE

**FIVE MAJOR TYPES OF PSYCHOLOGICAL ABUSE ARE DESCRIBED BELOW AND FURTHER CLARIFIED BY IDENTIFICATION OF SUB-CATEGORIES**

A repeated pattern or extreme incident(s) of the conditions described in this table constitute psychological maltreatment. Such conditions convey the message that the child is worthless, flawed, unloved, endangered, or only valuable in meeting someone else's needs.

**SPURNING (Hostile Rejecting / Degrading)** includes verbal and non-verbal caregiver acts that reject and degrade a child. SPURNING includes the following:
- Belittling, degrading, and other non-physical forms of overtly hostile or rejecting treatment
- Shaming and / or ridiculing the child for showing normal emotions such as affection, grief, or sorrow
- Consistently singling out one child to criticize and punish, to perform most of the household chores, or to receive fewer rewards
- Public humiliation

**TERRORIZING** includes caregiver behaviour that threatens or is likely to physically hurt, kill, abandon, or place the child or child's loved ones or objects in recognizably dangerous situations. TERRORIZING includes the following:
- Placing a child in unpredictable or chaotic circumstances
- Placing a child in recognizably dangerous situations
- Setting rigid or unrealistic expectations with the threat of loss or danger if they are not met
- Threatening or perpetrating violence against the child
- Threatening or perpetrating violence against the child's loved ones or objects

**ISOLATING** includes caregiver acts that consistently deny the child opportunities to meet needs for interacting or communicating with peers or adults inside or outside the home. ISOLATING includes the following:
- Confining the child or placing unreasonable limitations on the child’s freedom of movement within his or her environment
- Placing unreasonable limitations or restrictions on social interactions with peers or adults in the community

**EXPLOITING / CORRUPTING** includes caregiver acts that encourage the child to develop inappropriate behaviour (self-destructive, anti-social, criminal, deviant, or other maladaptive behaviour). EXPLOITING / CORRUPTING includes the following:
- Modeling, permitting, or encouraging anti-social behaviour (e.g. prostitution, performance in pornographic media, initiation of criminal activities, substance abuse, violence to or corruption of others)
- Modeling, permitting, or encouraging developmentally inappropriate behaviour (e.g. parentification, infantilization, living the parent’s unfulfilled dreams)
- Encouraging or coercing abandonment of developmentally appropriate autonomy through extreme over-involvement, intrusiveness, and / or dominance (e.g. allowing little or no opportunity or support for child's views, feelings, and wishes; micro-managing child's life)
- Restricting or interfering with cognitive development

**DENYING EMOTIONAL RESPONSIVENESS (Ignoring)** includes caregiver acts that ignore the child’s attempts and needs to interact (failing to express affection, caring, and love for the child) and show no emotion in interactions with the child. DENYING EMOTIONAL RESPONSIVENESS includes the following:
- Being detached and uninvolved through either incapacity or lack of motivation
- Interacting only when absolutely necessary
- Failing to express affection, caring, and love for the child

Source: Office for the Study of the Psychological Rights of the Child, Indiana University, Purdue University at Indianapolis.
## Annex II to Chapter 2

### ASSESSMENT MATRIX

<table>
<thead>
<tr>
<th>ACTION</th>
<th>A. LOW RISK</th>
<th>B. INTERMEDIATE RISK</th>
<th>C. HIGH RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child's age, physical and mental abilities</td>
<td>10 years and over and cares for and protects self without or with limited adult assistance, no physical or mental handicaps / limitations</td>
<td>5 through 9 years of age, any age requiring adult assistance to care for and protect self, emotionally withdrawn; minor physical illness / mental handicap; mild to moderately impaired development</td>
<td>Less than 5 years of age; any age unable to care for or protect self without adult assistance; severe physical illness / mental handicap; over-active; difficult or provocative; severely impaired development</td>
</tr>
<tr>
<td>2. Severity and / or frequency of abuse, physical or sexual</td>
<td>No injury or minor injury; not requiring medical attention; no discernible effect on child; isolated incident</td>
<td>Minor physical injury or unexplained injury requiring some form of medical treatment / diagnosis; history or pattern of punishment / discipline; mild sexual confrontation</td>
<td>Child requires immediate medical treatment and / or hospitalization; history or pattern of excessive punishment / discipline / sexual molestation</td>
</tr>
<tr>
<td>3. Severity and / or frequency of neglect and recentness</td>
<td>No discernible effect on child; isolated incident</td>
<td>Caretaker suspected of failing to meet minimum medical, food and / or shelter needs of child; unconfirmed history or pattern of leaving child unsupervised</td>
<td>Caretaker is unwilling to meet minimal medical, food and / or shelter needs of child, confirmed history or pattern of leaving child unsupervised or unprotected for excessive periods of time; child at severe risk of harm</td>
</tr>
<tr>
<td>4. Location of injury</td>
<td>Bony body parts; knee, elbows, buttocks</td>
<td>Torso</td>
<td>Head, face or genitals</td>
</tr>
<tr>
<td>5. School problems</td>
<td>Regular attendance; no reported school problems</td>
<td>Frequent absence; some behavioural problems; child comes unkempt and hungry</td>
<td>Severe behaviour problems; parents uncooperative; child fearful of parental contact</td>
</tr>
<tr>
<td>6. Caretaker's physical, intellectual or emotional abilities</td>
<td>No intellectual / physical limitations, realistic expectations of child; in full control of mental faculties</td>
<td>May be physically / emotionally handicapped; moderate intellectual limitations; past criminal / mental health record / history; poor reasoning abilities; needs planning and assistance to protect child</td>
<td>Severely handicapped; poor perception of reality; unrealistic expectations / perception of child's behaviour; severe intellectual limitations; incapacity due to alcohol / drug intoxication</td>
</tr>
<tr>
<td>7. Caretaker's level of cooperation</td>
<td>Willingness and ability to work with agency to resolve problem and protect child</td>
<td>Overtly compliant with investigator; presence / ability of non-offending adult to assure minimal cooperation with agency</td>
<td>Doesn't believe there is a problem; refuses to cooperate; uninterested or evasive</td>
</tr>
<tr>
<td>ACTION</td>
<td>A. LOW RISK</td>
<td>B. INTERMEDIATE RISK</td>
<td>C. HIGH RISK</td>
</tr>
<tr>
<td>--------</td>
<td>------------</td>
<td>---------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>8. Caretaker's parenting skills and / or knowledge</td>
<td>Caretaker exhibits appropriate parenting skills and knowledge pertaining to child-rearing techniques or responsibilities</td>
<td>Inconsistent display of the necessary parenting skills and / or knowledge required to provide a minimal level of child care</td>
<td>Caretaker is unwilling / incapable of exercising the necessary parenting skills and / or lacks minimal knowledge needed to assure a minimal level of child care</td>
</tr>
<tr>
<td>9. Presence of a parent substitute in the home</td>
<td>Parent substitute in the home is viewed as supportive / stabilizing influence</td>
<td>Parent substitute is in the home on an infrequent basis and / or assumes only minimal caretaker responsibility for the child</td>
<td>Parent substitute resides with the family and is the alleged offender</td>
</tr>
<tr>
<td>10. Previous history of abuse / neglect</td>
<td>No previous reported history of abuse / neglect</td>
<td>Previous indicated report of abuse / neglect; or protective services provided to the child, family or offender</td>
<td>Pending child abuse / neglect investigation; previous indicated abuse / neglect report of a serious nature; multiple reports of abuse / neglect involving the child, family or offender; prior dependency</td>
</tr>
<tr>
<td>11. Strength of family support systems</td>
<td>Family, neighbours, or friends available and committed to help; participation in church, community, or social group</td>
<td>Family supportive but not in geographic area; some support from friends and neighbours; limited community services available</td>
<td>Relatives or friends unavailable / uncommitted or subversive; geographically isolated from community services, no phone or means of transportation available</td>
</tr>
<tr>
<td>12. Perpetrator's access to child</td>
<td>Out of home, no access to child</td>
<td>In home, access to child is difficult; child is under constant supervision of other adult in the home</td>
<td>In home, complete access to child; uncertainty if other adult can protect child</td>
</tr>
<tr>
<td>13. Environmental condition of the home</td>
<td>Home in relatively clean with no apparent safety or health hazards; functional utilities</td>
<td>Trash and garbage not disposed and hazardous water and / or electricity inoperative; infestation of ants, roaches or other vermin.</td>
<td>Living in condemned and / or structurally unsound residence; exposed wiring and / or other potential fire / safety hazards present</td>
</tr>
<tr>
<td>14. Stresses / crises</td>
<td>Stable family; steady employment or income; means of transportation available; strong relationship with relatives</td>
<td>Pregnancy or recent birth of a child; insufficient income and / or food; inadequate home management skills / knowledge; relationship with relatives characterized by mutual hostility</td>
<td>Death of spouse; recent change in marital or relationship status; acute psychiatric episodes; spouse abuse / marital conflict; drug / alcohol dependency; chaotic life-style; criminal activity; frequent arrests</td>
</tr>
<tr>
<td>15. Substance abuse drug / alcohol</td>
<td>No drug / alcohol use; caretaker's drug / alcohol use does not influence parenting</td>
<td>Drug / alcohol use impairs caretaker's functioning; connected to major presenting problem</td>
<td>Regular heavy use of drug / alcohol resulting in chronic endangerment to child; prevents working on case plan</td>
</tr>
</tbody>
</table>

CHAPTER 3

LEGAL ASPECTS

GOVERNING PRINCIPLES

3.1 Relevant statutory provisions serve as the baselines for care and protection of children. Various legislative provisions are in place to protect the welfare of children and set out the responsibility of parents and carers. Relevant Ordinances should be referred to as and when necessary and appropriate.

3.2 Care and judgment should be exercised when considering the need to initiate legal proceedings. The responsible professionals should bear in mind that the procedures and interventions intended to protect the child should not in themselves be abusive by causing further damage or distress. Related factors (e.g. safety of the child, severity of the abusive act, etc.) should be taken into account.

3.3 The definition of “child abuse” in paragraph 2.1 of Chapter 2 is not a legal definition. Child abuse is a general term to describe different acts of abuse committed against children. Specific abusive acts are dealt with under a number of Ordinances including Crimes Ordinance, Cap 200, Offences Against the Person Ordinance, Cap 212, etc. If the responsible professionals believe that a criminal abusive act has been or is about to be committed against a child, they should report to the Police as soon as possible.

3.4 The decision to prosecute lies with the Counsel who needs to consider:

(a) sufficiency of evidence;
(b) interests of the child;
(c) public interest; and
(d) paragraphs 7 to 9 of the Statement of Prosecution Policy and Practice issued by the Department of Justice in 2002.

RELEVANT ORDINANCES RELATED TO CHILD PROTECTION AND CHILD ABUSE IN HONG KONG

3.5 Relevant Ordinances related to child protection and child abuse include:

(a) Protection of Children and Juveniles Ordinance, Cap 213
(b) Evidence Ordinance, Cap 8
(c) Employment Ordinance, Cap 57 (Employment of Children Regulations Cap 57B, Employment of Young Persons Regulations Cap 57C)
(d) Criminal Procedure Ordinance, Cap 221
(e) Live Television Link and Video Recorded Evidence, Cap 221J
(f) Education Ordinance, Cap 279
(g) Adoption Ordinance, Cap 290
DEFINITION OF THE AGE OF CHILD AND JUVENILE

3.6 While children involved in child abuse cases covered in this Procedural Guide refer to children and juveniles under the age of 18, the definitions of child and juvenile vary under different legislations as set out at Annex III to Chapter 3.

PROTECTION OF CHILDREN AND JUVENILES ORDINANCE, Cap 213 (PCJO)

3.7 Statutory duties under the PCJO should be discharged by police officer; or social worker as authorised by the Director of Social Welfare whenever situation warrants, to protect a child or juvenile in need of care or protection. As stipulated under Section 34(2) of the PCJO, a child or juvenile in need of care or protection means a child or juvenile -

(a) who has been or is being assaulted, ill-treated, neglected or sexually abused; or
(b) whose health, development or welfare has been or is being neglected or avoidably impaired; or
(c) whose health, development or welfare appears likely to be neglected or avoidably impaired; or
(d) who is beyond control, to the extent that harm may be caused to him or to others,

and who requires care or protection. Please refer to Annex II to Chapter 3 for certain provisions of the PCJO.

3.8 It should be noted that not every suspected child abuse or child abuse case warrants the application for an order under the PCJO. Such application should be considered on a case-by-case basis taking into account the parents’ / carers’ views and attitude towards professional intervention, the child’s safety, psychological state, behaviour and views etc. In light of the possible adverse effects (e.g. distress to the child) caused by the legal proceedings, soliciting co-operation of the parents / carers in the intervention process should first be considered before resorting to statutory action to protect the child.

EVIDENCE ORDINANCE, CAP 8

3.9 Following the amendment of Section 4 of the Evidence Ordinance, Cap 8 in
1995:

(a) a child's evidence in criminal proceedings shall be given unsworn and shall be capable of corroborating the evidence, sworn or unsworn, given by any other person; and

(b) a deposition of a child’s unsworn evidence may be taken for the purpose of criminal proceedings as if that evidence had been given on oath.

CRIMINAL PROCEDURE ORDINANCE, CAP 221

3.10 Sections 79C and 79D of the Criminal Procedure Ordinance, Cap 221, allow a video recording of an interview with a child witness of certain sexual or violent offences to be used, where it relates to any matter in issue in the criminal proceedings, in trials at the High Court, District Court or Magistrates Court. The video recording may, with leave of the Court, be given in evidence. Under Section 79C, a video recording is admissible only where :-

(a) the child is not the accused;

(b) the child is available for cross-examination (assuming the proceedings get that far); and rules of the Court requiring disclosure of the circumstances in which the recording was made have been properly complied with.

3.11 Bearing the above criteria in mind, the use of video-recorded interview should be restricted to those cases where a child has made specific allegations or there is suspicion of sexual abuse, or physical abuse.

3.12 In deciding if video is the appropriate medium on which to record the evidence, other factors should also be considered. They may include the nature of the allegation, age and competence of the child and where appropriate, wishes of the child (older children may wish to provide a statement and appear in Court). Consideration should also be given as to the likelihood of the matter going to Court.

3.13 Section 79B of the Criminal Procedure Ordinance, Cap 221, allows child witnesses of certain sexual or violent offences to testify in Court through a live television video link (CCTV) system and admission of video recorded evidence as evidence-in-chief.

3.14 Under the Live Television Link and Video Recorded Evidence, Cap 221J, there is a provision for child witnesses to be accompanied by a ‘Support Person’ in giving evidence through CCTV system after obtaining the Court’s permission. The Support Person should not be a witness in the case or have been involved in the investigation of the case. SWD in co-operation with the Police has established a Witness Support Programme to provide Support Persons for child witnesses.
Annex I to Chapter 3

ORDINANCES AND OFFENCES RELATED TO
CHILD PROTECTION AND CHILD ABUSE IN HONG KONG

A. LIST OF ORDINANCES RELATED TO CHILD PROTECTION

Protection of Children and Juveniles Ordinance, Cap 213

Evidence Ordinance, Cap 8
Section 4 Evidence given by children

Employment Ordinance, Cap 57

Criminal Procedure Ordinance, Cap 221
Section 79B Evidence by live television link
Section 79C Video recorded evidence
Section 79D Chief Justice to make rules

Live Television Link and Video Recorded Evidence Rules, Cap 221J
Rule 3 Evidence through live television link where witness is a vulnerable witness or is to be cross-examined after admission of a video recording

Education Ordinance, Cap 279
Section 74 Power of Permanent Secretary to order attendance at primary school or secondary school
Section 78 Enforcement of order

Adoption Ordinance, Cap 290
Section 22 Prohibition of certain payments
Section 23 Restriction upon Advertisements
Section 23A Restriction on arranging adoption and placing of infant for adoption

Child Abduction and Custody Ordinance, Cap 512
B. LIST OF ORDINANCES AND OFFENCES RELATED TO CHILD ABUSE

I. Offences of Sexual Abuse

An offence of sexual abuse refers to one of the following Sections of the Crimes Ordinance, Cap 200 and the Prevention of Child Pornography Ordinance, Cap 579.

*Crimes Ordinance, Cap 200*

**Part VI** Incest

Section 47 Incest by men
Section 48 Incest by women of or over 16

**Part XII** Sexual and Related Offences

Section 118 Rape
Section 118A Non-consensual buggery
Section 118B Assault with intent to commit buggery
Section 118C Homosexual buggery with or by man under 21
Section 118D Buggery with girl under 21
Section 118E Buggery with mentally incapacitated person
Section 118F Homosexual buggery committed otherwise than in private
Section 118G Procuring others to commit homosexual buggery
Section 118H Gross indecency with or by man under 21
Section 118I Gross indecency by man with male mentally incapacitated person
Section 118J Gross indecency by man with man otherwise than in private
Section 118K Procuring gross indecency by man with man
Section 119 Procurement by threats
Section 120 Procurement by false pretences
Section 121 Administering drugs to obtain or facilitate unlawful sexual act
Section 122 Indecent assault
Section 123 Intercourse with girl under 13
Section 124 Intercourse with girl under 16
Section 125 Intercourse with mentally incapacitated person
Section 126 Abduction of unmarried girl under 16
Section 127 Abduction of unmarried girl under 18 for sexual intercourse
Section 128  Abduction of mentally incapacitated person from parent or guardian for sexual act
Section 129  Trafficking in persons to or from Hong Kong
Section 130  Control over persons for purpose of unlawful sexual intercourse or prostitution
Section 131  Causing prostitution
Section 132  Procurement of girl under 21
Section 133  Procurement of mentally incapacitated person
Section 134  Detention for intercourse or in vice establishment
Section 135  Causing or encouraging prostitution of, intercourse with, or indecent assault on, girl or boy under 16
Section 136  Causing or encouraging prostitution of mentally incapacitated person
Section 137  Living on earnings of prostitution of others
Section 138A  Use, procurement or offer of persons under 18 for making pornography or for live pornographic performances
Section 140  Permitting girl or boy under 13 to resort to or be on premises or vessel for intercourse
Section 141  Permitting young person to resort to or be on premises or vessel for intercourse, prostitution, buggery or homosexual act
Section 142  Permitting mentally incapacitated person to resort to or be on premises or vessel for intercourse, prostitution or homosexual act
Section 146  Indecent conduct towards child under 16
Section 147  Soliciting for an immoral purpose
Section 148  Indecency in public

Prevention of Child Pornography Ordinance, Cap 579

Section 3(1)  Printing child pornography; making child pornography; producing child pornography; reproducing child pornography; importing child pornography; exporting child pornography
Section 3(2)  Publishing child pornography
Section 3(3)  Possession of child pornography
Section 3(4)  Advertising child pornography
II. **Offences of Cruelty**

An offence of cruelty refers to Section 26 or 27 of the Offences Against the Person Ordinance, Cap 212.

**Offences Against the Person Ordinance, Cap 212**

- **Section 26**  
  Exposing child whereby life is endangered

- **Section 27**  
  Ill-treatment or neglect by those in charge of child or young person

III. **Offences Involving an Assault on, or Injury or a Threat of Injury to, a Child**

An offence involves an assault on, or injury or a threat of injury to, a child and the offence is triable on indictment or either summarily or on indictment refers to one of the following Sections of the Offences Against the Person Ordinance, Cap 212.

**Offences Against the Person Ordinance, Cap 212**

- **Section 17**  
  Shooting or attempting to shoot, or wounding or striking with intent to do grievous bodily harm

- **Section 19**  
  Wounding or inflicting grievous bodily harm

- **Section 39**  
  Assault occasioning actual bodily harm

- **Section 40**  
  Common assault

- **Section 42**  
  Forcible taking or detention of person, with intent to sell him

- **Section 43**  
  Stealing child under 14 years
Frequently Asked Questions about the Application of the Ordinances Relating to Child Protection and Child Abuse

1. What charges can be brought against child abuse perpetrators under the existing law?

Child abuse can be committed in many different forms. There is no specific ordinance on child abuse. Depending on the act and circumstances, a child abuse perpetrator can be prosecuted under the Crimes Ordinance (Cap 200) for incest, rape, indecent assault, unlawful sexual intercourse, etc.; or under the Offences Against the Person Ordinance (Cap 212) for exposing child whereby life is endangered, ill-treatment or neglect, assault occasioning actual bodily harm, common assault, etc.

2. Under what situation may an order under Protection of Children and Juveniles Ordinance, Cap 213 (PCJO) be applied for a child or juvenile?

- According to Section 34(2) of the PCJO, a child or juvenile in need of care or protection means a child or juvenile-
  (a) who has been or is being assaulted, ill-treated, neglected or sexually abused; or
  (b) whose health, development or welfare has been or is being neglected or avoidably impaired; or
  (c) whose health, development or welfare appears likely to be neglected or avoidably impaired; or
  (d) who is beyond control, to the extent that harm may be caused to him or to others, and who requires care or protection.

- It should be noted that not every suspected child abuse or child abuse case warrants the application for an order under the PCJO. Such application should be considered on a case-by-case basis taking into account, the parents’/carers’ views and attitude towards professional intervention, the child’s safety, psychological state, behaviour and views etc. In light of the possible adverse effects (e.g. distress to the child) caused by the legal proceedings, soliciting co-operation of the parents/carers in the intervention process should first be considered before resorting to statutory action to protect the child.

3. Who can apply for an order under the PCJO for a child who has been abused/is suspected to be abused?

In accordance with Section 34(1) of the PCJO, a Juvenile Court, on its own
motion or upon the application of the Director of Social Welfare (DSW) or of any person authorised by the DSW in writing or of any police officer upon being satisfied that a child or juvenile is in need of care or protection as stipulated under Section 34(2) of the PCJO, may make an order in respect of the child or juvenile.

4. **What are the possible outcomes set out in the order granted under the PCJO?**

The outcome set out in the order may vary from case to case, depending on the nature of protection required by the child and the specific provision under which the order is granted. In many cases, the order is granted in accordance with Section 34(1) of the PCJO. Under this provision, a Juvenile Court, upon being satisfied that any child or juvenile is in need of care or protection, may specify in the order any or all of the following:

(a) appoint the DSW to be the legal guardian of such child or juvenile; or

(b) commit him / her to the care of any person whether a relative or not, who is willing to undertake the care of him / her, or of any institution which is so willing; or

(c) order his / her parent or guardian to enter into recognizance to exercise proper care and guardianship; or

(d) without making such order or in addition to making an order of the above (b) or (c), make an order placing him / her for a specified period, not exceeding three years under the supervision of a person appointed for the purpose by the court.

5. **What can be done if a child attends a clinic and is suspected to be a victim of child abuse while the parents refuse to take him / her to hospital for further examination or refuse to be referred to social worker for further management?**

In accordance with Section 34F(1) of the PCJO, any person authorised in writing by the DSW or any police officer of the rank of Station Sergeant or above is of the opinion that any child or juvenile who appears to be in need of care or protection is in need of urgent medical or surgical attention or treatment may take the child or juvenile to a hospital instead of to a place of refuge.

6. **What can be done if the parent refuses to give consent for a child suspected to be abused to stay in hospital for examination?**

- If the child or juvenile is taken to a hospital in accordance with the procedure stated in Q5 above, authorised social workers of Social Welfare Department (SWD) may invoke Section 34F(2) of the PCJO which states that “a child or
juvenile who is admitted to a hospital … may be detained by the DSW in that hospital for so long as the attendance of the child or juvenile at that hospital is necessary for the purpose of medical or surgical attention or treatment”.

- If the child is in life-threatening situation or in critical condition and must receive immediate medical examination or treatment, the attending medical officer may carry out treatment first without obtaining consent from the parties concerned if the medical officer considers that as a matter of urgency that treatment is necessary and is in the best interests of the child.

- If the suspected abuser is the father / mother / guardian of the child and he / she insists on not allowing the medical officer to examine the child who is not in a critical medical condition that warrants the medical officer to take immediate medical treatment, and while the child is not capable of giving his / her consent, then the concerned staff (such as the social worker, nurse, medical officer, etc.) will continue to explain to the parent / guardian (including the suspected abuser) the importance of arranging the child to receive physical examination, so as to obtain his / her consent for the child to be examined.

- The DSW may cause a notice to be served on the person having custody or control of the child or juvenile requiring that person to produce the child or juvenile for an assessment by a medical practitioner, clinical psychologist or an approved social worker of the state of his / her health or development or of the way in which he / she has been treated under Section 45A(1) of the PCJO.

- Under exceptional circumstances where in the end the parents / guardians still refuse to allow the child or juvenile to undergo medical examination, the social worker of the SWD may, in exercise of the power conferred by Section 34(1)(a) of the PCJO, apply to the court for an order appointing the DSW to be the legal guardian of the child or juvenile, having regard to the thorough considerations given to the needs of the case by the relevant medical practitioner, the social worker of the SWD and the Police. Subject to approval of the application, the DSW may authorise arrangement for a medical officer to perform the necessary examination of the child.

7. What should be done when a child is considered in need of care or protection under Section 34(2)(b) or (c) and is to be taken to a place of refuge under Section 34E?

- Section 34E(1)(a) provides any persons authorised by DSW to take any child or juvenile who appears to be in need of care or protection to a place of refuge / such other place. However, the power conferred by subsection (1)(a) shall not be exercised in respect of a child or juvenile who appears to be in

---

4 An approved social worker refers to the social worker approved by the DSW to discharge the duty under Section 45A of the PCJO.
need of care or protection by virtue only of any matter referred to in section 34(2)(b) or (c), unless -

(a) the child or juvenile has within the preceding 2 weeks, been assessed by a medical practitioner, clinical psychologist or an approved social worker pursuant to section 45A;

(b) a notice issued and served under section 45A(1)(a) within the preceding one month in respect of the child or juvenile has not been complied with as regards the production of the child or juvenile for an assessment; or

(c) the DSW is unable to ascertain the identity or whereabouts of any of the persons on whom notice may be served pursuant to section 45A(1)(a) for the purposes of an assessment of the child or juvenile.

Whenever there are grounds to suspect or believe that the child/ juvenile’s health, development or welfare has been / is being / appears likely to be neglected or avoidably impaired under Section 34(2)(b) or (c) of the PCJO to an extent that may require the removal of the child or juvenile to a place of refuge / such other place under Section 34E(1) and (1A), the social worker should consider, preferably with prior consultation with his / her senior officer(s) before taking action, serving a child assessment notice according to Section 45A(1). Social workers of NGOs can contact the concerned / designated SWD supporting office for information and assistance, if appropriate.

8. What can be done when a child is considered in need of child assessment pursuant to Section 45A of the PCJO and what will the child assessment procedure be?

Under Section 45A(1) of the PCJO, where the DSW has reasonable cause to suspect that a child or juvenile is, or is likely to be, in need of care or protection he may –

(a) cause a notice to be served on any person having custody or control of the child or juvenile requiring that person to produce the child or juvenile for an assessment by a medical practitioner, clinical psychologist or an approved social worker of the state of his health or development or of the way in which he / she has been treated; or

(b) require any person having the custody or control of the child or juvenile to allow the DSW to observe his / her condition.

For cases requiring medical assessment under Section 45A, referrals should be made by SWD social workers to Hospital Authority or Department of Health as appropriate. For cases requiring psychological assessment, referral should be made to the Clinical Psychology Unit of SWD. For cases requiring social assessment, referrals should be made to the approved social worker. The list of approved social workers is updated for circulation to the
concerned colleagues of SWD regularly. Social workers of NGOs can contact the concerned / designated SWD supporting office for information.

- Before serving the child assessment notice, the SWD social worker should liaise with the concerned medical practitioner, clinical psychologist or approved social worker to make an appointment which should be within 2 weeks after serving the notice.

- The assessment notice shall be served or given to or left with the person intended to be served or to whom the notice is intended to be given to, if he / she cannot be readily found, shall be posted by registered mail to, or left with some adult at, his last know place of abode or business.

- According to Section 45A(2), any person who is served with a notice issued under subsection (1)(a) in respect of a child or juvenile shall take all reasonable steps to ensure that the child or juvenile is produced for assessment at the time and place specified in the notice.

- When a notice under Section 45A(1) of the PCJO is served, the SWD social worker should follow up with the person having custody or control of the child or juvenile to produce the child or juvenile for an assessment. The SWD social worker should make every possible means to facilitate the person having the custody or control of the child or juvenile to bring the latter for the assessment.

- Pursuant to Section 45A(3), the medical practitioner, clinical psychologist or approved social worker named in the notice or any person assisting him / her or acting on his / her behalf make an assessment and report his / her assessment to the DSW.

- Based on the assessment report, the observations and the data/information collected and other factors, the SWD social worker should, preferably with prior consultation with his / her supervisor, make a decision within 2 weeks from the date of the assessment on whether or not removal of the child or juvenile is necessary pursuant to Section 34E or 34F of the PCJO.

9. What can be done, after hospitalization of the child suspected to be abused, his / her parent refuses to give history?

There is no statutory provision compelling any person, including a parent, to give his / her history or that of the child.

10. What can be done if the parent(s) insist(s) to take the child suspected to be abused away from the hospital after completion of medical management but before the Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse (MDCC)?
Under normal circumstances, the parent(s) has/have the right to take the child or juvenile away from the hospital after completion of medical management. However, the investigating social worker should in consultation with the medical officer or other concerned professionals carefully assess the suitability and feasibility of discharging the child home prior to the MDCC. In case the child or juvenile is considered not suitable to be restored home and the parent(s) refuse(s) to co-operate, Section 34E of the PCJO may be invoked to remove him / her to a place of refuge if the concerned child was first brought to the hospital not under statutory power.

Under Section 34E of the PCJO, any person authorised in writing by the DSW or any police officer of the rank of station sergeant or above may take to a place of refuge or such other place as he / she may consider appropriate any child or juvenile -

(a) who appears to be in need of care or protection (under the situations specified in Section 34(2) of the PCJO as listed in Q.2 above); or

(b) in relation to whom there is in force an order under Section 34(1) of the PCJO as listed in Q.4 above and who is the subject of a motion or application for discharge or variation of the order.

When the child or juvenile is still in the hospital, social worker of SWD and police officer can consider whether there is reasonable grounds to believe that the child or juvenile is “in need of care or protection” by virtue of any of the matters set out in Section 34(2) and if situation warrants, take the child or juvenile to a place of refuge. Within 48 hours, an application has to be made to a juvenile court. The parent(s) should be explained of the above arrangement. If the parent(s) change their mind and are willing to place the child or juvenile in the hospital voluntarily, the removal and application can be suspended.

If the child or juvenile is taken to hospital by invoking Section 34F(1) of the PCJO as stated in Q.5 above, authorised social workers of the SWD may invoke Section 34F(2) of the PCJO which states that “a child or juvenile who is admitted to a hospital may be detained by the DSW in that hospital for so long as the attendance of the child or juvenile at that hospital is necessary for the purpose of medical or surgical attention or treatment”.

However, if the child or juvenile is taken to the hospital NOT by invoking Section 34F(1), Section 34F(2) CANNOT be invoked. If the parents insist to discharge the child or juvenile from hospital but risk of child abuse is considered high, Section 34E, that is removing the child or juvenile to place of refuge as mentioned in the first bullet of this Q.10, may be considered and invoked as needed.

11. What can be done if the investigating social worker is not allowed to enter into the premises and the child is believed staying in the premises and has
been or is being assaulted, ill-treated, neglected or sexually abused?

The right of entry into premises is provided under various sections of the PCJO for the purpose of –

(i) removing any child or juvenile to a place of refuge or such other place as the DSW or authorised SWD officer or the police officer of the rank of station sergeant or above may consider appropriate [Section 34E(6)]; or

(ii) ascertaining whether there is any child or juvenile who is or may be liable to be dealt with under the provisions of the Ordinance, or whether any offence under the Ordinance is being, or has been, committed, and may remove any such child or juvenile to a place of refuge, a hospital or such other places as the DSW or the authorised officer consider appropriate to be there detained [Section 44(1)]; or

(iii) observing the condition of a child or juvenile or effecting a removal [Section 45A(8)],

and such entry shall not be effected by the use of force unless the DSW or authorised officer has first obtained a warrant issued by a Magistrate, Juvenile Court or District Court pursuant to the concerned provisions of PCJO. Assistance from the Hong Kong Police Force, Fire Services Department, or other parties as appropriate may be enlisted as appropriate if the parent(s) / guardian(s) are uncooperative.

12. The Police sometimes would need to take a child out of hospital for video recorded interview (VRI) in relation to the suspected child abuse incident. If the child’s guardian does not sign the undertaking form for home leave, what should the hospital staff do?

- Under Criminal Procedure Ordinance, Cap 221, a video recording of an interview between an adult (i.e. a police officer, a social worker or a clinical psychologist who is employed by the Government) and a child relating to an offence of assault or sexual abuse is admissible evidence in court. It is primarily the responsibilities of the Police or the SWD to comply with any rules or regulations, including the need to obtain consent from the guardians, if any, when a decision is made to take a minor out of hospital for VRI.

- The first and primary concern of the hospital should be whether the child is medically suitable to leave the hospital temporarily for interview on clinical grounds. If the child is not yet suitable for temporary discharge for interview, the doctor has to clearly express his / her opinions to the Police. If the Police still insist to take the child out of hospital, the hospital staff need to record all the discussions with the Police on the matter.

- Under normal circumstances, the guardian’s consent is necessary for any matter in respect of a child staying in hospital including temporary discharge. This must be the position of the hospital. The hospital should explain to the Police the aforesaid position. However, it is not for the hospital staff to
assess whether the Police’s particular action in any particular case is necessary and/or legal. If the Police still insist to take the minor out of hospital without parents’ consent, the hospital staff need to record all the discussions with the Police on the matter.

- If there is doubt as to whether the parents know the Police’s action, the hospital is obliged to contact the child’s parents. The hospital staff should explain to the Police their duty and intention to do so and may request the Police to inform either of the parents of the action forthwith (unless it is on record expressly forbidden by the Police). It is again necessary to record all the discussions with the Police and the parents and the actions taken by the hospital.

13. **In reporting suspected child abuse, would the informants be liable if the allegation is not substantiated subsequently?**

   No.
DEFINITION OF CHILD AND JUVENILE UNDER DIFFERENT LEGISLATIONS

• Evidence Ordinance, Cap 8:
  a ‘child’ means a person under 14 years of age.

• Employment Ordinance, Cap 57:
  a ‘child’ means a person under the age of 15 years.

• Protection of Children and Juveniles Ordinance, Cap 213:
  a ‘child’ means a person who is, in the opinion of the court having cognizance of any case in relation to such person, under the age of 14 years, while a ‘juvenile’ means a person who is, in the opinion of a court or a person exercising any power under this Ordinance, 14 years of age or upwards and under the age of 18 years.

• Criminal Procedure Ordinance, Cap 221:
  a ‘child’ means a person, who
  (a) in the case of an offence of sexual abuse -
    i. is under 17 years of age; or
    ii. for the purpose of Section 79C of the Ordinance, if the person was under that age when a video recording to which Section 79C applies was made in respect of him/her, is under 18 years of age; or
  (b) in the case of an offence to which the Ordinance applies, other than an offence of sexual abuse -
    i. is under 14 years of age; or
    ii. for the purpose of Section 79C of the Ordinance, if the person was under that age when a video recording to which Section 79C applies was made in respect of him/her, is under 15 years of age.

• Prevention of Child Pornography Ordinance, Cap 579:
  a ‘child’ means a person under the age of 16.

• Adoption Ordinance, Cap 290:
  an ‘infant’ means a person under 18 years of age but does not include a person who is or has been married.
CHAPTER 4
INFORMATION SHARING AND CONFIDENTIALITY

GOVERNING PRINCIPLES

4.1 Professionals should protect the confidentiality of the personal data of their clients obtained in the course of their duties because privacy is protected both legally and ethically – Article 14 of the Hong Kong Bill of Rights, Personal Data (Privacy) Ordinance, the Common Law and the professionals code of ethics. However, in exceptional cases, depending on the circumstances, disclosure may be justified when disclosure of information is necessary to prevent foreseeable harm to a child.

The Common Law duty of confidentiality

4.2 The courts recognize that professionals such as social workers and lawyers owe a duty to those who consult them to keep information they have learned about them confidential. If they breach such duty without justification, the court can interfere by making an award for damages or an injunction prohibiting disclosure of the relevant information. Whilst the starting point is that the source of a social worker’s information is confidential, there may be circumstances which justify disclosure. The role of the social workers is to balance the interest in maintaining confidentiality and the interests in breaching confidentiality. Such circumstances includes where disclosure is in the interests of the client or the person who gave the information – the “need to know” exception.

4.3 To protect a child from being abused, sharing of information among relevant professionals on a need-to-know basis is essential to facilitate risk assessment and timely and appropriate intervention.

4.4 Relevant information relating to child protection may include:
(a) health and development of a child and his / her exposure to possible harm;
(b) child care ability of a parent / carer that may pose danger to the child under his / her care;
(c) act that may cause harm to a child; and
(d) actual harm to the child.

4.5 The Personal Data (Privacy) Ordinance, Cap 486, should be complied with in sharing information.

4.6 The principles that a medical practitioner is required to observe with regard to patient confidentiality and disclosure of medical information are at Annex I to Chapter 4.

4.7 The principles that a clinical psychologist, who is a member of the Hong Kong Psychological Society, is required to observe in regard to communication of information on clients are at Annex II to Chapter 4.
4.8 The principles that a social worker is required to observe under the Code of Practice for Registered Social Workers are at Annex III to Chapter 4.

4.9 If any person (including a child suspected to be abused) makes a disclosure of a suspected child abuse incident and asks for it to be kept secret, it should be explained to the person that it is in the best interests of the concerned child that such a promise cannot be made.

PERSONAL DATA (PRIVACY) ORDINANCE, CAP 486

4.10 The sharing of personal data is governed by the Personal Data (Privacy) Ordinance, Cap 486 [PD(P)O] which controls the collection, holding, processing and use of personal data by data users and enables an individual to request access to and correction of any personal data relating to him / her. In collecting data and sharing information, professionals should observe the data protection principles as stipulated in Schedule 1 of the PD(P)O:

Principle 1 - Purpose and Manner of Collection of Personal Data
Principle 2 - Accuracy and Duration of Retention of Personal Data
Principle 3 - Use of Personal Data
Principle 4 - Security of Personal Data
Principle 5 - Information to be Generally Available
Principle 6 - Access to Personal Data

(Definition of personal data and details of the Data Protection Principles are at Annex IV to Chapter 4.)

PRINCIPLES OF SHARING OF INFORMATION

Use of Personal Data

4.11 In the course of investigation on a suspected child abuse case or discussion in the Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse (MDCC), professionals may need to share information of the child(ren) and families with other parties or collect information from the latter. According to Data Protection Principle 3, data user should not use (including disclose or transfer) personal data for any purpose other than the purpose for which the data were to be used at the time of collection or a directly related purpose unless the prescribed consent\(^5\) of the data subject or the data subject’s relevant person under specific circumstances is obtained.

---

\(^5\) Where under PD(P)O an act may be done with the prescribed consent of a person (and howsoever the person is described), such consent-
(a) means the express consent of the person given voluntarily;
(b) does not include any consent which has been withdrawn by notice in writing served on the person to whom the consent has been given (but without prejudice to so much of that act that has been done pursuant to the consent at any time before the notice is so served).
4.12 Based on the merit of individual case merit, the PD(P)O, however, allows use, disclosure or transfer for a different purpose and without the data subject’s consent where the use, disclosure or transfer is exempted from the provision of Data Protection Principle 3 by virtue of Part VIII of the Ordinance - Exemptions.

4.13 Section 58 of the PD(P)O provides an exemption from Data Protection Principle 3 where the use of the personal data is for the purpose of, inter alia, the detection or prevention of crime or the prevention, preclusion or remedying (including punishment) of unlawful or seriously improper conduct, or dishonesty or malpractice, and the application of the provisions of Data Protection Principle 3 would be likely to prejudice the above-mentioned purposes. As such, if the personal data are to be used and shared for the purpose of child abuse investigation or related child protection work, it may be exempt from Data Protection Principle 3 subject to the satisfaction of the two conditions mentioned above (i.e. the use of the personal data is for the purpose of the detection or prevention of crime or the prevention, preclusion or remedying (including punishment) of unlawful or seriously improper conduct, or dishonesty or malpractice, and the application of the provisions of Data Protection Principle 3 would be likely to prejudice the aforementioned purposes). Each case has to be decided on its own merit.

4.14 According to Section 59 of the PD(P)O, personal data relating to the physical or mental health of the data subject may be exempt from the Data Protection Principle 3 if application of this Principle would likely cause serious harm to the physical or mental health of the data subject or any other individuals. To invoke this exemption to share health record of service users, including suspected abusers and victims of child abuse, with other concerned professionals on a need-to-know basis for the purpose of protecting a child from serious physical and / or mental harm, professionals (e.g. medical practitioners, residential child care staff) have to, on the merit of each case, satisfy themselves that the application of the Data Protection Principle 3 would likely cause serious harm to the physical or mental health of the data subject or any other individuals.

4.15 A sample request form is at Annex V to Chapter 4 for reference and use by professionals when request for information is to be made by quoting the exemption from the provision of Data Protection Principle 3. Where the purpose of transfer of the information is for a purpose other than the purpose or a directly related purpose for which the data was to be used at time of the collection, the professional having received such request may disclose or transfer relevant data if he / she is satisfied that exemption from Data Protection Principle 3 of the PD(P)O can be invoked. All parties invoking the provisions of exemption are advised to properly document the grounds and decision. Paragraphs on quoting exemption have been added in the sample invitation letter to members of MDCC for the latter’s consideration if needed. (See Annex III to Chapter 11 for reference.)

4.16 While exemption from Data Protection Principle 3 on the use of data may be invoked in circumstances as mentioned in paragraphs 4.13 to 4.14 above, in all
circumstances, professionals should disclose the least amount of confidential information necessary to achieve the desired purpose and only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

4.17 Apart from Section 58 and 59, according to Section 60B of PD(P)O, personal data is exempt from the provisions of Data Protection Principle 3 if the use of the data is—
(a) required or authorised by or under any enactment, by any rule of law or by an order of a court in Hong Kong;
(b) required in connection with any legal proceedings in Hong Kong; or
(c) required for establishing, exercising or defending legal rights in Hong Kong.

Access to Personal Data

4.18 In handling request for access to personal data under Data Protection Principle 6, as stipulated in Section 58(1)(a), (b) & (d) and Section 59(1) of the PD(P)O, the relevant exemption provision may be invoked to refuse to comply with the data access request provided that –
(a) the personal data involved is held for the purposes of the prevention or detection of crime, or the apprehension, prosecution or detention of offenders, or the prevention, preclusion or remedying (including punishment) of unlawful or seriously improper conduct, or dishonesty or malpractice, by persons; and to comply with the data access request would likely prejudice the aforementioned purposes; or
(b) the personal data involved is related to the physical or mental health of the data subject and to comply with the data access request would likely cause serious harm to the physical or mental health of the data subject or any other individual.

MEASURES TO PRESERVE CONFIDENTIALITY

4.19 Confidential information should not be discussed in any setting unless confidentiality can be ensured. Hence, discussion in public or semi-public areas such as hallways, waiting rooms, elevators and restaurants should be avoided.

4.20 All professionals should take precautions to ensure and maintain confidentiality of information transmitted to other parties through the use of computers, electronic mail, telephones and telephone answering machines, and other electronic or computer technology such as message left through pager service. Disclosure of identifiable information should be avoided whenever possible.

4.21 All professionals should not disclose identifiable information of any service user in the course of discussion for teaching or training purposes or seeking advice from a third party outside their organisation unless the service user has consented to the disclosure of confidential information.

4.22 All professionals should protect the confidentiality of service user(s) according to the preceding principles even after the case has been closed.
The CPR is a computerized record system which carries the function of case registration, case checking as well as facilitating statistical research. The main objectives of the CPR are:

(a) to facilitate better communication among government departments and NGOs, which are registered users handling child abuse cases, through an easy checking mechanism to ascertain whether a case is a known case of any department / organisation;

(b) to collect and compile statistical information on the abused children and their abusers in known and / or at risk cases of child abuse for the purpose of ascertaining the magnitude of the problem, including identification of the general profile and characteristics of child abuse;

(c) to monitor regular updating and review of significant data to ensure accuracy of the statistical information as far as possible; and

(d) to facilitate planning and development of services which prevent child abuse, including planning of public education programmes to prevent child abuse.

(Reference can be made to Appendix VI for information on CPR.)

All SWD & NGO service units providing casework service including Integrated Family Service Centres, Integrated Services Centre, Family and Child Protective Services Units, Medical Social Services Units, Probation and Community Service Orders Offices, School Social Work Units, Outreaching Social Work Units, Integrated Children and Youth Services Centres, etc. are requested to report child abuse cases and children at risk of abuse to the CPR. Through the checking mechanism, registered users (including Officers-in-charge / Supervisors / Social Work Officers of service units from both SWD and NGOs as listed in this paragraph, senior medical officers / medical officers-in-charge, as well as designated police officers of the Child Abuse Investigation Units (CAIUs) of Hong Kong Police Force) may check whether a case is a known case of any department / organisation.

Apart from keeping record of the reported cases and providing case checking function, annual statistical report to provide information on the general profile of the newly reported child abuse cases is produced.

Except in the following situations, the data subject’s prescribed consent has to be obtained for transferring his / her personal data to the CPR --

(a) if the purposes for which the personal data of the child and other individuals collected by the reporting NGOs include the handling and
investigation of, and the planning of services to prevent child abuse, which are directly related to the purposes mentioned in paragraph 4.23(a) to 4.23(b) above or

(b) exemption from Data Protection Principle 3 can be invoked under Section 58 of the PD(P)O, e.g. the transfer of the personal data to the CPR is for the purpose of the detection or prevention of crime or the prevention, preclusion or remedying (including punishment) of unlawful or seriously improper conduct, or dishonesty or malpractice, and the application of the provisions of Data Protection Principle 3 would be likely to prejudice the above-mentioned purposes. Each case has to be decided on its own merit.

A list of frequently asked questions is at Annex VI to Chapter 4 for reference.
Medical Practitioners and Confidentiality Issues

Under *Duties of Doctors to the Sick* of the International Code of Medical Ethics (World Medical Assembly, 1983),

“[a] doctor shall preserve absolute confidentiality except where others are endangered on all he knows about his patient even after the patient has died.”

Under Section A, part III, of the Professional Code and Conduct for the Guidance of Registered Medical Practitioners (Medical Council of Hong Kong, 2000), a medical practitioner is required to observe the following principles in regard to patient confidentiality and disclosure of medical information:

1.4 *Disclosure of medical information to third parties*

1.4.1 A doctor should obtain consent from a patient before disclosure of medical information to a third party not involved in the medical referral.

1.4.2 In exceptional circumstances medical information about a patient may be disclosed to a third party without the patient's consent. Examples are: (i) where disclosure in the public interest or in the interests of an individual is justified because the failure to disclose the appropriate information would expose the patient, or someone else, to a risk of death or serious harm; (ii) when required by law to do so.

1.4.3 However, before making such a disclosure, a doctor must weigh carefully the arguments for and against disclosure and be prepared to justify the decision. If in doubt, it would be wise to discuss the matter with an experienced colleague or to seek help from a medical defence society, a professional association or an ethics committee.

In addition,

1.1.4 Doctors should be aware of the provisions of the Personal Data (Privacy) Ordinance (Cap 486), and have due regard to their responsibilities and liabilities under that Ordinance. In particular they should be aware of the patient's rights of access to and correction of the information in the medical record and the circumstances when these rights may be refused.
Clinical Psychologists and Confidentiality Issues

In Chapter 3: Relationship with Clients of the Code of Professional Conduct, Hong Kong Psychological Society, 2012, the following descriptions of professional behaviour and practices are stipulated:

3.2 Confidentiality

Members should:

3.2.1 obtain the consent of clients or their authorised representatives for disclosure of confidential information.

3.2.2 restrict the scope of disclosure to that which is consistent with professional purposes, the specifics of the client’s authorisation, and the specifics of the request or event that lead to the disclosure.

3.2.3 ensure at the earliest opportunity that clients are aware of the limitations of maintaining confidentiality which may be due to:

i. conflicting ethical or legal obligations that the member may face;
ii. the need for consultation with colleagues to enhance service effectiveness;
iii. communication with third parties such as family members to ensure that the service is not compromised.

3.2.4 take all reasonable steps to preserve the confidentiality of information acquired through professional practice and to protect the privacy and rights of individuals or organisations about whom information is collected or held. In general, and subject to the requirements of law, the member should take care to prevent the identity of individuals or organisations from being revealed, deliberately or inadvertently, without their expressed permission.

3.2.5 limit the breach of confidentiality to exceptional circumstances, such as situations which raise serious concerns about physical safety or situations warranted by prevailing laws. Wherever possible the member should consult an experienced and independent colleague before the event of possible breach of confidentiality.

3.2.6 endeavor to ensure that colleagues, staff, trainees and supervisees with whom the member works understand and respect the requirements of this Code regarding the handling of confidential information.
Social Workers and Confidentiality Issues

Use of Information and Principles of Confidentiality are stipulated in the “Principles and Practices Related to Clients” under the Code of Practice for Registered Social Workers (Social Workers Registration Board, 1998, amended in 2010 and 2013):

7. Social workers should respect clients' right to privacy and confidentiality of their information, subject to other statutory requirements including, in particular the Personal Data (Privacy) Ordinance (Cap.486). They should also, as far as possible, fully inform clients of the limits of confidentiality in a given situation, the purpose for which information is obtained, and how it may be used.

8. In disclosing case materials, social workers should make necessary and responsible efforts to remove all identifying information and to seek consent, as far as possible, from the client and the relevant agency.

9. Social workers should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of electronic media. Disclosure of identifying information should be avoided whenever possible.

10. Social workers should inform clients of the limitation and risks associated with such services provided via electronic media.

11. Social workers should not discuss confidential information in any setting unless privacy can be ensured.

12. Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law.

The following sections are extracted from the Guidelines on the Code of Practice for Registered Social Workers for reference:

7.4 In circumstances where there is sufficient ground that there is a real, imminent, and serious threat to the safety or interests of clients or of others who may be affected by clients’ behavior, social workers should take necessary steps to inform appropriate third parties even without the prior consent of clients. If in doubt, it would be prudent to seek advice from relevant parties, for example, experienced colleagues and professional associations. Whether social workers should alert clients about going beyond the limits of confidentiality depends on the judgment of any reasonable person on whether the threat may exacerbate.

7.5 Seeking information from other people who know clients may reveal that clients are currently receiving service from social workers. Unless in
compliance with the relevant Data Protection Principles of the Personal Data (Privacy) Ordinance (Cap. 486), social workers should obtain the informed consent of clients before making such contacts.

7.6 Clients have the right to know about the information that is related to them and stored in their own case files. They also have the right of access to the information provided by them or the information consequential to the information they have provided, for example, opinions of social workers, diagnosis, treatment plan and so forth. Information obtained from other sources, or the information consequential thereto, should also be accessible by clients and consent of clients has to be sought before the relevant contacts are made, subject to other statutory requirements including, in particular the Personal Data (Privacy) Ordinance (Cap. 486). The access of clients to such information may only be limited in the circumstances where there is sufficient evidence that the safety or interests of clients or concerned persons will be jeopardized. If the guardians of clients wish to obtain information on clients, they must first seek the consent of clients. At the same time, social workers must make a judgment as to whether or not clients are capable of making an appropriate decision and whether or not the decision so made is in the interests of clients.

8.2 Informed consent has to be obtained from clients and the employing agency for the release of clients’ information. If social workers are of the view that clients are not capable of making an appropriate decision, informed consent from clients’ guardians should be obtained. Social workers should make reasonable efforts to remove any information contained in the case material that may reveal the identity of clients to someone who is casually related to clients (for example, neighbours, workmates, school teachers, etc.). If personal information of clients is to be disclosed, social workers should obtain clients’ prior consent and assess whether clients are able to estimate the consequences of the decision so made.

12.1 Subject to other statutory requirements including, in particular the Personal Data (Privacy) Ordinance (Cap. 486), should social workers receive a request from the police to provide personal information about their clients, social workers should first seek the consent of clients. When necessary, social workers should make a professional judgment as to whether or not the provision of the information would jeopardise the personal safety or interests of clients or other people. If the police hold a search warrant, social workers should cooperate with the police and provide information that is basic and necessary, or, if and as necessary, seek prompt legal advice, for example, on whether to file an application for setting aside the warrant without unlawfully obstructing its execution.

12.2 Subject to other statutory requirements including, in particular the Personal Data (Privacy) Ordinance (Cap. 486), when a court of law or a legally authorised body orders a social worker to disclose confidential or privileged information without the client’s consent and such disclosure may cause harm to the client, the social worker should request or apply to the court or the
legally authorised body to withdraw the order, to limit the order as narrowly as possible, or to maintain the records under seal and unavailable for public inspection.
Personal Data and Data Protection Principles

(Extracted from Section 2 and Schedule 1 of the Personal Data (Privacy) Ordinance, Cap 486)

Data (資料) means any representation of information (including an expression of opinion) in any document, and includes a personal identifier.

Personal data (個人資料) means any data-
(a) relating directly or indirectly to a living individual;
(b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
(c) in a form in which access to or processing of the data is practicable.

Relevant person (有關人士), in relation to an individual, means
(a) where the individual is a minor, a person who has parental responsibility for the minor;
(b) where the individual is incapable of managing his own affairs, a person who has been appointed by a court to manage those affairs;
(c) where the individual is mentally incapacitated within the meaning of section 2 of the Mental Health Ordinance (Cap. 136) -
   (i) a person appointed under sections 44A, 59O or 59Q of that Ordinance to be the guardian of that individual; or
   (ii) If the guardianship of that individual is vested in, or the functions of the appointed guardian are to be performed by, the Director of Social Welfare or any other person under section 44B(2A) or (2B) or 59T(1) or (2) of that Ordinance, the Director of Social Welfare or that other person.

Data Protection Principles

1. Principle 1 - Purpose and Manner of Collection of Personal Data

   (1) Personal data shall not be collected unless -
       (a) the data is collected for a lawful purpose directly related to a function or activity of the data user who is to use the data;
       (b) subject to paragraph (c), the collection of the data is necessary for or directly related to that purpose; and
       (c) the data is adequate but not excessive in relation to that purpose.

   (2) Personal data shall be collected by means which are -
       (a) lawful; and
       (b) fair in the circumstances of the case.

   (3) Where the person from whom personal data is or is to be collected is the data subject, all practicable steps shall be taken to ensure that -
       (a) he is explicitly or implicitly informed, on or before collecting the data,
(i) whether it is obligatory or voluntary for him to supply the data; and
(ii) where it is obligatory for him to supply the data, the consequences for him if he fails to supply the data; and
(b) he is explicitly informed -
   (i) on or before collecting the data, of -
       (A) the purpose (in general or specific terms) for which the data is to be used; and
       (B) the classes of persons to whom the data may be transferred; and
   (ii) on or before first use of the data for the purpose for which it was collected, of -
       (A) his rights to request access to and to request the correction of the data; and
       (B) the name or job title, and address of the individual who is to handle any such request made to the data user,

unless to comply with the provisions of this subsection would be likely to prejudice the purpose for which the data was collected and that purpose is specified in Part VIII of this Ordinance as a purpose in relation to which personal data is exempt from the provisions of data protection principle 6.

2. Principle 2 - Accuracy and Duration of Retention of Personal Data

(1) All practicable steps shall be taken to ensure that -
   (a) personal data is accurate having regard to the purpose (including any directly related purpose) for which the personal data is or is to be used;
   (b) where there are reasonable grounds for believing that personal data is inaccurate having regard to the purpose (including any directly related purpose) for which the data is or is to be used -
       (i) the data is not used for that purpose unless and until those grounds cease to be applicable to the data, whether by the rectification of the data or otherwise; or
       (ii) the data are erased;
   (c) where it is practicable in all the circumstances of the case to know that -
       (i) personal data disclosed on or after the appointed day to a third party is materially inaccurate having regard to the purpose (including any directly related purpose) for which the data is or is to be used by the third party; and
       (ii) that data was inaccurate at the time of such disclosure, that the third party -
           (A) is informed that the data is inaccurate; and
           (B) is provided with such particulars as will enable the third party to rectify the data having regard to that purpose.

(2) All practical steps must be taken to ensure that personal data is not kept longer than is necessary for the fulfillment of the purpose (including any directly related purpose) for which the data is or is to be used.
(3) Without limiting subsection (2), if a data user engages a data processor, whether within or outside Hong Kong, to process personal data on the data user’s behalf, the data user must adopt contractual or other means to prevent any personal data transferred to the data processor from being kept longer than is necessary for processing of the data.

(4) In subsection (3) –

data processor means a person who –

(a) processes personal data on behalf of another person; and

(b) does not process the data for any of the person’s own purposes.

3. Principle 3 - Use of Personal Data

(1) Personal data shall not, without the prescribed consent of the data subject, be used for a new purpose.

(2) A relevant person in relation to a data subject may, on his or her behalf, give the prescribed consent required for using his or her personal data for a new purpose if –

(a) the data subject is –

(i) a minor;

(ii) incapable of managing his or her own affairs; or

(iii) mentally incapacitated within the meaning of section 2 of the Mental Health Ordinance (Cap 136);

(b) the data subject is incapable of understanding the new purpose and deciding whether to give the prescribed consent; and

(c) the relevant person has reasonable grounds for believing that the use of the data for the new purpose is clearly in the interest of the data subject.

(3) A data user must not use the personal data of a data subject for a new purpose even if the prescribed consent for so using that data has been under subsection (2) by a relevant person, unless the data user has reasonable grounds for believing that the use of that data for the new purpose is clearly in the interest of the data subject.

(4) In this section –

new purpose, in relation to the use of personal data, means any purpose other than –

(a) the purpose for which the data was to be used at the time of the collection of the data; or

(b) a purpose directly related to the purpose referred to in paragraph (a).

4. Principle 4 - Security of Personal Data

(1) All practicable steps shall be taken to ensure that personal data (including data in a form in which access to or processing of the data is not practicable) held by a data user are protected against unauthorized or
accidental access, processing, erasure, loss or use having particular regard to –
(a) the kind of data and the harm that could result if any of those things should occur;
(b) the physical location where the data is stored;
(c) any security measures incorporated (whether by automated means or otherwise) into any equipment in which the data is stored;
(d) any measures taken for ensuring the integrity, prudence and competence of persons having access to the data; and
(e) any measures taken for ensuring the secure transmission of the data.

(2) Without limiting subsection (1), if a data user engages a data processor, whether within or outside Hong Kong, to process personal data on the data user’s behalf, the data user must adopt contractual or other means to prevent unauthorized or accidental access, processing, erasure, loss or use of the data transferred to the data processor for processing.

(3) In subsection (2) –
data processor has the same meaning given by subsection (4) of data protection principle 2.

5. **Principle 5 - Information to be Generally Available**

All practicable steps shall be taken to ensure that a person can -
(a) ascertain a data user’s policies and practices in relation to personal data;
(b) be informed of the kind of personal data held by a data user;
(c) be informed of the main purposes for which personal data held by a data user is or is to be used.

6. **Principle 6 - Access to Personal Data**

A data subject shall be entitled to -
(a) ascertain whether a data user holds personal data of which he is the data subject;
(b) request access to personal data -
   (i) within a reasonable time;
   (ii) at a fee, if any, that is not excessive,
   (iii) in a reasonable manner; and
   (iv) in a form that is intelligible;
(c) be given reasons if a request referred to in paragraph (b) is refused;
(d) object to a refusal referred to in paragraph (c);
(e) request the correction of personal data;
(f) be given reasons if a request referred to in paragraph (e) is refused; and
(g) object to a refusal to in paragraph (f).
Our Ref : 
Tel. No. : 
Fax No. : 
E-mail : 

(Date)

Dear Sir/Madam,

Name: __________________________

Request for Personal Data from Other Data Users 
In Respect of Persons Subject / Relating to a Suspected Child Abuse Case 

The (organisation / department) is conducting a social investigation into a suspected child abuse case. To assist in the (investigation / and formulation of welfare plan for the child concerned in the Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse), we would like to request you for providing the personal data of the person(s) subject to this investigation, namely (name and, if required, other particulars sufficient to identify the data subject). The request is detailed below.

The brief circumstances of the case and the request for information:

Note: The brief should cover

(i) brief account of the case (including how the data subject relates or may relate to what unlawful or seriously improper conduct, or dishonestly or malpractice);

(ii) purpose for obtaining the information; and

(iii) how the requested information relates to the purpose.

The information sought is as below:

Consent

Consent from the data subject for the release of the required personal data is not available to the (organisation / department) due to the following reason:

☐ Consent has been sought but was refused by the data subject;
☐ Unable to contact the data subject - Reason: (Please specify);

☐ Seeking consent from the data subject is likely to prejudice the purpose of the collection of the requested data – Reason: (Please specify); or

☐ Other reason (please specify):

Certification

I confirm that the requested information is required for the purpose of (refer to the wording of the exemption at relevant section of Part VIII of PDPO Cap. 486, e.g. S.58(1)(a) prevention and detection of crime, S.58(1)(b) the apprehension, prosecution or detention of offenders; S.58(1)(d) “prevention, preclusion or remedying (including punishment) of unlawful or seriously improper conduct, or dishonesty or malpractice , by persons.”; or, S.59(1)(b) “application of those provisions to the data would be likely to cause serious harm to the physical or mental health of the data subject or any other individuals.”)

Failure to provide the requested information would be likely to prejudice the said purpose because (how the purpose is likely to be prejudiced).

In view of the above, I consider that S.58(2) as read with S.58(1)(a / b / d) / S.59(1)(b) of the Personal Data (Privacy) Ordinance, Cap 486 is the applicable exemption under the circumstances.

This request for personal data is submitted to you for your consideration as to whether the exemption quoted above is applicable under the circumstances surrounding the (investigation / formulation of welfare plan for the child concerned in the Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse). In doing so, you may also wish to consult your legal adviser.

I should be grateful if you could reply by (date). Should you have any question in respect of this request, please feel free to contact me, (Name/Rank/Post) on (Tel. No.).

( )

for (head of organisation / department)
Frequently Asked Questions about Information Sharing and Confidentiality Issues

1. If a child has disclosed child abuse incident(s) to a professional (e.g. a teacher, a child care worker, etc.) and requested the professional to keep the information confidential and not to disclose the case to a third party, what should the professional do?

It should be explained to the child that it is in his / her best interests that such a promise cannot be made although the child’s concerns should be addressed. Instead, the professional should assure the child that the prime objective of any follow up actions is for his / her best interests. Moreover, timely risk assessment has to be made to secure prompt supportive service for the child.

2. Would verbal disclosure of relevant information of the child suspected to be abused to other professionals relating to child protection violate the Personal Data (Privacy) Ordinance?

- According to Data Protection Principle 3, data user should not use (including disclose or transfer) personal data for any purpose other than the purpose for which the data were to be used at the time of collection or a directly related purpose unless the prescribed consent of the data subject or the relevant person of the data subject under specific circumstances is obtained.

- The Ordinance allows use including disclosure or transfer of personal data for a different purpose and without the data subject’s consent where such use, disclosure or transfer is exempted from the provision of Data Protection Principle 3 by virtue of Part VIII of the Ordinance - Exemptions.

- Section 58 of the Ordinance provides an exemption from Data Protection Principle 3 where the use of the personal data is for the purpose of, inter alia, the detection or prevention of crime or the prevention, preclusion or remedying (including punishment) of unlawful or seriously improper conduct, or dishonesty or malpractice, and the application of the provisions of Data Protection Principle 3 would be likely to prejudice the above-mentioned purposes. As such, if the personal data are to be used and shared for the purpose of child abuse investigation or related child protection work, it may be exempt from Data Protection Principle 3 subject to the satisfaction of the two conditions mentioned above (i.e. the use of the personal data is for the purpose of the detection or prevention of crime or the prevention, preclusion or remedying (including punishment) of unlawful or seriously improper conduct, or dishonesty or malpractice, and the application of the provisions of Data Protection Principle 3 would be likely to prejudice the aforementioned purposes). Each case has to to be decided on its own merit.
3. **How can the medical officer-in-charge get access to the CPR?**

Medical officer / medical officer-in-charge can register as “user” of the CPR to gain access to the CPR checking system. They should forward the particulars of the office and the authorised officer to the CPR by completing the Record Form for Access at Annex 1 to Appendix VI. Whenever there are changes, updating is required.

4. **Can the medical officer-in-charge, with reasonable suspicion, check the CPR before initiation of child protection mechanism?**

Yes, provided that the medical officer-in-charge is a registered user of CPR.

5. **What kind of information should be provided in giving statement to the Police?**

- In handling reports of child abuse, the paramount concern of the Police is to protect the safety and best interests of children, especially the suspected abusers are often their close relatives or caregivers. To this end, the Police would conduct thorough investigation to gather evidence including the testimonies of child(ren) concerned and witnesses, case exhibits, medical/forensic evidence as well as any other circumstantial evidence, so as to establish the authenticity of the allegation. Where there is evidence of an offence, the suspected abuser would be arrested. For the Police to initiate prosecution actions against the suspected abuser, it is crucial to have sufficient evidence and the testimonies are of particularly importance.

- Since any first-hand information or direct knowledge of the alleged crime, the child(ren) concerned, the witness, the suspected abuser and even other related incidents, etc. would be of relevance to the investigation, the Police will ask the professional involved to give a detailed statement of these facts. As the child(ren) concerned may tend to disclose certain information, which may be of material assistance to the investigation or the prosecution, to the professional at some stage during interviews or contacts, whether in person, by phone, in writing or otherwise, full particulars of these communications would be essential. The professional should provide the full records of such interviews / contacts, whether in the form of a written report, audio / video recordings or otherwise, including date, time, location, persons involved, purpose of the communications, process of the events, and personal observations, etc.

- Part VIII of the Personal Data (Privacy) Ordinance (Cap 486) provides exemptions from the provisions of Data Protection Principle 3 under specific circumstances. The exemption provided under section 58(2) of the Ordinance may be invoked to disclose to the Police the personal data of the child suspected to be abused, and any other persons relevant to the investigation if the use of the personal data is for the purpose of the detection or prevention of crime or the prevention, preclusion or
remedying (including punishment) of unlawful or seriously improper conduct, or dishonesty or malpractice, and the application of the provisions of Data Protection Principle 3 would be likely to prejudice the aforementioned purposes. Each case has to be decided on its own merit.
SECTION III

MULTI-DISCIPLINARY COLLABORATION
CHAPTER 5
CASE MANAGER AND
MULTI-DISCIPLINARY COLLABORATION

GOVERNING PRINCIPLES
5.1 Protecting a child from abuse is the joint responsibility of different professionals who may come into contact with the child.

5.2 Priority should be given to ensuring immediate safety of the child.

5.3 While it is appreciated that different professionals may have different views at different stages of intervention, consensus should be reached among the professionals as far as practicable, bearing in mind that the safety and welfare of the child should be the paramount concern.

5.4 Making reference to the guidelines set out in Chapter 4 “Information Sharing and Confidentiality”, relevant information about the child and / or the child’s family should be shared among professionals involved in the helping process on a need-to-know basis.

5.5 The child should not be required to repeat the abuse incident(s) except when necessary.

CASE MANAGER
5.6 To facilitate coordination of the services rendered by different professionals and reduce the child’s stress and trauma of repeating the abusive experience, the case manager approach should be adopted so that the child only needs to interact with the case manager for most of the time whenever situation allows. Under most circumstances, the key social worker handling the case would normally take up the role of a case manager. However, other professionals involved should also cooperate with the case manager as appropriate in order to ensure coordinated intervention among different personnel.

5.7 The role of case manager includes :

(a) to prepare the child and his / her parents / guardians / carers for the steps / tasks involved in the intervention process so as to reduce their anxiety and enlist their cooperation;

(b) to collect relevant information from other professionals / personnel involved;

(c) to share relevant information with other professionals / personnel involved on a need-to-know basis;
(d) to take necessary actions, including the application for Court Orders, to safeguard the immediate well-being of the child; and

(e) to ensure that actions taken by the responsible parties are well coordinated.

GOOD PRACTICE

5.8 To enhance the effectiveness of multi-disciplinary collaboration in protecting the child, the following good practice should be promoted:

(a) to render timely assistance and support to the child and his / her family members;

(b) to have knowledge of the assistance other professionals can provide and where necessary and appropriate, make referrals to the concerned service unit(s) at the earliest possible time;

(c) to be aware of the assistance being rendered to the child and his / her family members by other professionals / personnel;

(d) to have access throughout the course of investigation to the supervision and advice from a senior colleague / supervisor who has the proper training and experience in handling child abuse;

(e) to consult other professionals in case of any difficulty encountered; and

(f) to provide advice / assistance to other professionals as and when necessary.
CHAPTER 6
INITIAL HANDLING OF REPORTS / REFERRALS

GOVERNING PRINCIPLES

6.1 A child suspected of being abused may be brought to the attention of any welfare service unit, clinic / hospital, school, police station or other service unit of various government departments as well as non-governmental organisations (NGOs) by an informant\(^6\) or a referrer\(^7\). Each service unit should handle the report / referral according to the following principles:

(a) Each report / referral should be taken seriously regardless of the source or recency. Even if there are insufficient details of the incident, due consideration should also be given to the case if the informant or referrer has reasons to believe that something harmful has happened to the child.

(b) Priority should be given to the immediate safety of the child.

(c) The child suspected of being abused should not be required to describe the abuse incident(s) to different parties or on different occasions unnecessarily.

(d) Sometimes the informant may wish to be treated in confidence. The informant should be assured that his / her identity and personal data will not be disclosed unless such disclosure is essential to protect the child or other persons or in court proceedings.

(e) If the suspected abuse incident(s) is / are disclosed by the child himself / herself and asks for his / her disclosure to be kept secret, it should be explained to the child that it is in his / her best interests that such a promise cannot be made.

(f) If the unit is not responsible for conducting social investigation of the suspected child abuse case, the unit should refer the case to the appropriate unit and / or make a report to the Police for investigation / assistance as soon as possible according to the procedures set out in the subsequent Chapters. The child concerned and the parent(s) should be explained of the arrangement and relevant procedures as appropriate.

---

6 An informant is a member of the public (e.g. neighbour, relative of the child concerned) who provides information on a suspected child abuse case.
7 A referrer is a staff member of a government department, NGO, HA or other organisation who comes across the suspected child abuse case in the course of performing his / her duties.
GENERAL GUIDE TO RESPONDING TO A REPORT / REFERRAL

6.2 The informant / referrer should be told that the report / referral would be taken seriously and looked into even though the allegation of abuse may turn out to be mistaken or unsubstantiated.

6.3 If the informant / referrer is not the person who first identified the suspected child abuse incident(s), an attempt should be made to contact that person directly.

6.4 In order to avoid confusion and duplication, the informant / referrer should be asked whether he / she has contacted other departments or organisations.

6.5 If the unit is not responsible for conducting investigation of the suspected child abuse case, it is not necessary for the unit to probe into the details of the abuse incident(s).

UNITS RESPONSIBLE FOR INVESTIGATION

6.6 The Police are responsible for conducting investigation of suspected child abuse cases involving criminal elements. The following welfare units of SWD, NGOs and Hospital Authority (HA) providing casework service will carry out social enquiry / investigation and render follow up service to the concerned child and his / her family:

(a) Family and Child Protective Services Units (FCPSUs)
(b) Integrated Family Service Centres (IFSCs)
(c) Integrated Services Centres (ISCs)
(d) Medical Social Services Units (MSSUs)
(e) Probation and Community Service Orders Offices (PCSOs)
(f) Adoption Unit (AU)
(g) Integrated Children and Youth Services Centres (ICYSCs)
(h) School Social Work Units (SSWUs) serving in secondary schools
(i) Student Guidance Personnel (SGP) serving in primary schools
(j) District Youth Outreaching Social Work Teams (YOTs)
(k) Overnight Outreaching Service for Young Night Drifters (YND)
(l) Community Support Service Scheme (CSSS)
(m) Other casework units

6.7 FCPSUs would carry out social enquiry / investigation of new suspected child abuse cases. For known cases, the responsible unit would conduct the social enquiry / investigation. If the concerned social worker is not available to take up the case timely, the responsible unit has to develop a back-up mechanism. Definition of known cases of welfare organisations is given at Appendix I.

6.8 In respect of sexual abuse case where the victim is a child under 17 years of age or serious physical abuse case where the victim is a child under 14 years of age,

---

If the SGP is a registered social worker and employed by an NGO, he / she may take up the role of case manager subject to mutual agreement of the school, NGO and SWD.
the Child Abuse Investigation Unit (CAIU) of the Police is responsible for investigating allegations of the following nature according to the CAIU Charter:

(a) intra-familial sexual abuse (including the extended family e.g. mother, father, aunt, uncle);
(b) sexual abuse where the perpetrator is known to the child or is entrusted with the care of the child (e.g. baby-sitter, school teacher, youth worker);
(c) serious physical abuse case at the discretion of the respective Senior Superintendent of Crime Region; and
(d) organised child abuse. (Organised child abuse is defined as abuse which may involve a number of abusers, a number of abused children and juveniles and often encompasses different forms of abuse. It will also involve to a greater or lesser extent an element of organisation e.g. paedophile or pornography rings.)

6.9 For cases falling within the CAIU Charter as described in paragraph 6.8 above, the Child Protection Special Investigation Team (CPSIT), comprising the Police, as well as social workers or clinical psychologists from SWD with special training, will provide consultation and / or conduct joint investigation of suspected child abuse cases upon referral. It will work closely with the pathologists and Medical Coordinators on Child Abuse (MCCAs) of the HA. Meanwhile, referrals for social enquiry / investigation should be made to social workers of FCPSUs or other units of SWD or NGOs according to the criteria set out in paragraph 6.7 above. The charts at Appendix IIA and Appendix IIB provide easy reference on referrals to FCPSU or CAIU and the handling procedures of those cases for which CPSIT will be formed.

6.10 For other forms of suspected child abuse cases, in circumstances suggesting that a criminal offence may have been committed, the cases should be reported to CAIU or other police units as appropriate. The charts at Appendix IIIA and Appendix IIIB provide quick reference on referrals and the handling procedures of these cases.

6.11 Apart from the Police and social workers, medical personnel, clinical psychologists and other related professionals have respective roles to play in the process of enquiry / investigation of suspected child abuse cases.

6.12 Guidelines on conducting enquiry / investigation by different professionals are provided in Chapter 8.

REFERENCES FOR MAKING REFERRALS

6.13 Professionals or relevant personnel may draw reference to the following appendices when making referrals of suspected child abuse cases:

(a) Charts on Referrals and Handling Procedures - Appendix IIA, IIB, IIIA, IIIB
(b) Guide to People Working with Children Who Disclose Sexual Abuse - Appendix IV
CHAPTER 7
INITIAL ASSESSMENT AND REFERRAL PROCEDURES

GOVERNING PRINCIPLES

7.1 In handling child abuse cases, the paramount concern is the welfare of the child.

7.2 To avoid requiring the child to describe the abuse incident(s) repeatedly, it is preferable to keep the number of investigative / assessment interview on the suspected abuse incident(s) to a minimum, say one interview. The interviewer may be the responsible social worker, the professional to whom the child has established trust for disclosure, the representative from the Police, or jointly by the professionals concerned. For video-recorded interview to be used in court proceedings, the interview should be conducted by police officer, social worker or clinical psychologist employed by the Government with special training. The information collected with regard to the suspected abuse incident(s) shall be shared with relevant parties concerned as soon as possible and on a need-to-know basis.

REFERRALS

7.3 Suspected child abuse cases may be identified:

(a) through direct approach in person or by telephone call from the child, the family or the public;

(b) by teachers, personnel of kindergartens / schools / day child care service / residential child care centres, Student Guidance Officers / Teachers / Personnel serving in primary schools, school social workers serving in secondary or special schools, children and youth centre workers, medical officers or private practitioners, nursing staff of hospitals / clinics, personnel of government departments or non-governmental organisations, etc.;

(c) through information from hotlines.

The following sections provide a guide for social workers in various settings who may come across a suspected child abuse case.

INTAKE PROCEDURES

7.4 The social worker who comes across the suspected child abuse case should intake the case. For sexual abuse and serious physical abuse cases falling within the Charter of Child Abuse Investigation Units (CAIU), reports can be made to the Family and Child Protective Services Units (FCPSU) of SWD or CAIU of Police
for follow up actions. Professionals or relevant personnel may draw reference to the Key to Making Referrals to Child Protection Special Investigation Team at Appendix V. For other forms of new child abuse cases, referrals / reports can be made to the FCPSUs. In intaking the case or prior to making referral, the social worker should collect the following basic information from the informant / referrer if available:

(a) request the informant / referrer to give his / her name, address, telephone number and, if possible, HKIC number. Anonymous referrals are also accepted, but contact telephone number is preferred to be recorded in order to obtain further information on the case;

(b) collect all details of identifiable data of the child / family, e.g.
   i) the nature, date and frequency of the abuse or concern;
   ii) the name, date of birth (if unavailable - age), and any disability or special needs of the child;
   iii) the child’s whereabouts;
   iv) whether the child is in immediate danger;
   v) names and HKIC number of parents / carers and others involved;
   vi) names of other children in the household and whether the children are at risk or potentially at risk;
   vii) name of school / child care centre, if known;
   viii) how the informant / referrer is aware of the information;
   ix) names of other witnesses and other agencies.

7.5 For suspected sexual abuse cases, if the child is seen during intake interview and accompanied by the informant / referrer or during visits, the social worker should refer to the Guide to People Working with Children Who Disclose Sexual Abuse at Appendix IV.

7.6 The social worker will check with the Child Protection Registry (CPR) (reference on CPR is given at Appendix VI) and with the respective SWD / NGO unit to see if it is a new case or a known case. Whenever necessary, the assistance of his / her supervisor should be sought. It is important that checking of record from the CPR or concerned agencies should not pose any delay to the assessment process.

7.7 The intake social worker or the responsible social worker should, based on the initial information available or observation from the intake interview or home visit, assess the situation if there is:

(A) reason(s) to believe that the child has been or is being abused;
(B) urgency for medical attention;
(C) a cause for concern that child abuse might have occurred.

(Note: For all forms of abuse cases, refer to Understanding of Child Abuse in Chapter 2. For sexual abuse cases in particular, refer also to Key to Making Referrals to Child Protection Special Investigation Team at Appendix V.)
For cases with reason(s) to believe that the child has been or is being abused

7.8 For child sexual abuse cases or serious physical abuse cases (refer to cases falling within the CAIU Charter)

The intake social worker or the responsible social worker should:

(a) seek advice from Social Work Officer / FCPSUs (Appendix VII) in consultation with Police Officer / CAIUs (Appendix VIII) to decide whether or not to form Child Protection Special Investigation Team (CPSIT);

(b) prepare Report Form (Appendix IX) and Written Dated Notes on the case (Appendix X) which may be required as documents in court proceedings in the event that statutory intervention is involved in future;

(c) forward the completed Report Form and the Written Dated Notes to FCPSU or CAIU for making a report for investigation;

(d) be prepared for consultation by FCPSU/CPSIT or CAIU/CPSIT after the referral is made; and

(e) clarify with the family at an early stage what his / her role will be during the course of investigation by CPSIT.

7.9 For cases where CPSIT is formed, CPSIT will be responsible for strategy planning, investigative interview by means of video-recorded interview or taking of written statement, arrangement of medical examination, as necessary, and immediate case assessment. FCPSU/CPSIT or CAIU/CPSIT will share information obtained on the abuse incident(s) and the result of the immediate case assessment with relevant parties concerned as necessary. For a new case, a FCPSU worker will be assigned to take up the case and conduct social enquiry / investigation and provide casework services. The FCPSU worker should prepare the social enquiry report and arrange the Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse (MDCC) to formulate the welfare plan for the child and his / her family. For known case of concerned welfare unit, the responsible worker of the concerned welfare unit will be involved throughout the handling procedures of CPSIT, including strategy planning and immediate case assessment. The responsible worker should continue to provide casework service to the child and his / her family, including implementation of the child protection plan upon immediate case assessment. He / she should also prepare the social enquiry report and arrange the MDCC to formulate the welfare plan for the child and his / her family.

7.10 For cases where CPSIT is not formed, the case will be transferred by the CAIU to the relevant police unit for action if necessary. The police unit will then contact the responsible worker to conduct further enquiries as soon as possible. For a new case, a FCPSU worker will be assigned to take up the case and conduct social enquiry / investigation and provide casework service. The FCPSU
worker should prepare social enquiry report and arrange the MDCC to formulate
the welfare plan for the child and his / her family. For known case of a
calnced welfare unit (please refer to Appendix I), the responsible worker
should provide casework service to the child and the family, including immediate
protection for the child. He / she should conduct the social enquiry /
investigation, prepare report and arrange the MDCC to formulate the welfare
plan for the child and his / her family. He / she will also share information
obtained on the abuse incident(s) with relevant parties concerned as necessary.
In the course of collecting information from the child on the abuse incident(s), the
responsible worker should follow the governing principle in paragraph 2 above as
far as possible.

7.11 **For other forms of abuse cases**

For a new case, a FCPSU worker will be assigned to take up the case and conduct
social enquiry / investigation and provide casework service. The FCPSU
worker should prepare social enquiry report and arrange the MDCC to formulate
the welfare plan for the child and his / her family. For known case of a
concerned welfare unit, the responsible worker should conduct social enquiry /
investigation and provide casework service to the child and his / her family,
including immediate protection for the child. In circumstances that suggest a
criminal offence may have been committed, the case should be reported to CAIU
or police unit as appropriate. The responsible worker should prepare the social
enquiry report and arrange the MDCC to formulate the welfare plan for the child
and his / her family. He / she will also share information obtained on the abuse
incident(s) with relevant parties concerned as necessary. In the course of
collecting information from the child on the abuse incident(s), the responsible
worker should follow the governing principle in paragraph 7.2 above as far as
possible.

(B) **For cases requiring urgent medical attention**

7.12 The intake / responsible worker should arrange the child to attend the Accident
and Emergency Department of a public hospital designated for medical
examination / treatment (with help from the Police, if necessary) and / or contact
the Medical Coordinator on Child Abuse (MCCA) of the Hospital Authority for
direct admission of the child to the Paediatric Ward as required (refer to
Appendix XI). If the parent(s) / guardian(s) does / do not consent, the FCPSU
worker or other SWD worker as necessary can invoke Section 34F(1) & (2) of the
Protection of Children and Juveniles Ordinance, Cap 213 (PCJO) for taking the
child to a hospital and detaining the child in that hospital for the purpose of
medical or surgical attention or treatment. Please refer to Annex II to Chapter 3
for certain provisions of PCJO.

7.13 The social worker should follow up the case as described in paragraphs 7.8 to
7.11 above as appropriate.
For cases with a cause for concern that child abuse might have occurred

7.14 For child sexual abuse cases

The social worker should explore further information on areas of concern by:

(a) contacting the informant / referrer, and / or parents / carers / teachers, etc., if necessary;

(b) seeking advice from SWO/FCPSU or Police/CAIU who will assist to assess the case with the social worker at what stage the case should be reported to Police for investigation and what further information is required;

(c) contacting the alleged victim with special caution not to use leading questions to probe into the area of sexual abuse if further exploration is required;

(d) making written dated notes of the social worker's observations on the case which may be required as documents in court proceedings in the event that statutory intervention is involved;

(e) reporting the case to FCPSU or CAIU and following up the case as described in paragraphs 7.8 to 7.10 above as appropriate, if there is reason to believe that sexual abuse has occurred upon further exploration.

7.15 For other forms of abuse cases

The social worker should explore further information. For cases where there is reasonable cause of concern over the health or development or welfare of the child, the responsible worker should directly observe the child in person and collect adequate information and data to substantiate the suspicion. If there is reason to believe that child abuse has occurred upon further exploration, the responsible worker should follow the steps described in paragraph 7.11.

COLLABORATION WITH OTHER PARTIES

7.16 All parties concerned should maintain communication about the case progress as appropriate for the protection of the child and provision of welfare service to the family.
SECTION IV

HANDLING OF REFERRALS / EQUIRY / INVESTIGATION
CHAPTER 8
SOCIAL ENQUIRY / INVESTIGATION

GOVERNING PRINCIPLES

8.1 In handling child abuse cases, the paramount concern is the welfare of the child.

8.2 To avoid requiring the child to describe the abuse incident(s) repeatedly, it is preferable to keep the number of investigative / assessment interview on the suspected abuse incident(s) to a minimum, say one interview. For video-recorded interview to be used in court proceedings, the interview should be conducted by police officer, social worker or clinical psychologist employed by the Government with special training. The information collected with regard to the suspected abuse incident(s) shall be shared with relevant parties concerned as soon as possible and on a need-to-know basis.

PURPOSE OF SOCIAL ENQUIRY

8.3 The purpose of the initial enquiry / investigation is to gather and analyze information in response to suspected child abuse incident(s) / cases. Social workers providing casework service are responsible for conducting the social enquiry / investigation to decide whether there is reason to believe that the child has been or is being abused. Immediate action should be taken where there is a need for immediate protection and medical attention for the child. An important part of social enquiry / investigation should include determining whether there is a risk or likelihood of maltreatment in future. Social enquiry / investigation should take place when a suspected child abuse case is identified by / referred to a casework unit concerned and / or alongside joint investigation and medical / forensic examination as appropriate. The results of the social enquiry / investigation will form a base of the welfare plan for the child.

RISK ASSESSMENT

8.4 The fundamental objective of child protection service is to remove risk from the child. Risk assessment is a process used to assess the level of risk to a child who is reported to have been abused and / or neglected. As a child protection professional, the investigating social worker should assess the risk level that might necessitate the removal of a child from his / her family for his / her own protection. Risk assessment should begin at the time of case intake and continue throughout the process of case assessment and planning, provision of service and termination of the case (refer to Guide to Risk Assessment in Chapter 2).

Information to be Collected

8.5 Based on the information gathered from intake, outreaching or joint investigation,
the investigating social worker should plan the interview process and conduct social enquiry / investigation on the child suspected to have been abused ("the child") and his / her family. If the case has been reported to the police and a video-recorded interview is to be arranged for the child, the investigating social worker is to liaise with the police officer and be arranged, as far as possible, to observe the video-recorded interview. The following information has to be collected during the social enquiry / investigation:

(a) family composition of the child;
(b) living environment (including observation from home visit);
(c) schooling and employment of the child if applicable (including adjustment and social relationship in school and at work);
(d) family background (including parents' upbringing, any physical or mental health problems, criminal history if applicable, family financial status and support network, etc.);
(e) family relationship (including pattern of communication, level of affection, roles and functions of family members in the family, relationship among parents and other family members, violent behaviour of family members, etc.);
(f) characteristics and behaviour of the child;
(g) history of child care, child discipline and suspected abuse (including approach / pattern of parenting, expectations on children and sensitivity to children, etc.);
(h) precipitating incident(s) (including severity, frequency, location and description of injury);
(i) attitudes and feelings of the parent(s) / suspected abuser(s) / significant others towards the incident(s) and the proposed welfare plan (including the possibility of further harm to the child and the willingness to accept help, etc.);
(j) capacity of the parent(s) / carer(s) to protect the child (including parents' resources and approach in solving problem and dealing with stress, use of drugs or alcohol, perception of self and coping capability, etc.);
(k) attitudes and feelings of the child (towards the parents, siblings, incident(s) and proposed welfare plan, etc.);
(l) any other factors that may induce stress.

8.6 The investigating social worker may consider to interview the child and each of his / her family members individually in the following sequence as appropriate:
8.7 Joint interview may be conducted if necessary to assess the family dynamics, family relationship and communication patterns.

Sharing of Information

8.8 To conduct risk assessment and decide for actions to be taken, the investigating social worker may need to share some information of the child(ren) and families with related professionals and to collect information from the latter with or without consent of the data subject. The principles for information sharing stipulated in Chapter 4 are to be observed.

Analysis of Information and Immediate Child Protection Plan

8.9 With the information collected, the investigating social worker should analyze the information in a timely manner to make appropriate decision for child protection and to minimize any unnecessary anxiety affecting the family during the assessment process.

8.10 Prompt action should be taken to address the emergency needs of the child and his / her family. For example, actions relating to immediate medical attention for the child or removal of the child to a safe place should be taken promptly if needed but has not been done during the initial assessment. If the child is assessed to be in need of statutory protection in the course of enquiry, application should be made by the responsible social worker of SWD or by the Police under provision of the Protection of Children and Juveniles Ordinance, Cap 213, (PCJO) as appropriate. For known case of an NGO but not known to any SWD casework unit, the responsible worker may consult the intake worker of the Family and Child Protective Services Unit (FCPSU) or the designated SWD supporting office whenever necessary. If urgent statutory care proceedings on the child or juvenile are required for the case during the course of enquiry / investigation, application should be either made by respective Integrated Family Service Centre (IFSC) of SWD according to the place of residence of the parent / guardian or by the Police. Please refer to Annex II to Chapter 3 for certain provisions of PCJO. If the case is also known to SWD casework unit, the NGO responsible worker may consult the SWD unit concerned.

8.11 The investigating social worker should also assess whether there will be risks of child abuse for other children in the same household, e.g. siblings, and take appropriate action to safeguard the welfare of other children as needed.
REFERRAL FOR PSYCHOLOGICAL OR PSYCHIATRIC ASSESSMENT / TREATMENT AND CASEWORK SERVICE

8.12 The investigating social worker should be sensitive to the emotional / special needs of the child and his / her family throughout the social enquiry / investigation process. Where the need for psychological or psychiatric assessment / treatment is indicated, referral for psychological / psychiatric services should be arranged. At the same time, the investigating social worker should provide casework service to the child and his / her family, which include counselling and other support services.

8.13 When psychological abuse is suspected, clinical psychologist could be involved.

INVOLVING PARENTS AND CHILDREN

8.14 To serve the best interests of children and to provide protection to the children suspected to be abused or having been abused, it will be more effective if the children’s parents (including the suspected abuser) and significant others can be assisted as early and as far as possible to enhance their capabilities in caring and protecting their children. Hence, parents and those with parental responsibilities should be informed at the earliest opportunity of concerns, unless to do so would place the child at risk of further harm, or undermine a criminal investigation. Under such circumstance, there should be discussion among related investigating professionals to plan for a suitable intervention.

8.15 The child(ren) as well as parents (including the suspected abuser) should be explained of the purpose and arrangement of social enquiry / investigation, other related investigating procedures as appropriate and the need of information sharing among related professionals during social enquiry / investigation as well as the Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse (MDCC). Leaflets at Annexes I, II and III to Chapter 8 can be given to the child(ren) , adolescents and their family members for easy reference.

8.16 Some parents may appear to be uncooperative due to various social, cultural, psychological and historical factors. The investigating social worker is advised to understand the context of the family including the stress the parents are facing during the investigation as well as to assess the risk of harm that would be posed on the child. The investigating social worker is to make sense of such uncooperative responses, engage the parents and address the latter’s concern. Nevertheless, if there is threat or actual violence from parent(s) against the investigating social worker, the latter needs to plan for his / her personal safety and seek assistance from other professionals as appropriate.

8.17 The parent not being granted the custody of the child should also be contacted and be heard in the course of social enquiry / investigation if there will be important decision affecting the child’s life unless it is justifiable that the non-custodial parent’s involvement will jeopardise the best interests of the child.
Nonetheless, the formulation / implementation of the welfare plan for the child should not be delayed even if the non-custodial parent cannot be contacted before the MDCC. If the non-custodial parent is not contacted or untraceable, record is to be made and it should be reported in the MDCC.

8.18 Interpretation service (including sign language) may be required when undertaking social enquiry / investigation involving children and families using other languages or having communication difficulties such as hearing impairment. To ensure that the investigating social worker and the children as well as family members fully understand the exchanges of information / views in the communication, it is not advisable to arrange family members, relatives, friends and children themselves to act as interpreters in the interviews. On the other hand, some ethnic minorities have a very small population in Hong Kong and the interpreters may know the family. The investigating social worker needs to brief the interpreter / communication facilitator by explaining the nature of the investigation and clarifying that the interpreter / communication facilitator's role in translating direct communications between professionals and family members and to translate everything and the exact words that are said. The interpreter / communication facilitator can also be required to explain any cultural or other issues that might be overlooked at an appropriate time. (Updated list of accredited interpreters can be obtained from the Senior Court Interpreter of the High Court. Interpretation services can also be obtained from non-governmental organisations providing support services for ethnic minorities. Website from Home Affairs Department: http://www.had.gov.hk/rru/english/programmes/programmes_comm_sscem.html can be referred.)

INITIAL WELFARE PLANNING

8.19 With reference to the information collected in the social enquiry / investigation, the initial analysis on the risk of child abuse and needs of the child and family, the investigating social worker should formulate an initial welfare plan for the consideration of the MDCC. For need assessment, the Assessment Framework at Annex IV to Chapter 8 may be referred.

8.20 While the child(ren) and the parents’ views on the welfare plan will be collected and taken into account, the investigating social worker needs to prepare them for possible alternatives that may be proposed in the MDCC for protection of the child(ren), such as arrangement of residential child care service, application for a care or protection order under PCJO, where necessary.

8.21 If out-of-home care is likely to be recommended and arranged, the investigating social worker should provide the child(ren) and the parents with necessary information of relevant placements for earlier preparation. Exploration of availability and suitability of the alternative placement is to be made before the MDCC so that admission can be arranged as soon as practicable once decision is made in the MDCC.
8.22 To prepare for information sharing with related professionals in the MDCC, the investigating social worker should prepare a social enquiry report with initial recommendation for the welfare planning of the child and his / her family (refer to Social Enquiry Report for Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse at Annex V to Chapter 8). Detailed description of the abusive acts which may cause contamination of evidence should be avoided. In case of doubt on whether certain information about the abusive act should be disclosed, the advice of the Police can be sought prior to the MDCC.

COLLABORATION WITH OTHER PARTIES

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

8.24 To reduce the disturbances caused to the child and family members during the investigation process, professionals are encouraged to jointly interview the child / family members as far as possible.

8.25 Professionals are encouraged to share significant information timely to facilitate risk assessment and appropriate intervention. For example, after due physical examination / treatment and necessary investigating procedures be conducted, if the child is medically fit for discharge from the hospital and the risk of child abuse is assessed to be low, with agreement among investigating professionals including the investigating social worker, police officer and medical officer, the child can be discharged to return home or stay at an alternative place before the MDCC.

8.26 For cases where the suspected abuser is not a family member of the child, the investigating social worker may communicate with the investigating police officer or other professional(s) working with the suspected abuser to identify if there is any other child in the household / under the care of the suspected abuser who may also be a potential victim of child abuse. Actions have to be taken with procedures stipulated in Chapter 6 and 7 with reference to the principles of sharing of information stipulated in Chapter 4 as appropriate. If a relatively large number of children in the community are involved in the suspected abuse incident, professionals conducting investigation, and their seniors if appropriate, are advised to be more active in the communication and collaboration in strategy planning, investigation, risk assessment and intervention.

8.27 In the course of enquiry / investigation, if the suspected abuser, who is not a family member of the child concerned or not a residing family member, is identified to have any emotional and welfare need, with his / her consent, he / she can be referred to respective IFSC / Integrated Services Centres according to his / her place of residence, if he / she is not known to a casework unit.

8.28 For suspected sexual abuse case where the suspected abuser is also a child /
juvenile, professionals should explore whether the suspected abuser may also be a potential victim of any sexual abuse cases. Appropriate protection actions to this child / juvenile should also be taken with procedures stipulated in Chapter 6 and 7.

8.29 Even if concern of suspected child abuse is not substantiated upon initial assessment / physical examination or in the process of social enquiry / investigation upon agreement among related professionals, a welfare conference among professionals / and with family members can still be convened to discuss the follow-up plan if needed.

8.30 Concern or disagreement may arise over another professional’s decisions, actions or lack of actions in relation to a referral, an assessment or an enquiry. Professionals should attempt to resolve differences through discussion, including written communication, within a reasonable timescale to avoid adversely affecting the protection of the child from harm. If the professionals are unable to resolve differences within the timescale, their disagreement must be addressed by more senior staff.
Every child needs proper care and guidance from adults so that he / she can grow up healthily. If a child is being harmed, no matter by whom, others have the responsibility to protect the child.

**What is a Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse (the conference)?**

When it is suspected that a child is harmed, people like social workers, teachers, doctors and police officers will meet the child and his / her family. The child will also have his / her body checked by a doctor. They will then hold a conference to discuss how to help the child live in a safe environment and protect him / her from harm. They will also discuss how to help his / her family overcome difficulties so that they can provide proper care and guidance for the child.

**Can parents or children take part in the conference?**

The social worker will usually invite the parents to attend the conference to discuss things about the child and his / her family. But sometimes it is not suitable to do so because of special reasons.

Sometimes, the social worker will also invite an older child to attend the conference, and explain to him / her before the conference how it will be held. However, a younger child is usually not invited to attend because he / she may not understand what is being discussed.

Though some parents or children do not attend the conference, the social worker will discuss with them the future arrangements for the child and the family, for example, where the child will live, who will take care of the child, whether they need assistance from other people, etc. The social worker will listen to their views and report them at the conference to let other people know and consider.

After the conference, the social worker will tell the parents and the child what opinions that people at the conference had given. If the child has any questions or worries, he / she can tell the social worker at any time. The social worker will discuss with him / her how to cope with them.
All children deserve to grow up healthily with proper physical, psychological and emotional care. They should be protected against harm and exploitation. However, if the physical/psychological health and development of a child is endangered or impaired, people working with the child have the responsibility to take necessary actions to protect the safety of the child and safeguard his / her interests.

What is a Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse (conference)?

When it is suspected that the physical/psychological health and development of a child is endangered or impaired, social workers from the Social Welfare Department or non-governmental organisations and other related professionals will meet the child and the family. They will also contact others who have knowledge of the child and the family, in order to understand their situations and discuss how to provide care and guidance for the child in future. The professionals will hold a conference. The purpose of the conference is NOT to discuss whether anyone is to be prosecuted, but to allow professionals who concern about the child to exchange available information and then recommend a follow-up plan for the child and his / her family, especially with regard to how to protect the safety of the child. All details discussed at the conference will be kept confidential and will not be disclosed to anyone without the need to know.

When will the conference be held?

If the required information is ready, the conference will normally be held within 10 working days after the social worker has received the case.

Who will attend the conference?

The conference is usually convened by a social worker. Members will include professionals who are involved in the investigation of the case, those who have knowledge of the child and his / her family members and those who may follow up the case in future. Normally they are:

- social workers
- medical personnel
clinical psychologists
school personnel
police officers
professionals currently providing services to the child or the family
other professionals who are required to provide information or may handle the case in future

How will the conference be conducted?
Professionals attending the conference will report the information obtained as well as their knowledge of the child and the family, and then proceed to discuss the following:

- What issues or incidents have happened to the child?
- What is the level of possible harm the child and / or his / her siblings may suffer in future?
- What arrangements can be made to protect the safety of the child and safeguard his / her interests?  For example:
  - Is it necessary to have alternative residential care arrangements for the child and / or other family members?
  - Is it necessary to apply for an order from the Court for the care or protection arrangements of the child and / or his / her siblings?
  - Do the child and other family members need other services, such as schooling arrangements, physical or psychological treatment, etc.?
- Will the information of the child and / or his / her siblings be registered on the Child Protection Registry of the Social Welfare Department?
- Social workers from what service units and what other professionals will provide services for the child and his / her family?

Can the parents or the child attend the conference?
The conference consists of two parts. The first part is for discussion among professionals. The second part is for the professionals to meet with parents. Unless it is considered unsuitable due to special reasons,, the social worker will invite the parents to attend the second part of the conference to let the parents know members’ views on the child and his / her family.  The parents can also give views on the future care arrangements for the child and have a better understanding of how to collaborate with the professionals.

If the Chairperson and members of the conference consider the child’s attendance necessary, the social worker will invite the child to attend the conference.

If the parents or the child are not present at the conference, or their attendance is
considered unsuitable by members of the conference, they can express their opinions to the social worker or other members beforehand for consideration during the conference. After the conference, the Chairperson or social worker may, jointly with other members, explain the decisions and recommendations to the parents. They will also explain to the child when needed using the way the child can understand. If necessary, the social worker will pass the views of parents and child to other members.

**How can the child play a part if he / she attends the conference?**

Before the conference, the Chairperson or social worker will explain clearly to the child the purpose of the conference, the participating members and the procedures of the conference, etc. During the conference, the child may provide additional background information about his / her family and express opinions about the care plan or other arrangements recommended by members. The child can ask the Chairperson or members to explain anything he / she does not understand.

**What are the arrangements after the conference?**

The conference will determine the social worker from what service unit will follow up the case. The responsible social worker and other professionals will meet and communicate with the child and his / her family, and implement the care plan and other arrangements recommended by the conference. The child can tell them about his / her views, situations or even worries for a discussion on how to address them.
Annex III to Chapter 8

Social Enquiry/Investigation and Multi-disciplinary Case Conference for the Protection of Child with Suspected Abuse -- Notes to Parents

All children should be able to grow up healthily with proper physical, psychological and emotional care. They should be protected against harm and exploitation. All parents/guardians and carers have the responsibility to meet the physical, psychological and social needs of their children. Children refer to those under the age of 18.

If the physical/psychological health and development of a child are endangered or impaired

We understand that parents/carers may have various difficulties making them being unable to give their children proper care and guidance all the time. However, if there are reasons to believe that there is any act or neglect by parents/carers that endangers or impairs the physical/psychological health and development of a child, professionals who may come into contact with the child have the responsibility to take necessary actions in accordance with the Procedural Guide for Handling Child Abuse Cases for safeguarding the safety and interests of the child. They also have to inform the social worker of Family and Child Protective Services Unit of Social Welfare Department (SWD) or the social worker of SWD/non-governmental organisation handling the child or the family case to conduct a social enquiry/investigation. For suspected sexual abuse cases, regardless of whether parents/carers or someone else have been involved, professionals are required to handle the cases in accordance with the above Procedural Guide.

Attention: The paramount concern of the professionals is to ensure the immediate safety of the child.

How does a social worker handle a case and conduct an investigation?

When a child is found to have possibly been abused (including being physically, psychologically, sexually abused or neglected), the social worker will investigate and handle appropriately based on the circumstances of each case. Actions generally include:

- The social worker will first obtain information on the case and then decide whether it is necessary to take immediate action to protect the safety of the child. He / she will as far as possible contact the parent(s) and explain to the parent(s) and the child the relevant procedures.
• If the child requires medical examination or treatment, the social worker or other professional will arrange for the child to attend a hospital under the Hospital Authority. The social worker can contact the doctor for direct admission to a ward in order to avoid the child having to wait at the Accident and Emergency Department. The child may need to stay in a hospital for detailed examination, assessment or observation.

• In circumstances that suggest a criminal offence may have been committed, the social worker or other professional is required to report the case to the Police for investigation.

• If advice from other professional is needed, the social worker or other investigating officers will arrange for the child to have other assessments by professionals, for example, clinical psychologists, psychiatrists, forensic pathologists, etc.

• If the child does not require examination or treatment in a hospital but the social worker or other investigating officers consider that it is not appropriate for the child to return home at the moment, the social worker will discuss with the parents and arrange a suitable place for the child to stay temporarily.

• The social worker will conduct an in-depth investigation and assessment of the family circumstances, including having interviews and home visits of the child and his / her family and obtaining necessary information from staff of organisations who have knowledge of the child and his / her family. Apart from obtaining information about the incident, the social worker will also need to find out the needs, difficulties and strengths of the family and the child, as well as to discuss with them the future welfare arrangements.

It is very important for the parents to cooperate with the social worker and various investigating officers. We expect that all parties can agree on an appropriate plan upon discussion to facilitate the parents to provide proper care and supervision for the child in order to prevent child abuse in future.

If the parents do not consent to the above arrangements

Parents are earnestly asked to understand that the above arrangements are to protect the safety and interests of the child. We understand that parents may feel anxious and uneasy in the course of investigation, and they may not share the views of the investigating officers. Investigating officers will take into account the views of the parents. However, in order to protect the safety of a child and safeguard his / her best interests, even if the parents do not consent to certain arrangements, the officers concerned can consider seeking statutory protection for the child under the Protection of Children and Juveniles Ordinance (PCJO), Cap 213, if the situation so warrants, including taking the child to a safe place.

If the investigating officers are of the opinion that a child is in need of medical examination or treatment while the parents do not give their consent
Under Sections 34F(1) and (2) of the PCJO, Cap 213, any person authorised in writing by the Director of Social Welfare (DSW) or any police officer of the rank of Station Sergeant or above who is of the opinion that any child or juvenile who appears to be in need of care or protection is in need of urgent medical or surgical attention or treatment may take the child or juvenile to a hospital. A child or juvenile who is admitted to a hospital after being taken to it may be detained by the DSW in that hospital for so long as the attendance of the child or juvenile at that hospital is necessary for the purpose of medical or surgical attention or treatment and thereafter the DSW may take him to a place of refuge.

If the investigating officers are of the opinion that it is not appropriate for a child to return home at the moment while the parents do not agree that the child should stay at an alternative place temporarily

Under Section 34E(1) of the PCJO, Cap 213, any person authorised in writing by the DSW or any police officer of the rank of station sergeant or above may take any child or juvenile who appears to be in need of care or protection to a place of refuge or such other place as he may consider appropriate.

If the parents do not consent to the referral of the case to the Police for investigation while the incident is serious or a criminal offence may have been committed

The professionals concerned will give a detailed explanation to the parents and help them understand the purpose and importance of the investigation. However, professionals have the responsibility to refer the case to the Police for investigation even if the parents are not willing to do so.

Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse (the conference)

Normally after the various officers have conducted the investigation for the case and obtained certain information, a conference will be held. The conference is NOT for the discussion about the prosecution of the abuser but a forum by which professionals can share their professional knowledge, information obtained and concerns about the case. The most important thing is to formulate a welfare plan for the child with suspected abuse and his / her family.

All information discussed at the conference would be kept confidential.

If all the necessary information is ready, the conference will, as far as possible, be held within 10 working days after the case is received by the investigating social worker.

The conference is usually convened by a social worker. Members attending the conference will include professionals who take part in the investigation of the case, who have knowledge on the child and his / her family or who may follow up the case in future, namely:

- social workers
How is the conference conducted?

Professionals attending the conference usually start by reporting to other members the information obtained from the investigation and their knowledge of the family. The following items are then discussed at the conference:

- Determine the case nature from child welfare point of view
- Assess the extent of risk of abuse on the child and / or the siblings in future
- Recommend a welfare plan with regard to the welfare needs of the child and the family to ensure the safety of the child, to safeguard his / her best interests, and to assist the family in coping with problems and providing appropriate care and supervision for the child(ren)
- Whether the information of the child and / or the siblings will be registered on the Child Protection Registry of the Social Welfare Department
- Confirm the unit and social worker responsible for following up the case, and determine the roles of other professionals in the implementation of the welfare plan

Please note that the focus of the conference is on the welfare of the child and his / her family. The decision of the conference has no binding effect on the decision of the police on whether or not to prosecute the suspected perpetrator(s).

What are included in the welfare plan?

Depending on the situation and needs of the child and his / her family, the welfare plan may include:

- Day or residential care service for the child and / or the siblings in order to ensure the safety of the child(ren) or provide parents with temporary relief from care or supervision of their child(ren)
- Application to the Court for an order for the care and / or supervision of the child and / or the siblings under Section 34(2) of the Protection of Children and Juveniles Ordinance, Cap 213
- Refuge centres, temporary residential service or respite care service, etc. for other
family members at risk

- Counselling service for the child and his / her family
- Clinical psychological and / or medical assessment and treatment for the child and his / her family
- Parent education or parent-child activities or courses
- Learning support and extra-curricular activities for the child
- Financial or employment assistance for the family
- Special services for family member(s) on coping with emotional problems, stress, gambling, alcoholism, drug abuse, etc.
- Other community support services

In the course of following up the case, the social worker will make contact with the child and his / her family and keep contact with other relevant professionals as and when necessary so as to review the situation of the child and his / her family regularly and provide appropriate assistance.

If residential care service is arranged for the child, the social worker will discuss arrangements for visits, going out, home leave, etc. with the parents and the child, and assist the family in handling their problems so that the child can re-unite with the family as early as possible.

**If a child is suspected to have been abused, can the parents or the child attend the conference?**

The conference consists of two parts. The first part is for discussion among professionals. The second part is for the professionals to meet with parents. Under normal circumstances, the parents of the child suspected to have been abused will be invited to attend the second part of the conference. The purposes are to enhance the parents’ understanding of members’ concerns over the case and the family, to invite parents to give views on the proposed welfare plan and to enlist their cooperation with the professionals in the implementation of the welfare plan. However, parent(s) may not be invited if their attendance is considered inappropriate by members, such as when their attendance may hinder discussions during the conference.

If the Chairperson and members consider that the child can benefit from attending the conference, the child may also be invited to attend the second part of the conference. Before the conference, the parents or the child may express views to the investigating social worker or other members for their consideration at the conference. If the parents or the child are not attending the conference, the Chairperson or social worker/and certain members will explain to parents, after the conference, the decision and recommendations made at the conference. The parents may still express their views on the recommendations. The social worker will pass their views on to other members, if necessary.
Can parents bring their relatives or other people along to the conference?

Subject to the consent of members of the conference, significant family members and relatives who have sound knowledge of the child and would contribute to the formulation or implementation of the welfare plan can also be invited as necessary. However, the parents who cannot attend themselves need not send a representative to attend because that person cannot participate in the discussions or make decisions on behalf of the parents. After the conference, the Chairperson or social worker and certain members will explain to the parents the decision and recommendations made at the conference.

How can parents participate in the conference?

Before the conference, the Chairperson or the investigating social worker will brief the parents on the purpose, membership and procedures concerning the conference. During the conference, the parents may supplement the background information of the child’s family, and participate in discussions as well as give views on the formulation and implementation of the welfare plan. Parents may also seek clarification from the Chairperson or members on the issues discussed at the conference.

What should parents do after the conference?

The conference will identify a social service unit and relevant professionals to follow up the case in future. Parents are advised to keep contact with the responsible social worker and other professionals following up the cases, and to ensure the safety of the child and the welfare of the family as far as possible. Cooperation and active participation of the parents are very important.

If parents disagree with the decision of the conference

Parents attending the conference may express their views at the conference. However, regardless of whether the parents have attended the conference or not, they may express their views to the Chairperson and / or the responsible social worker after the conference, if necessary.

If parents disagree with the case nature as determined by the conference, the Chairperson or the responsible social worker will explain to the parents the reasons for the decision. We hope that parents can understand that the case nature is a case categorization from child welfare point of view based on the professional advice given by members of the conference. Although parents’ views on and interpretation of the case nature may be slightly different from those of members, what matters most is for a consensus to be reached on the problems concerned, which could then be alleviated in future by means of counselling or other support services.

If parents disagree with certain arrangement(s) of the welfare plan recommended by the conference which are related to the safety and / or care of the child, the social
worker of the Social Welfare Department or the Police may need to apply to the Court for a care or protection order for the child under Section 34(2) of the Protection of Children and Juveniles Ordinance, Cap 213. The parents may express their views at the hearing. The Court will then make a decision on relevant arrangements. Even if the parents disagree with the welfare plan and lodge a complaint to the organisation concerned, the social worker and professionals concerned will still carry out the welfare plan recommended by the MDCC as far as practicable.

**If the parents are dissatisfied with the handling of a particular professional**

Professionals responsible for handling the suspected child abuse case will try their best to explain to the parents what actions to be/have been taken and why, hoping that the parents can understand and cooperate. Parents who are dissatisfied with the approaches taken by a particular professional may express their views or lodge complaints with the organisation of that professional.


The following elaboration on the Assessment Framework is copied from Appendix 4 of Part B4, London Child Protection Procedures, 5th Ed.

1. **Dimensions of child's developmental needs**

**Health**

1.1 Includes growth and development as well as physical and mental wellbeing. The impact of genetic factors and of any impairment need to be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks,
dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

Education

1.2 Covers all areas of a child's cognitive development which begins from birth. Includes opportunities: for play and interaction with other children to have access to books; to acquire a range of skills and interests; to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

Emotional and behavioural development

1.3 Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family. Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self control.

Identity

1.4 Concerns the child's growing sense of self as a separate and valued person. Includes the child's view of self and abilities, self image and self esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

Family and social relationships

1.5 Development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

Social presentation

1.6 Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created. Includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about presentation in different settings.

Self care skills

1.7 Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes
early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Includes encouragement to acquire social problem solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self care skills.

2. Dimensions of parenting capacity

Basic care

2.1 Providing for the child's physical needs, and appropriate medical and dental care. Includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

Ensuring safety

2.2 Ensuring the child is adequately protected from harm or danger. Includes protection from significant harm or danger, and from contact with unsafe adults/other children and from self-harm. Recognition of hazards and danger both in the home and elsewhere.

Emotional warmth

2.3 Ensuring the child's emotional needs are met giving the child a sense of being specially valued and a positive sense of own racial and cultural identity. Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

Stimulation

2.4 Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities. Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life.

Guidance and boundaries

2.5 Enabling the child to regulate their own emotions and behaviour. The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance which involves setting boundaries, so that the child is able to develop an internal model of
moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not over protecting children from exploratory and learning experiences. Includes social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

**Stability**

2.6 Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver/s in order to ensure optimal development. Includes: ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to child's developmental progress. In addition, ensuring children keep in contact with important family members and significant others.

3. **Family and environmental factors**

**Family history and functioning**

3.1 Family history includes both genetic and psycho-social factors. Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family / household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.

**Wider family**

3.2 Who are considered to be members of the wider family by the child and the parents? This includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way?

**Housing**

3.3 Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members? Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the
child's upbringing.

**Employment**

3.4 Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child? Includes children's experience of work and its impact on them.

**Income**

3.5 Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child?

**Family's social integration**

3.6 Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents. Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

**Community resources**

3.7 Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities. Includes availability, accessibility and standard of resources and impact on the family, including disabled members.
(Sample for Reference)
Social Enquiry Report
for Multi-disciplinary Case Conference
on Protection of Child with Suspected Abuse
(Name of organisation controls the use of data in this document*)

Reference No. : 
Name of the Child : 
Sex / Age : 
Address : 
School : 

Concern for Social Enquiry / Investigation

Family Composition of the Child (the Suspected Victim)

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex / Age</th>
<th>Employment</th>
<th>Education / Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Siblings (including boy / girl-in-question)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
  1.  |           |            |                    |
  2.  |           |            |                    |

Living Environment (including observation from home visit)

Education (including adjustment and social relationship in school, the details can be skipped if the school personnel is invited to give a report)

Employment (including adjustment and social relationship at work)
Health Condition (including any special education needs diagnosed/suspected, *the details can be skipped if relevant professional is invited to give a report*)

Family Background (including parents’ upbringing, any physical or mental health problems, criminal history if applicable, family financial status and support network, etc.)

Family Relationship (including pattern of communication, level of affection, roles and functions of family members in the family, relationship among parents and other family members, violent behaviour of family members, etc.)

Characteristics and Behaviour of the Child

History of Child Care, Child Discipline and Suspected Abuse (including approach / pattern of parenting, expectations on children and sensitivity to children, etc.)

Precipitating Incident(s) (including severity, frequency, location and description of injury)

Attitudes and Feelings of Parent(s) / Suspected Abuser(s) / Significant Others towards the Incident(s) and Proposed Welfare Plan (including the possibility of further harm to the child and the willingness to accept help, etc.)

Attitude and Feelings of the Child (towards the parents, siblings, incident(s) and welfare plan, etc.)

Risk Factors of Child Abuse and Needs of Child and Family Identified (may make reference to Guide to Risk Assessment in Chapter 2 and Assessment Framework in Annex III to Chapter 8)

- Related to child / and other children in the family
- Related to parent / carer
- Related to family / environment
Capability of the Parent(s) / Family Resources to Protect the Child (including parents’ resources and approach in solving problems and dealing with stress, perception of self and coping capability, etc.)

Initial Recommendations on Welfare Planning for Child and Family

➢ For safety and to reduce risk of child abuse (including child care arrangement, statutory supervision, contacts with suspected abuser, etc.)
➢ To meet needs of child and family (including psychological service, supportive services, tangible services, etc.)

Signature : ________________________
Name : ________________________
Rank : ________________________
Office : ________________________
Tel. No. : ________________________
Date : ________________________

Note:
* to quote when the organisation wants to control the use of data in the report
CHAPTER 9
MEDICAL EXAMINATION

GOVERNING PRINCIPLES

9.1 In any medical examination, the child's health and welfare must always be of paramount concern. Requiring the child to describe the abuse incident(s) repeatedly should be avoided as far as possible and the number of examination should be kept to the minimum.

9.2 The examination should be conducted in a child-oriented reception and examination room to avoid additional emotional trauma.

9.3 The examination should be performed by staff with the ability to establish rapport with children and respond to their anxiety and discomfort, and by well trained medical examiners in a gentle and sensitive manner.

9.4 The child should be given full explanation about the examination, taking into account the child’s age and capability, and which should be conducted in the presence of a supportive adult who is not suspected to be party of the abuse.

9.5 There should be regular peer review on the findings and chartings.

9.6 Ideally all children suspected of being sexually abused should receive a medical examination by a well-trained medical examiner to achieve the following objectives:

(a) to identify injuries or conditions requiring medical attention;

(b) to assess the possibility of sexual abuse and to collect evidence of abuse;

(c) to have a general assessment on the physical, developmental, social, psychological and psychiatric status of the child;

(d) to minimize possible trauma to the child or carers in the examination process; and

(e) to interpret findings preferably by trained personnel making use of equipment of photographic capability with a colposcopic or macro lens camera.

9.7 Medical Co-ordinators on Child Abuse (MCCA) are designated by the Paediatric Departments in hospitals under the Hospital Authority for handling child abuse cases. For cases that the Child Protection Special Investigation Team (CPSIT) has been formed, the MCCA can be consulted at the strategy planning stage to determine the need for medical examination.
PLANNING AND MEDICAL EXAMINATION IN HOSPITAL

9.8 All children suspected to have been abused should be given a comprehensive examination, including assessment of physical, developmental, behavioural and emotional status. If necessary, referrals to clinical psychologists, psychiatrists and doctors of other relevant disciplines may be made. Special attention should be paid to the growth parameters and sexual development of the child.

For Suspected Child Sexual Abuse Cases

9.9 Doctor conducting initial examination should confine to a routine observation of the genital area unless indicated, e.g. heavy bleeding. Detailed examination of the genital area should be deferred until the planning by the MCCA to decide whether full assessment is needed.

9.10 Planning by the MCCA should be performed as soon as possible (preferably within 24 hours) in all suspected child sexual abuse cases with all relevant professionals concerned after gathering information on the child’s medical, family and educational background. The purpose of the planning is to decide on the plan and need for further assessment:

(a) consultation of welfare / crime-related issues can be made to the Family and Child Protective Services Unit (FCPSU) or Child Abuse Investigation Unit (CAIU) or Police Station as appropriate;

(b) multi-disciplinary interview;

(c) full genital examination;

(d) forensic examination for collection of medical and physical evidence;

(e) full developmental and mental health assessment;

(f) detention in a hospital under Section 34F of the Protection of Children and Juveniles Ordinance, Cap 213 (PCJO);

(g) informing parents, etc.

9.11 For direct disclosure and suspected child sexual abuse cases, referrals to FCPSU or reports to CAIU should be made as early as possible. The process should be repeated when additional or new information is available.

9.12 For child sexual abuse cases and serious physical abuse cases falling under the Charter of CAIUs, medical officers (MO) can join the CPSIT for a particular case.

---

*In accordance with Section 34F(1) of the PCJO, any person authorised in writing by the Director of Social Welfare or any police officer of the rank of Station Sergeant or above is of the opinion that any child or juvenile who appears to be in need of care or protection is in need of urgent medical or surgical attention or treatment may take the child or juvenile to a hospital instead of to a place of refuge.*
However, the MO cannot participate in the investigatory process other than the medical examination of the child. As the child should not be required to describe the abuse incident repeatedly but the information might be of great significance to the MO in carrying out medical examination of the child, the MO working with the CPSIT can observe the video-recorded interview of some special cases from a viewing room. In doing so, the MO who has viewed the interview will be required to provide a statement as to their action and conduct of the interview and will be liable to be required by the Court to give evidence on the matter.

**Consent to Medical Examination**

9.13 Generally a doctor administering treatment or carrying out an examination must satisfy himself that the child is of sufficient understanding and has the capacity to give consent and the views of the child and parent / carer on consenting to a medical examination should be considered. Where the life or physical well-being of the child is at risk, and medical examination and treatment must be carried out promptly especially in situation of life and death, doctors may depart from the general rule and proceed without either the child's or his parents' consent. This would cover situations where the child is brought to the Accident and Emergency Department (AED) in the aftermath of an accident or as a result of suspected child abuse. The medical examination is undertaken for diagnosis and treatment purpose. The requirement for consent is dispensed with as a matter of necessity.

9.14 In cases where medical examination is carried out by the forensic pathologists for the purpose of gathering evidence in relation to the criminal investigation into the child abuse incident, the Department of Justice has advised that the normal requirement for consent (from the child's parent / guardian or the child if he / she is competent and of sufficient understanding to give consent) should be adhered to.

9.15 In the absence of consent, the provisions of the PCJO to facilitate such forensic examination should only be invoked under **exceptional circumstances**, and only after full and careful consultation with the examining doctor, the respective forensic pathologist and immediate supervisory officers of SWD and Police. Under Section 34(1)(a), care proceedings may be instituted so that the Juvenile Court can appoint the Director of Social Welfare (DSW) to be the legal guardianship of such child or juvenile he and DSW who may then give consent to such forensic examination. Or alternatively, the DSW may cause a notice to be served on any person having custody or control of the child or juvenile (whom DSW has reasonable cause to suspect to be in need of care or protection) requiring that person to produce the child or juvenile for an assessment by a medical practitioner, clinical psychologist or an approved social worker\(^\text{10}\) of the state of his / her health or development or the way in which the child has been treated [Section 45A(1)(a)]. If the DSW is unable to ascertain the identity or whereabouts of any of the persons on whom notice may be served or a notice

\(^{10}\) An approved social worker refers to the social worker approved by the DSW to discharge the duty under Section 45A of the PCJO.
issued and served has not been complied with as regards the production of the child or juvenile at the time and place specified in the notice, the DSW may remove the child or juvenile for an assessment [Section 45A(4)] though the DSW's entry into any premises for the purpose of effecting a removal shall not be by force unless a warrant issued by a Magistrate, Juvenile Court or District Court [Section 45A(8) and (9)]. Please refer to Annex II to Chapter 3 for certain provisions of PCJO.

**Medical Investigation**

9.16 Appropriate investigation should be performed as indicated by the history of the case or examination.

9.17 Routine screening for sexually transmitted diseases is not required for all sexual abuse cases.

**Documentation and Evidence Collection**

9.18 Careful documentation of the history, examination and investigation is essential. Photographs, X-rays, culture results, specimens taken for investigation, site, time and date, and person(s) who took the specimens are to be recorded. Chain of evidence needs to be properly kept. MOs conducting the examination will be required to be asked in Court on their findings, conversations and contacts with the child.

**ROLE OF FORENSIC PATHOLOGIST**

9.19 **For child sexual abuse cases**, forensic pathologist will be involved upon request of the Police (OC Case) to conduct the forensic examination or when the hospital doctors, during their clinical management of the child, wish to seek a second opinion.

9.20 For child sexual abuse cases that have been reported to Police, the forensic pathologist will conduct forensic examination upon request of the Police as follows:

(a) In non-hospitalised cases, the forensic pathologist will conduct the examination in the designated suites.

(b) In hospitalised cases, the forensic pathologist will see the child as a member of the medical examination team when indicated. The forensic pathologist will attend the hospital whilst the child is still hospitalized. The examination can also be conducted at the police suites. Case discussion between the hospital doctors and the forensic pathologists is encouraged as it may not be possible / necessary for the forensic pathologist to be present for every suspicious case.

9.21 For child sexual abuse cases in which the incidents happened recently, the
forensic pathologist will conduct the forensic examination as soon as practicable. The forensic pathologist should be notified and the escorting officer should inform the doctor of AED whether the forensic pathologist will personally attend the hospital to carry out the examination in respect of the alleged offence. This is to avoid the child being examined twice. In the event that the child is hospitalized, the responsible police officer (OC Case) will inform the Ward Manager / MO once the decision of conducting forensic examination is determined. However, if the child requires urgent medical treatment, immediate medical examination and management by the hospital doctor should not be deferred.

9.22 If the hospital doctor who has examined the child during his clinical management of the child can provide adequate evidence, which is also admissible in court, separate forensic examination by a forensic pathologist is not required so as to minimize the trauma to the child.

9.23 For child sexual abuse cases in which the abuse happened some time before, forensic examination can be arranged at a time convenient to all parties concerned.

9.24 For child sexual abuse cases that have not been reported to the Police, forensic examination by forensic pathologist will not normally be performed. However, the Consultant Forensic Pathologist will be available to provide specialist advice when necessary.

9.25 For non-contact child sexual abuse cases, there is normally no indication for forensic examination by forensic pathologist on top of the general medical examination by clinicians. However, the Consultant Forensic Pathologist or his / her delegate will be available to provide specialist advice when necessary.

9.26 For child sexual abuse cases, CAIU/CPSIT should liaise with the MOs concerned for details of the examination findings and any forensic evidence. CAIU/CPSIT will, in consultation with a forensic pathologist and FCPSU/CPSIT where CPSIT is formed, determine whether a further examination of the child is required.

9.27 For other forms of child abuse cases, there is normally no indication for forensic examination by forensic pathologist on top of the general medical examinations by clinicians. However, the Consultant Forensic Pathologist will be available to provide specialist advice for serious / complicated cases when necessary.

9.28 Forensic pathologists are on call 24 hours a day and can be contacted through the Duty Officer, HQCCC, Police Headquarters.

**STRATEGY PLANNING**

9.29 The CPSIT will be responsible for conducting strategy planning, video-recorded interview and immediate case assessment, irrespective of the need of the child for
hospitalization. The MCCA and relevant personnel attending the cases will be closely involved throughout the handling process by CPSIT to contribute their professional views and information gathered on the child's medical, family and education background. They will also be involved in formulating the immediate protection plan of the child as necessary.

MULTI-DISCIPLINARY CASE CONFERENCE ON PROTECTION OF CHILD WITH SUSPECTED ABUSE (MDCC)

9.30 The MO(s) attending the case should attend the MDCC to formulate the welfare planning of the child and his / her family and prepare preferably written report(s) on the child's condition for reference of the Conference. When subsequent case conferences are called by the key worker, MOs concerned will be invited to attend.

FOLLOW UP

9.31 For cases requiring medical follow up in ward or Specialist Outpatient Clinic (SOPC), etc., the case should be followed up by the MCCA, medical social worker, clinical psychologist, psychiatrist or other professionals as appropriate.

COLLABORATION WITH OTHER PARTIES

9.32 All parties concerned should maintain communication about the case progress as appropriate for the protection of the child and provision of welfare service to the family.
CHAPTER 10

JOINT INVESTIGATION – EARLY CONSULTATION, STRATEGY PLANNING, INVESTIGATIVE INTERVIEW AND IMMEDIATE CASE ASSESSMENT

GOVERNING PRINCIPLES

10.1 In any child protection intervention, the child's welfare must always be paramount concern and take precedence over:

(a) the rights of parents; and

(b) the criminal prosecution of any alleged perpetrator.

10.2 A proper balance must be struck between protecting children and respecting the rights and needs of parents and families; but where there is a conflict, the child’s interests must always come first. A thoroughly considered approach to intervention in the family is essential. Procedures and interventions intended to protect the child should not in themselves be abusive by causing further damage or distress.

10.3 During investigation into allegation of child abuse, there will be situations where the Police and social workers of the Government will work together in a joint investigation. In the process of collecting evidence, a decision may be made to record a child’s account of an abuse on video tape. The decision to record the interview with a child on video or not will be made with the above welfare principle in mind. In order to safeguard the “welfare principle”, it is essential to take steps to ensure that this process is applicable to all children, if appropriate.

10.4 Professionals involved in joint investigation should be sensitive to the emotional needs of the child and his / her family members, including the offending parent, throughout the process of joint investigation.

AIM OF THIS CHAPTER

10.5 The aim of this Chapter is to provide guidance to officers of the Regional Child Abuse Investigation Units (CAIUs) of Police, the Family and Child Protective Services Units (FCPSUs) and clinical psychologists (CP) of SWD who will form Child Protection Special Investigation Team (CPSIT) in handling allegation or suspicion of child abuse.
10.6 To handle allegation or suspicion of child abuse with a view to collecting evidence which will be admissible in criminal proceedings, and to prevent further trauma to the child by having to repeat details of the allegation to different persons, the Police and SWD will form a CPSIT to conduct joint investigation into cases of suspected child abuse. The reasons for this are:

(a) SWD have a statutory responsibility to investigate all allegations of child abuse to determine whether the child concerned is in need of care or protection under the Protection of Children and Juveniles Ordinance Cap 213;

(b) Police have the responsibility to investigate reports of offences against children; and

(c) both SWD and Police have specialist and complementary skills in terms of investigating allegations of child abuse. In appropriate cases, it is necessary for these skills to be combined to provide maximum protection to the children who have been abused or at risk.

10.7 CAIUs will investigate cases of:

(a) child sexual abuse occurring within the family or extended family (e.g. mother, father, aunt, uncle) where the victim is under the age of 17 years;

(b) child sexual abuse where the victim is under the age of 17 years and, the alleged offender is known to the child or is entrusted with the care of the child (e.g. baby-sitter, school teacher, youth worker);

(c) serious physical abuse where the victim is under the age of 14 years (at the discretion of the respective Senior Superintendent of Crime Region); and

(d) organised child abuse. (Organised child abuse is defined as abuse which may involve a number of abusers, a number of abused children and juveniles and often encompasses different forms of abuse. It will also involve to a greater or lesser extent an element of organisation e.g. paedophile or pornography rings.)

10.8 In respect of cases falling outside the Charter, cases involving mentally handicapped adult victims and witnesses and child witnesses to crime, where appropriate, the CAIUs will be responsible for:

(a) assisting in intaking / recording their statements on video tape; and
advising investigation units in relation to giving evidence in criminal proceedings.

Cases falling outside the above Charter (such as sexual assaults by strangers) will be handled by the appropriate police units. Procedures for handling suspected child abuse cases by CAIUs and other police units are provided at Appendix XII.

Cases of child sexual abuse referred to in this Chapter are those specified in the CAIU Charter in paragraph 10.7 above.

The Police have established five Regional CAIUs in Hong Kong Island, Kowloon East, Kowloon West, New Territories North and New Territories South respectively. Correspondingly, SWD have divided the work among FCPSUs to match with each of the regional CAIUs. These CAIUs and FCPSUs will work together as the Child Protection Special Investigation Teams (CPSIT) for cases described in paragraph 10.7 above. The respective lists of contact phone numbers are at Appendix VII and VIII.

Each CPSIT will be formed and begin to function when a report of case described in paragraph 10.7 above is received, either by CAIU or FCPSU. The CPSIT member (CAIU/CPSIT and FCPSU/CPSIT) will contact each other by phone / pager to conduct joint investigation as appropriate in accordance with the procedures described in the following paragraphs.

When a video-recorded interview of a child is to be conducted, the CPSIT member (CAIU/CPSIT and FCPSU/CPSIT) or clinical psychologist of SWD will conduct the investigation together in police interviewing suites according to Section 79C of the Criminal Procedure Ordinance, Cap 221.

In discharging their statutory duties, it is important for staff of both SWD and Police to be conscious that a lack of necessary intervention may have an adverse effect on the child, or conversely, that unnecessary intervention may adversely affect both the child and the family. They should ensure that children at risk are protected.

In conducting video-recorded interviews, reference should be made to the procedures laid down in the Memorandum of Good Practice (MOGP) (Appendix XIV).

REFERRALS

Consultation of welfare / crime-related issues in relation to allegation / suspicion of child abuse cases can be made to FCPSU/CAIU as appropriate. Joint investigation will be conducted on cases described in paragraph 10.7 above.

Referrals to FCPSU / Reports to CAIU will broadly fall into two groups:

(a) allegation / suspicion which requires joint investigation from the outset;
and

(b) allegation / suspicion which requires consultation with FCPSU/CAIU to consider if joint investigation by the CPSIT is necessary.

10.18 All referrals / reports will be taken seriously and considered with an open mind.

10.19 Members of the CPSIT, i.e. CAIU/CPSIT or FCPSU/CPSIT, receiving referrals must be aware that it is not necessary to have incontrovertible evidence before initiating joint investigation. Circumstances where the information is assessed to have indicated a reasonable probability that the child is suffering from abuse should be subject to such investigation.

Sources of Referral

10.20 Referrals may originate from:

(a) the child;

(b) any member of the public;

(c) staff working with children and families who are not directly involved in child protection work, e.g. teachers, child care workers, youth workers, etc.; and

(d) other professionals who are regularly engaged in child protection work, e.g. family caseworkers, medical practitioners, police, clinical psychologists, etc.

Handling of Referral

10.21 CAIU has a call out list and is available on a 24-hour basis. FCPSU and clinical psychologist can also be contacted according to the list at Appendix VII. On receipt of a referral of case which falls in the Charter of CAIU (paragraph 10.7 above), the CPSIT will be formed and the members on duty will collect the following information from the informant / referrer:

(a) request the informant / referrer to give his / her name, address, telephone number and if possible, HKIC number. Anonymous referrals are also accepted, but contact telephone numbers are preferred to be recorded in order to obtain further information on the case;

(b) collect all details of identifiable data of the child / family, e.g.

(i) the nature, date and frequency of the abuse or concern;
(ii) the name, date of birth (if unavailable - age), and any disability or special needs of the child;
(iii) the child’s whereabouts;
(iv) whether the child is in immediate danger;
(v) names and HKIC numbers of parents / carers and others involved;
(vi) names of other children in the household and whether the children are at risk or potentially at risk;
(vii) name of school / child care centre, if known;
(viii) how the informant / referrer is aware of the information; and
(ix) names of other witnesses and other agencies / government departments involved.

10.22 Sample Report Forms and Written Dated Notes are at Appendix IX & X respectively.

10.23 In order to avoid confusion or duplication, it should be established whether the informant / referrer has contacted other government departments or agencies. If the informant is the child himself/herself and asks for the allegation to be kept secret, explanation should be made to the child that it is in his / her best interests that such a promise cannot be made.

10.24 Sometimes informants may wish to be treated in confidence. The informant should be assured that his / her identity and personal data will not be disclosed unless such disclosure is essential to protect the child or other persons or required in court proceedings.

10.25 On receipt of a referral or when in direct contact with a child who wishes to make an allegation of abuse, the following principles should be adopted:

(a) listen to the child, rather than directly question him / her;
(b) never stop a child who is recalling significant events at will;
(c) make a note of the discussion, with due care in recording the time, setting and personnel present at the time of the discussion, as well as what has been said (this may be required as a court exhibit); and
(d) record all subsequent events up to the time of the investigative interview.

10.26 The court may be interested in hearing evidence from those who have had direct contact with the child prior to the investigative interview.

10.27 The FCPSU/CPSIT will check the Child Protection Registry following which both CAIU/CPSIT and FCPSU/CPSIT will make initial assessment of the referral.

**JOINT INVESTIGATION**

10.28 **Goals of the Investigation:**

(a) to protect the child;
(b) not to traumatis the child any further; and

(c) to collect evidence on the allegation or suspicion in a friendly environment for the child.

10.29 The process of joint investigation generally consists of the following stages:
- Stage I - Early Consultation
- Stage II - Strategy Planning
- Stage III - Investigative Interview
- Stage IV - Immediate Case Assessment

Stage I - Early Consultation

10.30 Early consultation should begin as soon as a referral is received. Based on the data collected, CPSIT should consider whether further action is required. Some allegation / suspicion may warrant joint investigation while some may not. The informant / referrer will be kept informed of the decision or if necessary will be involved in strategy planning. The referrer is advised to initiate contacts with FCPSU / CAIU for their views / results of their enquiry. For cases which require further exploration, the referrers will be kept informed by the CPSIT as soon as possible. A written record of early consultation will be kept by the CPSIT.

Stage II - Strategy Planning

10.31 All joint investigation undertaken by the CPSIT should involve a strategy planning meeting, or consultation over the phone preferably within 24 hours. The social worker from the referring agency / department and other concerned professionals (medical officer / practitioner, psychiatrist, psychologist, school personnel as appropriate) should attend. If it is not possible to establish a joint investigation plan within 24 hours of referral, then it may be appropriate for the Police or social worker to conduct initial investigation singly to assess the protection needs of the child.

10.32 The purpose of Strategy Planning is:

(a) to share relevant information about the child, the family and the allegation;
(b) to plan the extent of and how to conduct the investigation;
(c) to decide if there is a need to interview the child and the most appropriate time and method;
(d) to decide if there is a need to record the interview on video or to take a written statement from the child; and
(e) to plan the tasks of each agency involved.

10.33 It is essential for the safety of the child that no precipitous action is taken and that the investigation is carried out in a carefully planned way. An assessment of the
immediate risk to the child should be undertaken preferably within 24 hours upon receipt of information.

10.34 An immediate response is required if the child:

(a) is making an allegation and asking for help;
(b) needs urgent medical treatment, or is otherwise in danger or has suffered significant harm;
(c) is threatening suicide;
(d) alleges to have recently been abused and forensic evidence is likely to be available; or
(e) is living/staying with the alleged offender.

10.35 The CPSIT should consider immediately specific actions to be taken. This will include:

(a) what action if any to immediately protect the child or other children in the household;
(b) who will be responsible for the removal of the suspected abuser or the removal of the child from home;
(c) who to interview

(i) the person making the allegation;
(ii) the parents or other carers;
(iii) the child;
(iv) other children in the family;
(v) other family members or people who may have information relevant to the enquiry/investigation; and
(vi) the suspected abuser.
(d) who to conduct the interview which has been agreed to be necessary;
(e) careful consideration on the appropriateness of the interviews to be conducted jointly by the social worker and police officer;
(f) timing of the interviews;
(g) where to conduct the interviews;
(h) appropriateness of medical examination at this stage (in respect of consent to a medical examination see paragraphs 9.13 to 9.15 above);
(i) whether the interviews are to be video-recorded;
(j) arrangements for reporting back;

(k) there will not normally be a joint interview of the alleged perpetrator for the purpose of a criminal investigation. This will be conducted by the Police alone;

(l) if urgent action needs to be taken, only in the following circumstances will the interview with the child start while no other party but only the Police/CPSIT is present:

(i) to protect the child;
(ii) to preserve the evidence;
(iii) to detain the alleged perpetrator; or
(iv) if the other agency is unable to attend within a reasonable time.

10.36 The result of the Strategy Planning must be recorded properly by completing the "Record of Strategy Planning" contemporaneously (Appendix XIII).

10.37 Adequate planning is essential for the efficient conduct of any interview with a child. The strategy agreed should reflect the skills and experience represented by CPSIT.

10.38 Where there is uncertainty or disagreement on whether the interview should be video-recorded or otherwise, advice should be sought immediately from the supervisors of the respective CAIU and FCPSU who will direct appropriate action having due regard to all the circumstances.

10.39 For cases not meeting the criteria for video-recorded interview, a decision has to be made on how to take the written statement from the child with due consideration to the welfare of the child.

Gaining Access to the Child and Removal of the Child

10.40 Whenever necessary, immediate action to protect the child should be taken. For a child in need of care or protection under Section 34(2) of the Protection of Children and Juveniles Ordinance, Cap 213 (PCJO), CPSIT will visit and gain access to the child and bring the child to a suitable location with transportation provided by the Police/CAIU. Please refer to Annex II to Chapter 3 for certain provisions of PCJO.

Protection of Other Children

10.41 The SWO/FCPSU should also consider protecting other children in the household who may be at risk and if necessary, initiating enquiry / investigation by the CPSIT (see paragraph 10.91 below).
Stage III - Investigative Interview

Criteria for Video-recorded Interview

10.42 Section 79C of the Criminal Procedure Ordinance, Cap 221 allows video recording of an interview with a child witness of certain sexual or violent offences to be used, where it relates to any matter in issue in the proceedings, in trials at the High Court, District Court or Magistracy. Under Section 79C, video recording is admissible only where:

(a) the child is not the accused;
(b) the child is available for cross-examination (assuming the proceedings get that far); and
(c) the rules of Court requiring disclosure of the circumstances in which the recording was made have been properly complied with.

10.43 Bearing this in mind, the use of the video-recorded interview should be restricted to those cases where a child or young person has made specific allegation or there is a suspicion of sexual abuse, or physical abuse.

10.44 In deciding if video taping is the appropriate medium on which to record the evidence, other factors should also be considered. They may include the nature of the allegation, age and competence of the child and where appropriate, and wishes of the child (older children may prefer to provide a statement and appear in Court). Consideration should also be given as to the likelihood of the matter going to Court.

10.45 With regard to very young children (i.e. under the age of 5), it must be considered whether the child will be able to give a coherent account of the events under investigation. This should not necessarily be age limited. Each child should be considered as an individual in respect of the criteria on competence and suitability.

10.46 Under the Evidence Ordinance, Cap 8, it is no longer a requirement in law for the Court to examine the child’s competency before the trial. It may be the case, as with some adult witnesses, when a particular child proves to be unable to give an understandable account of the event under investigation. If this happens, the child’s evidence will not form part of the case for the prosecution or defence. The CPSIT should assume that the Court will be willing to listen to the evidence of any child who is able to communicate in a way the team as a whole can understand. This would include communication which has been aided by the use of communication tools such as dolls or drawings.

10.47 This is only an advice and each case must always be judged on its merits. In light of this advice, the following criteria should still apply.

10.48 Interviews with children who may be victims may be video-recorded where
there is:

(a) an allegation or suspicion of an **offence involving assault, or injury, or a threat of assault or injury, or cruelty**, and the witness may be a victim under 14 years of age;

OR

(b) an allegation or suspicion of a **sexual offence** where the witness may be a victim under 17 years of age;

AND

the child appears to be capable of giving evidence in Court.

10.49 However, there will be occasions when child witnesses to offences of violence who may not be victims of child abuse require interviewing and **there is neither a child protection issue nor statutory duty for the FCPSU/CPSIT to investigate.** In these cases, the Police will interview with SWD personnel **only when there is a valid reason for the interview to be conducted jointly and consent has been obtained from an officer supervising the respective CAIU.** According to good practice, welfare principle and special working policies, it is suggested that in certain cases, e.g. where a child has witnessed the murder or serious assault of a family member, SWD should be informed and should consider whether their involvement will be in the best interests of the child.

10.50 Interviews with **child witnesses who are not victims** may be video-recorded where:

(a) they are under 14 years of age and are material witnesses in any offence involving assault or injury, or a threat of injury or cruelty;

OR

(b) they are under 17 years of age and are material witnesses in any sexual offence;

AND

the child appears to be capable of giving evidence in Court.

10.51 A full list of offences is given at Annex I to Chapter 3.

**When to Interview**

10.52 All allegations should be investigated without delay. However, a premature interview of an investigation may not be in the child’s best interests. Equally, a delay may be prejudicial to the child’s welfare where this is specifically due to the lack of resources, whether this be access to a suite, equipment or personnel.
In such case, other means to conduct the interview may need to be considered.

10.53 Once it becomes clear that a criminal offence may have been committed, and it has been agreed to interview the child through video recording, an interview should be arranged as soon as practicable.

10.54 This will minimise the stress on the child and reduce the chance of him / her forgetting important or relevant details or being influenced by others. Consideration will be given to:

(a) the needs of the child;
(b) the child’s physical, social and sexual development;
(c) the child’s memory;
(d) the child’s concept of time;
(e) the child's understanding and trust of the interviewer(s);
(f) the use of age-appropriate language; and
(g) legal aspects.

Care to be taken when Transporting Children to and from Interviews

10.55 Care must be taken that the CPSIT does not stay with the child without the presence of independent adult(s). This is especially so, where children in police protection are conveyed to the police suites from police stations. It will be subject to query if no independent adult is present. If such situation is unavoidable, a brief record of any conversation with the child should be made as soon as possible after it takes place. This record should be retained for production in Court if required.

Consent

10.56 Written consent to be video-recorded needs not be obtained. However, in the interest of good practice, parents should be fully informed and their permission should be sought in writing using the consent forms provided unless the action to do so would affect the safety and welfare of the child. This will depend on the age of the child, the circumstances and nature of the allegation (i.e. whether the parent / carer is a suspected abuser and whether there is the likelihood of collusion with the parent / carer).

10.57 In exceptional circumstances when the child is interviewed without informing the parents / carers, the reasons for this should be clearly recorded. Generally in such circumstances, legal advice should be sought. Where a child is mature enough to understand the concept, he / she should be given an explanation of the purpose of the video recording so that the child is fully informed to a level
appropriate to his / her own age and understanding and freely consents to be interviewed and video recorded.

10.58 Where a child is of sufficient understanding to indicate his / her willingness to make a video-recorded statement against the wishes of his / her parents, he / she should be permitted to do so, where such a statement is to facilitate a criminal investigation / prosecution. However, there is no legal authority to prevent parents of an abused child from observing the interview through a Close Circuit Television in the viewing room.

10.59 **In cases of child abuse**, if the parent(s) are suspected of the abuse or if it is believed that by viewing the video recording from a separate room, the parents would be in a position to affect or prejudice the child’s subsequent testimony in the criminal proceedings, and if the child is unable to give consent and the parents refuse or, are suspected to have involvement in the abuse, **neither the child's nor the parents’ consent is required to conduct any procedures in respect of the child for the purpose of police investigation.** The Police Force Procedures Manual (FPM) 21-35 details the situations where it may be necessary to interview a child or young person under the age of 16 years old with the presence of a parent or guardian.

10.60 In circumstances where the child is a witness or victim, a parent or guardian has no legal right to demand to be present during the interview, however, in accordance with paragraph 10.58 above, he / she cannot be denied access to view the interview in the viewing room.

10.61 Officers conducting interviews in scenarios outlined in the paragraphs above should differentiate between a parent or guardian “being present” as opposed to “viewing” or “monitoring”. Presence implies physical proximity (i.e. in the interview room), ”view" and "monitor" do not require physical proximity as the parents can be accommodated in the viewing room.

**Explanation to Child**

10.62 Children, parents or accompanying adults should always be given clear information regarding the format and nature of the interview. The child can be informed about the investigative interview as soon as it is planned. It will be important to avoid coaching the child, but answering his / her questions about the reasons for the interview would be helpful and would provide an opportunity to assess the child’s willingness to be video-recorded.

10.63 It should be explained to the child that video recording will be used to record his / her conversation with the interviewer instead of a written statement. It should also be explained that this video recording may be viewed by other professionals but will not be shown to the child’s friends and that the Police will ensure security of the video tape. The child should be advised that after the video recording has been made, he / she will be given an explanation of what will happen next and this will depend on what was said during the interview.
10.64 Where a child is too young to understand fully, the team should listen to the views of the parents or carers. (Care should be taken regarding the possibility of anyone, implicated in abuse of the child, exerting pressure on a child not to give his / her account.)

**Location of Interviews**

10.65 Interviews must be conducted in sympathetically designed suites which are equipped with video / audio equipment.

10.66 There are five such suites : one each in HKI, KW, KE, NTS and NTN (all suitable for people with disabilities - including children and accompanying adults) operated by the Police.

10.67 To comply with the **Memorandum of Good Practice** and the general welfare principle, a portable video recording system will be used to conduct interviews in hospitals, witnesses’ homes, or other appropriate locations. The use of this equipment is designed for occasions when witnesses are unable to attend the above suites. This equipment is available from the Family Conflict and Sexual Violence Policy Unit of Hong Kong Police.

**Video-recorded Interviews**

10.68 The basic aim of the interview is to obtain a truthful account from the child, in a way which is fair and in the child’s interests, acceptable to the Court and can reduce the trauma of the child having to repeat details of the incident(s).

10.69 In conducting the interview, it is important to listen to what the child has to say. It is not a “therapeutic” interview. However, each child is unique and an effective interview will be one which is tailored to the child’s particular needs and circumstances.

10.70 It must be understood that front-line practitioners, therapeutic interviewers, and CPSIT members may be required to be witnesses in Court.

10.71 Interviews should be conducted using the phased approach as recommended in the **Memorandum of Good Practice** (Appendix XIV).

**Who should Interview**

10.72 Interviews should only be conducted by police officers, social workers and clinical psychologists of SWD trained in joint investigation and video-recorded interviews. It is an essential pre-requisite that they are fully conversant with the **Memorandum of Good Practice**. The interviewers should consult their supervisors for any difficulties encountered in arranging the video-recorded interviews, case assessment and decision making.

10.73 The **CPSIT** should consider, in the light of the issues known, who is best
qualified to conduct the interview. The interviewer, be he/she the CAIU/CPSIT, FCPSU/CPSIT or clinical psychologist, should be the person who has or is likely to be able to establish rapport with the child, who understands how to communicate effectively with him/her, including during disturbed periods, and who also has a proper grasp of both the basic rules of evidence and the elements of criminal offences. Wherever possible, the child’s wish should be taken into account. Some compromise may be necessary.

10.74 In circumstances when a child refuses to talk, the CPSIT may decide to temporarily suspend the investigation and refer the suspected victim to a clinical psychologist for assessment/treatment where necessary. If the child has psychiatric symptoms or has records of mental illness, a child psychiatrist should be invited to assess the mental state of the child before the video-recorded interview is conducted.

10.75 In the event that a video-recorded interview has to be terminated because the child refuses to talk and there is a need to conduct a second video-recorded interview, legal advice shall be sought prior to the second interview, and a full record of the reason for the second interview shall be recorded.

10.76 Having regard to paragraphs 10.48 to 10.50 above, a video-recorded interview may be conducted by:

(a) the CAIU/CPSIT, assisted by the FCPSU/CPSIT and/or clinical psychologist in the monitoring room;

(b) the FCPSU/CPSIT, assisted by the CAIU/CPSIT and/or clinical psychologist in the monitoring room;

(c) the clinical psychologist, assisted by the FCPSU/CPSIT and/or CAIU/CPSIT in the monitoring room.

10.77 A rigid definition of the roles of Police and social service professionals in the joint investigation on the child and his/her family is not likely to be possible or desirable and a high degree of flexibility and responsiveness within the CPSIT is essential.

10.78 In exceptional cases, it may be in the interests of the child to be interviewed by an adult whom he/she confides in, but who is not a member of the CPSIT. Provided that such a person is a police officer, social worker or clinical psychologist working for the Government and is prepared to co-operate fully with appropriately trained interviewers and accept adequate briefing, this possibility should not be precluded. The covert earpiece/induction loop system should be used in these circumstances and the interview should be controlled by a member of the CPSIT.

10.79 In the event of criminal proceedings, any formal or informal notes relating to the investigation, preparation and conduct of any interview must be retained and passed to CAIU/CPSIT for disclosure to the Department of Justice (Prosecution...
Division).

Observer of Interview

10.80 People other than the interviewer and the child should not normally be in the interview room. A suspected offender must never be present. The presence of excessive number of people in the interview room may overwhelm the child. Persons who accompany the child, i.e. to provide support, may view the interview in the viewing room via the CCTV.

10.81 When the CAIU/CPSIT is the interviewer, the FCPSU/CPSIT partner will monitor the interview in the monitoring room and vice versa. The monitor can communicate with the interviewer through the induction loop ear piece. A supervisor may also be present to monitor the interview.

10.82 Where appropriate, e.g. in rape cases, the investigating officer who may not be a member of CPSIT, may also observe the interview of the child in the viewing room through the CCTV.

10.83 Consideration should be given to the fact that the accompanying adult(s) may become distressed or obstructive or the child is not ready to disclose the incident in the presence of the accompanying adult. Where the strategy meeting has predicted such a reaction, proper arrangement should be made to facilitate the smooth conduction of the interview e.g. there should be someone available to sit with the accompanying adult, in addition to the practitioner monitoring the interview.

10.84 Subject to the decision of the CPSIT, the person with whom the child has a good rapport and is accompanying the child, the responsible worker of the concerned SWD / NGO units and / or parent may be allowed to observe the interview in the viewing room. It must be made clear that he / she will take no part in the interview. The responsible worker will not normally be allowed to communicate directly with the interviewer but may pass written messages to the member of the CPSIT in the monitoring room, but preferably, the communication should take place prior to the interview. Any person who has observed the interview will be requested to make a statement and must be prepared to give evidence in Court.

Communication Difficulties

10.85 Assessment of the child’s ability to communicate will take into account the first language and any physical or learning difficulties which might impede effective communication with the child. The clinical psychologist may, where necessary, be involved in assessing the competence of a child with communication difficulties or mental handicap.

10.86 Should difficulties in communication arise, someone who can facilitate the communication will be needed to assist the CPSIT. The CPSIT should also consider whether there are any special factors, arising from the child’s cultural or religious background, which are relevant to the planning of an effective interview.
In some cases, it will be necessary for the team to seek advice in advance about particular ethnic customs. Consideration of ethnicity, language, and gender may influence the choice of interviewer.

10.87 The above should form part of the planning process and should be carefully considered, despite giving rise to some delay if necessary. It is important that the interview is not prejudiced by failing to give the proper weight to, or obtain appropriate advice and help for the interview process.

10.88 A list of suitable and qualified interpreters, including sign language interpreters, is maintained by the Police and readily accessible (via CAIU).

10.89 It must be borne in mind, for the purpose of giving evidence, that a different interpreter will be required for the trial.

10.90 The induction loop system to prompt the interviewer should be appropriately used.

**Interviewing Other Children of the Family**

10.91 It is important for the CPSIT to obtain additional information and to assess the risk factors of other children in the family. The children will always be interviewed separately. If there is suspicion of child abuse within the family, video-recorded interviews with other child(ren) may be necessary.

**Interviewing Parents / Significant Others** (e.g. relatives / carers but not the perpetrator)

10.92 The CPSIT will:

(a) explain to the parents / carers the purpose of their investigation; and

(b) interview the parents / carers as appropriate to understand the family circumstances and to assess the welfare needs of the family.

**Video-recorded Interview conducted Outside Office Hours**

10.93 When a referral is received outside office hours (taking into account such consultation and planning), the CPSIT may consider in the interests of the child whether to delay the interview until the next day. The age of the child, his / her needs and normal bedtime should always be taken into consideration.

10.94 There are occasions outside office hours when it will be necessary to interview the child immediately, i.e. :

(a) where the deferment will occasion serious risk to the child;

(b) the alleged abuser has been detained by the Police; or

(c) medical or forensic evidence is required due to the nature and recent
commission of the offence.

10.95 In these cases, the police officer on the call out list will respond. If a delay is likely to be prejudicial to the child, other means to record the interview may be considered. The welfare principle should determine the outcome.

**Handling of Video-recorded Interview Tapes**

10.96 The Police have guidelines for the handling and disposal of the video-recorded interview tapes.

**Supervision / De-briefing**

10.97 There are obvious benefits for workers involved in the work to have de-briefing sessions after the interview. Attempts should be made wherever possible for the social worker and police officer involved to spend some time together after the interview for the purpose of de-briefing and identifying any themes which have emerged during the process. In addition, supervisory officers need to be sensitive to the needs of the staff involved in this process and where possible allocate time for specific supervision / de-briefing as soon as possible after the interview.

**Cases not Suitable for Video-recorded Interview**

10.98 If a decision is made not to have video-recorded interview but to use other means for taking evidence from a child, it is vital that the same care in relation to early consultation, strategy planning, immediate case assessment, and effective communication and planning should be taken. All children have a right to the highest standard of investigation as far as possible. The principles of good practice laid down in the **Memorandum of Good Practice** should apply regardless of the medium used.

**Stage IV - Immediate Case Assessment after Investigation**

10.99 Following the investigative interview with the child, the CPSIT will meet and discuss with the social worker of the referring agency / department and other concerned professionals to assess whether there is adequate evidence to substantiate this as a child abuse case and whether immediate protection for the child is necessary. If the multi-disciplinary assessment indicates that the child’s health, development or welfare is at risk, the following action will be considered and taken by the FCPSU/CPSIT as appropriate (Appendix XV):

(a) to arrange the child to return home if the suspected abuser has been removed and / or no other risk in the family will occur. Regular visits to the child and his / her family should be paid to ensure safety and well-being of the child and regular consultation be maintained with the police officers, psychologists and other concerned professionals on the well-being of the child; and
(b) to arrange for the child to be removed
  (i) to a suitable place with consent from parent(s) / guardian(s); or
  (ii) if consent from parent(s) / guardian(s) is not available, to remove
       the child to a place of refuge or such other place as appropriate by
       invoking Section 34E of the Protection of Children and Juveniles
       Ordinance, Cap 213 (PCJO), if the child or juvenile is in need of
       care or protection. Within 48 hours after the child’s removal from
       his / her home, an application in relation to that child or juvenile
       shall be made to a juvenile court under Section 34(1) or 34C, if no
       such application has already been made. Please refer to Annex II
to Chapter 3 for certain provisions of PCJO.

10.100 All parties involved in the strategy planning and case assessment process will
       be informed of the result (Appendix XV) and debriefing service for the abused
       child and his / her family will be arranged as appropriate.

10.101 In the light of the information gathered, the CPSIT will decide whether it is in
       the best interests of the child to proceed with prosecution of the alleged offence.

10.102 If no sign of abuse is detected or the multi-disciplinary immediate case
       assessment result does not suggest that the child has been abused, but where
       problems in the family are identified, this should be treated as an ordinary
       family case and assistance / service, as required, should be provided by the
       respective IFSC / ISC if the case is not known to other service unit providing
       casework service. All other parties concerned who have been involved in the
       case should be informed of the result of the immediate case assessment. A
       Multi-disciplinary Case Conference on Protection of Child with Suspected
       Abuse on the welfare planning of the child can also be arranged if necessary.

CRIMINAL INVESTIGATION

10.103 Conducting any interview with an alleged perpetrator under caution is the sole
       responsibility of CAIU/CPSIT. The CAIU/CPSIT may consult the
       FCPSU/CPSIT and / or social worker of the referring agency in respect of the
       child’s family problem and history. In such circumstances, the latter may be
       called as a witness in any subsequent criminal proceedings.
CHAPTER 11

MULTI-DISCIPLINARY CASE CONFERENCE ON PROTECTION OF CHILD WITH SUSPECTED ABUSE (MDCC)

OBJECTIVES OF MDCC

11.1 The MDCC is a forum by which professionals having a major role in the handling and investigation of a suspected child abuse case can share their professional knowledge, information and concern on the child health, development, functioning and his / her parents’ / carers’ ability to ensure safety of the child.

11.2 The focus of the MDCC is on protection and welfare of the child and NOT prosecution of the abuser. Even if concerns are only being expressed about one child, safety of all the children and other members (e.g. parents) in the household should also be reviewed by adopting a family perspective.

11.3 The MDCC analyzes risks and needs, and recommends actions to be taken in relation to the welfare planning of the child and his / her family. The MDCC should consider the following:

(a) the nature of the incident;

(b) the level and nature of risk to the child and, if any, other children of the family;

(c) risk of recurrence of the incident;

(d) welfare planning to protect the child upon multi-disciplinary collaboration, including post abuse therapeutic counselling service at pre-trial stage;

(e) parent(s)’ / guardian(s)’ attitude on the welfare plan of the child; and

(f) where necessary, the welfare need of other family members related to the protection and well-being of the child.

11.4 Members of MDCC should be bound by the collective decision of the MDCC unless there is any statutory order with different arrangement made under the Protection of Children and Juveniles Ordinance, Cap 213, or other ordinances relating to child issues, such as Matrimonial Causes Ordinance, Cap. 179. When statutory action is considered in MDCC, the statutory obligations of individual members for the case should be respected.
RESPONSIBILITY TO CONVENE MDCC

11.5 MDCC is required when there is suspected child abuse incident(s) with investigation conducted by social worker and other professionals. As a general practice, MDCC should be conducted as far as possible unless under exceptional situations such as:

(1) (a) less than three parties are involved in the investigation of the case; or
   (b) the suspected abuser is not a family member / relative of the suspected victim, or staff / carer / volunteer of an organisation who works with children; and

(2) the case nature, risk / need assessment and intended welfare plan are agreed among concerned parties (including the follow-up key social worker).

11.6 The decision for not conducting a MDCC for a suspected child abuse case should be agreed by all parties involved including the possible key social worker to follow up the case. If MDCC is not conducted, a social enquiry report with recommendations on the case nature, risk / need assessment and welfare plan is required to facilitate the discussion among the parties concerned. A covering letter to enclose the social enquiry report and a reply slip to invite related professionals to give views on (i) not convening MDCC; and (ii) suggested case nature, risk / need assessment and welfare plan for record purpose is at Annex I to Chapter 11 for reference. Telephone communication among professionals concerned is also encouraged for a more effective communication. If agreement on whether or not to conduct MDCC cannot be made, concerned professional may raise the issue to the senior of the responsible party.

11.7 For cases where a child is found deceased possibly due to abuse, MDCC is to be conducted under the following two situations:

(1) **if the deceased child has sibling(s)**. In view of the seriousness of the incident, special attention is to be paid on the safety and welfare of the surviving child(ren) in the same family;

(2) **if the child is deceased during the course of investigation** of related professionals. MDCC is to be conducted as part of the investigation procedures, regardless whether there is surviving child(ren) in the family.

For division of work, Appendix I on Definition of Known Cases of Welfare Organisations can be referred.

TIMING

11.8 The MDCC should be held at the earliest available date. It should take place
within 10 working days after receipt of referral / report by the investigating
social welfare unit.

11.9 The MDCC may be postponed when:

(1) the child’s critical medical condition precludes necessary investigation;

(2) essential clinical findings / diagnosis is not yet concluded; or

(3) the necessary investigation is not yet adequately completed due to
complication of the case (e.g. the parents refuse to co-operate or cannot be
located, the collection of significant evidence is still underway).

Under such circumstances, parties concerned should be informed of the
dererment of the MDCC.

CHAIRPERSON

11.10 The officer-in-charge / supervisor / senior social worker of the concerned units
providing casework service and conducting the social enquiry / investigation of
the case will normally assume the chairmanship and the related responsibilities.

11.11 The Chairperson should be experienced in family, children or youth services
and have good knowledge on child protection and family work. He / She
should not directly handle the suspected child abuse case.

11.12 If two or more service units are handling the case, in principle, the service unit
to which the case is first known is supposed to be responsible for conducting
social enquiry / investigation and chair the MDCC (Appendix I on Definition of
Known Cases of Welfare Organisations can be referred) unless there is mutual
agreement between the units that another unit will be in a better position to take
up the tasks. The unit to take up the chairmanship may or may not be the one
that first discovered the suspected child abuse incident. The concerned parties
should apply flexibility and discuss among themselves for the benefit of the
child and his / her family.

11.13 If necessary, Family and Child Protective Services Units (FCPSUs) of SWD
will provide support and assistance to the Chairperson who is not experienced
in conducting MDCC. If the officer-in-charge / supervisor / senior social
worker of the unit conducting social enquiry / investigation is not available or
suitable to be the Chairperson of the MDCC, the assistance of another
colleague of the same organisation or social worker of FCPSU of SWD can be
enlisted. Social workers of FCPSUs will also chair the MDCCs for cases
handled by school social workers of special schools or student guidance
personnel serving in primary schools (in which the principal is the supervisor)
if the school social worker is ready to conduct the social enquiry / investigation.
MEMBERSHIP

11.14 The Chairperson, in consultation with the investigating social worker, should decide on the membership of the conference. Only relevant personnel and at times, their supervisors, who have a need to know or a contribution to the tasks performed in MDCC would be invited to attend. Invitation can be made to the responsible professionals or the head of the unit / section so that the latter can decide who will be more suitable to attend the MDCC. The professionals being invited can also discuss with the Chairperson on the membership if they consider certain professional should also be involved in the MDCC. All professionals being invited are strongly requested to attend the MDCC including the part of meeting with the family.

11.15 The following professionals will be invited to attend the MDCC as members:

(1) who have direct knowledge on the child and his / her family and have a major role in the handling and investigation of the suspected child abuse case; or
(2) those not involved in the investigation but can give particular information on the child or his / her family or professional advice to facilitate the discussion of case nature, risk and need assessment and formulation of welfare plan.

11.16 In addition to the social worker responsible for the investigation of the suspected child abuse case, members of MDCC may include, as appropriate:

(1) medical personnel e.g. doctors, nurses, etc.;
(2) school personnel e.g. teacher, principal, counsellor, etc.;
(3) social worker e.g. medical social worker, school social worker, social worker of residential service unit, etc.
(4) police officer;
(5) clinical psychologist;
(6) social worker of Family and Child Protective Services Unit, if not yet involved in the investigation; and
(7) social worker who may follow up the case, if different from the investigating social worker.

11.17 For cases where more than one child in the same family are suspected to be abused, the Chairperson may consider the need to invite professionals working with individual child to attend the same MDCC to facilitate the formulation of welfare plan for the family as a whole. Nonetheless, members should note the concern of data protection on individual family member and make appropriate arrangement as appropriate, e.g. certain member may join only part of the
conference.

11.18 If the suspected abuser is not a family member of the child concerned, the professionals only working with the suspected abuser should not be invited to attend the MDCC unless the Chairperson considers his / her attendance is significant and beneficial to the welfare of the child and appropriate arrangement in protecting the personal data of child and family can be made.

11.19 The Chairperson / investigating social worker may come with one more staff to provide secretariat work. Sometimes, more than one person of the same profession in the same organisation may have different roles to play in the investigation or follow-up work. If more than one person of the same profession from the same organisation is to attend the MDCC, the Chairperson should be informed beforehand and these members should discuss among themselves on their division of work in the MDCC.

11.20 A professional observer, e.g. newly posted staff, trainee, chairperson-to-be, etc. can only sit in the MDCC with the prior consent of the Chairperson, all members of the MDCC, the parent(s) and the child(ren) (where appropriate). They must not take part in discussion or decision-making. The social worker of FCPSU who is merely conducting social investigation on custody / access issue as ordered by the Court but is not handling the case may sit in the MDCC as appropriate for information collection to facilitate the formulation of the recommendation to Court on custody or access arrangement, etc. with consideration of the need to protect the safety and welfare of the child concerned. This social worker will not be a member of MDCC to maintain his / her neutrality in the investigation.

11.21 As there may be the issue of conflict of interest in cases where the suspected abusers are staff or volunteers of an organisation such as school and residential care facilities for children, the suspected abusers in these cases should not attend the MDCC. Other staff of the same organisation may attend to provide relevant information on the child / family / incident to facilitate discussion at the MDCC but will not be requested to give views on case nature. Such arrangement can be recorded in the notes of MDCC.

11.22 Although the parent(s) and the child(ren) (where appropriate) will be informed of the membership of the MDCC, the views of the parent(s) / child(ren) should have no bearing regarding the decision of the membership. No parties should be excluded from the MDCC because of parent(s)’ or child(ren)’s objection. If the parent(s) / child(ren) object to the participation of a particular member, the Chairperson should find out the reasons and explain to them the role of the member. Any misunderstanding between the parent(s) / child(ren) and the particular member should best be dealt with prior to the MDCC.

INFORMATION SHARING

11.23 Information given in a MDCC is confidential and should not be used for
purposes other than that of child protection, nor should it be disclosed to any other agency or individual without the permission of the contributor.

**Use of Personal Data Collected in Handling Suspected Child Abuse Cases**

11.24 According to Data Protection Principle 3 of the Personal Data (Privacy) Ordinance, Cap 486 [PD(P)O], personal data shall not, without the prescribed consent of the data subject, be used (including disclosure and transfer) for a new purpose, i.e. any purpose other than the purpose for which the data was to be used at the time of the collection of the data; or a directly related purpose. Disclosure of the minor’s personal data to another individual including parent for the purpose for which the data were originally collected or a directly related purpose is in compliance with Data Protection Principle 3 of the PD(P)O.

11.25 While there may exist a duty of confidentiality, it does not necessarily render the disclosure of the minor’s personal data to a parent for the above mentioned purpose a breach of Data Protection Principle 3.

11.26 For principles of sharing information and invoking exemption from the provisions of Data Protection Principle 3, please refer to paragraphs 4.11 to 4.17.

**TASKS TO BE PERFORMED BY MDCC**

11.27 The major functions and tasks to be performed by the MDCC are:

1. to examine the cause for concern, analyze information available, and decide from the child welfare point of view whether this is a child abuse case, and the nature of abuse by making reference to the definition of child abuse as listed in Chapter 2;

2. to assess the level of risk of child abuse on the child(ren) concerned as well as other children in the family;

3. based on the risk and need assessment on the child(ren) and family to make recommendation for the welfare planning of the child and family including the need for statutory action to protect the child(ren) or to ensure the child(ren)’s welfare;

4. to identify the key social worker and the roles of other helping professionals in the implementation of the inter-agency follow up welfare plan for the child;

5. to inform and discuss with family members / child concerned the decision / recommendations of the conference; or if they are not present in the MDCC, to decide how the child and parents will be informed of the decisions of the conference and how their feedback can be made to
members;

(6) to consider the need to register the information of the child concerned / and his / her sibling(s) in Child Protection Registry;

(7) to consider the need for a review conference with reference to :

(a) the need for further information;
(b) the need to review any follow up action; and
(c) any important decision of the MDCC that may not be implemented because of foreseeable circumstantial changes and which may jeopardize the well-being of the child.

(8) to consider the need and timing to issue a report, if any, to related parties involved regarding the implementation of the welfare plan.

**ROLES AND RESPONSIBILITIES OF THE CHAIRPERSON**

11.28 The Chairperson of the MDCC plays a vital role in leading the discussion and achieving the objective of protecting the best interest of the child in the forum. A “Reference Kit for Chairperson of Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse” is provided at Annex II to Chapter 11 to serve as reference for the Chairperson in steering the MDCC effectively.

**Before the MDCC**

11.29 The Chairperson, with assistance of the investigating social worker, should work out the following :

(1) date and venue of the MDCC;

(2) membership of the MDCC and invitation (A sample of invitation letter and agenda is at Annex III to Chapter 11 for reference.)

(3) arrangement for family participation in the MDCC. If special arrangement is suggested, confirmation with members on the arrangement is to be made (see paragraph 11.36 to 11.49 below) (A sample feedback form on family participation is at Annex IV to Chapter 11 for reference);

(4) distribution of available written reports in a confidential manner preferably prior to the MDCC;

(5) notes taking during the MDCC; and

(6) the arrangement of pre-conference briefing to the child(ren) and family members who are to be invited to attend the MDCC.

11.30 If the Chairperson is not the officer-in-charge / supervisor / senior social
worker of the concerned unit conducting the social enquiry / investigation of the case, the unit conducting social enquiry / investigation should be responsible for making the above arrangements. Members of the MDCC are to be informed of the name, post and office of the Chairperson.

**During the MDCC**

11.31 At the start of the MDCC, the Chairperson should remind participants of the conference the confidentiality of the proceeding and clarify with them their wish on the control and prohibition of data in accordance with the PD(P)O (see also paragraphs 11.24 to 11.26 above and Annex V to Chapter 11). The notes of the MDCC will also contain a reminder to this effect.

11.32 The Chairperson has to ensure that the focus and objective of the MDCC are for the protection and welfare of the child, and not to determine whether the acts of the alleged perpetrator have constituted criminal acts. The Chairperson also has to ensure that the objectives of the MDCC have been achieved and contributions are relevant and concise. Lengthy and unnecessary elaboration of the social investigation or medical consultation should be avoided.

11.33 The Chairperson should alert members who are potential witnesses the danger of contamination of evidence, e.g. by revealing details given in their police statements, during the MDCC. Similarly discussion among potential witnesses on the details of the abusive acts should be avoided until the conclusion of subsequent court proceedings, if any.

11.34 In discussing the case nature, risk / need assessment and welfare plan, the Chairperson has to lead members to analyse all the facts and opinions and come to decisions through consensus as far as possible. However, if any member has reservation to give views, they should not be compelled to do so. If needed and appropriate, the reason for not giving views can be included in the notes of MDCC.

11.35 In formulating the welfare plan of the child, the following should be considered to ensure the child’s safety (see also “Guide to Risk Assessment” in Chapter 2):

1. the level and nature of all risk factors of child abuse;

2. the views of the child in relation to the protection and welfare plan;

3. strengths and resources of the family and parental attitude in implementing the welfare plan;

---

11 Generally speaking, potential witnesses are those persons who possess relevant information on the abuse incident and may be required to give evidence in the subsequent court proceedings, if any. The Police may request members attending the MDCC who are potential witnesses to be interviewed, with a statement taken or to provide documentary evidence, e.g. medical chits / reports, chemist certificates, etc., prior to the MDCC so as to avoid the possible contamination of evidence during discussion at the MDCC.
(4) the degree of support and supervision from external parties required for implementing the welfare plan; and

(5) availability of services required to implement the welfare plan.

FAMILY PARTICIPATION IN MDCC

Objectives

11.36 Family participation aims to enhance parents’ understanding of the issues of concern, tap their contribution to the formulation of the welfare plan, and enlist their involvement in the implementation of the welfare plan. It is also an empowering process. However, the welfare and rights of the child should always be the paramount concern of the MDCC.

11.37 The MDCC normally consists of two parts. The first part is for professional sharing and discussion while the family members will be invited to join the second part. The Chairperson, with consultation with members as appropriate, will decide at which time point the family members will join the MDCC according to individual case merit but at least when the initial welfare plan is formulated. All members are expected to attend the MDCC including the part of meeting with the family unless there is a specific reason, e.g. it is not appropriate for the social worker of a refuge centre, where the mother and the child concerned are residing, to meet the father who is the suspected abuser.

Arrangement

11.38 Usually, parents, including those who are suspected abusers, will be invited to participate in the second part of MDCC unless after informing the parent the arrangement of the MDCC including its proceeding and general rules and having due discussion with the parent, it is considered that his / her presence may seriously prejudice the welfare of the child, there is sufficient evidence that the parent may behave in such a way as to interfere seriously with the work of the conference such as violence, threats of violence, etc., or the parent is in an unfit state (e.g. through drug, alcohol consumption or acute mental health difficulty) making them unable to join the discussion effectively. For parents having high conflict, separate sessions might be considered to meet each of them. If there will be important decision affecting the child’s life, the non-custodial parent will also be invited to attend MDCC. Members’ views have to be sought for the above arrangement which is different from the usual practice.

11.39 In some cases, the child can be invited if he / she would benefit from attending the MDCC. The decision to involve child in the MDCC should take into consideration the child’s age, level of understanding, maturity and emotional state. Careful consideration should be taken as to whether it would be appropriate to invite the child to attend the same session with his / her parent(s) if the latter is / are the suspected abuser(s). The suspected abuser should not
be given any opportunity, during the MDCC or the waiting period, to influence, interfere with and / or exert pressure on the child directly or indirectly such that the child might change or withdraw his / her previous version of the events or views on welfare plan.

11.40 Subject to the consent of the parent(s) and members of the MDCC, significant family members and relatives who have sound knowledge of the child and would be contributive to the welfare plan can also be invited as appropriate.

11.41 While parents will usually be invited to attend the MDCC, if there is any different arrangement proposed by the Chairperson (e.g. one of the parents is not invited to attend, child / relative is invited to attend, separate sessions for meeting with parents, etc.), he / she has to consult all members before making the decision. If any member considers that the participation of parents will not be appropriate, he / she can discuss the matter with the Chairperson before the MDCC.

11.42 In case the parent(s) who attend(s) the MDCC is / are suspected abuser(s), members should be cautious not to ask them questions such as whether they are related to and / or responsible for the abuse of the child, or make such accusations against them. The Chairperson should remind all members of the MDCC that any admission of guilt made during the MDCC by the suspected abuser(s) may be adduced as evidence in subsequent criminal trial and all others present at the MDCC may become prosecution witnesses should there be any charges laid against the suspected abuser(s).

11.43 The Chairperson can also exercise professional judgment to invite the family to withdraw from the MDCC temporarily if there is a need for the professionals to discuss among themselves on a particular issue. The Chairperson has to explain to the family the reasons clearly for this arrangement and brief them the outcome of the discussion afterwards.

11.44 Interpretation service (including sign language) may be required if the parent(s) / child use other language or having communication difficulty such as hearing impairment. To ensure that the investigating social worker and the parent(s) / child fully understand the exchanges of information/views in the MDCC, it is not advisable to arrange family members, relatives, friends and children themselves to act as interpreters in the MDCC. On the other hand, some ethnic minorities have a very small population in Hong Kong and the interpreters may know the family. Social workers need to brief the interpreter / communication facilitator the function of the MDCC, the latter's role in translating direct communications between professionals and family members and the requirement of translating everything and the exact words that are said. The interpreter / communication facilitator can also be required to explain any cultural or other issues that might be overlooked by members at an appropriate time. (Updated list of accredited interpreters can be obtained from the Senior Court Interpreter of the High Court. Interpretation services can also be obtained from non-governmental organisations providing support services for ethnic minorities. Information in the website of Home Affairs Department:
Absence of Family Members

11.45 In case the parents and / or child are unable or considered not suitable to participate in the MDCC, the investigating social worker should inform the parents and / or child that they can give their views to the investigating social worker or other members of the MDCC who should undertake to ensure that the MDCC is aware of the parents’ views.

11.46 Members of MDCC should decide how the family will be informed of the outcome and decisions of the conference if they are not present in the MDCC. The feedback of family can be included in the post-meeting note in the notes of MDCC.

Roles of Parents / Child in MDCC

11.47 Parent(s) and / or the child to be invited to participate in the MDCC is / are not member(s). Their roles in the MDCC are to supplement background information of the family, participate and contribute in the discussion on formulation of the welfare plan and its implementation.

Pre-conference Preparation for the Family

11.48 When family member(s) is / are invited to participate in the MDCC, the Chairperson or his / her delegate should brief the family members concerned on the following issues :

(1) purpose, focus and ambit of the MDCC;
(2) proceeding and discussion practice of the MDCC, issues to be discussed;
(3) participants of the MDCC and their respective roles; and
(4) how they can give views and contribute in the MDCC.

11.49 The leaflets for children, adolescents and parents at Annexes I, II and III to Chapter 8 with general information of the above can be given to them before the MDCC. The discussion with family members should be noted in the case record.

ROLES AND RESPONSIBILITIES OF MEMBERS OF MDCC

11.50 All members should give priority to attend the MDCC and contribute from their professional point of view to safeguard the welfare of the child during the MDCC. In case of enquiry about the conference proceeding, members should seek clarification from the Chairperson.

11.51 Members should attend the whole MDCC, including the part for professional sharing and the part for meeting with family members. They are required to
share their findings of the incident / allegation, contribute their professional knowledge, experience, represent their Department / agency’s views and share with the family members relevant information and concerns. Individual members may share, preferably prior to the MDCC, useful published reports and articles (e.g. medical reports and researches) relevant to the case to facilitate mutual understanding on the case nature and facilitate formulation of welfare plan.

11.52 Each member should prepare a written report / notes on the child for reference of the MDCC as far as possible. The report can be brief, with relevant information on the child and family such as the child’s risk, protection and welfare plan. For the investigating social worker, the report must be in written form. To save time on information sharing in the MDCC, members are requested to distribute their reports to other members before the MDCC as far as possible. The transmission of the reports should be in a secure manner to protect the personal data of the child / family.

11.53 Members should share openly their professional views and give views on whether the case is child abuse and its case nature from child welfare point of view as appropriate to facilitate the formulation of appropriate welfare plan for the child(ren). Members should note that the definition of child abuse as set out in Chapter 2 only provides operational guidelines in dealing with child abuse cases and has neither legal effect nor legal implications. Therefore the decision of the MDCC regarding the nature of the case has no binding effect on prosecution of the abuser(s) while members may give views on the implications of prosecution on the welfare of the child(ren).

11.54 The police officer in charge of the investigation of the suspected child abuse case should attend the whole MDCC as member to inform the MDCC the progress, but not the details of the investigation of the incident(s), and contribute his / her professional knowledge as far as possible. As the Police may be involved in the criminal investigation of the case, he / she should remain neutral during the discussion on the nature of the case in order to avoid being accused of showing prejudice in the criminal investigation. The police officer may also provide relevant information on the abusive incident(s) which is deemed essential for the formulation of a suitable welfare plan for the child(ren) concerned.

11.55 While the Chairperson, investigating social worker and the key social worker who will follow up the case need to keep a full set of reports prepared by members for record, members may request to take back their reports from individual members if they consider that the latter has no need to keep the report. If the report has been distributed to members through electronic means, they may request individual members to delete it after the MDCC. For example, social workers from Integrated Family Service Centre or Family and Child Protective Services Unit who have not been involved in the case handling and will not follow up the case after MDCC may not need to keep the reports.
Members who follow up the case should assist in carrying out the decisions made in the MDCC. They should inform the key worker if the actions as decided in the MDCC cannot be implemented or there are any changes in the circumstances that subsequent action is to be / has been taken concerning the child and his / her family. Prior discussion with the key social worker is to be made as far as possible before actions are to be taken especially when the action is related to protection measures such as child care arrangement or statutory action. The key social worker has to ensure that the post-conference management and multi-disciplinary collaboration in intervention are in place.

Members should attend subsequent case conference, if any, if they are involved in the follow up of the case.

Those members being invited but unable to attend are requested to provide information of the case in writing for reference of the MDCC. The absentees who need to follow up the case will be given relevant reports / notes of MDCC. For other absentees, they can request for a copy of relevant reports / notes of MDCC preferably before the conference for members to discuss and decide in the MDCC.

**POST-CONFERENCE MANAGEMENT**

**De-briefing for Family**

Debriefing for parents and the child who have participated in the MDCC should be provided so as to address their possible emotions after the MDCC and, clarify any areas they may raise on the MDCC.

Debriefing after the MDCC also enables the family to recapitulate their roles and contribution in the entire process of child protection.

The Chairperson and the key social worker (see paragraph 11.62 below) should decide among themselves who and when to conduct debriefing, preferably within 10 days after the MDCC.

**Roles and Responsibility of “Key Social Worker”**

The MDCC should appoint a key social worker to follow up the case. The responsibilities of the key social worker are:

1. to implement the decisions of the MDCC. If action under the Protection of Children and Juveniles Ordinance, Cap 213 (PCJO), is required, the case will be taken over by the Social Welfare Department;

2. to line up multi-disciplinary collaboration in implementing the welfare plan concerning the child and his / her family and ensure that actions taken by the responsible parties are in line with the decisions of the MDCC;
to inform members as soon as possible consideration of reconvening the MDCC if the welfare plan recommended by the MDCC cannot be implemented by the key social worker or other responsible parties; and

to ensure that if a change of the key social worker is agreed upon in the MDCC, all relevant information and documents are to be transferred to the incoming key social worker. If the case cannot be transferred out to the incoming key social worker within one month after the MDCC, communication between the outgoing key social worker and the incoming key social worker is required.

Notes of MDCC

11.63 The notes of the MDCC should include the following:

1. the persons invited with attendance or absence;
2. the family members invited, and if not, the reasons;
3. points discussed and views shared including dissenting ones if significant; and;
4. decisions made and the reasons as appropriate.

11.64 A proforma as notes of MDCC is at Annex VI to Chapter 11 for reference. Members should note that where application for an order under PCJO or other Ordinance is required, the Magistrate or Judge should be informed of the decisions and recommendations of the MDCC through the Social Welfare Officer’s Report to the court. On certain occasions, the notes of MDCC will be submitted to the Magistrate or Judge as ordered by the Court by invoking exemption under S. 60(B) of PD(P)O.

11.65 The draft notes of the MDCC will be sent to members for confirmation preferably within two weeks after the MDCC. Members may take the initiative to contact the Chairperson if they have not received the draft notes two weeks after the MDCC.

11.66 Members of the MDCC should read and check the draft notes to ensure if their views are correctly and appropriately documented. The investigating social worker is advised to contact members of MDCC either when issuing the draft notes to make sure members have received it or to contact those who have not replied upon the deadline, say one week after the issuance, to ascertain if there is any request for amendments.

11.67 The Chairperson should notify members of the confirmation of the draft notes or issue the confirmed notes to all members no later than one month after the MDCC.

Letter to Parents

11.68 The Chairperson should send a letter to the parent(s), whether they have
attended the MDCC or not, stating the welfare plan for the child. The letter may need to be translated into the appropriate language to facilitate communication with the parent(s). A sample of letter to parents is at Annex VII to Chapter 11 for reference.

Transfer of Case and Information

11.69 The investigating social worker should complete immediate welfare services as agreed in MDCC, e.g. waitlisting of residential care services before transferring the case to the follow-up unit. With prior consent given by members in the MDCC and on a need-to-know basis, relevant reports and the notes of the MDCC may be sent to related professionals who are not members of MDCC but will provide services to the child / family members for the purpose of child protection.

11.70 To facilitate smooth case transfer, the investigating social worker should prepare relevant documents including case summary, confirmed notes of the MDCC, register of CPR if required and inform the child and his / her family about the case transfer to the follow up unit. The incoming social worker should also take active steps to facilitate the case transfer.

Case Review

11.71 If, after the MDCC, there is new information coming up that has not been fully addressed to in the MDCC but will possibly affect the decision made or there is any follow up action required to be reviewed, the Chairperson, in consultation with all members of the MDCC, will decide whether to convene a review conference. Membership of the review conference should be confined to those professionals who have direct involvement in the case. In case the Chairperson and the key social worker are not working in the same unit, supervisor of the key social worker should play the role to monitor action items as agreed and assess the need for convening review conference. While there will be different issues requiring a review conference, if the issue concerns the investigation of the case, the review conference is to be convened by the investigating unit. If the issue concerns the implementation of welfare plan, the review conference is to be convened by the unit handling the case.

11.72 Other than the review conference, the key social worker and professionals involved to follow up the case should maintain regular contacts with one another to ensure implementation of the welfare plan.

Report on Implementation of Welfare Plan

11.73 The status of implementation of welfare plan can be included in the notes of MDCC as post-meeting notes, if appropriate. Subject to the need and agreement in the MDCC, the key social worker will inform members of the MDCC in writing the status of the implementation of the welfare plan in an agreed period of time, say 3 months after the MDCC. The report should be
concise and precise, capturing only whether the welfare plan has been implemented as recommended by MDCC and if there is any difficulty / change making the welfare plan not feasible and a review / refinement of the welfare plan is required. The sample report at Annex VIII to Chapter 11 can be used as appropriate.

**Handling Data Access Requests made under the PD(P)O**

11.74 According to Section 18(1) and Data Protection Principle 6 of the PD(P)O, an individual, or a relevant person on behalf of an individual, may make a request –

(a) to be informed by a data user whether the data user holds personal data of which the individual is the data subject;

(b) if the data user holds such data, to be supplied by the data user with a copy of such data.

11.75 Where the individual is a minor, a relevant person means a person who has parental responsibility for the minor. The provisions of the Ordinance however give no indication on what kind of situation a data access request made by a relevant person is to be regarded as being so made “on behalf of” the individual. If a parent’s request cannot be regarded as a data access request on the ground that the data user is not satisfied that the requestor parent is acting on behalf of his / her and therefore he / she is not entitled to the child’s data as of right, pursuant to Section 21 of the PD(P)O, the data user shall, as soon as practicable but, in any case, not later than 40 days after receiving the request, by notice in writing inform the requestor (a) of the refusal; and (b) the reasons for the refusal.

11.76 According to Section 2 of the PD(P)O, “data subject”, in relation to personal data, means the individual who is the subject of the data. Hence, allegations against the parent given by the minor are likely to be personal data of the parent, rather than the minor. The parent, as the data subject, arguably has the right to access to these allegations under Section 18(1) and Data Protection Principle 6 of the PD(P)O.

[Note: For the elaboration related to “making access request by a relevant person on behalf of the individual”, reference may be made to the “Data Protection Principles in the Personal Data (Privacy) Ordinance – from the Privacy Commissioner’s Perspective (2nd Edition)” issued by the Office of Privacy Commissioner for Personal Data at [https://www.pcpd.org.hk/tc_chi/publications/files/Perspective_2nd.pdf](https://www.pcpd.org.hk/tc_chi/publications/files/Perspective_2nd.pdf)]

11.77 In passing, even if a data user is not satisfied that the requestor is a relevant person in relation to the minor, i.e. a person with parental responsibility acting on behalf of the minor and therefore he / she is not entitled to be supplied of the data of the minor, the requestor may simply request the data user to use (which as defined in section 2 of the PD(P)O “includes disclose or transfer the data”)

127
the data, hence release the minor’s data to him / her. For such request, Data Protection Principle 3 – the use limitation principle, is relevant. It is for the data user to decide whether to release the data having regard to the original purpose(s) of collection of the data.

Handling Complaint

11.78 In case the parent(s) want(s) to lodge any complaint about the MDCC, they should be informed of the complaint procedures. For issues relating to the decision of MDCC, the complaint should be handled by the Chairperson. If the issue concerns the welfare plan which is to be considered by the Court under an application of a statutory order, the parents should be explained that the issue will be handled by the Court and they can express their views during court hearing. If the complaint is against the Chairperson or a particular member of the MDCC, the complaint should be made or will be channeled to respective organisation of the Chairperson or that member for handling.

11.79 Nevertheless, the welfare plan should still be carried out as far as practicable even when the parent(s) has/have lodged a complaint against the welfare plan. If there is new information provided by the parent(s) that has not been fully addressed in the MDCC but will possibly affect the decision made, upon consultation with all members, a review conference may be considered.
(Sample Letter for Cases with MDCC not Conducted)
(For Reference)

Our Ref. :
Address :
Tel. No. :
Fax No. :
E-mail :

Dear Sir / Madam,

Social Investigation and Welfare Planning
on Protection of Child with Suspected Abuse

Name :
Sex / Age :

Social investigation on the above-named child suspected to be abused
has been conducted by this unit. It is recommended that the Multi-disciplinary Case
Conference on Protection of Child with Suspected Abuse be not conducted as the the
suspected abuser is not a family member / relative of the suspected victim, or staff /
carers / volunteers of an organisation who work with children.

Enclosed please find the Social Investigation Report and a Reply Slip.
You may refer to the Social Investigation Report on the proposed case nature, risk /
need assessment and welfare plan. Please complete the Reply Slip and return to me
by (fax/email) on or before (date) ____________.

You may refer to paragraphs 11.5, 11.6 and relevant content of Chapter
11 of the ‘Procedural Guide for Handling Child Abuse Cases (Revised 2015)’ for
information.

For discussion, please feel free to contact me or the investigating social
worker, (name) ____________ at (tel. no.) ____________.

Yours faithfully,

(__________)

*Delete as appropriate
Encl.
Distribution *(The list should be worked out on case-by-case basis. The list below is for reference only.)*

Dr xxx, Senior Medical Officer / xxxxxx Hospital (Your Ref: )
Miss xxx, Nursing Officer / xxxxxx Hospital (Your Ref: )
Mr xxx, Medical Social Worker / xxxxxx Hospital (Your Ref: )
Mr xxx, Senior Inspector / xxxxxx Police Station (Your Ref: )
Miss xxx, teacher / xxxxx Primary School (Your Ref: )
Ms xxx, Social Work Officer / Family and Child Protective Services Unit (xx)
Reply Slip for Welfare Planning
on Protection of Child with Suspected Abuse

To : ____________________________ (Fax No.: ____________________________)
From : ____________________________
Date : ____________________________

Name of child : ____________________________
Sex / Age : ____________________________

I agree / do not agree / have reservation * to the suggestion of not conducting
the Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse
for the above-named child.

For the proposed case nature, risk/need assessment and welfare plan, I have
the following views:

☐ I agree to the proposed

☐ case nature

☐ risk/need assessment

☐ welfare plan

☐ I have the additional views: ____________________________

____________________________________________________

☐ I propose the following alternative arrangement (with reasons):

____________________________________________________

____________________________________________________

____________________________________________________

Signature : ____________________________
Name : ____________________________
Post : ____________________________
Tel. No. : ____________________________
Email : ____________________________

* Delete as appropriate
I. INTRODUCTION

This Reference Kit provides information and practice wisdom for the reference of social workers who may chair the Multi-Disciplinary Case Conference on Protection of Child with Suspected Abuse (MDCC). The Reference Kit includes information on the basic principles for conducting meetings, highlights significant issues that need to be considered in chairing the MDCC, elaborates some of the points stipulated in the Guide and provides examples to illustrate various situations. In handling special situations, the Chairperson should make appropriate arrangements based on professional judgment, bearing in mind that the welfare of the child should be the paramount concern.

II. BASIC PRINCIPLES

An Effective Meeting

2. The essential elements of an effective MDCC are similar to those contributing to the effectiveness of a meeting of other nature. Generally speaking, a meeting is considered effective when it achieves its objectives within minimal time. An effective meeting should be:

(a) purposeful;
(b) well-structured;
(c) open;
(d) efficient; and
(e) with focus on key issues to facilitate decision-making.

A Competent Chairperson

3. To ensure the effectiveness of a meeting, a competent Chairperson should:

(a) be very clear about the objectives of the meeting and the desired outcome;
(b) know the different roles and concerns of the participants;
(c) examine the agenda with reference to the significant issues that need to be covered and the composition of the participants;
(d) make sure that participants are well-prepared for the meeting;
(e) facilitate communication among participants;

(f) make sure that the atmosphere is open and positive;

(g) clarify viewpoints and avoid subjective judgment;

(h) accommodate the varying needs and sentiments of the participants;

(i) stay neutral;

(j) keep the discussion in control and focused;

(k) guide the meeting towards the desired outcomes;

(l) regularly summarize what has been achieved and agreed; and

(m) avoid jumping to conclusions.

III. TASKS TO BE PERFORMED AND GOOD PRACTICE

Checklist for Chairperson

4. A checklist for Chairperson on tasks to be performed before, during and after MDCC is at Annex IIA to Chapter 11. The checklist is for reference only and can be adjusted to fit individual case situation. Some good practice and suggestions in handling various situations are listed below for reference of chairpersons.

Before the MDCC

Essential Information the Chairperson Should Know

5. The Chairperson should acquaint himself / herself with the following information:

   (a) Guidelines and ordinances by making reference to the relevant chapters and appendices, wherever necessary:
       (i) Procedural Guide for Handling Child Abuse Cases
       (ii) Protection of Children and Juveniles Ordinance, Cap 213
       (iii) Personal Data (Privacy) Ordinance, Cap 486

   (b) Services for children

   (c) Social Enquiry Report prepared by the investigating social worker and any relevant reports prepared by other professionals

   (d) Any new case development not covered in the written reports / notes
prepared by the members prior to the MDCC.

Logistics and Venue Arrangement

6. Apart from the actions to be taken as stated in Chapter 11, the Chairperson should make proper arrangements on the logistics and venue:

(a) If the child suspected to be abused is hospitalized, the MDCC should preferably be held in the hospital and medical social worker’s assistance can be solicited in arranging the venue.

(b) If family members have to wait for their turn to attend the MDCC or be requested to withdraw from part of the MDCC pending the discussion among members, the Chairperson has to arrange a comfortable place with chairs, preferably with privacy, for the family.

(c) If the parent(s) who is / are the suspected abuser(s) and the child(ren) are invited to attend the MDCC, the Chairperson has to assess whether separate waiting areas for the parent(s) and the child(ren) is required to prevent the parent(s) from influencing, interfering with and / or exerting pressure on the child(ren) directly or indirectly.

(d) The Chairperson should arrive at the venue earlier to ensure that appropriate seating and other logistic arrangements have been made.

Arrangement of Family Participation

7. Usually, both parents of the child concerned (including the suspected abuser) will be invited to attend the second part of the MDCC. If there will be important decision affecting the child’s life, the non-custodial parent will also be invited to attend the MDCC. The Chairperson, with consultation with members as appropriate, will decide at which time point the family members will join the MDCC. Feedback from members is usually not required if the parents are invited to join the MDCC at the same time when the initial welfare plan is formulated. Under the following situations, members should be consulted before making the decision:

(a) if any of the parent is considered not suitable to attend;
(b) if the child or other family member is suggested to attend the MDCC; or
(c) if separate session for the parents is suggested.

Record of the consultation and decision making should be made. The feedback form at Annex IV to Chapter 11 can be used as needed.

8. To facilitate the participation of family members in MDCC, child care support is to be provided as far as possible.
During the MDCC

Introduction

9. To start the MDCC, the Chairperson should:

(a) stress the importance of confidentiality and explain concerns relating to
the PD(P)O (see paragraph 11.24 to 11.26 of Chapter 11). The Chairperson
should state the “Introductory Remarks in Relation to
Personal Data (Privacy) Ordinance, Cap 486” at the Annex V to Chapter
11 and invite members to confirm whether they wish to retain control of
the use of the data provided by them during the MDCC. Members
should also be reminded that the information given in the MDCC should
not be disclosed to other agencies without the permission of the
contributor in any context other than that of child protection;

(b) explain briefly how the meeting will run, i.e. the agenda items and any
special issues relating to the case that members should be aware of;

(c) explain and re-confirm the arrangement of family participation in the
MDCC;

(d) remind members of the need to share information on a need-to-know basis,
including the use of relevant reports for court proceedings or follow up
services;

(e) remind members who are potential witnesses the danger of contamination
of evidence (see paragraph 11.33 of Chapter 11 for details);

(f) explain that the Police would remain neutral during the discussion on the
nature of the case in order to avoid being accused of showing prejudice in
the criminal investigation (see paragraph 11.54 of Chapter 11 for details);

(g) emphasize that the decision of the MDCC on the case nature is from
welfare point of view and has no binding effect on the prosecution of the
abuser;

(h) to explain the reason if more than 10 working days is needed to conduct
the conference;

(i) to explain the reason if the case has not been reported to police; and

(j) seek members’ consent if audio recording is necessary to facilitate
notes-taking (any such record should be destroyed once notes-taking is
confirmed).
**Information Sharing**

10. To allocate more time for discussion and formulation of welfare plan, members are to be advised to highlight only the key points especially when their written reports have already been distributed prior to the MDCC.

11. Detailed description of the abusive acts which may cause contamination of evidence and divert the focus of the MDCC should be avoided. In case of doubt on whether certain information about the abusive act should be disclosed, the advice of the Police can be sought prior to the MDCC.

12. The police officer in charge of the investigation of the suspected child abuse case will inform the MDCC the progress, but not the details of the investigation of the incident(s), and contribute his / her professional knowledge as far as possible. He / she may also provide relevant information on the abusive incident(s) which is deemed essential for the formulation of a suitable welfare plan for the child(ren) concerned.

13. Clarification should be made in case of inconsistency in the information provided by different members.

**Discussion**

**Case Nature**

14. The decision on whether the case is child abuse for the case is from child welfare point of view, which helps facilitate the formulation of appropriate welfare plan for the child(ren). Members are to be reminded that the definition of child abuse as set out in Chapter 2 only provides operational guidelines in dealing with child abuse cases and has neither legal effect nor legal implications. Therefore the decision of the MDCC regarding the nature of the case has no binding effect on prosecution of the abuser(s) while members may give views on the implications of prosecution on the welfare of the child(ren).

15. The Chairperson can lead members to review and consider the situation of the whole family and classify or re-define the case (if necessary) but not just focusing on the presenting problem. Nonetheless, the Chairperson may advise members that the discussion on the case nature should be confined to the child suspected to be abused where investigation has been conducted. If other children of the family are suspected to be abused, an investigation on those children should be conducted before a MDCC is held. While leading members to reach a conclusion on the case nature, the Chairperson may need to differentiate whether certain view given by member is a fact, a professional opinion, a personal opinion or an unfounded statement.

16. The police officer should remain neutral during the discussion on the nature of the case in order to avoid being accused of showing prejudice in the criminal investigation. All other members are expected to give views on the case nature. However, if they have reservation to give views, they should not be compelled to do
so. If the suspected abuser is a staff member or volunteer of an organisation, for possible conflict of interest, other staff of the same organisation attending the MDCC is not to be asked to give views on the case nature. If more than one person of the same profession from the same organisation attend the MDCC, the Chairperson may advise these members to discuss among themselves and give a consensus view on case nature.

17. It will be useful if elaboration on the concerns relating to the case nature be made in the conclusion to facilitate accurate recording for reference of the professionals following up the case and for explaining to the parents/child who may have different interpretations on the case nature from members of MDCC. For example, the Chairperson may remark that “members considered the case as physical abuse because serious harm has been inflicted on the child even though members recognised that the parent had no intention to harm the child when exerting physical punishment”; or “sexual abuse is not established as some information could not be validated but members suspected that the alleged sexual abuse incident might have happened considering … ….”

18. Child abuse may be a criminal offence though prosecution of the abuser may not be initiated for every child abuse case. If the case has not been reported to the police before the MDCC, members should discuss in the MDCC whether reporting to the police is required. If members recommend not reporting the case to police, reasons for considerations should be recorded and individual members may seek endorsement from their organisations according to their internal guidelines as appropriate.

Risk Assessment

19. In conducting risk assessment, the likelihood of occurrence/recurrence of child abuse on the child concerned as well as other children in the family should be taken into consideration. The potential abuser can be identified if appropriate.

20. Reference should be made to “Guide to Risk Assessment” in Chapter 2. While risk factors are to be identified, protective factors and family strengths should also be identified. The considerations made in the risk assessment should form the foundation of the welfare plan to protect the safety for the child(ren).

Need Assessment

21. To formulate a thorough welfare plan for the child(ren) and family in relation to the protection and well-being of the child(ren), assessment on the needs of the child and family is required. Reference can be made to the “Assessment Framework” in Annex IV to Chapter 8.

Welfare Plan

22. The welfare plan should include actions to be taken to ensure the safety of child(ren) and welfare of the family with reference to the risk and need assessment made for the child(ren) and family.
23. As the co-operation of the parents (and / or the significant family members) and the child(ren) is very important to the implementation of welfare plan, their views should be considered and addressed carefully on the basis that the child(ren)’s safety and well-being should be the paramount concern.

For safety of child and other family members

24. For safety of the child, the need for separation between the child and the abuser / suspected abuser (including the consideration of removal of the abuser / suspected abuser, if possible) and need for application for statutory order for the child should be discussed. Reasons on the decisions based on the risk assessment should be given.

25. When considering the need for statutory order, members are advised to note that not every suspected child abuse or child abuse case warrants the application for an order under the Protection of Children and Juveniles Ordinance, Cap 213 (PCJO). Such application should be considered on a case-by-case basis taking into account the parents / carers’s views and attitudes towards professional intervention, the child’s safety, psychological state, behaviour and views, etc. In light of the possible adverse effects (e.g. distress to the child) caused by the legal proceedings, soliciting co-operation of the parents / carers in the intervention process should first be considered before resorting to statutory action to protect the child. (Para. 3.8 of Chapter 3) Members may also refer to Annex II to Chapter 3 for certain provisions of PCJO.

26. Members of MDCC may also recommend that voluntary follow up to the child and family be tried but a statutory order be applied if the case progress is not satisfactory such as the parents has not implemented the welfare plan as promised within a certain period of time and at that point in time the child is considered in need of care or protection meeting the grounds of application.

27. Members should also note whether any actions are required to ensure the safety of other children and family members in the household, e.g. a parent might have been battered by his / her spouse, the abuser / suspected abuser might have attempted suicide after the disclosure of the incident, etc.

For welfare of child / family

28. With reference to the result of need assessment, the following services, which are not exhaustive, can be considered to meet the needs of the child and family. Though members of MDCC may wish to make recommendations to meet the long term needs of the child / family, it is not always practicable in view of the changing situation of the family, e.g. the parents are applying for divorce and having dispute on the care arrangement. Hence, those services which may meet the immediate needs of child / family should be accorded higher priority.

(a) Medical follow up
(b) Clinical psychological service
(c) Psychiatric service
(d) Child assessment service
(e) Counselling
(f) School support
(g) Child care service (day or residential)
(h) Extra-curricular activities
(i) Parent education programme
(j) Specific treatment/assistance, e.g. drug/gambling/alcoholic treatment programme, housing assistance

29. Members are to be advised to make recommendations on services / assistance in general such as housing assistance and financial assistance instead of suggesting a specific programme / scheme, like Compassionate Rehousing and Comprehensive Social Security Assistance, etc., where specific assessments on the family’s eligibility of different schemes are required.

30. Multi-disciplinary collaboration in the implementation of the welfare plan should be fostered.

Conflict Resolution and Decision-making

31. As the nature of the case (i.e. whether the case is considered a child abuse case) and the welfare plan for the child are very delicate issues, related decisions should be made by consensus in the MDCC as far as possible rather than by simple voting. If there are divergent views, the Chairperson should guide the discussion from the perspective of child protection.

32. The Chairperson has to handle the disagreement among members with an open mind. The use of the following skills may help members reach consensus:

(a) highlighting common concerns;
(b) clarifying the conflict and disagreement;
(c) positive reframing of disagreement and conflict;
(d) adopting objective criteria;
(e) refocusing the discussion on the best interest of the child(ren); and
(f) exploring additional information that will facilitate decision-making.

33. If a consensus cannot be reached after using the suggested skills, the Chairperson may consider concluding the discussion following the views of majority and record divergent views in the notes.

Appointment of Key Social Worker

34. Members should confirm the appointment of key social worker or unit to follow up the case. Normally, FCPSU of SWD will take up the case when members at the MDCC agree that it is a child abuse case. The unit will also take up cases not classified as child abuse but members consider that there is high risk of child abuse or suspect that child abuse might have happened. When the case is not classified as child abuse but is still in need of welfare service, the case will be
followed up by / referred to other welfare service unit / agency for appropriate services. Case transfer, if required, should be carefully planned, taking into consideration the emotional reaction of the child(ren) and family members involved.

35. The Chairperson may remind members that timely notification of any deviation from MDCC recommendations should be sent to the investigating social worker / key social worker prior to the actions to be taken as far as possible, especially for the recommendations relating to protection measures such as child care arrangement and statutory action. The key social worker will inform or seek views from members of MDCC as appropriate.

Family Participation

36. All members are expected and requested to meet with family which is a part of the whole MDCC and to contribute relevant knowledge and views to facilitate the communication with parents / child.

37. While the parents will join the second part of the MDCC, the Chairperson, with consultation with members as appropriate, will decide at which time point the family members will join the MDCC according to individual case merit but at least when the initial welfare plan is formulated. The second part may start earlier for the benefit of the individual case.

38. There may be cases where a parent appears to be uncooperative during the social enquiry / investigation period. The Chairperson / investigating social worker will brief the parent about the proceeding of the MDCC and how he / she can express his / her views to members. The parent will also be required to follow the general rules of meeting in the MDCC so that effective communication between him / her and members can be achieved. However, if it is considered that his / her presence may seriously prejudice the welfare of the child, there is sufficient evidence that he / she may behave in such a way as to interfere seriously with the work of the conference such as violence, threats of violence, etc. or the parent is in an unfit state (e.g. through drug, alcohol consumption or acute mental health difficulty) making them unable to join the discussion effectively, the Chairperson may seek views from members on whether or not to invite the parent to attend the MDCC. If there is a decision that the parent will not be invited, the parent will be informed of this decision. In the MDCC, members will discuss how to inform the parent of the decisions and recommendations of MDCC.

39. Before meeting with parents / child, the Chairperson may have a brief discussion with members on the flow of discussion and which members will assist in explaining certain information.

40. When meeting the parents / child, the Chairperson may remind them and members of the general rules of meeting as needed. While explaining to the parents / child the decision of members on case nature, the Chairperson should note that parents / child may have different interpretations on the case nature from members. Hence, the Chairperson and members are advised to elaborate the concerns considered and raised in the MDCC in detail and highlight the case classification is from the child
welfare point of view. At the same time, parents’ concerns and feelings should also be recognised and addressed as far as possible.

41. In the process of discussion, views of parents / child should be considered. In case there is a need for members to reconsider the recommendations of welfare plan, the parents / child may be asked to withdraw from the MDCC for a short period of time.

42. The Chairperson may make reference to the following DOs and DON’Ts if the parent(s) and/or the child(ren) are present in the MDCC:

**DOs**

(a) Attend to the parent(s)’/child(ren)’s reaction to members’ views.

(b) Facilitate exchange and discussion between parent(s) and members as appropriate.

(c) Ensure that the parent(s)/child(ren) understands members’ views.

(d) Enlist the parent(s)/child(ren)’s co-operation in implementing the welfare plan agreed by members.

**DON’Ts**

(a) Use jargons and technical terms.

(b) Give lecture to parents or conduct therapy in the MDCC.

(c) Ask questions relating to the admission of guilt by the parent(s) who is/are suspected abusers.

Registering Case in the Child Protection Registry (CPR)

43. For cases to be registered in the Child Protection Registry (CPR), reference should be made to the “Case Nature” of the CPR Data Input Form regarding the category of case nature and Chapter 4 (Para. 4.23 to 4.26) on the concern of data transfer. If the case is classified as child abuse, the information of the child concerned should be registered in CPR. Registration should also be made for cases not classified as child abuse but with high risk of child abuse or suspected that child abuse might have happened.

Need for Report on Implementation of Welfare Plan

44. The Chairperson should lead the MDCC to discuss the need for the key social worker to report in writing the status of the implementation of the welfare plan in an agreed period of time. Members should be reminded that the report, if required, should only include information about whether the welfare plan recommended by MDCC has been implemented as planned and if there is any difficulty / change
making the welfare plan not feasible and a review is required. Such information should already been available within two to three months after the MDCC. Bearing in mind the principles in Personal Data (Privacy) Ordinance, information regarding new development of the case should not be released to parties not following up the case. Such information may also be added in the notes of MDCC as a post-meeting note, if appropriate and available before issuance of the notes.

**Need for Review Conference**

45. The Chairperson should seek views of members on the need to convene review conference if it is foreseeable that further information on the case will be coming up (e.g. new evidence on the suspected abuse incident to be collected) or that any follow-up action is required to be reviewed (e.g. family members’ change in attitude towards the child care plan, the welfare plan has yet to be confirmed pending the exploration of suitable residential placement for the child(ren)).

**Arrangement of the Written Reports and Notes of MDCC**

46. The Chairperson needs to confirm with members on the arrangement about the written reports and notes of MDCC:

   (a) if any member wants to take back the written report from other members;
   (b) if members give consent on sending relevant reports / notes of MDCC to the absent members who have asked for having a copy of such; and
   (c) if members give consent on releasing the information / reports / notes of MDCC to other follow-up units as needed, such as clinical psychologist or social worker of residential service unit.

**After the MDCC**

**De-briefing for Family**

47. The Chairperson and / or the investigating social worker should arrange debriefing for the parents and the child who have participated in the MDCC and if the case will be transferred to another unit, prepare them adequately. Discussion during debriefing should be noted in the case record.

48. In case the parent(s) is / are not satisfied with the decisions made by the MDCC, the Chairperson should explain to them the reasons of the decisions. In case the parent(s) want(s) to lodge any complaint about the MDCC, they should be informed of the procedures for handling complaints (See Annex III to Chapter 8 and paragraphs 11.78 to 11.79 of Chapter 11).

**Notes of MDCC**

49. The Chairperson should clear the notes of the MDCC prepared by the investigating social worker before issuing to members for amendments. It should be noted that the terms “victim” and “abuser” are not to be used if the case is not classified as child abuse.
50. In case certain members have taken back the written reports from other members after the MDCC, record has to be made in the notes of MDCC. Besides, a brief summary of the significant points of the report made by those members should be included in the notes.

51. The notes of MDCC should be transmitted in a secure manner to protect the personal data of the child / family.

Letter to Parents

52. Regardless whether the parent(s) has / have attended the MDCC, Chairperson should issue a letter to the parent(s) after the MDCC even though the Chairperson is not of the same office as the investigating social worker. In view that separate letters may be required for divorced / separated parents, the letter can be sent to one parent with a remark in the letter as appropriate that a letter with the same content / purpose will also be sent to another parent.
Annex IIA to Chapter 11

Checklist for Chairperson of Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse (for Reference Only)

I. Before the MDCC

☐ 1. To decide membership and consider any conflict of interest among individual members
☐ 2. To decide the arrangement of family participation (including child) and to consult members if there is special consideration
☐ 3. To arrange briefing to the child and family members for MDCC arrangement including possible decision making
☐ 4. To prepare and issue the agenda in advance
☐ 5. To oversee the logistic arrangement, e.g. drinks and waiting area for family members, setting up of the meeting room
☐ 6. To confirm the attendance of members and any request from the absentee to get relevant reports/notes of MDCC

II. During the MDCC

Professional Sharing and Discussion

Introduction

☐ 1. To introduce members, absentees and reasons
☐ 2. To state the purposes of MDCC
   ☐ share information
   ☐ discuss nature of the case (police will remain neutral)
   ☐ risk and need assessment
   ☐ discuss and formulate welfare plan (no binding effect on criminal investigation and prosecution)
☐ 3. To inform members of the arrangement of family participation
☐ 4. To remind members to keep confidentiality of case information
☐ 5. To explain PD(P)O provisions
   ☐ any member requests to control data and prohibit other parties from complying with the data access request on their behalf
☐ 6. To explain if more than 10 working days is needed to conduct the conference
☐ 7. To explain the reason if the case has not been reported to police

Information Sharing and Discussion

☐ 1. To invite members to share the information
   ☐ to remind the need of sharing information on a need-to-know basis
   ☐ to alert members who are potential witnesses the dangers of contamination of evidence
☐ 2. Discussion on the case nature (should not compel members to give views if
they have reservation to do so
☐ Whether case is child abuse or not (if yes, type of abuse)
☐ elaboration of the case nature / further concerns to be noted (such as alleged sexual abuse incident might have happened)
☐ abuser (identified or unidentified) if case is considered child abuse

☐ 3. Need for reporting the case to police if not done so before
☐ 4. Risk assessment on child abuse (can make reference to the Assessment Matrix)
   ☐ risk factors and level of risk on child concerned (also identify protective factors and family strengths)
   ☐ risk factors and level of risk on other children of the family
   ☐ potential abuser identified if needed

☐ 5. Need assessment on the child and family (can make reference to the Assessment Framework)
   ☐ immediate needs significant to the welfare of the child and family
   ☐ other significant needs of child and family

☐ 6. Discussion on the welfare plan
   ☐ for safety of child (including alternative placement and statutory order)
   ☐ for welfare of child (e.g. alternative placement due to other concerns, medical follow-up, clinical psychological assessment, etc.)
   ☐ for safety and welfare of other family members
   ☐ appointment of key worker / follow-up unit and other professionals to follow up the case

☐ 7. Need for review conference
☐ 8. Need for report on implementation of welfare plan
☐ 9. Handling of reports and notes of MDCC
   ☐ any member needs to take back report from other members
   ☐ to seek members’ consent on giving relevant reports/notes to absent members
   ☐ to seek members’ consent on releasing the information/reports/notes to other follow-up units as needed, such as clinical psychologist or social worker of residential service unit.

☐ 10. Arrangement of family participation
   ☐ messages to convey and by which members
   ☐ remind members not to ask family members questions such as whether they are related to and / or responsible for the abuse, or make such accusation against them
   ☐ to discuss ways to inform family the decision of MDCC if they do not attend the conference

Meeting Family Members (at appropriate time during or after the above discussion)

☐ 1. Welcome the family and introduce members
☐ 2. To explain the purpose of family participation
☐ 3. To inform the family of the rules of MDCC as needed
☐ 4. To share with the family of views come up in the first part of MDCC
   ☐ summary of reports shared by members in the first part of MDCC as appropriate
   ☐ case nature (with elaboration) and concerns to be noted (such as alleged...
sexual abuse incident might have happened)
☐ risk factors of child abuse, family strengths and need of child/family
(may ask family members to give feedback on analysis made by
members)
☐ recommendations on the welfare plan for child/family (to invite the
family to give feedback on the recommended welfare plan and how they
can cooperate in the follow up process)
☐ 5. To re-consider the welfare plan as needed if the parents make alternative
suggestions

III. After the MDCC

☐ 1. To arrange debriefing to family members if they have attended the MDCC /
informing them decision of MDCC if they have not attended
☐ 2. To issue notes of MDCC to members (with post-meeting notes on family’s
feedback if they have not attended the MDCC and progress of
implementation of welfare plan if appropriate)
☐ 3. To ensure members have received the draft notes before deadline for
confirmation of notes
☐ 4. To notify members the confirmation of draft notes or issue confirmed notes to
members and if needed, follow-up parties
☐ 5. To issue a letter to parents to list the welfare plan recommended by MDCC
Annex III to Chapter 11

(Sample Invitation Letter for Reference)

Our Ref : 
Address : 
Tel. No. : 
Fax No. : 
E-mail : 

Dear Sir / Madam,

Multi-disciplinary Case Conference
on Protection of Child with Suspected Abuse

Name :  
Sex / Age : 

You are cordially invited to attend a case conference on the child suspected to be abused with details as follows:

Date : 
Time : 
Venue : 

Attached please find the Agenda of the Conference. (For general cases) The child’s parent(s) will be invited to attend the second part of the conference when the initial welfare plan has been formulated. If you have any concern or other views for re-consideration, please inform me as soon as possible. / (For other arrangement on family participation) Regarding the arrangement of family participation, please refer to the recommendation stated in the attached Feedback Form for Family Participation. Please fill in the form and return to me by fax on or before ____________.

To facilitate fruitful and productive sharing on the case nature and the welfare plan of the child(ren) and his / her family, would all members please prepare written report on the child(ren) for the reference of the case conference as far as possible. You are encouraged to forward the reports to other members prior to the conference, or if needed, through the investigating social worker.

You may refer to Chapter 11 of the ‘Procedural Guide for Handling Child Abuse Cases (Revised 2015)’ for information on the case conference and Chapter 3 and 4 on legal aspects and information sharing. (For general case) For the concerned case, consent from the data subject for the release of the required personal data is available for all members.
(For cases where consent from data subject for the release of the required personal data is not available for certain organisation) For the concerned case, consent from the data subject for the release of the required personal data is not available to the (organisation / department) due to the following reason:

☐ Consent has been sought but was refused by the data subject;

☐ Unable to contact the data subject - Reason: (Please specify);

☐ Seeking consent from the data subject is likely to prejudice the purpose of the collection of the requested data – Reason: (Please specify); or

☐ Other reason (please specify):

__________________________

However, the requested information is required for the purpose of ____________ (refer to the wording of the exemption at relevant section of Part VIII of PDPO Cap. 486, e.g. S.58(1)(a) prevention and detection of crime, S.58(1)(b) the apprehension, prosecution or detention of offenders; S.58(1)(d) “prevention, preclusion or remedying (including punishment) of unlawful or seriously improper conduct, or dishonesty or malpractice, by persons.; or, S.59(1)(b) “application of those provisions to the data would be likely to cause serious harm to the physical or mental health of the data subject or any other individuals.”) Failure to provide the requested information would be likely to prejudice the said purpose because ___ (how the purpose is likely to be prejudiced).

In view of the above, it is considered that S.58(2) as read with S.58(1)(a / b / d) / S.59(1)(a) of the Personal Data (Privacy) Ordinance, Cap 486 is the applicable exemption under the circumstances. Member from _______________ (organisation / department) __________ is requested to consider as to whether the exemption quoted above is applicable for the release of the required personal data under the circumstances surrounding the formulation of welfare plan for the child concerned in this conference.

If you have any views on the membership or agenda, please feel free to contact me or the investigating social worker, (name) ____________ at (tel. no.) ____________.

I look forward to seeing you in the conference.
Yours faithfully,

(________)  

*Delete as appropriate

Encl.

Distribution (The list of members should be worked out on case-by-case basis. The membership list below is for reference only.)
Dr xxx, Senior Medical Officer / xxxxxx Hospital (Your Ref: )
Miss xxx, Nursing Officer / xxxxxx Hospital (Your Ref: )
Mr xxx, Medical Social Worker / xxxxxx Hospital (Your Ref: )
Mr xxx, Senior Inspector / xxxxx Police Station (Your Ref: )
Miss xxx, teacher / xxxxx Primary School (Your Ref: )
Ms xxx, Social Work Officer / Family and Child Protective Services Unit (xx)

(Note: the content in intalic is to be included in the letter as appropriate)
(Sample Agenda for Reference)
Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse

Name :
Sex / Age :
Date :
Time :
Venue :

AGENDA

1. Introduction

2. Information sharing (Order of sharing to be arranged on a case-by-case basis)
   (a) Report by investigating social worker
   (b) Report by medical officer
   (c) Report by medical social worker
   (d) Report by nursing officer
   (e) Report by police officer
   (f) Report by school teacher

3. Discussion
   (a) The case nature
   (b) Risk of child abuse
      i. on child concerned
      ii. on other children of the family
   (c) Need of child concerned and family
   (d) The welfare plan for the child and the family
      i. Care arrangement
      ii. Need for statutory order
      iii. Other services

4. Any other business
   (a) Need to place information of child / sibling(s) into Child Protection Registry
   (b) Need for review conference
   (c) Need for report on implementation of welfare plan
   (d) Other arrangements (e.g. arrangement of case transfer, way to inform family of decision of case conference if they have not attended)

(Note: The Chairperson, with consultation with members as appropriate, will decide at which time point the family members will join the case conference. The arrangement of meeting family members may be different for individual cases.)
Dear Sir / Madam,

Name of child : 
Sex / Age : 
Date of Conference : 

I propose to make the following arrangement for the family participation (please add other scenarios / amend the following scenarios as needed):

☐ to invite [the family member(s)] of the child to join the case conference from (the time point / agenda item)

☐ not to invite [the family member(s)] of the child to attend the case conference

☐ to arrange separate session for parents / parent(s) and child

The reason is ____________________________________________________

The suggested arrangement is as follows:

________________________________________________________________________
________________________________________________________________________

Please give your opinion regarding the above arrangement by filling and returning the reply slip below to me by fax or email at your earliest convenience.
Reply Slip

To : ____________________________ (Fax No.: __________________________ )
From : ____________________________
Date : ____________________________

Name of Child : ____________________________
Date of Conference : ____________________________

☐ I agree to the proposed arrangement of family participation in the case conference.
☐ I do not agree / have reservation* to the proposed arrangement because ____________________________

☐ I propose the following alternative arrangement (with reasons):

________________________________________________________________________________

Signature : ____________________________
Name : ____________________________
Post : ____________________________
Tel. No. : ____________________________
Email : ____________________________

* Delete as appropriate
Annex V to Chapter 11

Introductory Remarks in Relation to Personal Data (Privacy) Ordinance, Cap 486 by the Chairperson of Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse (MDCC)

English Version:

- “In accordance with Section 18(1) of the Personal Data (Privacy) Ordinance, Cap 486, (“the Ordinance”), the data subject or his / her relevant person on behalf of him / her may make a data access request for a copy of the data subject’s personal data as contained in the reports and / or minutes of the MDCC. According to the Ordinance, a person with parental responsibility for a minor is the relevant person of that minor.

- In Section 2 of the Ordinance, a data user means a person who, either alone or jointly or in common with other persons, controls the collection, holding, processing or use of the data. Hence, besides those members/their organisations who have prepared relevant reports and notes of MDCC, other members/their organisations who keep the reports and notes of MDCC will also be regarded as the data users.

- Under Section 20(3)(d) of the Ordinance, if any member or his / her organisation controls the use of the data in such a way as to prohibit other members/their organisations (i.e. the non-controlling data user) from complying, either in whole or part, with such request, the member/organisation holding the data is permitted to refuse a data access request made by the data subject.

- If the data access is refused by us under this provision, the Ordinance requires us to inform the requestor of the name and address of the data user retaining control of the use of the data.

- Would all members please state whether you wish to retain control of the use of the information, advice, the reports and documents you provided at and to the meeting in such a way as to prohibit other members from complying with the data access request made under the Ordinance.

中文本：

- 根据《個人資料（私隱）條例》（以下簡稱《條例》）第 18(1)條，資料當事人或代表資料當事人的有關人士可提出查閱資料要求，取得一份會議報告及／或記錄所載有關資料當事人的個人資料複本。根據《條例》，就一名未成年人來說對該未成年人負有作為父母親的責任的人就是該未成年人的有關人士。

- 《條例》第 2 條訂明，資料使用者指獨自或聯同其他人或與其他人共同控制
該資料的收集、持有、處理或使用的人，因此，除了負責撰寫有關報告或會議紀錄的成員／其機構外，其他持有該報告或會議紀錄的成員／其機構亦會被視為資料使用者。

■ 根據《條例》第 20(3)(d)條，如有會議成員／其機構控制該等資料的使用，而控制的方式是禁止其他會議成員／其機構（即非控制該等資料的資料使用者）依從（完全依從或部分依從）查閱資料要求，則該持有資料的會議成員／其機構可拒絕依從資料當事人的查閱資料要求。

■ 《條例》訂明，如我們根據這項條文拒絕查閱資料要求，我們須告知提出要求者控制資料使用的資料使用者的姓名（或名稱）及地址。

■ 請各位表明是否控制你在會議上提供的資料及意見，以及向會議上提供的報告及文件的使用，而控制的方式是禁止其他資料使用者依從根據《條例》提出的查閱資料要求。
Notes of Multi-disciplinary Case Conference  
on Protection of Child with Suspected Abuse  

**Re:** Name of child : xx  
Sex / Age : xx

Date :  
Time :  
Venue :  

Present :  

Absent with apology :  

1. **Introduction**

1.1 The Chairperson introduced the major objectives of the case conference as follows:
   i. to share case information among various professionals;
   ii. to discuss and determine the nature of the case;
   iii. to assess risk of child abuse and need of child/family; and
   iv. to formulate welfare plan of the family.

1.2 The Chairperson reminded members to keep confidentiality of case information and informed members of the relevant provisions of the Personal Data (Privacy) Ordinance. He / she indicated that the (organisation) would control the use of data contained in the social enquiry report and the notes of the case conference and prohibited other parties from complying with the data access request on their behalf. (Name of members) also indicated that they would control the use of data in their parts.

1.3 (As appropriate) The Chairperson informed members that more than 10 working days was needed to conduct the conference due to (the reason) ________________.

1.4 (As appropriate) The Chairperson informed members that the case had not been reported to police due to (the reason) ________________.
1.5 The Chairperson informed members that (family members) have been invited to join the conference and they would attend (at what time and stage) / (family members) have been invited to join the conference but they would not join due to (the reason)*.

(Note: please state the reasons if certain family member was not invited to join or special arrangement would be made.)

2. **Information Sharing**

2.1 The following members had presented their reports

☐ Investigating social worker (with / without* written reports)
☐ Medical officer (with / without* written reports)
☐ Medical social worker (with / without* written reports)
☐ Ward nurse (with / without* written reports)
☐ Police (with / without* written reports)
☐ School teacher (with / without* written reports)
☐ School social worker (with / without* written reports)

(Note: Order of sharing according to the actual sequence in the MDCC)

2.2 Besides the information covered in the written reports that were distributed to all members, members also provided the following information:

(Note: Significant points are to be highlighted here if the written report has been taken back from individual member after MDCC.)

3. **Discussion**

(Note: please specify in related item if individual member requested to record different views expressed in MDCC.)

3.1 **Nature of the case**

3.1.1 With consensus among members where police officer has remained neutral (if there is other member remaining neutral, a record may be made as needed), the Chairperson concluded that from child welfare point of view, the case was a child abuse case / was not a child abuse case.. (As appropriate) The Chairperson reminded that the decision of the MDCC regarding the nature of the case has no binding effect on prosecution of the abuser(s).
3.1.2  *(For child abuse case)* The type(s) of abuse was/were*:  
- □ physical abuse  
- □ neglect  
- □ sexual abuse  
- □ psychological abuse  
The abuser(s) was/were ________________ * (if identified) / unidentified*.  

3.1.3  *(As appropriate)* Members had the following consideration / concerns regarding the case nature:  
*(e.g. reasons for concluding the case as child abuse or not child abuse, concerns/suspicions raised by members though case was not considered as child abuse)*  

3.2  **Risk of child abuse**  

3.2.1  *(As appropriate)* Members identified the following risk factors of child abuse on the child concerned and the level of risk:  
- i.  
- ii.  
*(Note: it is suggested that risk factors with moderate and high risk that required follow up services be recorded)*  

3.2.2  *(As appropriate)* Members identified the following risk factors of child abuse on other child(ren) of the family and the level of risk:  
- i.  
- ii.  
*(Note: it is suggested that risk factors with moderate and high risk that required follow up services be recorded)*  

3.2.3  *(As appropriate)* Members identified the following strengths within the family which might contribute to child protection:  
- i.  
- ii.  

3.2.4  *(As appropriate)* Members identified the following support and resources outside the family which might contribute to child protection:  
- i.  
- ii.
3.3 Need of child concerned and family

(As appropriate) Members identified the following needs of child and family related to the protection and well-being of the child that required follow-up services:

i.

ii.

3.4 Welfare Plan for the Child and Family

3.4.1 Members discussed the following welfare plan for the child and family:

3.4.1.1 (As appropriate) For protection of child’s safety and / or to reduce risk of child abuse identified, the following welfare plan was recommended:

i. Child care arrangement:

ii. Care or protection order was recommended / not required / might be considered if ________________________ *(please specify) with the consideration that ____________________________ (please specify)

iii. Other arrangements: (e.g. contacts between child and abuser/potential abuser, etc.)

3.4.1.2 (As appropriate) To meet the needs of child and family identified, the following service(s) was / were* recommended: (e.g. psychological service, supportive services, tangible services, etc.)

i.

ii.

iii.

(Note: child care arrangement and statutory order may also be considered for protection of welfare of child)

3.4.1.3 Social worker of (Service Unit) would follow up the case as the key worker. The following (member / organisation / service unit / professional) would also follow up the case in the implementation of the welfare plan recommended:

i.

ii.
4. Any Other Business

4.1 The information of child / and (information of sibling)* will be / will not be* placed into the Child Protection Registry.

(If placed) The case nature is
□ Cat.(a) A child who has been abused as established at a multi-disciplinary case conference or immediate case assessment by CPSIT.
□ Cat.(b) A child currently at risk of abuse
□ ~Cat.(c) A child potentially at risk of abuse by virtue of his / her family background.

(As appropriate) For Cat. (b) or (c), the type of abuse to be entered was:
□ “ physical abuse
□ “ neglect
□ “ sexual abuse
□ “ psychological abuse

4.2 Members considered that a review conference is needed / not needed*.

(If needed) The review conference would be held (date or time frame).

4.3 Members considered that a report on the implementation of welfare plan was / was not* needed.

(If needed) The report would be included in the notes of the notes of MDCC as post-meeting notes / was to be forwarded to members in ____ months*.

4.4 (As appropriate) Members agreed that the following arrangements would be made: (e.g. arrangement of case transfer)

   i. 
   ii. 
   iii.

4.5 (As appropriate) The following member(s) had not kept the written report(s) prepared by member(s) after MDCC:

   i. (name of member) had not kept all written reports prepared by other members
   ii. (name of member) had not kept the written report prepared by (name of member)

4.6 (As appropriate) Members agreed to send the following reports / notes of MDCC to (absent member / professional to follow up the case):

   i. (with reason)
   ii.
5. **Meeting Family Members**

Members met *(family members)* at *(time)* during the *(agenda item)*.

*(Note: please give a summary of meeting with family members including their feedback on the recommended welfare plan)*

*(Note: If family members had not attended, please state how they would be informed of the conclusion and recommendations.)*

*(Post-meeting note:)*

*(e.g. feedback of parents on recommended welfare plan if they have not attended the MDCC, report of status of implementation of the recommended welfare plan)*

* Delete as appropriate
Dear Mr YYYYY/Madam XXXX,

Name of Child XXX  
Sex/Age : F/ X years X months

Thank you for your attendance at the above case conference held on (Date) in respect of your child, XXX. (If the parents have not attended the MDCC) The above case conference in respect of your child, XXX was held on (Date).

During the case conference, the multi-disciplinary professionals were concerned about the child’s condition. Considering your existing family situation (or child disciplinary pattern / difficulties in child care, etc.), members of the case conference have formulated the following welfare plan:

a. Clinical psychological service will be arranged to assist XX in emotional regulation.

b. The caseworker will apply to Court for XXX a care or protection order.

c. Residential child care service will be arranged for XXX. If there is urgent need during the waiting time, the caseworker will arrange for XXX emergency residential child care service.

Miss / Mr XXX will continue following up the case and will discuss with you in the implementation of the above welfare plan. You may contact her on ???? ???? / (If the case will be transferred to another unit) The case will be transferred to Family and Child Protective Services Unit / Integrated Family Service Centre (Name of service unit) for follow-up. The contact telephone number of the unit is ???? ????.

We hope that you would cooperate with Miss / Mr XXX and other follow-up parties (list of professionals may be added if needed) so as to ensure proper care for XXX. For enquiries, please feel free to contact me on XXXX XXXX.

Yours sincerely,

( )
Chairperson of the Case Conference
(If the same letter will be issued to another parent, a remark may be added as needed)
Note: a letter with the same content / purpose will be sent to XXX’s father / mother.
We hope that both parents can cooperate with the follow-up parties to ensure proper care for XXX.
Dear Sir / Madam,

Re : Name of child : xx
Sex / Age : xx

In the multi-disciplinary case conference on the child concerned held on (date), the welfare plan with the following immediate actions has been recommended. This is to report to members on the implementation status of such recommended actions (the actions listed below are just examples and can be revised as needed):

i. Referring child for residential placement
   - waitlisted on (date)
   - child has been admitted into (nature of placement) on (date)
   - child refused to admit into the residential home subsequently

ii. Referring child for psychological service
   - waitlisted on (date)
   - child has been offered first appointment on (date)
   - parents objected to the referral subsequently

iii. Application of care or protection order for child concerned
   - application has been submitted to court on (date) pending (court disposal on residential placement*)
   - order granted on (date)
   - order not granted (please specify reason)

(As appropriate) In view of the difficulty in the implementation of the welfare plan, the following arrangement on welfare plan is recommended:

   □

   □

(As appropriate) Please let me have your view on the above suggested arrangement on the welfare plan (please state the method).
Yours faithfully,

( )

Distribution
List of Members
Frequently Asked Questions about
Multi-disciplinary Case Conference on Protection of Child
with Suspected Abuse (MDCC)

1. **What factors should be taken into consideration when determining whether a case is a child abuse or not in MDCC?**

In MDCC, discussion on case nature is from child protection and welfare point of view and not from prosecution aspect. In determining whether a case should be defined as child abuse, the responsible professionals should make assessment based on individual case merits and taking into consideration various factors (e.g. the child’s age, the act, the consequences of the act on the child, etc.) instead of just focusing on the frequency and nature of incident that has occurred.

2. **Can the MDCC make decision by voting rather than by consensus?**

By consensus each member is given the opportunity to express and exchange his / her views with others. This is the basis of multi-disciplinary cooperation. This is particularly important as child abuse and the welfare plan for the child(ren) are very delicate issues that should not be dealt with simply by voting.

3. **Can the parent(s) appeal against the decision made by the MDCC?**

The parent(s) can lodge any complaint to the Chairperson for issues relating to the decision of MDCC. The Chairperson has to explain to the parent(s) the reasons for the decision. If there is new information that has not been fully addressed to in the MDCC but will possibly affect the decision made, the Chairperson, upon consultation with all members, can consider holding a review conference.

If the complaint is against the Chairperson or a particular member of the MDCC, the complaint should be made or channeled to respective organisation of the Chairperson or that member for handling.

4. **Can the suspected abuser attend the MDCC?**

If the suspected abuser is the parent of the child (including non-custodial parent), he / she will usually be invited to join the second part of the MDCC to enhance his / her understanding of the issues of concern, tap his / her contribution to the formulation of the welfare plan, and enlist his / her involvement in the implementation of the welfare plan. As welfare and rights of the child should always be the paramount concern of the MDCC, if the parent’s presence may seriously prejudice the welfare of the child, there is sufficient evidence that a parent may behave in such a way as to interfere
seriously with the work of the conference such as violence, threats of violence, etc. or the parent is in an unfit state (e.g. through drug, alcohol consumption or acute mental health difficulty) making them unable to join the discussion effectively, he / she will not be invited to attend the MDCC.

If the suspected abuser is not the parent of the child, he / she will not be arranged to attend the MDCC as the focus of the MDCC is on protection and welfare of the child but not prosecution of the abuser.

5. **Can the suspected abuser send his / her legal representative to attend the MDCC or attend the MDCC with his / her legal representative?**

As the focus of MDCC is not on prosecution of the abuser but a forum by which professionals having a major role in the handling and investigation of a suspected child abuse case to share their information and concern on the child on welfare aspect, it is not appropriate for the alleged abuser to send his / her legal representative to attend the MDCC or attend the MDCC with his / her legal representative.

6. **Can the parent(s) or the child(ren) suspected to be abused ask their friends or relatives to accompany them during the MDCC?**

Subject to the consent of members of the MDCC, significant family members and relatives who have sound knowledge of the child(ren) and would be contributive to the welfare planning of the child(ren) can also be invited to attend the MDCC.

7. **Will the non-custodial parent be invited to attend the MDCC?**

Generally, the parent not being granted the custody of the child will also be invited to attend the MDCC if there will be important decision affecting the child’s life. Yet, as welfare and rights of the child should always be the paramount concern of the MDCC, if the non-custodial parent’s presence may seriously prejudice the welfare of the child, there is sufficient evidence that a parent may behave in such a way as to interfere seriously with the work of the conference such as violence, threats of violence, etc. or the parent is in an unfit state (e.g. through drug, alcohol consumption or acute mental health difficulty) making them unable to join the discussion effectively, he / she will not be invited to attend the MDCC.

8. **Can the parent(s) send a representative to attend the MDCC if they cannot attend themselves?**

If the parent(s) is / are unable to attend the MDCC, members of MDCC will discuss the ways to inform parent(s) the decisions of MDCC and receive feedback from the latter. A direct communication with parent(s) between social worker / other member of MDCC is preferred and a representative of parent(s) will not be allowed to attend the MDCC to protect the privacy of the child and other persons concerned.
9. **Can the parent / family member / child concerned object the attendance of another parent in MDCC?**

Parents, no matter whether any of them is the suspected abuser, will usually be invited to join the second part of the MDCC to discuss the welfare plan for the child and family. The objective is to enhance their understanding of the issues of concern, tap their contribution to the formulation of the welfare plan, and enlist their involvement in the implementation of the welfare plan. However, as welfare and rights of the child should always be the paramount concern of the MDCC, if the parent’s presence may seriously prejudice the welfare of the child, there is sufficient evidence that a parent may behave in such a way as to interfere seriously with the work of the conference such as violence, threats of violence, etc. or the parent is in an unfit state (e.g. through drug, alcohol consumption or acute mental health difficulty) making them unable to join the discussion effectively, this parent will not be invited to attend the MDCC. Another parent (including non-custodial parent) / family member / the child’s views will be considered based on the above principle.

10. **Can the parent(s) or the child(ren) suspected to be abused attend the MDCC if they have special communication needs?**

Measures should be taken to facilitate effective communication for parent(s) or child(ren) who participate in MDCC. If the parent(s) or child(ren) have special communication needs, interpreters, sign language interpreters or others with special communication skills should be made available to facilitate family participation in MDCC. It is not advisable to arrange family members, relatives, friends and children themselves to act as interpreters in the MDCC.

Updated list of accredited interpreters can be obtained from the Senior Court Interpreter of the High Court. Interpretation services can also be obtained from non-governmental organisations providing support services for ethnic minorities. Website from Home Affairs Department: [http://www.had.gov.hk/rru/english/programmes/programmes_comm_sscem.html](http://www.had.gov.hk/rru/english/programmes/programmes_comm_sscem.html) can be referred.

11. **Can prospective adoptive parents attend MDCC?**

Prospective adoptive parents, who have been taking care of the child concerned, can also be invited to attend MDCC, if deemed appropriate.

12. **Does class teacher need to attend MDCC?**

The class teacher will usually be invited to attend MDCC as he / she possesses relevant knowledge regarding the child and his / her family. Such information provides good reference materials for the MDCC in working out a welfare plan to the best interests of the child. However, if the class teacher cannot attend the MDCC, another school personnel, who has sufficient understanding of the case, can report on the child’s family situation, school performance, conduct and emotional condition in school.
13. Can the case been transferred to the follow-up unit before confirmation of notes of MDCC?

In principle, the investigating social worker should prepare relevant documents including case summary and confirmed notes of the MDCC before transferring the case to the follow-up unit. In view that urgent actions may be required to be taken by the follow-up social worker in certain cases, for the benefit of the child / family, subject to decision in the MDCC or mutual agreement between two service units, flexibility be allowed for earlier transfer of cases or for co-working of the outgoing / incoming social workers in the transitional period before the meeting notes of MDCC is confirmed.

14 Can the parents request to tape-record the MDCC during his / her participation in the MDCC?

- The focus of the MDCC is on the protection and welfare of the child. It is also a forum by which professionals to share their information and concern on the child on welfare aspect. A direct communication with parent(s) between social worker / other members of MDCC is preferred to enhance their understanding of the issues of concern. The request of tape-recording from parent should be handled before the MDCC including seeking the consent of members of the MDCC and significant family members.

- While the request involves collection of personal data, the PD(P)O does not contain any provision prohibiting members of MDCC from turning down or requiring members to turn down the parent’s request for recording the MDCC. **Whether or not it is appropriate to allow the parents to record the MDCC is a matter for members to decide having regard to the best interests of the child.** In this regards, members should find out before the MDCC the reasons for the parent’s request and whether the request can be met by other alternative arrangements such as providing the parent with written information including the findings of the MDCC.

- Members should also note that the discussion in MDCC will possibly contain personal data of individuals other than the data subjects, i.e. the parent / child. Prescribed consent of these individuals must be obtained beforehand for disclosing their personal data at the MDCC if the purpose of the parent’s tape-recording does not fall within the original purpose of collection or its directly related purpose. If such prescribed consent cannot be obtained, members should not disclose the personal data of these individuals in the MDCC, and the parent should be clearly informed before the MDCC.

- If the request of tape-recording by the parent is to be acceded to, members should also consider whether there is a need to make the same recording by the meeting as a proof in case the parent takes certain parts of their recordings out of context or tampers with the recordings.
CHAPTER 12
FOLLOW UP SERVICE

REGISTRATION AT THE CHILD PROTECTION REGISTRY

12.1 The social worker who conducts social enquiry / investigation into the child abuse incident should send the particulars of the child to the Child Protection Registry (CPR) for registration in accordance with the recommendation of the Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse (MDCC) (see Appendix VI for information on CPR).

CARE PROCEEDINGS

12.2 If the child is assessed to be in need of statutory protection during the MDCC, application for an order appropriate Section(s) of the Protection of Children and Juveniles Ordinance, Cap 213 (PCJO) should be made by the responsible social worker of SWD. Please refer to Annex II to Chapter 3 for certain provisions of PCJO. For new cases, Family and Child Protective Services Unit (FCPSU) will take up the care proceedings and provide follow up service. For known cases of IFSC / Probation and Community Service Orders Office / Medical Social Services Unit / Adoption Unit / Tuen Mun Children and Juvenile Home, the social worker of the concerned unit will take up the responsibility for the care proceedings and refer the case to FCPSU for follow-up service after the Care or Protection Order is granted. For known cases of MSSUs, the medical social worker will focus on the patient’s rehabilitation and act as a coordinator between the medical and allied health professionals and social workers of FCPSUs. For known cases of Family and Child Protective Services Unit / High Court and District Court Probation Office, the social worker of the unit concerned will take up the care proceedings and provide follow-up service.

12.3 Relevant information, e.g. medical / psychological report, social enquiry report and conclusions of the MDCC, should be compiled for the information of the Magistrate at the Juvenile Court.

12.4 Article 37(d) of the United Nations Convention on the Rights of the Child states that, among others, “Every child deprived of his / her liberty shall have the right to prompt access to legal and other appropriate assistance”. To this end, the Duty Lawyer Service (DLS) has been commissioned to run the Legal Representation Scheme (the Scheme) for children or juveniles involved in care or protection proceedings. The Scheme will provide legal assistance to any child or juvenile in need of care or protection and who is:

(a) deprived of his / her liberty and detained in a gazetted place of refuge under Section 34E of the PCJO; or
taken to the Juvenile Court directly by the Police for the application of Care or Protection Order, without any period of detention at a gazetted place of refuge before court hearing; or

likely to be detained in a gazetted place of refuge on the recommendation of a social worker of SWD.

12.5 A placement in a small group home / foster home / children’s home, etc., if needed, should be secured as soon as possible.

12.6 Parties providing follow up service to the child and his / her family should share information on the significant development of the case (e.g. when the order is made, terms of the order, placement of child, etc.).

DOMESTIC VIOLENCE INJUNCTION ORDER

12.7 Under the Domestic and Cohabitation Relationships Violence Ordinance (DCRVO), Cap 189, where a party (i.e. spouse/ former spouse/ partner / former partner) to a marriage / cohabitation relationship, who is of opposite sex, makes an application to the District Court or the Court of First Instance, the Court may grant an injunction which either:

(a) restrains the other party from using violence against the applicant or a child living with theapplicant; or

(b) excludes the other party from the residence or from a specified part of the residence or from a specified area.

VOLUNTARY CARE

12.8 If the case is assessed to be a child abuse case but considered not in need of invoking PCJO or DCRVO as decided by the MDCC, voluntary care should be provided. The key social worker appointed by the MDCC should follow up the case as follows:

(a) if out-of-home care for a child is necessary and agreed by parent(s) / guardian(s), suitable placement in a small group home / foster home / children's home, etc. should be secured as soon as possible;

(b) voluntary supervision should be rendered to the child and his/her family;

(c) parties providing follow-up services to the child and his / her family should share information on the significant development of the case (e.g. placement of child, etc.);

(d) continued services should be provided to the child and his / her family, as required.
FOLLOW UP ACTION AFTER CARE PROCEEDINGS / 
MULTI-DISCIPLINARY CASE CONFERENCE ON PROTECTION OF 
CHILD WITH SUSPECTED ABUSE (MDCC)

12.9 Depending on the terms of the Care or Protection Order and recommendations of the MDCC, the key social worker will continue to provide counselling and appropriate assistance to the child and his / her family. Other rehabilitative service including therapeutic treatment should be arranged as necessary. Home visits and personal contacts with the child and his / her family should continue to be made as frequently as required. The key social worker should, where applicable, also work closely with staff of the residential home where the child is placed.

FAMILY REUNION

12.10 The following areas have to be observed in considering the re-union of the child with his / her family:

(a) Positive parent / child / siblings relationship is necessary before a child is returned to the family.

(b) The reaction of parties concerned must be carefully monitored and studied.

(c) Reunion should be tried out in stages : more visits by parent(s) / siblings to the child, the child staying with parent(s) overnight, on weekends, etc. Where applicable, before actual return of the child to the family, opinion from other parties involved such as the clinical psychologist / child psychiatrist may be sought.

(d) Regular visits and contacts by the social worker should be maintained even if initial reaction from the parties concerned is satisfactory after the return of the child.

(e) Consultation with the officers-in-charge / supervisor and other parties involved or related to the family should be maintained throughout.

(f) Parties which are still actively involved should be informed on the discharge / amendment / expiry of Care or Protection Order / reunion of child to family.

PERMANENCY PLAN FOR THE CHILD

12.11 Continued attention must also be given to a child receiving out-of-home care, especially for those cases where reunion with the family is not advisable. A permanency plan for the child is required for those children living away from home.
CHAPTER 13

VICTIM MANAGEMENT BEFORE COURT HEARING
AND POST ABUSE THERAPEUTIC SERVICE

GOVERNING PRINCIPLES

13.1 It is most important that in the period following a video-recorded interview, and prior to any Court hearing, continued contact is maintained with the child and the family by the Child Protection Special Investigation Team (CPSIT), so as to keep them informed of the progress of the case investigation, and to prepare the child witness for attendance in Court. Full use of the Child Witness Pack available at the Social Welfare Department (SWD) and Child Abuse Investigation Units (CAIUs) of the Police should be made in this task. A pre-trial visit to the Court will also be arranged for the child to familiarize him / her with the Court setting.

13.2 Details of any visits and any relevant conversations should be recorded and retained.

13.3 The following areas are to be avoided in any therapeutic work carried out to the child before the trial :

(a) details of the investigative interview;

(b) the abuse
   - what happened?
   - who did it?
   - when?
   - where?

(c) the use of any materials which suggest or presume that abuse has taken place.

PRE-TRIAL COUNSELLING SERVICE

13.4 Why is Therapeutic Work Necessary

It is recognized that all forms of child abuse may have long term harmful consequences for the emotional development and mental health of the victims. Once video-recorded interview is completed, it should be necessary for appropriate counselling and therapy to take place to reduce these harmful effects.
13.5 **Definition of Pre-trial Counselling Service**

Pre-trial counselling service should be defined as intervention which is focused on the needs of the individual child having experience of abuse. It aims at addressing the following areas of the child at the pre-trial stage:

(a) **Child’s feelings and reactions** in the aftermath of the investigation - fear, anger, insecurity, guilt, shame or confusion.

(b) **Sex education and sexuality** including information about physical and sexual development, contraception, sexual orientation, and generalised self-protection (good and bad touching).

(c) **Social skills and peer relationships** to overcome possible isolation, establish support and form normal alliances and friendships.

(d) **Rebuilding of self-esteem** including improvement of self-image and integrity.

13.6 **Who to Conduct Post Abuse Therapeutic Counselling Service at Pre-trial Stage**

(a) Subsequent to the video-recorded interview, members of the MDCC are responsible for assessing the need for post abuse therapeutic counselling to the child on individual case basis at the pre-trial stage. They should establish the cause of the child's distress, and must not presume that the abuse itself is the source. They must also make a clear distinction between investigative interviews and therapeutic interviews.

(b) In providing counselling service, the follow up social worker should work with both the abused child and his / her family with emphasis on the child's relationship with the parents and other family members, his / her needs for proper care and attention, his / her health and development, behaviour and emotion, and schooling problems. Family support service will be mobilized in the process of counselling to improve parenting skills, the family's living environment, financial status and to provide substitute care for the child on need basis. Statutory duties will also be enforced by the FCPSU social worker under Section 34(1) of Protection of Children and Juveniles Ordinance, Cap 213, to protect the child.

(c) In circumstances when the child cannot resolve his / her inner feelings or overcome his / her fears or distress, helplessness, shame or distrust after the abuse incident(s), thus causing serious harm or damage to his / her emotional and mental equilibrium, counselling or therapeutic treatment may need to be provided to the child by a clinical psychologist or child psychiatrist.
13.7 Areas for Special Attention regarding Pre-trial Counselling Service

(a) The child’s need must take precedence.

(b) All therapeutic work undertaken should have clear objectives and be reviewed to ensure continuous improvement in practice.

(c) Efforts should be made to avoid direct contact between the suspected abuser and the child.

(d) The follow up social worker or clinical psychologist or child psychiatrist should inform the Officer-in-charge of the Case (OC Case) / CAIU of the need for pre-trial counselling service for the child and shall consult the trial preparation counsel of the Department of Justice, preferably prior to the therapy / counselling taking place. The consultation should be done in written form and should include the areas to be covered, methods to be used and reasons for wishing to offer therapeutic help at that time. The Department of Justice will then offer comments on the proposal.

(e) Where the Police are undertaking a parallel investigation which may lead to prosecution of an alleged abuser, there are important issues to be considered about the need for the child to receive appropriate counselling and support and the need for the child to appear as a creditable witness in Court.

(f) Care should be taken to avoid counselling from adversely affecting the criminal proceedings.

(g) Where the child is to give evidence in the prosecution, it is essential to avoid discussion of any matters which might discredit the child as a witness or permit allegations of coaching by the follow up social worker or clinical psychologist or child psychiatrist.

(h) Anybody involved in the joint investigation is not preferred to take part in the counselling or psychological or psychiatric therapeutic treatment.

(i) Anyone who does counselling or therapeutic treatment must realise they might have to give evidence in court themselves.

(j) Where there is more than one victim, each should be counselled or treated separately.

(k) If, during the counselling or therapeutic treatment, inconsistent comments are made, the follow up social worker, clinical psychologist, or child psychiatrist should be reminded of the following:

- remind the child the need to tell the truth;
- encourage the child to disclose the information to the Police;
- observe the rules regarding confidentiality in their own professionals’ Code of Practice; and
- seek advice from their supervisors and consider taking various appropriate action to safeguard the child’s welfare and interest if affected.

(l) Records of the counselling provided to the child must be kept in order as the Court or defence may justifiably wish to know about both the nature and content of the counselling that has taken place before the child gives evidence in cross-examination and such records may be subject to disclosure to the defence as unused material. Video-taped interview is allowed in therapeutic counselling but the tape has to be kept under locked.

(m) At all stages, the follow up social worker or clinical psychologist or child psychiatrist should use games books or play materials in counselling with confidence, proper records and description of any game books, or apparatus, etc. used should be kept as these records may be subject to disclosure to the defence as unused material. Any exercise or materials which presume that abuse has actually taken place, or abusive scenarios for discussion should be avoided.

(n) The follow up social worker or clinical psychologist or child psychiatrist engaged in the pre-trial counselling service should attend to the case review meeting, if needed, to contribute to the prompt development of a package of support services to the child, his / her siblings and carers. As a follow up worker of the case, he or she should be responsible for the coordination and review of post abuse work.

(o) The follow up social worker will prepare the child witness for court hearing on areas like:

(i) the physical setting of the Court;
(ii) roles of the personnel involved;
(iii) telling the truth;
(iv) the use of the live TV link or screens; and
(v) introduction of the support person, etc.

(p) In the event that the clinical psychologist or child psychiatrist finds it unavoidable to go through the abuse incident(s) with the child again in order to offer effective therapeutic treatment to the child who is seriously at risk mentally or psychologically, the clinical psychologist or child psychiatrist should inform the follow up social worker, the OC Case / CAIU and seek advice from the trial preparation counsel of the Department of Justice. Consideration should then be made by the Department of Justice in striking a balance between prosecution and dropping the case in the best interests of the child. The follow up social worker, clinical psychologist or child psychiatrist should be informed by the Department of Justice of their decision.
VIDEO-RECORDED THERAPEUTIC INTERVIEWS

13.8 Some practitioners regularly record on video their therapeutic work with the children. It enables them to review the content of each session, reflect on their own contributions and plan subsequent sessions more carefully. This may aid professional development, and can be used with a consultant to improve practice further. A young person may appreciate having a record of these sessions to monitor their own change or perhaps to show to a trusted carer. Video-recording can be of value in student training, but should only be used after obtaining consent of the child and his / her parent concerned.

13.9 Practitioners who use video recording for the above reasons should be aware that such records may be subject to disclosure to the defence as unused material and / or called by the defence in a prosecution. Materials may be used to discredit the witness by finding inconsistencies in the child's evidence. A video-recording of a therapeutic interview is usually undertaken on the understanding that the record will remain confidential, and be kept securely. The child or young person may also be dismayed to find the contents of their video recording being used against them.

13.10 The decision to make a video recording of the therapeutic work should be left to the individual social worker, clinical psychologist and child psychiatrist having weighed the considerations above. It is preferable that only equipment which has the facility to record the date and time should be used. If such equipment is not available, then the date and time of the recording should be properly and accurately recorded at the start and end of the recording. Then care should be taken to label and store securely the video recording. Informed consent should be secured in every case, and arrangements should be made for secure storage and subsequent destruction of recordings.

13.11 Written records of counselling work should also be retained by social workers, clinical psychologists, or child psychiatrists providing service to the victim in line with normal practice on case records.

WRITTEN RECORDS OF THERAPEUTIC INTERVIEWS

13.12 In a prosecution, the defence may request access to some or all records kept about a child witness. Work undertaken with the child prior to the trial of the alleged abuser will be subject to scrutiny. Materials contained in a case file may suggest lines of cross examination, and again may be used to discredit the child’s evidence. Records may also lay open the therapeutic process to accusations of coaching the child.

13.13 Good standard of case recording should be applied at all times, and extra caution should be exercised in these circumstances. Recorded comments should be soundly based on facts and susceptible to proof. Professional judgements should be backed by reasoning and concrete evidence.
Practitioner musings or speculative interpretations of the child’s behaviour, play or drawings should be recorded accurately and not withheld.

13.14 Social workers, clinical psychologists or child psychiatrists undertaking the pre-trial counselling work with a child who is not involved in a prosecution should be aware that counselling work often enables a child to reveal further incident(s) or information about the abuse which may result in a subsequent prosecution. All pre-trial counselling work should therefore be supported by case recording in the light of the above guidance.

**POST-TRIAL STAGE**

13.15 After the trial, there are no constraints on the nature of counselling service. The follow up social worker should continue to look after the child and his / her family carers through counselling service and mobilization of family support service while the clinical psychologist or child psychiatrist should carry on their therapeutic treatment as needed by the child.

13.16 Apart from the follow up social worker, clinical psychologist and child psychiatrist, any other persons including staff of the residential homes who are providing pre-trial counselling service or care service to the child are also advised not to probe into the abuse incident(s) of the child.
SECTION V

ROLES OF RELEVANT DEPARTMENTS / ORGANISATIONS
Roles of

Social Service Units
CHAPTER 14

FAMILY AND CHILD PROTECTIVE SERVICES UNITS
(SOCIAL WELFARE DEPARTMENT)

HANDLING OF INTAKE / REFERRALS

14.1 Family and Child Protective Services Unit (FCPSU) shall take up initial
enquiry / investigation into all newly reported suspected child abuse cases
during office hours. For reports on suspected child abuse cases received
after office hours, the SWD Outreaching Team (after office hours) through
information from the SWD Departmental Hotline Service, hotline service of
Family Crisis Support Centre and CEASE Crisis Line should respond to the
report (refer to paragraphs 14.9 to 14.11 below).

For New Cases of Suspected Child Abuse

14.2 Upon receiving a referral or when handling an intake, the FCPSU intake
worker should conduct initial social assessment in accordance with the
governing principles, general guide and procedures as set out in Chapter 6 and
Chapter 7. The FCPSU intake worker should follow the intake procedures as
stipulated in paragraphs 7.4 to 7.15 of Chapter 7 to collect available
information and based on the initial information available or the observation
from the intake interview or home visit, to conduct initial social assessment if
there is:

(a) reason(s) to believe that the child has been or is being abused;
(b) urgency for medical attention;
(c) a cause for concern that child abuse might have occurred.

Note: For all forms of abuse cases, refer to Understanding of Child Abuse
in Chapter 2. For sexual abuse cases in particular, refer also to Key
Making Referrals to Child Protection Special Investigation
Team (CPSIT) at Appendix V.

14.3 In making an initial social assessment, the intake worker is required to assess
preliminarily from the welfare point of view if a child is left unattended,
neglected or in any form of abuse or risk situation. For children being left
unattended at home or abandoned children, IFSCs / ISC should perform the
outreaching duties for initial assessment unless there are further indicators or
evidence of child abuse.

14.4 For newly reported suspected child abuse cases received during office hours
(i.e. from 8:45 a.m. to 5:00 p.m. for Monday to Friday and from 9:00 a.m. to
12:00 noon for Saturday) with the need for outreaching visit, the SWO/FCPSU (i.e. the team leader) should pair up with a social worker from the respective IFSC of SWD to reach out to the case for investigation. The team leader should collect information from the informant / referrer, conduct initial social assessment and take appropriate action following the intake procedures as stipulated in paragraphs 7.4 to 7.15 in Chapter 7. If the case is suggestive of child sexual abuse or serious physical abuse cases falling within the Charter of Child Abuse Investigation Units (CAIU), based on information collected on the phone, referral can be made to SWO/FCPSU or Police/CAIU directly for investigation in accordance with paragraph 7.4 in Chapter 7. The right of entry into premises is provided under various sections of the Protection of Children and Juveniles Ordinance, Cap 213 (PCJO) for the purpose of -

(i) removing any child or juvenile to a place of refuge or such other place as the DSW or authorised officer or the police officer of the rank of station sergeant or above may consider appropriate [Section 34E(6)]; or

(ii) ascertaining whether there is any child or juvenile who is or may be liable to be dealt with under the provision of the PCJO, or whether any offence under the PCJO is being, or has been, committed, and may remove any such child or juvenile to a place of refuge, a hospital or such other places the DSW or the authorised officer consider appropriate to be there detained [Section 44(1)]; or

(iii) observing the condition of a child or juvenile or effecting a removal [Section 45A(8)], and such entry shall not be effected by the use of force unless the DSW or authorised officer has first obtained a warrant issued by a Magistrate, Juvenile Court or District Court. Assistance from the Police, Fire Services Department, or others as appropriate may be enlisted if the parent(s) / guardian(s) are unco-operative. Removing the child to a place of refuge or such other place / hospital is provided under Section 34E(1) / Section 34F of the PCJO. An application in relation to that child or juvenile shall be made to a juvenile court under Section 314(1) or 34C, if no such application has already been made within 48 hours after the child or juvenile is removed to a place of refuge or other place. Please refer to Annex II to Chapter 3 for certain provisions of PCJO.

14.5 If the information collected indicates suspected child abuse incident(s) and the case is not a known case of any welfare organisations, a FCPSU worker will be assigned to take up the case and conduct the social enquiry / investigation and provide casework service. The FCPSU worker should prepare the social enquiry report and arrange the Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse (MDCC) to formulate the welfare plan for the child and his / her family. For cases where no evidence of abuse is identified but are assessed to be in need of IFSC services such as counselling, child care, etc. after investigation, they can be referred to the IFSCs / ISCs of SWD or non-governmental organisations for follow up according to place of residence of the child’s parent / guardian with their consent.

12 Refer to Appendix I for Definition of Known Cases of Welfare Organisations.
For Known Cases of FCPSU

14.6 The responsible FCPSU worker 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 / investigation.

For Known Cases of other SWD / NGO Units

14.7 For known cases of other SWD / NGO units, the FCPSU intake worker should inform the responsible social worker or the responsible unit to provide initial social assessment. The responsible social worker or the responsible unit 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 / investigation. The responsible social worker of the NGO units should handle the case as described in the respective Chapter of Social Service Units in Section V of this Procedural Guide.

14.8 For urgent cases requiring immediate action but the responsible unit cannot be contacted immediately, the FCPSU intake worker should provide initial social assessment and assist to make referral to the CPSIT as necessary. The responsible caseworker of SWD / NGO units will then be informed to follow up the case.

Referrals Received by SWD Outreaching Team After Office Hours

14.9 For reports on suspected child abuse cases received after office hours, the SWD outreaching team (after office hours), comprising a SWO/FCPSU or Oi/c IFSC or SWO/IFSC and a caseworker of FCPSU or IFSC, should respond to the report and reach out to investigate the case if necessary.

14.10 If upon outreaching to the case and child abuse is suspected, the team leader should collect information from the informant / referrer, conduct initial social assessment and take appropriate action following the intake procedures as stipulated in paragraphs 7.4 to 7.15 of Chapter 7. If the case is suggestive of child sexual abuse based on information collected on the phone, referral can be made to the CPSIT directly for consultation and necessary action. The team leader should check with the CPR and respective SWD / NGO unit on the following working day and prepare an intake report.

14.11 To follow up the outreached cases, the new case can be referred to the respective FCPSU for follow up service. For known suspected sexual abuse cases, the team leader should inform the respective SWD / NGO unit to take up the case after referral has been made to CPSIT in situations (a) and (b) as stipulated in paragraph 14.2 above, or to inform that unit to conduct further exploration for the case in situation (c). For other forms of known suspected abuse cases, the responsible worker of the concerned unit should be informed for follow-up service after the outreach. (refer to Appendix I for Definition of Known Cases). The responsible worker of the concerned unit should continue to provide
casework service for the family. He / she should conduct the social enquiry / investigation, prepare report and arrange the MDCC to formulate the welfare plan for the child and his / her family.

CHILD ASSESSMENT PROCEDURE

14.12 Where there is reasonable cause to suspect that the child is or is likely to be in need of care or protection regarding 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, but the necessary assessment procedure cannot be carried out, the FCPSU 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 PCJO, requiring the child to be produced for an assessment by a medical practitioner, clinical psychologist or an approved social worker.

14.13 In situation where there is a cause for concern that child abuse might have occurred but no abuse element is detected after investigation, the case can be closed at FCPSU or referred to the respective IFSC / ISC for appropriate service.

COLLABORATION WITH OTHER PARTIES

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

---

13 An approved social worker refers to the social worker approved by the DSW to discharge the duty under Section 45A of the PCJO.
CHAPTER 15
INTEGRATED FAMILY SERVICE CENTRES / INTEGRATED SERVICES CENTRES

HANDLING OF INTAKE / REFERRALS

15.1 Social worker of Integrated Family Service Centres (IFSC) / Integrated Services Centres (ISC) who comes across a suspected child abuse case should 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

15.2 If the information collected in the telephone contact indicates suspected child abuse incident(s) and the case is not a known case of any welfare organisations, the intake worker of IFSC / ISC should refer the case to the appropriate Family and Child Protective Services Unit (FCPSU) as soon as possible after obtaining the contact means of the informant who has called the IFSC / ISC. If there is a referral which indicates suspected child abuse incident(s) and the case is not a known case of any welfare organisations, the IFSC / ISC should follow the general guide as stipulated at paragraphs 6.2 to 6.5 of Chapter 6 and pass the referral to the appropriate FCPSU for follow up after initial screening.

15.3 If the informant and / or the child approach the IFSC / ISC in person, the intake worker of IFSC / ISC should follow the intake procedures as stipulated at paragraphs 7.4 to 7.15 of Chapter 7 to collect available information, conduct initial social assessment and consult FCPSU before referring the case to the appropriate FCPSU for follow up.

15.4 In making an initial social assessment, the intake worker of IFSC / ISC is required to assess preliminarily from the welfare point of view if a child is left unattended, neglected or in any form of abuse or risk situation. For children being left unattended at home or abandoned, IFSC / ISC should perform the outreaching duties for initial assessment unless there are further indicators or evidence of child abuse.

15.5 For newly reported suspected child abuse cases received during office hours (i.e. from 8:45 a.m. to 5:00 p.m. for Monday to Friday and from 9:00 a.m. to 12:00 noon for Saturday) with the need for outreaching visit, the SWO/FCPSU (i.e. the team leader) should pair up with a social worker from the respective IFSC of SWD to reach out to the case for investigation. The team leader should collect information from the informant / referrer, conduct initial social assessment.

---

14 Refer to Appendix I for Definition of Known Cases of Welfare Organisations.
assessment and take appropriate action following the intake procedures as stipulated in paragraphs 7.4 to 7.15 in Chapter 7. If the case is suggestive of child sexual abuse based on information collected on the phone, report can be made to FCPSU or CAIU directly for investigation in accordance with paragraph 7.4 in Chapter 7.

15.6 The new case of suspected child abuse outreached will be taken up by the appropriate FCPSU for follow up service including conducting social enquiry / investigation, arranging Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse and providing support service as required. For cases where no evidence of abuse is identified but are assessed to be in need of IFSC service such as counselling and child care, etc. after investigation, they can be referred to the IFSCs / ISCs of SWD or NGO for follow-up according to place of residence of the child’s parent / guardian with their consent.

For Known Cases of IFSC / ISC

15.7 Social worker of the IFSC / ISC 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 / investigation. If urgent statutory care proceedings on the child / children are required other than known case of SWD Units during the course of enquiry / investigation, 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.

For Known Cases of other SWD / NGO Units

15.8 For known cases of other SWD / NGO units, the IFSC / ISC intake worker should inform the responsible social worker to provide initial social assessment. The responsible social worker should assess the situation and follow the steps described in paragraphs 7.7 to 7.15 in Chapter 7 as appropriate and to conduct the social enquiry.

CHILD ASSESSMENT PROCEDURE

15.9 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\(^\text{15}\).

\(^{15}\) An approved social worker refers to the social worker approved by the DSW to discharge the duty under Section 45A of the PCJO.
15.10 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

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

Refer to Appendix I for Definition of Known Cases of Welfare Organisations

165
should provide support service for the child and / or his / her family while the
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 on Protection of Child with Suspected
Abuse (MDCC) 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 / investigation.

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 MDCC 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 / investigation,
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 MDCC 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 / investigation. 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 MDCC 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.¹⁷

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.

---

¹⁷ An approved social worker refers to the social worker approved by the DSW to discharge the duty under Section 45A of the PCJO.
CHAPTER 17

CHILDREN AND YOUTH SERVICES
(NON-GOVERNMENTAL ORGANISATION)

SERVICES COVERAGE

17.1 Children and youth services in this chapter refer to the following subvented service units:
   (a) Integrated Children and Youth Services Centres (ICYSCs);
   (b) School Social Work Units (SSWUs) serving students in secondary schools;
   (c) District Youth Outreaching Social Work Teams (YOTs).
   (d) Overnight Outreaching Service for Young Night Drifters (YND); and
   (e) Community Support Service Scheme (CSSS)

REFERRALS

17.2 Suspected child abuse cases may come to the notice of social worker of the above centre / team / unit:
   (a) through direct approach by the child / student, or the family, or the public;
   (b) referred by teachers, other school personnel, social workers, other organisations, etc.

HANDLING OF INTAKE / REFERRALS

17.3 The social worker of the centre / team / unit who comes across a 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.

17.4 For cases involving student in the serving school, the school social worker should intiate 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.

17.5 For suspected child abuse cases involving sibling of student not attending the serving school, the school social worker after intaking the case should refer the
case to Family and Child Protective Service Services Unit (FCPSU). For known case of other service units, the case should be referred to respective service units for follow up 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**

17.6 Upon receipt of telephone enquiries, if the information collected indicates suspected child abuse incident(s) and the case is not a known case of any welfare organisations, the social worker of the centre / team / unit should refer the case to the appropriate FCPSU as soon as possible after taking down the available information on the case to facilitate further contact by the FCPSU.

17.7 When handling a new suspected child abuse case at intake in which the informant and / or the child approaches in person and the case is not a known case of any welfare organisations, the social worker of the centre / team / unit should follow the intake procedures as stipulated in paragraphs 7.4 to 7.15 in Chapter 7 to collect available information and conduct initial social assessment and consult FCPSU before referring the case to the appropriate FCPSU for follow up. Casework service will be provided by the FCPSU worker assigned, including immediate protection for the child. The social worker of the centre / team / unit will continue to observe the condition of the child during contacts and will be consulted throughout the handling process. The FCPSU worker who takes up the case should prepare the social enquiry report and arrange the Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse (MDCC) to formulate the welfare plan for the child and his / her family. The social worker of the centre / team / unit should be prepared to attend and report at the MDCC.

17.8 If no abuse element is detected, the case can be closed or referred to / followed up by relevant service unit as appropriate.

**For Known Case of the Centre / Team / Unit**

17.9 If the suspected child abuse case is a known case of the centre / team / unit, the responsible social worker should take up the case and follow the steps described in paragraphs 7.7 to 7.15 in Chapter 7 as appropriate and to conduct the social enquiry / investigation.

17.10 The social worker concerned should provide casework service to the child and / or his / her family, including implementation of the child protection plan. He / she should prepare the social enquiry report and arrange the MDCC to formulate the welfare plan for the child and his / her family. For cases where CPSIT is formed, the social worker concerned will be involved throughout the handling procedures of the CPSIT, including strategy planning and immediate

---

18 Refer to Appendix I for Definition of Known Cases of Welfare Organisations.
19 Definition of known cases of centre / team / unit refer to the suspected child abuse victim being an active case (opened case with treatment plan and case record) handled by ICYSC / SSWU / YOT / YND / CSSS.
The FCPSU/CPSIT or CAIU/CPSIT 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 during the course of enquiry / investigation, 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.

For Known Cases of Other SWD / NGO Units

17.11 For known cases of other SWD or NGO units, the social worker of the centre / team / unit should inform the responsible SWD / NGO social worker to take immediate action. The concerned NGO / SWD unit should follow the steps described in the respective Chapter of Social Service Unit in Section V of this Procedural Guide.

COLLABORATION WITH OTHER PARTIES

17.12 All parties concerned should maintain communication about the case progress as appropriate for the protection of the child and provision of welfare service to the family.
CHAPTER 18

CLINICAL PSYCHOLOGICAL SERVICE

GOVERNING PRINCIPLES

18.1 In handling child abuse cases, the paramount concern is the welfare of the child.

18.2 To avoid requiring the child to describe the abuse incident(s) repeatedly, it is preferable to keep the number of investigative / assessment interviews on the suspected abuse incident(s) to a minimum, say one interview. For video-recorded interview to be used in court proceedings, the interview should be conducted by police officer, social worker or clinical psychologist employed by the Government. The information collected with regard to the suspected abuse incident(s) shall be shared with relevant parties concerned as soon as possible.

SUSPECTED CHILD SEXUAL ABUSE

Hospital / Clinic Settings

18.3 Clinical Psychologists (CPs) working in hospitals or clinics under either the Hospital Authority (HA) or the Department of Health (DH), like their counterparts in social welfare settings should handle the suspected child sexual abuse cases as described in one of the following situations:

(a) During the course of treatment or assessment of patients not originally suspected to be victims of child sexual abuse

CPs working in hospitals and clinics may sometimes come across young patients who are referred for treatment and / or assessment because of their behaviour and emotional problems. While working with these patients, the CP may encounter spontaneous revelation of previous incident(s) of sexual abuse or information that will arouse concern that sexual abuse might have happened. The CP should refer to the Guide to People Working with Children who Disclose Sexual Abuse and Key to Making Referrals to Child Protection Special Investigation Team (CPSIT) at Appendix IV and V. Consultation of welfare / crime related issues can be made to FCPSU / CAIU (Appendix VII & VIII) as appropriate and the CP should inform the Medical Coordinator on Child Abuse (MCCA) or Chief-of-service as well as the medical social worker (MSW) of his / her action. However, when the case is reported to either one of them, the referral should contain the following details:

(i) the nature, date and frequency of the abuse or concern;
(ii) the name, date of birth (if unavailable - age), and any disability or
special needs of the child;
(iii) the child’s whereabouts;
(iv) whether the child is in immediate danger;
(v) names and HKIC No. of parents / carers and others involved;
(vi) names of other children in the household and whether the children are at risk or potentially at risk;
(vii) name of school / child care centre, if known;
(viii) how the informant / referrer is aware of the information;
(ix) names of other witnesses and other agencies / government departments involved.

(b) When a child admitted to a hospital or referred to a clinic is suspected to be a victim of sexual abuse

The responsible medical staff can refer the child for CP assessment after consultation with social worker of FCPSU or police officer of CAIU. The CP, upon request, will perform an investigatory role by conducting a general assessment and interview regarding the suspected sexual abuse. The CP should refer to Indicator of Possible Child Abuse and Guide to Risk Assessment in Chapter 2. Based on the information gathered during the assessment, the CP will share his / her opinions with other professionals within the hospital and decide whether further action is warranted, such as, referring the child to FCPSU or CAIU for further action. If the child makes a spontaneous revelation, the same procedures as in paragraph 3(a) above should follow.

(c) When the child suspected to be sexually abused cannot provide sufficient information to FCPSU worker or police officer of CAIU:

When the child suspected to be sexually abused cannot provide sufficient information, the FCPSU worker and police officer of CAIU may decide to temporarily suspend the investigation. In the meantime, if the child has manifested distressful feelings or disturbing behaviors that may cause harm to his / her emotional and mental equilibrium, the responsible medical staff can consider referring him / her for psychological assessment and treatment. For exceptional cases of serious nature, these children can also be referred to CP for consideration of facilitative interview on a case-by-case basis. The purpose is to provide an opportunity to the child to make a full disclosure through building up a trusting relationship and helping the child to work through any fear or emotional blockage that may be present. The CP will usually review the progress after a few sessions to decide on further action. Once the child has decided to tell, the CP should follow the procedures as stated in paragraph 3(a) above.

(d) After forensic investigation

After investigation by the FCPSU/CPSIT or CAIU/CPSIT, the child suspected to be sexually abused may require urgent psychological
treatment to help the child cope with the psychological crisis. In the best interests of the child, the CP of HA / DH will provide such service. If it is foreseeable that the case might go to court, Chapter 13 on Victim Management Before Court Hearing and Post Abuse Therapeutic Service should be adhered to.

**Social Welfare Setting**

18.4 CPs employed by either the government or non-governmental organisations (NGOs) in social welfare settings should handle the suspected child sexual abuse cases as described in one of the following situations:

(a) **During the course of treatment or assessment of cases not originally suspected to be victims of child sexual abuse**

CPs working in social welfare settings often come across children who are referred for treatment and / or assessment because of their behaviour and emotional problems. These may include running away from home, inappropriate sexual behaviour, relationship problem with parents or peers, promiscuity in adolescents, etc. While working on these problems with the CP, the children may sometimes spontaneously reveal previous incident(s) of sexual abuse or give information that will arouse concern that sexual abuse might have happened. The CP should refer to the *Guide to People Working with Children who Disclose Sexual Abuse* and *Key to Making Referrals to Child Protection Special Investigation Team (CPSIT)* at Appendix IV and V. Consultation of welfare / crime-related issues can be made to FCPSU / CAIU as appropriate and inform the referring social worker of his action. However, when the case is reported to either one of them, the referral should contain the following details:

(i) the nature, date and frequency of the abuse or concern;
(ii) the name, date of birth (if unavailable - age), and any disability or special needs of the child;
(iii) the child’s whereabouts;
(iv) whether the child is in immediate danger;
(v) names and HKIC No. of parents / carers and others involved;
(vi) names of other children in the household and whether the children are at risk or potentially at risk;
(vii) name of school / child care centre, if known;
(viii) how the informant / referrer is aware of the information;
(ix) names of other witnesses and other agencies / government departments involved.

(b) **When the child is suspected to be a victim of sexual abuse**

The responsible social worker can refer the child for CP assessment after consultation with social worker of FCPSU or making report to CAIU. The CP, upon request, will perform an investigatory role by conducting
a general assessment and interview regarding the suspected sexual abuse. The CP should refer to Indicator of Possible Child Abuse and Guide to Risk Assessment in Chapter 2. Based on the information gathered during the assessment, the CP will share his / her opinions with the referrer / referring social worker to decide whether further action is warranted, such as, referring the child to FCPSU or making report to CAIU for further action. If the child makes a spontaneous revelation, the same procedures as in paragraph 18.4 (a) above should follow.

(c) When the child suspected to be sexually abused cannot provide sufficient information to the FCPSU worker or police officer of CAIU

When the child suspected to be sexually abused cannot provide sufficient information, the FCPSU worker and police officer of CAIU may decide to temporarily suspend the investigation. In the meantime, if the child has manifested distressful feelings or disturbing behaviors that may cause harm to his / her emotional and mental equilibrium, the responsible social worker can consider referring him / her for psychological assessment and treatment. For exceptional cases of serious nature, these children can also be referred to CP for consideration of facilitative interview on a case-by-case basis. The purpose is to provide an opportunity to the child of suspected abuse to make a full disclosure through building up a trusting relationship and helping the child to work through any fear or emotional blockage that may be present. The CP will usually review the progress after a few sessions to decide on further action. Once the child has decided to tell, the CP should follow the procedures as stated in paragraph 18.4(a) above.

(d) After forensic investigation

After investigation by the FCPSU worker or police officer of CAIU, the child suspected to be sexually abused may require urgent psychological treatment to help the child cope with the psychological crisis. In the best interests of the child, the CP of SWD or NGO should provide such service. If it is foreseeable that the case might go to court, Chapter 13 on Victim Management Before Court Hearing and Post Abuse Therapeutic Service should be adhered to.

IN VolvEMe NT OF CLINICAL PSYCHOLOGIST IN INVESTIGATION PROCESS

18.5 Depending on case nature and need, the CP attending to the case will be involved in strategy planning, immediate case assessment and the Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse (MDCC) in the handling process. He / she may be summoned to give evidence in court. CP of the government will also be responsible for joint investigation through video-recorded interview as necessary.
Other Forms of Abuse

18.6 CPs may receive referrals on suspected child abuse cases or he / she may come across such cases in the course of treatment or assessment.

(a) If a child reveals information from which physical abuse or other forms of child abuse is suspected, the CP should inform the respective social worker, i.e. the medical social worker (MSW) (for CP in Hospital Authority), intake worker in relevant Integrated Family Service Centre (IFSC) / Integrated Services Centre / Family and Child Protective Services Unit (FCPSU) (for CP in SWD) or referring social worker (for CP in NGOs]. The CP will work closely with the responsible social worker in the investigation process and continue to provide treatment service to the child and his / her family as appropriate. The CP should also follow the procedures stated as paragraph 18.3(a) or paragraph 18.4(a) above.

(b) For children who are suspected to have been suffering from psychological abuse, upon the responsible social worker’s request, the CP should perform an investigatory role by arranging an urgent appointment to conduct the necessary assessment interview, so as to provide information to members of the MDCC about the child’s psychological functioning, and facilitate members’ discussion about the case nature and formulate the welfare plan. However, a completed psychological assessment is not a prerequisite for establishing a case as suffering from psychological abuse.

DIVISION OF WORK BETWEEN CLINICAL PSYCHOLOGISTS IN MEDICAL AND SOCIAL WELFARE SETTINGS

18.7 The division of work between CPs in medical and social welfare settings in providing psychological assessment and treatment are decided by the SCPs of HA and SWD, and CPs of NGOs. The agreement has been stated clearly on the related papers 20 which are also uploaded on the SWD intranet for quick reference. As a general rule, the following guiding principles would apply:

(a) when the child suspected to be sexually abused is an in-patient of the hospital and consultation has been made with the social worker or police officer of CAIU concerned, the CP of HA will provide psychological service as needed;

(b) for hospitals or clinics or NGO with no clinical psychologist, the client should be referred to SWD for service;

(c) for child suspected to be sexually abused who has been receiving regular

---

20 The two papers are: “Guideline on Provision of Clinical Psychological Service between HA and SWD” and “Summary of Agreements on Clinical Psychological Support for IFSCs”.

195
psychological follow up service from the CP of HA / DH / SWD / NGO before disclosure of the abuse, it is preferable for him / her to continue to receive psychological service from the CP concerned;

(d) the client’s wish should be considered when considering where to refer.

18.8 As stated in the Criminal Procedure Ordinance, Cap 221, only clinical psychologists of the government should be involved in the following activities which are directly related to the function of CPSIT:

(a) conducting video-recorded interview;

(b) acting as the monitor in the monitor room during the investigative interview.

COLLABORATION WITH OTHER PARTIES

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

Health Service
19.1 Medical Officers (MOs), nurses and para-medical staff should familiarize themselves with the procedures of handling suspected child abuse. They should be alert to the signs of child abuse by making reference to Indicator of Possible Child Abuse & Guide to Risk Assessment in Chapter 2. If a child has symptoms or signs which indicate that sexual abuse may have taken place, the MOs, nurses and para-medical staff should follow the Guide to People Working with Children Who Disclose Sexual Abuse at Appendix IV.

GOVERNING PRINCIPLES

19.2 The most important governing principle is to protect the best interests of the child. The emotional well-being of the child must be protected and all those involved must be sensitive to the social and psychological needs of the child and his/her family.

19.3 The child must not be further traumatized by the investigative process.

19.4 History is the keystone in establishing a diagnosis of child abuse. However, the clinical interview can be very distressing to the child. At initial contact, the MO should focus on obtaining information from the child and the carer in order to establish the suspicion of child abuse and to determine whom to refer for further action, with special attention to the injuries or trauma and to factors that may determine any continuing risk to the child. The in-depth interview of the traumatic abuse incident can be left to a multi-disciplinary team of specialists on interviews of suspected child abuse.

19.5 For cases in need of full medical / forensic examination, the child should be referred to the medical professionals with expertise in child abuse examination and the number of examination must be kept to a minimum. For suspected sexual abuse cases, the initial assessment should be limited to a general examination with visual inspection of the genital area depending on the history, age and distress of the child. Advanced training and experience are needed for the proper recognition and examination of child sexual abuse cases. A comprehensive record should be made. Normal physical findings do not exclude the diagnosis of child sexual abuse. Reference can be made to Chapter 9 for the procedures and principles for medical / forensic examination.

CONFIDENTIALITY ISSUES

19.6 The principles that a medical practitioner is required to observe with regard to patient confidentiality and disclosure of medical information are given at
Annex I to Chapter 4.

19.7 Schedule 1 of the Personal Data (Privacy) Ordinance, Cap 486 stipulates the data protection principles that professionals should observe in collecting and sharing of information. Sections 58 & 59 of the Ordinance provide an exemption from Principle 3 (Use of Personal Data) with regard to the use and sharing of personal data for the purpose of child abuse investigation or related child protection work (refer to paragraphs 4.11 to 4.17 of Chapter 4).

19.8 Some frequently asked questions about information sharing and confidentiality issues are given in Annex VI to Chapter 4.

INTAKE PROCEDURES

19.9 If child abuse is suspected from history and upon examination, the MO should inform:

(a) the doctor-in-charge of the clinic and regional / cluster / service SMO;

(b) (i) clinics with Medical Social Worker (MSW) attached:

➢ inform MSW and MSW will take further action (refer to paragraphs 19.10 & 19.11 below).

(ii) clinics without MSW:

➢ inform the SWD / NGO unit concerned if the child is a known case under their care. The SWD / NGO unit concerned will take further action according to the procedures in Chapter 14 to 17. Chapter 6 and 7 append the details on handling of referrals by SWD / NGO units.

(iii) clinics without MSW and child is not receiving service from any SWD / NGO unit:

➢ the MO can consult Social Work Officer of Family and Child Protective Services Unit (SWO/FCPSU) (List of FCPSUs at Appendix VII) for advice. If formal referral to FCPSU or report to CAIU is necessary after consultation, the MO should refer to Key to Making Referrals to CPSIT at Appendix V for details.

(c) In circumstances that suggest a criminal offence may have been committed (refer to Annex I to Chapter 3 for list of offences related to child abuse), the case should be reported to the Police to safeguard the welfare of the child (refer to paragraph 24.23 of Chapter 24 for the procedures in making report to the police).

19.10 The MSW of SWD / NGO would initiate the child protection mechanism including checking with the Child Protection Registry (Appendix VI), contacting other SWD / NGO units if necessary to see whether the case is
known to them, or conducting initial social assessment. The MSW of SWD / NGO can consult / refer the case to FCPSU as appropriate.

19.11 The MSW of SWD / NGO or FCPSU worker will then assess the case, liaise with other parties and decide on the appropriate action to be taken. The MO should provide necessary assistance as far as possible.

19.12 Reporting / referral of suspected child abuse cases to FCPSU do not require consent of the concerned service users i.e. parents, carers, significant others, etc. (see paragraph 19.7 above), but they should be informed by the MO about the referral.

19.13 If professional advice from paediatricians is required, the MO can consult the respective Medical Coordinator on Child Abuse (MCCA) appointed in each of Paediatric Department in the Hospital Authority hospitals (List of MCCA at Appendix XI).

19.14 Where hospitalization is necessary, the MO should contact the MCCA of the designated Paediatric Departments of Hospital Authority hospitals for appropriate action as described in Chapter 20. If there is no MCCA in the nearby hospital, the case should be sent to the AED but the MO should liaise with the Consultant / SMO of the AED prior to the referral.

19.15 If the parent(s) / guardian(s) refuse to go to hospital or to be referred to social worker for further management and the child is considered in need of care or protection, the doctor-in-charge should try to persuade the parent(s) / carer(s) to stay whilst contact is made with the responsible social worker of the known case or SWO/FCPSU or Oi/c/SWO/IFSC/SWD or Oi/c/ SWO/MSSU/SWD for assistance or consideration who is more appropriate for invoking powers under Section 34F of the Protection of Children and Juveniles Ordinance, Cap 213 (PCJO). The MSW of the clinic, if any, should assist whenever situation warrants (see Annex II to Chapter 3). If assistance from the Police is deemed necessary, the MSW should contact the nearest police station directly. Upon invoking powers under Section 34F, the responsible social worker of the known case or SWO/FCPSU or IFSC/SWD as appropriate will provide follow-up service if further care proceeding is necessary.

**MULTI-DISCIPLINARY CASE CONFERENCE ON PROTECTION OF CHILD WITH SUSPECTED ABUSE (MDCC)**

19.16 The MO attending the case would be invited to attend the MDCC to formulate the welfare planning of the child. A written report on the child’s condition should be prepared for reference of the MDCC (please refer to paragraphs 11.50 to 11.58 of Chapter 11).
COLLABORATION WITH OTHER PARTIES

19.17 All parties concerned should maintain communication about the case progress as appropriate for the protection of the child and provision of welfare service to the family.
CHAPTER 20

HOSPITALS / CLINICS
(HOSPITAL AUTHORITY)

20.1 Medical Officers (MOs), nurses and para-medical staff of hospital / clinic of the Hospital Authority should familiarize themselves with the procedures of handling suspected child abuse. They should be alert to the signs of child abuse by making reference to the Indicator of Possible Child Abuse & Guide to Risk Assessment in Chapter 2. If a child has symptoms or signs which indicate that sexual abuse may have taken place, the MOs, nurses and para-medical staff should follow the Guide to People Working with Children Who Disclose Sexual Abuse at Appendix IV and Guidance for Paediatric Wards, A&E and Staff involved with Child Abuse at Appendix XVI.

GOVERNING PRINCIPLES

20.2 The primary objectives in managing suspected victim of child abuse or neglect are:

(a) to protect the child;

(b) to plan and provide a healthier environment for the child; and

(c) to facilitate criminal investigation and subsequent prosecution.

20.3 Principles:

(a) The child must not be further traumatized by the investigative process.

(b) The best interests of the child must be accorded top priority. The emotional well-being of the child must be protected and all those involved must be sensitive to the social and psychological needs of the child and the family. The clinical interview should be conducted in private to minimize further distress to the child.

(c) History is the keystone in establishing a diagnosis of child abuse. A detailed medical history from the child, as far as possible, and from the carer should follow the format of a thorough paediatric health assessment with special attention to the injuries and to factors that may determine any continuing risk. However, the clinical interview can be very distressing for the child and should be carefully planned. At the initial contact, it is probably the best to keep the number of interview to a minimum.

(d) The number of investigative / assessment interview on the suspected abuse incident(s) should be kept to a minimum, say one interview. The
interviewer may be the responsible caseworker, the professional to whom the child has established trust for disclosure, the representative from the Police, or jointly by these professionals. For video-recorded interview to be used in court proceedings, the interview should be conducted by police officer, social worker or clinical psychologist employed by the Government. The information collected with regard to the suspected abuse incident(s) shall be shared with relevant parties concerned as soon as possible.

(e) Advanced training and experience are needed for the proper recognition and examination of child sexual abuse cases. The initial assessment should be limited to a general examination with visual inspection of the genital area depending on the history, and the age and level of distress of the child. A careful and comprehensive record should be made. Normal physical findings do not exclude the diagnosis of child sexual abuse.

(f) For child sexual abuse cases in need of full medical / forensic examination, the child should be examined by medical professionals with expertise in child abuse examination. Should the child indicates the preference for a female medical officer, this should be entertained if a female expertise is available.

(g) The number of examination must be kept to a minimum.

ROLE OF MEDICAL CO-ORDINATOR ON CHILD ABUSE (MCCA)

20.4 Medical Co-ordinators on Child Abuse (MCCA) are designated in the Paediatric Departments within the Hospital Authority Hospitals (List of MCCA at Appendix XI) for handling child abuse cases. Working closely with medical social workers (MSW), nurses, clinical psychologists, psychiatrists and other related personnel through their expertise in child protection, the MCCA provide support to the suspected child victims by making their physical, emotional and developmental needs understood.

20.5 The duties of a MCCA include:

(a) acting as a source of referral and providing medical service to child abuse cases;

(b) assisting to arrange direct admission for the child to Paediatric Ward upon receiving a referral as appropriate;

(c) providing expert medical advice to colleagues and other professionals;

(d) co-ordinating and facilitating intra-agency and inter-agency communication, investigation and planning for further handling of the case, through the assistance of MSW.
INTAKE PROCEDURES

20.6 For child sexual abuse cases, the handling procedures for medical officer are outlined at Appendix XVII. Such cases will be managed according to the index of suspicion at Appendix XVIII and the need for urgent medical treatment. When handling these cases, all medical officers are advised to read the following procedures together with Appendix XVII & XVIII.

Referral received by Accident & Emergency Department (AED) and Specialist Outpatient Clinic (SOPC)

20.7 (a) If child sexual abuse or serious physical abuse is suspected, the doctor should:

(i) inform the Consultant / Senior Medical Officer (SMO) in charge of the case who may in turn consult the MCCA of the hospital or nearby hospital or the Social Work Officer of Family and Child Protective Services Unit (SWO/FCPSU) at Appendix VII or seeking advice from Child Abuse Investigation Unit (Police/CAIU) on crime-related issues at Appendix VIII; or

(ii) admit or refer the child to a paediatric in-patient unit.

(b) If other form(s) of child abuse is / are suspected, the doctor should inform:

(i) the Consultant / SMO in charge of the case who may in turn consult the MCCA of the hospital or nearby hospital; and

(ii) the MSW who would initiate the child protection mechanism including checking with Child Protection Registry (CPR) via his / her supervisor (reference on CPR at Appendix VI), contacting the respective SWD / NGO staff if the case is known to the SWD / NGO unit, or consult / refer the case to FCPSU as appropriate if the case is not known to other SWD / NGO unit.

(c) For cases in need of urgent intervention / investigation, the doctor should inform the Police (the nearest Hospital Police Post or Police Station) or social worker (SWD hotline / FCPSU or Hospital MSW) as appropriate, and keep the Consultant / SMO in charge of the case and MSW informed of the case for assistance as soon as possible.

(d) For cases where child abuse is suspected and the child concerned is not going to be warded in hospital before the child leaves the AED or SOPC, the doctor or MSW concerned who has first-hand information on the suspected abuse incident(s) should make a report to the Hospital Police Post if police investigation and management is considered helpful. The concerned police unit will then contact the doctor or MSW concerned for further enquiries as soon as possible. The MSW should
make sure that the case is reported to the Police as soon as possible. For known cases of SWD / NGO unit, the MSW will keep the SWD / NGO staff informed of the case for follow-up. For new cases, the MSW will refer the case to FCPSU for follow-up actions.

(e) **For suspected child abuse cases where hospitalization for observation or treatment is necessary**, the child can be admitted to the Department of Paediatrics or other appropriate Department of the Hospital or nearby Hospital.

(i) The MCCA and other relevant staff will as far as possible ensure that appropriate assessment to the child be completed. These will include both physical and mental aspects.

(ii) If parent(s) / guardian(s) resist hospital admission, the doctor-in-charge should try to persuade the parent(s) / guardian(s) to stay whilst contact is made with the responsible social worker of known case or SWO/FCPSU or IFSC / SWD for assistance or consideration who is relevant for invoking powers under Section 34F(2) of the Protection of Children and Juveniles Ordinance, Cap 213 (PCJO) if the child or juvenile is brought to the hospital under 34F(1). If the child is not brought to the hospital under 34F(1), the doctor-in-charge should handle the child according to FAQ 6 and 8 at Annex II to Chapter 3. The MSW in hospital should assist whenever situation warrants in office hours. Assistance could also be obtained through the SWD hotline (Tel. no.: 2343 2255).

(iii) If the child’s life and safety is endangered and / or the parent is in breach of peace, police officers may intervene. Once an order for removal and detention under Section 34F(2) is made by the relevant public officers, the Police will, as far as possible, assist to ensure enforcement of the order.

(f) **For doubtful cases where in-patient treatment is not required and the level of suspicion of child abuse is not high**, Consultant / SMO in charge of the case or MCCA or FCPSU can be consulted. The child should be referred to the MCCA or relevant welfare organisation for follow-up, or be followed up by the MO in-charge of the AED for review as soon as possible.

(g) **For cases where in-patient treatment is not required and there is not enough evidence to substantiate the suspicion of child abuse but the child or the family has other welfare needs**, the doctor of AED / SOPC is advised to ensure that the case is referred to the relevant welfare organisation for follow up e.g. MSW / IFSC / ISC.
Referral received by Paediatric Ward

20.8 (a) **If child abuse is suspected**, the doctor should inform:

(i) the Consultant / SMO in charge of the case who may in turn consult the MCCA of **the hospital or nearby hospital** or SWO/FCPSU or seeking advice from Police / CAIU on crime-related issues; or

(ii) the MSW who would initiate the child protection mechanism including checking with Child Protection Registry (CPR) via his / her supervisor (reference on CPR at Appendix VI), contacting the respective SWD / NGO staff if the case is known to the SWD / NGO unit, or consult / refer the case to the FCPSU as appropriate if the case is not known to SWD / NGO unit.

Referral received by Orthopaedic / Gynaecological / Medical / Surgical Ward, etc.

20.9 (a) **If child abuse is suspected**, the doctor should:

(i) inform the Consultant / SMO in charge of the case who may in turn consult the MCCA of **the hospital or nearby hospital** or SWO/FCPSU or seeking advice from Police / CAIU on crime-related issues; or

(ii) refer the child to a paediatric in-patient unit.

MEDICAL AND FORENSIC EXAMINATION

20.10 Reference can be made to Chapter 9 for the procedures for medical / forensic examination.

MULTI-DISCIPLINARY CASE CONFERENCE ON PROTECTION OF CHILD WITH SUSPECTED ABUSE (MDCC)

20.11 The MO attending the case would be invited to attend the MDCC to formulate the welfare planning of the child. A written report on the child’s condition should be prepared for reference of the MDCC (please refer to paragraphs 11.50 to 11.58 of Chapter 11).

COLLABORATION WITH OTHER PARTIES

20.12 All parties concerned should maintain communication about the case progress as appropriate for the protection of the child and provision of welfare service to the family.
CHAPTER 21

CHILD PSYCHIATRY SERVICE

REFERRALS

21.1 Suspected child abuse cases come to the notice of child psychiatry service:

(a) through consultations from other departments in the hospital;
(b) through referrals to child psychiatry out-patient clinics;
(c) during the course of treatment and assessment of patients not originally suspected to be child abuse victims.

Suspected Child Sexual Abuse Cases

(a) Through Consultations from Other Departments in the Hospital

21.2 Psychiatrists working in hospital settings may receive consultations from other departments of the hospital for treatment and / or assessment of suspected child sexual abuse and / or associated psychiatric disorders. On offering consultation service to these suspected child sexual abuse cases, the psychiatrists should refer to the Guide to People Working with Children Who Disclose Sexual Abuse at Appendix IV and Key to Making Referrals to Child Protection Special Investigation Team (CPSIT) at Appendix V.

21.3 For cases where CPSIT is formed, the investigation of the suspected sexual abuse incident(s) will be taken up by the CPSIT. The psychiatrist attending to the case will be involved in strategy planning, immediate case assessment and the Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse (MDCC) as necessary in the handling process of the case. The psychiatrist shall proceed on psychiatric assessment / treatment as clinically indicated.

21.4 For cases where CPSIT is not formed, the case will be transferred by the Child Abuse Investigation Unit (CAIU) to the relevant police unit for action if necessary. The police unit will then contact the referrer / referring social worker concerned to conduct further enquiries as soon as possible. The investigation of the suspected sexual abuse incident(s) should adopt the multi-disciplinary approach. To avoid requiring the child to describe the abuse incident(s) repeatedly, it is preferable to keep the number of investigative / assessment interview on the suspected abuse incident(s) to a minimum, say one interview. The interviewer may be the responsible caseworker, the professional to whom the child has established trust for disclosure, the representative from the Police, or jointly by the professionals concerned. For video-recorded interview to be used in court proceedings, the interview should be conducted by police officer, social worker or clinical psychologist employed by the Government. The information collected with
regard to the suspected abuse incident(s) shall be shared with relevant parties concerned as soon as possible. The psychiatrist attending the case will be involved throughout the handling process of the case, including the MDCC. He can also liaise with the responsible worker or other professionals involved in this regard and can proceed on the psychiatric assessment / treatment as clinically indicated.

(b) Through Referrals to Child Psychiatry Out-patient Clinics

21.5 Suspected child sexual abuse cases may be referred to a child psychiatric out-patient clinic for assessment and / or treatment of suspected sexual abuse and / or associated psychiatric disorders. The referral may come from doctor, social worker, clinical psychologist, teacher, other child care professionals, or sometimes parent(s) / guardian(s) of the child. It is the responsibility of the referrer to ensure the suspected victim and their parent(s) / guardian(s) agree to the referral.

21.6 A referral letter shall, at least, contain the following : name and age of the child, corresponding address and contact telephone number of the family and the referrer, and the relevant details of the present complaint.

21.7 On offering psychiatric service to these suspected child sexual abuse cases, the psychiatrist should refer to the Guide to People Working with Children Who Disclose Sexual Abuse at Appendix IV and Key to Making Referrals to Child Protection Special Investigation Team (CPSIT) at Appendix V.

21.8 For cases where CPSIT is formed, the steps as described in paragraph 21.3 above should be followed.

21.9 For cases where CPSIT is not formed, the steps as described in paragraph 21.4 above should be followed.

(c) During the Course of Treatment and Assessment of Patients not Originally Suspected to be Child Abuse Victims

21.10 Psychiatrist working in hospital and out-patient clinic settings may sometimes come across patients who are referred for treatment and / or assessment because of behavioural, emotional and other psychiatric problems. While working with these patients, the psychiatrist may encounter situations that sexual abuse may have happened.

21.11 On offering psychiatric service to these patients, the psychiatrist should refer to the Guide to People Working with Children Who Disclose Sexual Abuse at Appendix IV and Key to Making Referrals to Child Protection Special Investigation Team (CPSIT) at Appendix V.

21.12 The psychiatrist shall inform Social Work Officer / Family and Child Protective Services Unit (SWO/FCPSU), Police / Child Abuse Investigation Unit (Police/CAIU), MCCA or MSW as clinically indicated.
21.13 For cases where CPSIT is formed, the steps as described in paragraph 21.3 above should be followed.

21.14 For cases where CPSIT is not formed, the steps as described in paragraph 21.4 above should be followed. If necessary, the psychiatrist can proceed to perform the assessment of the suspected sexual abuse case and then share information collected from the child with the FCPSU concerned and in the MDCC where appropriate.

Other Forms of Abuse Cases

21.15 Child psychiatrists may receive referrals on suspected child abuse cases or he may come across such cases in the course of treatment or assessment. For cases other than sexual abuse cases, the child psychiatrist should inform the MCCA or respective MSW / caseworker as appropriate. The child psychiatrist will work closely with concerned parties in the investigation process and continue to provide treatment service to the child and his / her family as appropriate.

CHILD PSYCHIATRY SERVICE FOR CHILD ABUSE CASES

21.16 Staff in the child psychiatry service should be alert to the possible signs of child abuse and should make reference to the Indicator of Possible Child Abuse & Guide to Risk Assessment in Chapter 2.

21.17 A comprehensive assessment of a suspected child abuse victim requires attention to the physical health and social circumstances as well as mental well-being of the child, his / her family members, and the relationship among themselves. The mental health of these concerned parties can have a direct reference to the investigation process and the welfare plan.

21.18 Psychiatric examination should be arranged as soon as possible to determine, if any, the nature and extent of psychiatric disturbances, and the form of psychiatric treatment required in the overall management of the child, his / her family, and / or occasionally the perpetrator.

21.19 Psychiatric examination should be coordinated with the physical, social and forensic assessment / management and should act in the best interests of the child. This will require a close collaboration of the professionals from different disciplines.

21.20 Representatives of the child psychiatry service should be called upon:

(i) to conduct a comprehensive psychiatric assessment on the suspected victim as soon as possible;

(ii) to screen psychiatric problems in the relevant family members if there is
a cause for concern;

(iii) to liaise with the responsible social worker and other professionals to share information of the suspected abuse incident(s) when CPSIT is not formed and the investigation process is not undertaken by CPSIT;

(iv) to participate in the MDCC and contribute to the welfare plan and management of the suspected victim and his / her family (refer to Multi-disciplinary Case Conferences on Protection of Child With Suspected Abuse at Chapter 11); and

(v) to provide psychiatric treatment to the suspected victim and assessment to his / her family when necessary. On offering psychiatric treatment to the suspected victim and if it is foreseeable that the case may go to court, Chapter 13 on Victim Management Before Court Hearing and Post Abuse Therapeutic Service should be adhered to.

21.21 The List of Child Psychiatry Teams is at Appendix XIX.

21.22 Child psychiatrists can refer to the respective Chapters in this Procedural Guide of other professionals in Section V for their procedures in handling referrals.

COLLABORATION WITH OTHER PARTIES

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

Other Departments / Organisations
CHAPTER 22
RESIDENTIAL CHILD CARE SERVICE
DAY CHILD CARE SERVICE AND
SPECIAL CHILD CARE SERVICE

22.1 Residential homes / hostels / centres and special child care service refer to those serving children aged below 18 years old.

GOVERNING PRINCIPLES

22.2 In handling child abuse cases, the paramount concern is the welfare of the child.

22.3 Children should not be required to describe the child abuse incident(s) to different parties and agencies unnecessarily.

CONFIDENTIALITY ISSUES

22.4 It is crucial to involve only the relevant staff in the process of handling a suspected child abuse case in order to avoid unnecessary repeated description of the abuse incident(s) by the child concerned and spread of information. Residential child care service, day child care service and special child care service units are encouraged to assign designated personnel (e.g. supervisor, superintendent, assigned caseworker) to handle suspected child abuse cases. The designated personnel involved should adhere strictly to the principle of confidentiality in the course of handling the suspected child abuse cases.

REFERRALS

22.5 Staff of residential homes / hostels / centres, day child care service and special child care service should be alert to signs and symptoms of child abuse for children under their care by making reference to the Indicator of Possible Child Abuse & Guide to Risk Assessment in Chapter 2. Where abuse is suspected, they should report immediately to the Supervisor / Superintendent / assigned / designated personnel of the residential home / hostel / centre and special child care service.

22.6 In handling suspected child abuse cases, staff of residential homes / hostels / centres, day child care service and special child care service, if necessary, may consult Social Work Officer / Family and Child Protective Services Unit (SWO/FCPSU).

22.7 For a case that is being followed-up in parallel by SWD / NGO service units, the social worker concerned should be informed in the first instance and follow
up the case as appropriate according to the respective chapters on roles of relevant departments / organisations.

22.8 In informing the parents of suspected child abuse cases, staff of residential homes / hostels / centres, day child care service and special child care service may consult SWO/FCPSU or the responsible caseworker as appropriate on how to handle the case and by whom it should be handled. Special attention has to be paid when parent(s) / guardian(s) is / are suspected to be involved in the abuse.

22.9 When making case referrals, the supervisor / superintendent / assigned caseworker of the residential home / hostel / centre, day child care service and special child care service should provide the relevant data of the child, with written dated notes (refer to paragraph 7.4 of Chapter 7 and Appendix IX & X).

22.10 In circumstances that suggest a criminal offence may have been committed, the case should be reported to the Police to safeguard the welfare of the child (refer to paragraph 24.23 of Chapter 24 for the procedures in making report to the Police).

22.11 For suspected child sexual abuse cases, if the child is seen in the home / hostel / centre, the staff of the home / hostel / centre should refer to the Guide to People Working with Children Who Disclose Sexual Abuse at Appendix IV. Where necessary, assistance from his / her supervisor / superintendent should be sought.

22.12 Staff of the concerned residential home / hostel / centre, day child care service and special child care service should attend to the safety and emotional needs of the child at the centre.

MULTI-DISCIPLINARY CASE CONFERENCE ON PROTECTION OF CHILD WITH SUSPECTED ABUSE (MDCC)

22.13 The supervisor / superintendent / caseworker of the residential home / hostel / centre, day child care service and special child care service should attend the MDCC to formulate the welfare plan whenever necessary and prepare preferably a written report for reference of the Conference. It may include the child's behaviour and emotional state in the home / hostel / centre, parental attitude and any previous incident(s) of suspected abuse, etc. (Chapter 11).

COLLABORATION WITH OTHER PARTIES

22.14 Staff of the residential child care service, day child care service and special child care service, particularly the assigned / designated personnel of the residential settings, should maintain close communication with the responsible social worker of SWD / NGO units on the case progress for the protection of the child and provision of welfare service to the family.

22.15 When a case is categorized as child abuse, or though not a child abuse case but
with high risk of abuse or with suspicion, and the child continues to reside in the residential facility, the social worker of the home / hostel / centre should keep keen observation on the child’s progress and liaise with the key social worker from time to time.
CHAPTER 23

EDUCATIONAL SERVICES

(Kindergartens, Kindergarten-cum-Child Care Centres, Primary Schools, Secondary Schools and Special Schools)

23.1 To safeguard the welfare of children, all school personnel in kindergartens, kindergarten-cum-child care centres, primary schools, secondary schools and special schools are reminded to familiarize themselves with the details of this chapter and to observe the following principles and procedures in handling suspected child abuse cases. For those secondary schools with school social work service provided by NGOs, reference can also be made to Chapter 17.

GOVERNING PRINCIPLES

23.2 In handling suspected child abuse cases in schools, the paramount concern is the welfare of the child. School personnel have an obligation to safeguard the best interests of the child. Early identification and intervention at the initial stage are vital. Failure to recognize abuse cases may lead to further abusive injuries or even death of a child. School personnel should be sensitive to the emotional needs of the child throughout the investigation process, and should render every possible assistance to help the child to re-integrate and adjust to the school life after investigation.

23.3 Reporting child abuse incident(s) in schools may bring about the “positive effect” that the school is concerned about the child’s welfare and will handle it properly without ignoring the welfare of the pupils or covering up the abuse incident(s). Delay in making reports of child abuse cases may affect the child’s safety.

23.4 It is crucial to only involve the relevant staff in the process of handling suspected child abuse case in order to avoid requiring the child to describe the incident(s) repeatedly.

23.5 Schools should activate the Crisis Management Team and assign designated personnel (e.g. principal, senior teacher, named teacher, Student Guidance Officers (SGO) / Student Guidance Teachers (SGT) / Student Guidance Personnel (SGP) in primary schools / school social workers (SSW) in secondary schools and special schools) to handle suspected child abuse cases.

23.6 For kindergartens, kindergarten-cum-child care centres and schools without Crisis Management Team or school guidance personnel (e.g. SGO / SGT / SGP / SSW), the principal should assign designated personnel (e.g. principal, senior teacher, or named teacher) to handle suspected child abuse cases.
CONFIDENTIALITY

23.7 The designated personnel involved should have close communication among themselves and adhere strictly to the principle of confidentiality in the course of handling the suspected child abuse cases. The information collected with regard to the suspected abuse incidents should be shared on a need-to-know basis with relevant parties concerned such as the principal, the responsible social worker, the Police, etc, as soon as possible.

23.8 All records must be kept centrally by the principal / SGO / SGT / SGP / SSW. Access to these records within the school must be restricted and recorded. On no account should these records be kept with the child's general records. Records, letters or information supplied by other agencies should not be shown to the parents by the school without expressed permission.

PREVENTIVE WORK

23.9 Schools should help children develop appropriate values, attitudes and knowledge of respect for others and self-protection through preventive and developmental programmes in moral and civic education, sex education, life skills and the curriculum (e.g. learning areas of Self and Society in kindergartens / kindergarten-cum-child care centres, Personal Growth Education and General Studies in primary schools, Life Education, Integrated Science and Liberal Studies in secondary schools, etc.), where appropriate.

23.10 Schools should facilitate parents as co-working partners with the school in the prevention of child abuse by providing parents education in child protection and building harmonious family relationship for the healthy development of children.

23.11 Schools have the responsibility to provide appropriate educational service for all children including those with disabilities. Principals and teachers should ensure that the children's right to education is properly protected. They should be on the alert for symptoms of educational neglect. When children are absent from school, they should take appropriate action and if necessary, report to the Education Bureau (EDB) according to the procedures laid down in the circular relating to upholding students’ right to education.

23.12 School personnel should have the knowledge and skills in identifying and handling child abuse cases. They should familiarize themselves with the procedures in handling suspected child abuse cases and follow through such procedures when signs and symptoms of child abuse (refer to Chapter 2 on Indicator of Possible Child Abuse & Guide to Risk Assessment) among students are first observed and reported. The principal and the school guidance personnel (e.g. SGO / SGT / SGP / SSW) should ensure that all teachers are alert to signs and symptoms of child abuse for early identification by providing them with relevant training.
EARLY IDENTIFICATION

23.13 School personnel may encounter suspected child abuse cases through direct contact with students in the delivery of lessons or school activities, disclosure in students’ school work, direct approach in person from students / parents / guardians / carers, etc. School personnel should be alert to signs and symptoms of child abuse among their students. Their sensitivity in early identification of suspected abused students is important in saving the child from being further abused (refer to Chapter 2 on Checklist for Identifying Possible Child Abuse).

REFERRALS

23.14 When a suspected case of child abuse comes to the attention of the school, the first person in contact of the child should inform the principal and consult the principal / SGO / SGT / SGP / SSW / designated personnel. The principal / SGO / SGT / SGP / SSW / designated personnel should render full support to the school personnel in handling the suspected child abuse cases.

23.15 In handling suspected child abuse cases, the principal may, if necessary, consult Social Work Officer / Family and Child Protective Services Unit (SWO/FCPSU) (List of offices of FCPSUs at Appendix VII) during office hours. For reports on suspected child abuse cases received after office hours, the SWD Outreaching Team (after office hours) through contact by the SWD Departmental Hotline21 (Tel. No.: 2343 2255) should respond to the report.

23.16 When making a referral of the suspected child abuse case to FCPSU or the responsible social worker to solicit multi-disciplinary support / investigation and follow up welfare plan, the principal / SGO / SGT / SGP / SSW / designated personnel should inform the parent(s) / guardian(s). Special attention has to be paid when parent(s) / guardian(s) is / are suspected to be involved in the abuse.

23.17 When making referrals to FCPSU or reports to CAIU for cases falling into CAIU Charter, the principal / SGO / SGT / SGP / SSW / designated personnel should provide the relevant data of the child, with written dated notes for reporting cases (refer to paragraph 7.4 of Chapter 7 and Appendix IX & X).

23.18 In circumstances that suggest a criminal offence may have been committed, the case should be reported to the Police to safeguard the welfare of the child. (refer to paragraph 24.23 of Chapter 24 for the procedures in making report to the Police).

23.19 For suspected child sexual abuse cases, if the child is seen in the school, the

---

21 SWD's hotline service provides 24-hour service. The hotline service is manned by SWD Departmental Hotline Service Unit from 9:00 am to 5:00 pm from Monday to Friday and 9:00 am to 12:00 noon on Saturday (excluding public holidays). Outside the above operation hours, the Hotline and Outreaching Service Team operated by the Tung Wah Group of Hospitals handles the hotline service.
staff of the school should refer to the **Guide to People Working with Children who Disclose Sexual Abuse** at Appendix IV.

23.20 In handling child sexual abuse cases when the alleged perpetrator is a staff member of the school, the principal of secondary, primary schools, special schools and kindergartens should inform the School Development Officer of the respective Regional Education Office of EDB of the incident(s). For kindergarten-cum-child care centres, they should inform the Joint Office for Pre-primary Services of EDB (refer to the relevant EDB circular in use for the procedures in handling child sexual abuse cases involving school staff as suspected abusers). In consultation with relevant professionals as necessary, the principal should take appropriate follow up actions for the suspected abused child and step up measures to ensure safety of other students in the school.

23.21 School personnel / SSW / SGO / SGT / SGP should attend to the safety and emotional needs of the child in school.

23.22 If the SGP serving in primary school is a registered social worker and employed by an NGO, he/ she may take up the role of case manager as stipulated at Chapter 6 and 7, subject to mutual agreement of the school, NGO and SWD.

**MULTI-DISCIPLINARY CASE CONFERENCE ON PROTECTION OF CHILD WITH SUSPECTED ABUSE (MDCC)**

23.23. MDCC will be conducted to formulate the welfare planning of the child. The relevant school personnel should attend the MDCC and prepare a written report for reference of the Conference. It may include the child’s school performance, conduct, emotional state in the school, parental attitude and any previous incident(s) of suspected abuse, etc. (refer to Chapter 11).

**COLLABORATION WITH OTHER PARTIES**

23.24. When a case is categorized as child abuse, or though not a child abuse case but with high risk of abuse or with suspicion, and the child continues to attend school, the school should keep keen observation on the child’s progress and keep the concerned unit or key worker informed of the child’s condition and development. Teachers play an important role in the follow up work by providing the child with continuous emotional support, opportunities for success and positive experience, and in the long run, facilitating a stable and caring learning environment for the child in school.
CHAPTER 24

POLICE

24.1 This Chapter should be read in conjunction with Chapter 10 which specifically relates to the investigation of child abuse cases by Child Abuse Investigation Units (CAIUs) / other Crime Units of the Police and the Family and Child Protective Services Units (FCPSU) of Social Welfare Department (SWD).

GOVERNING PRINCIPLES

24.2 The following should be observed in handling child abuse cases:

(a) The child must not be further traumatised by the investigation. The child should not be questioned or asked to describe the abuse incident(s) repeatedly.

(b) The best interests of the child must always be protected. The child and the family should be interviewed in privacy to minimize any distress to the child.

REPORTING

24.3 For the definition of child abuse, officers should refer to paragraph 2.1 & 2.4 of Chapter 2 and also make reference to Indicator of Possible Child Abuse & Guide to Risk Assessment in the same Chapter.

24.4 A report may be made in any manner by any person. Reports are usually made by referrals from medical practitioners, social workers and teachers. However, they may also be made by telephone through 999 or in person to a police station or officers on patrol. In all cases, the following procedures will be adopted.

INITIAL HANDLING

24.5 Initial actions by an officer receiving a complaint of child abuse are stipulated in the Force Procedures Manual 34-04 which specifically details actions to be taken by Duty Officers, officers on patrol, at reports rooms, hospital Police posts and crime units.

24.6 As a general guide, the following steps should be taken by the police officer receiving a report of child abuse either by phone or in person:

(a) request the informant to give his / her particulars. Anonymous referrals should also be accepted, but the referrer should be advised that
the Police may need further details and information and attempts should be made to obtain a contact number;

(b) record all details of identification of the family including:

(i) the name, date of birth / age and sex of the child;
(ii) HKIC / Birth Certificate No. of the child;
(iii) the nature, date, place and frequency of the suspected abuse;
(iv) any disability or special needs of the child;
(v) the child’s whereabouts; and
(vi) names and HKIC No. of the parents / carers / others involved.

(c) once the information referred to above has been obtained and the basis of the allegation established, the officer shall immediately notify his / her Duty Officer for further action.

24.7 On coming into direct contact with a child who wishes to make allegation of abuse, the following steps should be taken by the officer:

(a) arrange for medical treatment, if necessary;

(b) remove the child to a quiet place;

(c) relevant information should be obtained from the adult(s) accompanying the child, preferably not in the hearing of the child;

(d) listen to the child, rather than directly question him / her, and as far as possible do not ask leading questions;

(e) not to question the child any further once the basis of the allegation is established;

(f) make a note of the discussion, taking care to record the timing, setting and persons present, as well as what was said (this may be required to disclose in subsequent court proceedings); and

(g) record all subsequent events up to time of the investigative interview.

INVESTIGATION

24.8 Following the initial report, allegation of child abuse will be referred to either Divisional / District / Regional Crime Units or regional CAIUs for investigation as appropriate. The charter of regional CAIUs can be referred to paragraph 24.19 below (Inter-departmental referral and handling procedures are dealt with in the respective chapters in Section IV and V).

24.9 There are legal measures and procedures specifically set out for child witnesses in order to reduce their pressure in the process of investigation and subsequent
criminal proceedings.

**Video Recorded Interviews**

24.10 Section 79C of the Criminal Procedure Ordinance (CPO), Cap 221, allows for a video recording of an interview with a child witness of specified sexual or violent offences to be tendered in evidence in criminal proceedings. These child witnesses should be interviewed on video unless they do not wish to do so.

24.11 Whenever there is a need to conduct a video-recorded interview with a child witness, the investigation officers shall contact their regional CAIU for assistance. Police officers should observe the handling procedures stipulated in the Force Procedures Manual Chapter 34-11.

**Forensic Examination for Suspected Victims of Child Abuse Cases**

24.12 In any medical and/or forensic examination, the child’s health and welfare must always be of paramount importance. The number of such examination on the child should be kept to the minimum. The governing principles for medical examination in Chapter 9 should be followed.

24.13 Children suspected of having been abused should receive medical/forensic examination with the following objectives:

(a) to identify injuries or conditions that require medical attention;
(b) to ascertain whether any abuse has taken place; and
(c) to collect evidence.

**Identification of Suspects by Child Witnesses**

24.14 OC Case should arrange for an identification parade room equipped with one-way viewers to conduct identification parade for child witnesses. Police officers should refer to the handling procedures stipulated in the Force Procedures Manual Chapter 34-11 and 46-17.

**Evidence by Live Television Link**

24.15 According to Section 79B of the CPO, the court may, on application or on its own motion, permit a child witness to give evidence by way of a live TV link in criminal proceedings in specified offences. OC Case may refer to the handling procedures stipulated in the Force Procedures Manual Chapter 34-13.

**Witness Support Person**

24.16 For child witnesses giving evidence in court is a very traumatic experience. As such, the Evidence Rule made under Section 79D of CPO provides that a child witness giving evidence through a live television link can be accompanied by a Support Person acceptable to the court. This is subject to
the proviso that the person is not a witness in the case and has not been directly involved in the investigation of the case.

24.17 The Social Welfare Department (SWD) in conjunction with the Police has established a Witness Support Programme (refer to Appendix XXI for details) to provide emotional support and practical assistance for child witness.

24.18 Once approval to use the live television link is granted, OC Case should submit request for support persons and make necessary arrangement with reference to the Force Procedures Manual Chapter 34-13.

CAIU CHARTER – DUTIES AND RESPONSIBILITIES

24.19 In respect of cases of sexual abuse where the victim is a child under 17 years of age or in cases of serious physical abuse where the victim is a child under 14 years of age, CAIU is responsible for investigating allegation of the following nature:

(a) intra-familial sexual abuse (including the extended family e.g. mother, father, aunt, uncle);

(b) sexual abuse where the perpetrator is known to the child or is entrusted with the care of the victim (e.g. baby-sitter, school teacher, youth worker);

(c) serious physical abuse at the discretion of the respective Senior Superintendent of Crime Region; and

(d) organised child abuse (organised child abuse is defined as abuse which may involve a number of abusers, a number of abused children and juveniles and often encompasses different forms of abuse. It will also involve to a greater or lesser extent an element of organisation e.g. paedophile or pornography rings).

24.20 On receipt of such a referral, CAIU will initiate investigation and will, where appropriate, in conjunction with FCPSU / SWD, form Child Protection Special Investigation Team (CPSIT). Actions to be taken by CPSIT will be governed by Chapter 10 to 13 of this Procedural Guide.

MENTALLY INCAPACITATED ADULT VICTIMS / WITNESSES AND OTHER CHILD VICTIMS / WITNESSES TO CRIME

24.21 In respect of mentally incapacitated adult victims and witnesses and other child victims of and witnesses to crime, where appropriate, CAIU will be responsible for:

(a) recording their statements either on video tape or in writing as
appropriate; and

(b) advising investigation units in relation to their giving evidence in criminal proceedings.

DIVISIONAL / DISTRICT CRIME UNITS DUTIES AND RESPONSIBILITIES

24.22 Divisional / District / Regional Crime Units will be responsible for the investigation of all complaints / allegations of child abuse which do not fall within the charter of regional CAIUs (see paragraph 24.19 above). Divisional / District / Regional Crime Units investigating allegations of child abuse should consider utilising the expertise of their regional CAIU in statement taking, particularly where the video taping of a vulnerable witness’ evidence in accordance with the Criminal Procedure Ordinance is required.

REFERRALS TO CAIU

24.23 CAIU of the Region is the Police point of contact in respect of handling procedures for child abuse cases. As regards reporting procedures, all child abuse cases including those not falling within the CAIU’s charter can be reported directly to the respective CAIUs during office hours (Report Form at Appendix IX and Written Dated Notes at Appendix X). For outside office hours, cases that fall within the CAIU’s charter can be reported directly to CAIU. For cases that do not fall within the CAIU’s charter, concerned professionals should report directly to the nearest police station (List of Police Stations at Appendix XXII). Upon receiving the report form, the police investigation unit should contact the referrer / referring social worker to conduct further enquiries as soon as possible.

REFERRALS TO CRIME UNITS (CRIME)

24.24 Cases that have initially been reported directly to CAIUs but do not fall within their charter will be transferred back to the appropriate police divisions normally where the incidents occurred under a referral memo. A specimen is at Annex I to this Chapter. The reply memo should also be copied to the concerned Family and Child Protective Services Unit of SWD or referrer / referring social worker as appropriate by fax. It is the responsibility of the police officer receiving the referral / report to contact the informant / referrer / referring social worker. Details of the information / referrer / referring social worker are provided in the same referral memo.

24.25 Police officers are reminded of the provisions of the Criminal Investigation Manual Chapter 5 in that any statements obtained should be done so in a manner which is most convenient to the statement giver and it may be necessary to go to the agency or the child’s home to take a statement.
TRANSFER OF CASES

24.26 There are also circumstances where police stations may receive reports directly from the referrer / referring social worker for cases falling outside the CAIU’s charter but requiring immediate police action. Initial action is to be taken by the Formation (police unit) to which the report is made. All subsequent action relating to the allegation is to be taken by the regional CAIU or by the Formation where the incident occurred as appropriate. All officers should be reminded of the content of the Force Procedures Manual Chapter 21-08 and 21-10 in this respect.

24.27 Accordingly, all investigating officers who determine that a case is to be transferred to another Formation will ensure that sufficient details of the informants / witness and details of the case are forwarded to allow the receiving Formation to initiate appropriate action and enquiries. Officers should ensure that the originating / referring agency or social worker is advised of the development of the case.

REFERRAL TO SOCIAL WELFARE DEPARTMENT FOR WELFARE SERVICE

24.28 Any cases in need of welfare service should be referred to relevant SWD units (Appendix XXIII) in writing, except for known case of NGOs. As a good practice, the welfare principle and special working policies also suggest that in certain cases, e.g. where a child has witnessed the murder of a parent, SWD should be informed for consideration of welfare assistance to the family. A specimen case information memo is at Annex II to this Chapter.

24.29 Regarding the referral procedures to regional CAIUs and other police units, a schematic diagram of the inter-relationship between CAIU, FCPSU and other crime units is at Appendix XII.
**Suspected Child Abuse Case Report**

I refer to our telephone conversation today on the above subject. A case of _____________________________ was reported to this office at (time) ______________________ on (date) ______________________.

2. As the case does not fall within the CAIU Charter, it is herewith referred to you for appropriate action. Please contact the referrer / referring social worker / informant as soon as possible to arrange for an interview with the victim at a place and time convenient to them.

(a) **Particulars of the referrer / referring social worker / informant:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>I / D card no.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex:</td>
<td>Age:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Tel. no.:</td>
<td>Fax. no.:</td>
</tr>
<tr>
<td>Relationship with victim:</td>
<td>Occupation:</td>
</tr>
<tr>
<td>Name of organisation: (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

(b) **Particulars of the victim:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>I / D card no.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex:</td>
<td>DOB / Age:</td>
</tr>
<tr>
<td>Name of parent</td>
<td>Relationship with the victim:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Tel. no.:</td>
<td></td>
</tr>
<tr>
<td>Whereabouts:</td>
<td>Relationship with suspect:</td>
</tr>
<tr>
<td>Any special needs / disability:</td>
<td></td>
</tr>
</tbody>
</table>
(c) Particulars of the suspect:

<table>
<thead>
<tr>
<th>Name:</th>
<th>I / D card no.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex:</td>
<td>Age:</td>
</tr>
<tr>
<td>Tel. no.:</td>
<td>Occupation:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
</tbody>
</table>

(d) Brief description of the allegation:

3. Should you require our assistance in obtaining a statement from the victim, please do not hesitate to contact the undersigned.

4. Please acknowledge receipt of the referral by signing and returning the following to the undersigned within 3 working days from the date of this memo.

(                                      )
OC CAIU

cc  Director of Social Welfare (Attn: Family and Child Protective Services Unit) or Referrer*
(* Delete whichever is inapplicable.)

=============================================================
Reply Memo
From: DVC  To: OC CAIU
Ref.: in (Attn:)
Tel. No.: Your ref.: in
Fax. No.: Dated Fax. No.:
Date: Total No. of Pages:

Suspected Child Abuse Case Report
Re: (Name of Child)

I acknowledge receipt of the above referral. The case is being investigated by ______________________ and may be contacted on telephone no. ____________________.

(                                      )

cc  Director of Social Welfare (Attn: Family and Child Protective Services Unit) or Referrer*
Referrer / referring social worker (Attn:______________________________)
(* Delete whichever is inapplicable.)
Referral for Family and Child Protective Services

☐ Child Abuse  ☐ Domestic Violence (Spouse/Cohabitant Battering)

The following person has come to police attention of being in need of social services or assistance of your Department in a case of (Case Nature)

[Police Report No.: __________________].

Name: ___________________  Sex / Age: ________________
Address: ___________________________________________________________
Tel. No.: ________________

2. The Background Information sheet is attached for your reference and follow up.

3. Consent form is / is not attached.

4. Please acknowledge receipt of this referral by signing and returning the Reply Slip to me within seven working days from the date of this referral. Should you require any further information, please contact the following officer:

   Name of Officer: ___________________
   Post / Telephone: ___________________

   (____) ____________________
   for Commissioner of Police

Acknowledgement of Receipt of Referral

Re: (Name of Subject) / (RN: )

I acknowledge receipt of the above referral. Please be informed that * the case is being handled by / has been referred to the officer as follows:

Name of Officer: ___________________
Unit of Department/Agency: ___________________
Telephone / E-mail: ___________________

☐ The person(s) referred has / have declined our services.

☐ (For DV only) The person(s) referred cannot be contacted within 7 days. Progress will be informed by the 2nd reply memo within one month.

(____) ____________________
for Director of Social Welfare
**PERSONAL DATA**

**Background Information**

**Part A**

(a) Particulars of the Subject/ Persons Living with the Subject : (please use the blank space provided at subsequent page if there is not enough space for inputting additional information)

<table>
<thead>
<tr>
<th>Name &amp; Sex</th>
<th>Relationship</th>
<th>HKID</th>
<th>Age</th>
<th>Workplace or School</th>
<th>Consent Given (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address/ Phone no.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address/ Phone no.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(b) Offence and Case Nature : (Police Report No. ____________________________)

(c) Brief fact of the incident : (please include the date, place, persons involved in the incident, and if weapon used and any injury)

(d) Officer-in-charge/ Duty Officer and Contact Number :

(e) Case Has Been/To Be Taken (can (✓) tick more than one box):

- [ ] The alleged offender was/will be charged*. (Please specify offence(s) ____________)
- [ ] The alleged offender was/will be* bound over.
- [ ] The alleged offender was/will be* cautioned under the Police Superintendents’ Discretion Scheme.
- [ ] Domestic Incident Notice (Pol. 915 Rev. 2008) was served.
- [ ] Investigation is still in progress.
- [ ] No further action will be taken.

Reasons:
- [ ] Complainant did not wish to pursue and subsequently withdrew the complaint.
- [ ] Unruly child under 10
- [ ] Others. (please specify ________________________________)

(f) Additional Information

- [ ] The subject person(s) is / are* currently admitted into Hospital / __________
- [ ] Domestic Violence: Persons / Children living with the complainant. (please secify number, relationship and age of the children ________________________________)
- [ ] Elder Abuse : Name of relative and contact details
- [ ] Other Information ______________________________________________________

**Remark:** Subject to compliance with the Personal Data (Privacy) Ordinance, the above personal data shall not be used for the purpose(s) other than provision of social welfare service (s) other than stated at the consent form without the prescribed consent of the data subject, and not to be retained longer than is necessary for the fulfilment of the purpose(s) for which the data are to be used.

For Referral with Consent, Pol. 917 (Rev. 2008) or Consent form must be faxed together with the completed referral memo to SWD.
*Delete as appropriate
CHAPTER 25

HOUSING DEPARTMENT

25.1 Staff / Delegated personnel of Housing Department may encounter suspected child abuse cases through direct contact with tenants / residents, direct approach in person from child concerned / parents / neighbours, or when the child or their family members request for housing assistance.

GOVERNING PRINCIPLES

25.2 In handling child abuse cases, the paramount concern is the welfare of the child.

25.3 Children should not be required to describe the child abuse incident(s) to different parties and agencies unnecessarily.

25.4 To ensure that timely assistance can be rendered to the child, where suspected abuse incident is occurred, concerned staff should report immediately to the supervisor / designated personnel and refer the case to the intake Social Work Officer / Family and Child Protective Services Unit (SWO/FCPSU) (Appendix VII) immediately during office hours. For reports on suspected child abuse cases received after office hours, the SWD Outreaching Team (after office hours) through contact by the SWD Departmental Hotline22 (Tel. No. : 2343 2255) should respond to the report.

CONFIDENTIALITY

25.5 It is crucial to involve only the relevant staff in the process of handling a suspected child abuse case in order to avoid unnecessary repeated description of the abuse incident(s) by the child and spread of information. The Housing Department are encouraged to assign designated personnel (e.g. Assistant Housing Manager, Housing Officer) to handle suspected child abuse cases. The designated personnel involved should adhere strictly to the principle of confidentiality in the course of handling the suspected child abuse cases.

REFERRALS

25.6 The designated personnel of the Housing Department should be alert to signs and symptoms of child abuse for children. Their sensitivity in early

---

22 SWD’s hotline service provides 24-hour service. The hotline service is manned by SWD Departmental Hotline Service Unit from 9:00 am to 5:00 pm from Monday to Friday and 9:00 am to 12:00 noon on Saturday (excluding public holidays). Outside the above operation hours, the Hotline and Outreaching Service Team operated by the Tung Wah Group of Hospitals handles the hotline service.
identification of suspected abused children is important in saving the children from being further abused (refer to Chapter 2 on Checklist for Identifying Possible Child Abuse).

25.7 In handling suspected child abuse cases, staff of Housing Department, if in doubt, may consult SWO/FCPSU. (List of Offices of FCPSUs at Appendix VII)

25.8 In informing the parents of suspected child abuse cases, staff of Housing Department, may consult SWO/FCPSU or the responsible social worker as appropriate on how to handle the case and by whom it should be handled. Special attention has to be paid when parent(s) / guardian(s) is / are suspected to be involved in the abuse.

25.9 When making case referrals, the designated personnel should provide the relevant data of the child and his / her family to the FCPSU or concerned unit.

25.10 In circumstances that suggest a criminal offence may have been committed, the case should be reported to the Police to safeguard the welfare of the child. (refer to paragraph 24.23 of Chapter 24 for the procedures in making report to the Police).

COLLABORATION WITH OTHER PARTIES

25.11 The staff of Housing Department might be invited to attend the Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse to formulate the welfare plan if appropriate. (refer to Chapter 11).
CHAPTER 26
OTHER DEPARTMENTS, ORGANISATIONS
AND INDIVIDUAL PRACTITIONER

26.1 Suspected child abuse cases or child abuse victims may come to the attention of different organisations, e.g. mutual help group, church organisations and various social service units, individual practitioners etc. in their daily activities or service delivery.

GOVERNING PRINCIPLES

26.2 In handling child abuse cases, the paramount concern is the welfare of the child.

26.3 Children should not be required to describe the child abuse incident(s) to different parties and agencies unnecessarily.

26.4 To ensure that timely assistance can be rendered to the child, where suspected abuse incident is occurred, concerned staff should report immediately to the supervisor / designated personnel and refer the case to the intake Social Work Officer / Family and Child Protective Services Unit (SWO/FCPSU) (Appendix VII) immediately during office hours. For reports on suspected child abuse cases received after office hours, the SWD Outreaching Team (after office hours) through contact by the SWD Departmental Hotline\(^23\) (Tel. No. : 2343 2255) should respond to the report.

REFERRALS

26.5 Staff of the organisation should be alert to signs and symptoms of child abuse for children. Their sensitivity in early identification of suspected abused child is important in saving the child from being further abused (refer to Chapter 2 on Checklist for Identifying Possible Child Abuse).

26.6 In handling suspected child abuse cases, staff of the organisation, if in doubt, may consult SWO/FCPSU. (List of Offices of FCPSUs at Appendix VII)

26.7 In informing the parents of suspected child abuse cases, staff of the organisation may consult SWO/FCPSU or the responsible caseworker as appropriate on how to handle the case and by whom it should be handled. Special attention has to be paid when parent(s) / guardian(s) is / are suspected to be involved in the abuse.

\(^{23}\) SWD's hotline service provides 24-hour service. The hotline service is manned by SWD Departmental Hotline Service Unit from 9:00 am to 5:00 pm from Monday to Friday and 9:00 am to 12:00 noon on Saturday (excluding public holidays). Outside the above operation hours, the Hotline and Outreaching Service Team operated by the Tung Wah Group of Hospitals handles the hotline service.
26.8 When making case referrals, staff of the organisation should provide all the background information and the relevant data of the child and his / her family as far as possible.

26.9 In circumstances that suggest a criminal offence may have been committed, the case should be reported to the Police to safeguard the welfare of the child. (refer to paragraph 24.23 of Chapter 24 for the procedures in making report to the Police).

COLLABORATION WITH OTHER PARTIES

26.10 The staff personnel / referrer / informants may be invited to attend the Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse to formulate the welfare plan if appropriate (refer to Chapter 11).
SECTION VI

HANDLING OF

ALLEGATIONS AGAINST STAFF
CHAPTER 27

ALLEGATIONS AGAINST STAFF, CARERS AND VOLUNTEERS

SCOPE OF CONCERN

27.1 This Chapter touches upon the following situations:

- Where there is suspicion or allegation of abuse by a person who works with children in either a paid or unpaid capacity i.e. any employee, foster parent, child carer, or volunteer.

- When allegation or suspicion arises in connection to the individual’s work.

GENERAL PRINCIPLES IN HANDLING ALLEGATIONS OF CHILD ABUSE AGAINST STAFF, CARERS AND VOLUNTEERS

27.2 When a staff of an organisation suspects an incident of child abuse has occurred or has received allegation of such abuse, he / she must report this to the supervisory and management level.

27.3 The responsible organisation or agency must ensure that allegation is investigated and that any justifiable action is taken to ensure that the service is safe for child / children.

27.4 Upon receipt of an allegation of abuse by a staff, the supervisory management of the organisation should ensure that they follow the complaint procedures as set out by the organisation.

27.5 Any disciplinary process must be clearly separated from child protection enquiries / investigations.

27.6 Child protection enquiries / investigations take priority over any disciplinary investigations, and will determine whether the investigations can be carried out concurrently.

27.7 Enquiries / investigations must be conducted in the strictest confidence so that information can be given freely and without fear of victimization and in a way that protects the rights of the staff, employees, volunteers, foster parents and child carers concerned.

27.8 Information about an allegation must be restricted to those who have a need to know in order to:

- protect a child / children;
- facilitate enquiries / investigations;
• manage disciplinary / complaints aspects; and
• protect the rights of the alleged perpetrator.

27.9 In circumstances that suggest a criminal offence may have been committed, the case should be reported to the police unit as appropriate to safeguard the welfare of the child (refer to paragraph 24.23 of Chapter 24 for the procedures in making report to the Police).

27.10 Even when there is insufficient evidence to support a criminal offence with or without proceeding initiated, complaints, regulatory or disciplinary procedures may still be justified.

27.11 If, following the conclusion of protection process, further enquiries / investigations are pursued for the purpose of disciplinary, regulatory or complaint investigation, they should be arranged in a way that avoids repeated interviews of the children or other vulnerable witnesses.

27.12 The need for consultation with the Family and Child Protective Services Unit (FCPSU) on child protection investigation must not delay a referral, which should be in accordance with the procedures in as stipulated in respective Chapters.

HANDLING OF SUBSTANTIATED ALLEGATIONS

27.13 Where the allegations are substantiated, relevant information must be passed to the appropriate unit for follow up as stipulated in respective Chapters of this Procedural Guide.

HANDLING OF UNSUBSTANTIATED ALLEGATIONS

27.14 Where, following initial enquiries / investigations, there is insufficient evidence to determine whether the allegation is substantiated, the outcome of enquiries / investigations should be recorded.

27.15 The member of staff concerned must be notified of the outcome.

27.16 Consideration must be given to the support the staff member may need, particularly if returning to work following suspension, if any.

27.17 The child and his / her parents should also be informed of the outcome.

27.18 Consideration should be given to the provision of support or counselling for the child, and where appropriate, his / her parents, taking full account of a child’s needs particularly if a seemingly false or malicious allegation has been made.

27.19 Staff conducting disciplinary proceedings should also be informed of the findings of the investigation on allegation against the staff concerned upon its conclusion.
MEMBERSHIP LIST OF
TASK GROUP ON REVIEW OF
MULTI-DISCIPLINARY CASE CONFERENCE
ON CHILD ABUSE

Convenor:

Mr Lam Bing-chun (1\textsuperscript{st} meeting)
Chief Social Work Officer (Domestic Violence)
Social Welfare Department

Mrs Chang Lam Sook-yee (2\textsuperscript{nd} meeting)
Acting Chief Social Work Officer (Domestic Violence),
Social Welfare Department

Ms Ma Sau-ching, Annisa (3\textsuperscript{rd} to 6\textsuperscript{th} meeting)
Chief Social Work Officer (Domestic Violence),
Social Welfare Department

Members:

Dr Cheung Chi-hung, Patrick,
Consultant Paediatrician,
United Christian Hospital,
Hospital Authority

Ms Siu Wing-yee
Manager (Allied Health),
Hospital Authority

Ms Hui Yee-ling, Elaine
Training Officer (Allied Health) (for 1\textsuperscript{st} to 5\textsuperscript{th} meeting)
Medical Social Worker (for 6\textsuperscript{th} meeting)
Hospital Authority

Ms Tang Shuk-chun, Winnie (1\textsuperscript{st} and 2\textsuperscript{nd} meeting)
Chief Inspector,
Child Protection Policy Unit (re-named to Family Conflict and Sexual Violence Policy Unit),
Hong Kong Police Force

Ms Ko Mei-yee, May (3\textsuperscript{rd} and 5\textsuperscript{th} meeting)
Senior Inspector,
Child Protection Policy Unit (re-named to Family Conflict and Sexual Violence Policy Unit),
Hong Kong Police Force

Ms Tso Wing In, Corey (4\textsuperscript{th} meeting)
Senior Inspector,
Child Protection Policy Unit (re-named to Family Conflict and Sexual Violence Policy Unit),
Hong Kong Police Force
Ms Lee King-hei, Frances (5th and 6th meeting)
Chief Inspector,
Family Conflict and Sexual Violence Policy Unit,
Hong Kong Police Force

Mrs Kwok Wong Mun-yi, Harmony (1st to 3rd meeting)
Senior Inspector,
Guidance and Discipline Section,
Education Bureau

Ms Chan Lai-kwan, Cynthia (4th and 5th meeting)
Senior School Development Officer
Guidance and Discipline Section,
Education Bureau

Mr Cheung Wing-fat, Raymond (6th meeting)
Senior Inspector,
Guidance and Discipline Section,
Education Bureau

Mr Tang Chung-wah
Officer,
Family & Community Service,
The Hong Kong Council of Social Service

Ms Karen K. L. Yiu (4th meeting)
Chief Officer,
Children & Youth Service,
Service Development,
The Hong Kong Council of Social Service

Ms Louisa S. L. Yau (5th and 6th meeting)
Officer,
Service Development,
Children & Youth Service,
The Hong Kong Council of Social Service

Mr Au Ning-wah, Alfred
Social Work Supervisor,
Hong Kong Children & Youth Services

Ms Chan Yuet-wah, Judy
Head of Service,
Hong Kong Family Welfare Society

Ms Cheng Wai-hing, Elisa (4th to 6th meeting)
Service Director (Youth Service),
Evangelical Lutheran Church Social Service – Hong Kong
Dr Jessica O. C. Ho
Director,
Against Child Abuse

Ms Luk Yee-ping, Evin (4th to 6th meeting)
Chief Supervisor,
Foster Care Service
Hong Kong Christian Service

Mrs Eva Wong
Social Work Supervisor,
Caritas Integrated Family Service Centre – Shaukiwan
Caritas – Hong Kong

Ms Linda Chew (1st to 4th and 6th meeting)
Senior Clinical Psychologist,
Social Welfare Department

Dr Lam Yuk-ip, Kindy (5th meeting)
Clinical Psychologist,
Social Welfare Department

Mr Chan Ping-ching, Roy (1st to 4th and 6th meeting)
Senior Social Work Officer,
Family and Child Protective Services Unit (Tsuen Wan / Kwai Tsing),
Social Welfare Department

Ms Choy Yuk-ling, Elaine (5th meeting)
Acting Senior Social Work Officer,
Family and Child Protective Services Unit (Tsuen Wan / Kwai Tsing),
Social Welfare Department

Mr Tse Shu-to, Sebastian (1st to 5th meeting)
Senior Social Work Officer (Family)2,
Social Welfare Department

Ms Chan Mei-yi (6th meeting)
Senior Social Work Officer (Family)2,
Social Welfare Department

Ms Lee Kam-yung, Dora
Senior Social Work Officer (Rehabilitation and Medical Social Services)5,
Social Welfare Department

Miss Tsang Lai-ha
Social Work Officer/Integrated Family Service Centre (Yuen Long)2
Social Welfare Department
Ms Lo Miu-han, Eve (1st to 3rd meeting)
Officer-in-charge
Medical Social Service Unit (Princess Margaret Hospital)
Social Welfare Department

Mr Yau Shu-fung, Dave (4th to 6th meeting)
Officer-in-charge
Medical Social Service Unit (Princess Margaret Hospital)
Social Welfare Department

Secretary:
Mrs Chang Lam Sook-yee
Senior Social Work Officer/Family and Child Protective Services (Child Protection)
Social Welfare Department

In Attendance:
Ms Lam Yuen-kwan, Ada (1st and 2nd meeting)
Senior Inspector,
Child Protection Policy Unit,
Hong Kong Police Force

Dr Ip Lai-sheung, Patricia (3rd meeting)
Honorary Consultant Paediatrician,
United Christian Hospital,
Hospital Authority

Ms Lau Siu-hing, Jackie (2nd, 3rd and 6th meeting)
Senior Social Work Officer (Domestic Violence),
Social Welfare Department

Mr Lau Hang-chi, Frederick (1st to 4th and 6th meeting)
Social Work Officer (Domestic Violence)2,
Social Welfare Department
Appendices
DEFINITION OF KNOWN CASES OF WELFARE ORGANISATIONS

For the handling of child abuse cases, ‘known’ cases refer to the following categories of cases of the various service units.

(A) For Integrated Family Service Centres (IFSCs) / Family and Child Protective Services Units (FCPSUs) of SWD & IFSCs / Integrated Services Centres (ISCs) operated by NGO

1. Active cases of IFSCs / ISCs / FCPSUs.
2. Closed cases of IFSCs / ISCs which have been closed for 3 months or less irrespective of the family / client’s current place of residence.
3. Closed cases of FCPSUs (child abuse and / or battered spouse cases and/ or child custody cases with supervision order) which have been closed for 3 months or less irrespective of the family / client’s current place of residence.
4. Any intake case or outreaching case of IFSCs / ISCs / FCPSUs for which interview or visit has been conducted with the individual / family and recommendation to open file for follow-up action has been endorsed.
5. Any intake case or outreaching case of IFSCs / ISCs / FCPSUs for which interview or visit has been conducted with the individual / family and the recommendation other than putting away case has not yet been endorsed after one month since enquiry / intake, irrespective of whether the presenting problem(s) is / are related to suspected child abuse or whether case file has been opened or not.

(B) For other SWD Casework Units

6. Active cases of casework units, such as Probation and Community Service Orders Office / Adoption Unit / Medical Social Services Unit.
7. Cases that come to the attention of a Probation Officer during the course of social enquiry and still pending sentence.
8. Welfare referral cases which are currently under the concerned Probation Officer’s investigation with required welfare reports before the B.U. date to Court.

1. For court referral case, if it is not an active case of any other unit, that come to the attention of FCPSU during the course of child custody social enquiry in which court disposals have not been concluded and have not been put away, the FCPSU will conduct the social enquiry if suspected child abuse incident occurs.
9. Children who are residing at the reformatory school or receiving aftercare service from the Aftercare Officers of the reformatory school upon their discharge.

10. For medical social service (MSS), ‘known’ cases mean the active case of medical social services units in addition to one of the following conditions:

(a) medically intensive cases of MSS where the suspected abuser or abused child is their patient and is required to attend medical treatment at least once within 6 weeks, irrespective of patient’s residential address; but medical social workers of child assessment centres would only handle patient’s training and educational arrangement if patient’s residential address is not within the same district as that of the child assessment centre;

(b) medically intensive cases of MSS where the abused child’s family members living in the same household is / are their patient(s) attending medical treatment at least once within 6 weeks and the patient’s residential address is within the same district of the MSS unit; or

(c) medically active cases of MSS where the abused child is their patient attending medical treatment at least once from 6 weeks to 6 months and the residential address is within the same district of the MSS unit.

(C) For NGO Units other than IFSCs / ISCs

11. For the handling of child abuse cases, known cases of NGOs are defined as those active cases being handled by units with casework services which include the followings:

(a) Medical Social Services Units under Hospital Authority;

(b) Integrated Children and Youth Services Centres (ICYSCs);

(c) School Social Work Units (SSWUs) serving students in secondary schools;

(d) Student Guidance Personnel (SGP) serving students in primary schools\(^2\);

(e) District Youth Outreaching Social Work Teams (YOTs);

(f) Overnight Outreaching Service for Young Night Drifters (YND); and

(g) Community Support Service Scheme (CSSS)

---

2. If the School Guidance Personnel (SGP) is a registered social worker and employed by an NGO, he / she may take up the role of case manager subject to mutual agreement of the school, NGO and SWD.
For Cases Known to more than One Service Unit

12. Where a case is an active case of more than one service unit, the service unit to which the case is first known should be responsible for conducting social enquiry / investigation and the on Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse (MDCC).

13. Where a case with more than one child suspected to be abused within a family and the children are active cases of different service units, the service unit to which the case is first known is supposed to be responsible for conducting social enquiry / investigation and the MDCC.

14. The concerned parties should apply flexibility and discuss among themselves for the benefit of the child and his / her family.
Appendix IIA

CHART ON REFERRALS OF SUSPECTED CHILD SEXUAL ABUSE / SERIOUS PHYSICAL ABUSE CASES

Referrals

- Social Work Profession
- Police
- Medical Profession
- Education Profession
- Para-medical Profession
- Child Care Service
- Self-referral
- Public

**FCPSU/SWD**
- for new cases
- for known cases of FCPSU [Go to (1) at Appendix IIB]

**Child Protection Special Investigation Team**
[Go to (2) & (3) at Appendix IIB]

**SWD/NGO Units providing Family Casework Service**
for known cases [Go to (1) at Appendix IIB]
Appendix IIB

CHART ON PROCEDURES FOR HANDLING SUSPECTED CHILD SEXUAL ABUSE / SERIOUS PHYSICAL ABUSE CASES

1. Referrals (received by SWD/NGO units providing casework service)

2. - collect information
   - check CPR
   - initial social assessment

3. Child Protection Special Investigation Team (CPSIT)
   - early consultation
   - strategy planning within 24 hours
   - medical exam., if required
   - investigative interview
   - immediate case assessment

4. Hospitalization
   - medical examination/treatment

5. known cases
   - further exploration by respective unit
     - exploration by FCPSU

   Allegations unsubstantiated
   - Case closed/followed-up by NGO/other SWD unit as appropriate, such as conducting case conference

   Allegations substantiated
   - Suitable to return home
     - return home with parents after investigation
   - Not suitable to return home
     - With parental consent
       - to suitable placement
     - Without parental consent
       - to place of refuge/such other place

Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse within 10 working days from (1)

Case non-established as child abuse/high risk of child abuse
   - For new case with welfare need, followed up by respective IFSC/ISC or relevant units

Established/high risk of child abuse cases
   - For known case, followed up by the responsible unit
   - Case followed up by FCPSU

Parties Involved

CPSIT
SWO/FCPSU
Police/CAIU
DCP

Medical Exam
Medical Officer
Pathologist

Case Conference
FCPSU
NGO
Other SWD Units
Police
School/Kindergarten teacher
SGO
Child Care Worker
Psychologist
Psychiatrist
Medical Officer
Nursing Officer
Others
Appendix IIIA

CHART ON REFERRALS OF OTHER FORMS OF SUSPECTED CHILD ABUSE CASES (OTHER THAN CHILD SEXUAL ABUSE AND SERIOUS PHYSICAL ABUSE CASES)

Referrals

- Social Work Profession
- Police
- Medical Profession
- Education Profession
- Paramedical Profession
- Child Care Service
- Public
- Self-referral

If crime is suspected

- FCPSU/SWD for new cases
- FCPSU/SWD for known cases [Go to (1) at Appendix IIIB]
- Child Abuse Investigation Team (CAIU) / Police Station
- SWD/NGO Units providing Family Casework Service for known cases [Go to (1) at Appendix IIIB]
CHART ON PROCEDURES FOR HANDLING OTHER FORMS OF SUSPECTED CHILD ABUSE CASES (OTHER THAN CHILD SEXUAL ABUSE AND SERIOUS PHYSICAL ABUSE)

(1) Referrals
(received by SWD/NGO units providing casework service)

(2) - collect information
- check CPR
- initial social assessment

(3) - social enquiry
- medical examination and psychiatric assessment/treatment
- psychological assessment/treatment
- criminal investigation if crime is suspected

(4) Hospitalization
- medical examination/treatment

(5) known cases
- further exploration by respective unit
  new cases
- exploration by FCPSU

Case closed/ followed-up by NGO/other SWD unit as appropriate, such as conducting case conference

Stay at home

Not suitable to return home
With parental consent
- to suitable placement
Without parental consent
- to place of refuge/such other place

Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse within 10 working days from (1)

Case non-established as child abuse / high risk of child abuse

Established / high risk of child abuse cases

For new case with welfare need, follow up by irrespective IFSC / ISC or relevant units

For known case, follow up by the responsible unit

Case follow up by FCPSU

Parties Involved

- FCPSU
- NGO
- Other SWD Units
- Police
- School/Kindergarten teacher
- SGO
- Child Care Worker
- Psychologist
- Psychiatrist
- Medical Officer
- Nursing Officer
- Others
GUIDE TO PEOPLE WORKING WITH CHILDREN WHO DISCLOSE SEXUAL ABUSE

If a child talks about something which indicates that sexual abuse may have taken place:

(1) Listen to what the child says. Be comforting and sympathetic. Ensure that the child feels as little responsibility as possible. Tell the child that you are pleased with what he / she has told you and that this should help you to make them safe. (It can be valuable to have another adult present).

(2) Do not make the child tell anyone else because he / she may have to be formally interviewed later. It is important to minimise the number of times information is repeated.

(3) It is particularly important not to make any suggestions to the child regarding how the incident may have happened. Do not question the child except to clarify what they are saying. Do not stop a child who is freely recalling significant events.

(4) Do not promise to keep the information secret. Make it clear to the child that you will have to refer the matter to the relevant professionals later on.

(5) Write down exactly what the child says and what you have said in response. Sign and date what you have written.

(6) Do not assume that the parent / carer is not part of the abuse. Report to the SWO/FCPSU or Police/CAIU who will advise you what steps they will take and what information, if any, you may give to the parents at this stage. If the child has to go home (e.g. at the end of the school day), inform SWO/FCPSU or Police/CAIU as soon as possible for him / her to be involved.

(7) Bear in mind that if the parent / carer is said to be involved in abuse and knows that the child has told someone, threats or other pressures may be applied to prompt the child to retract.
I. The Law - Criminal Procedure Ordinance, Cap 221

Provisions have been made in the Criminal Procedure Ordinance for the admissibility of video-recorded evidence of vulnerable witnesses, including alleged victims of child abuse and taken by the Child Protection Special Investigation Team, as evidence-in-chief in Court. "Child" means a person under the age of 14 years except that, in the case of an offence of sexual abuse, it means a person under the age of 17 years. In determining whether a person is a child for the purpose of this section, reference shall be made to his age at the time the video recording was made. The relevant legal provisions given in the ordinance are extracted as follows:

Section 79C(2) - Where in proceedings in respect of-
(a) an offence of sexual abuse;
(b) an offence of cruelty; or
(c) an offence which involves an assault on, or injury or a threat of injury to, a person and the offence is triable-
   (i) on indictment; or
   (ii) either summarily or on indictment,
   a video recording has been made of an interview between an adult and a child who is not a defendant and the interview relates to any matter in issue in the proceedings, the video recording may, with leave of the Court, be given in evidence.

Section 79C(4) - Where a video recording is tendered in evidence under this section, the Court shall grant leave to admit the recording unless -
(a) it appears that the child or mentally handicapped person will not be available for cross-examination;
(b) any rules of Court requiring disclosure of the circumstances in which the recording was made have not been complied with to the satisfaction of the Court; or
(c) the Court is of the opinion, having regard to all the circumstances of the case, that in the interests of justice the recording ought not to be admitted, and where the Court grants such leave it may, if it is of the opinion that in the interests of justice any part of the recording ought not to be admitted, direct that part shall be excluded.

Section 79C(6) - Where a video recording is admitted -
(a) the child or mentally handicapped person shall be called by the party which tendered the recording in evidence;
(b) the child or mentally handicapped person shall not be examined in chief, save with leave of the Court, on any matter which, in the opinion of the Court, has been dealt with in his recorded testimony.

Section 79C(7) - Where a video recording is given in evidence, any statement made by the child or mentally handicapped person which is disclosed by the recording shall be treated as if given by that witness in direct oral testimony and accordingly -
(a) any such statement shall be admissible evidence of any fact of which such testimony from him would be admissible;
(b) no such statement shall be capable of corroborating any other evidence given by him, and in estimating the weight, if any, to be attached to such a statement, regard shall be had to all the circumstances from which any inference can reasonably be drawn as to its accuracy or otherwise.

II. Guidelines on Making Referrals

The following are some guidelines on when a suspected case of child sexual abuse should be reported to Child Protection Special Investigation Team (CPSIT) (see paragraph 10.6 of Chapter 10) and how much information is needed to justify making a referral.

As a rule of thumb, you should report the case to CPSIT when there is an alleged incident of suspected child sexual abuse made by a reasonably credible source. The source of information may include the alleged victim, a parent, a teacher, a concerned neighbour, etc.

(1) To decide whether the source of information is reasonably credible, it may be necessary to ask a little more about the alleged incident by clarifying who the alleged victim (when the alleged victim is not the source of information) is, what happened and when it happened.

(2) It is preferable but not a must that the alleged victim is prepared to make a disclosure. It is a task for the CPSIT. If the suspected victim is not ready to make a disclosure, he / she may be referred to a CP for assessment / treatment.

(3) While you may need to clarify what happened, it is not necessary to probe into details of the incident. The guideline is so long you have gathered enough information to decide that it is an incident of sexual abuse, you should stop probing.

(4) Never ask leading questions when you probe. You may ask in the following manner: “You said your uncle touched you. What do you mean?”, “You looked so worried when you told me your father slept in
your bed. Would you like to tell me more?”, “You said your grandfather peeped at you when you were in the bathroom. Anything else happened?” or “You behaved in a strange manner during the sex education class. Is there anything that is bothering you?”

(5) It is necessary to ask about the approximate time of occurrence when an alleged sexual abuse incident is disclosed. Obviously, if it happened recently, it should have greater weight on your decision. If it concerns an event of some years ago or longer, you may need to ask more: e.g. how much detail can still be recalled, whether the perpetrator is still at large and identifiable, whether the child is still at risk, etc.?

(6) While probing an alleged child sexual abuse incident, bear in mind whether a criminal act has been committed. By common sense, a sexual crime such as rape, indecent assault, incest, etc. is quite clearly understood but there is behaviour which may be sexual abuse but not criminal in nature, for example, peeping a daughter at bath, walking around naked or watching pornographic films in the presence of children. You are not required to determine whether the act is criminal or not when deciding whether to report to CPSIT. While prosecution may be part of their work, child protection is also a main responsibility of CPSIT. Even if CPSIT will not follow up on a case, a social worker from the Integrated Family Service Centre / Integrated Services Centre may be assigned if it is deemed necessary at a Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse.

(7) If you are a medical personnel and discover physical evidence indicative of sexual abuse, for example, semen in a girl’s underpants, venereal disease or pregnancy in an underage girl, you may decide to report the case to CPSIT without further probing.

(8) When you are not sure whether to report a case to CPSIT, you may always consult them on the phone.

III. Causes for Concern - Examples of Case Situations

In most circumstances, disclosures in child sexual abuse cases begin with a vague or non-specific complaint. In considering the course of action to be taken to protect a child, it is important to assess the case situations brought to light by a disclosure.

1. Situations that may warrant immediate attention of CPSIT

(a) Any disclosure by a child to an agency, or through an individual, that he/she has been subjected to an incident or incidents of sexual abuse, such as:
   - “my daddy fondled my breast/private part” or “indecently assaulted me”;
   - “Uncle Robert made me suck his dick” or “raped me”;

---

3
3. Note - The case situations are by no means exhaustive.

- “so-and-so put his finger into my pussy and it hurts” or “he took my panties off when we were playing a game”;
- a student reported to the school social worker that Mary (13-year-old) was spanked on her bare bottom by her father as a form of punishment.

(b) Any individual making a report to an agency claiming that he/she has witnessed an incident or incidents of child sexual abuse (may include the perpetrator).

(c) Presence of physical evidence of sexual abuse in children, such as venereal disease, pregnancy, swelling, bleeding of sexual organ, etc.

(d) Child exhibiting sexualized behaviour including excessive masturbation, sexual accosting of older people or having sexual knowledge beyond what would be expected for his/her developmental stage, etc. Situations such as:
- a 6-year-old girl drew a picture of a man with an erected penis;
- a 5-year-old boy took off the panties of his playmate to play games of a sexual nature;
- a 5-year-old girl invited the older boys in the play group to touch her genitalia;
- a 6-year-old boy told his friends that his uncle got a long “dick” that can squirt.

(2) Situations that may warrant consultation with CPSIT

(a) Any disclosure by a child to an agency, or through an individual, about an incident or incidents that may or may not arouse suspicion that sexual abuse might have occurred, such as:
- a 13-year-old girl reported that “daddy slept in my bed last night”;
- an 8-year-old girl said, “my private tutor kissed me after the lesson”;
- a 10-year-old girl stated, “I saw daddy playing games with auntie”;
- a 12-year-old girl disclosed to her classmate that her brother watched dirty movies at home;
- a 11-year-old girl reported that her step-father peeps her at bath.

(b) A child reporting a “story” or an incident or incidents of sexual abuse that happened to another child without revealing the identity of the alleged victim(s), such as:
- “I know someone who was indecently assaulted by her father”;
- a teenage girl wrote a story describing an incident or incidents of sexual abuse but claiming it to be fictitious;
- a child seemed to get interested in the subject of sexual abuse and asked a lot of questions about it but without saying why.
(c) A report of suspected sexual abuse making to an agency by a person other than the alleged victim but the nature of the allegation is vague and non-specific, such as:
- a neighbour reported that the mother of the family living next door had deserted home, leaving behind the father and a teenage daughter. The informant suspected that something was going on between the father and the daughter;
- a domestic helper reported that her male employer took his 8-year-old daughter inside the toilet and stayed there for over half an hour. She suspected the father might have done something “bad” to the girl;
- in a couple who have separated, the mother who has custody over their 2-year-old daughter complained that her husband molested the child during access but without any supporting evidence.

(d) A child exhibiting unusual reaction to preventive programmes on sexual abuse, such as:
- a 8-year-old girl appeared distressed after watching a preventive programme on sexual abuse.

(3) Situations that may warrant further exploration before referring to CPSIT and, whenever necessary, CPSIT may be consulted

(a) A child making a vague or non-specific complaint about somebody done something wrong to him / her without specifying what it is. Situations such as:
- “My brother did something awful to me” or “I was upset by what my brother did to me”;
- “Uncle Robert did something wrong to me when he took me out” or “Uncle Robert asked me not to tell anyone what he did to me”;
- “Something terrible happened to me” or “I worried about something that happened to me”.

(b) A child showing disturbed behaviour such as:
- appetite disturbance;
- poor peer relationship;
- unwilling to participate in physical activities - reluctance to dress for gym;
- marked change in academic performance;
- sleep disturbance;
- psychosomatic stress related behaviour;
- excessive reaction to being touched;
- intense dislike for being left somewhere or with someone;
- behaviour disturbance including anorexia nervosa, obesity, self-mutilation, run away, suicide, promiscuity, drug abuse, etc.
1. INTRODUCTION

Through the joint efforts of the Social Welfare Department (SWD), the Non-governmental Organisations (NGOs) and the Hong Kong Council of Social Service, a computerized record system for maintaining the Child Protection Registry has been devised, which carries functions of case registration, case-checking as well as facilitating statistical research under the administration of the Family and Child Welfare Branch of SWD. This information paper sets out the details regarding the operation, supervision and review of the system.

2. PURPOSE

The main objectives of the CPR are:

i) to facilitate better communication among government departments and NGOs which handle child abuse cases and are registered users of the CPR, through an easy checking mechanism to ascertain whether a case is a known case of casework service units of SWD or NGO;

ii) to collect and compile statistical information on the abused children and their abusers in all known, suspected and / or at risk cases of child abuse for the purpose of ascertaining the magnitude of the problem, including identification of the general profile and characteristics of child abuse;

iii) to monitor the regular updating and review of significant data to ensure accuracy of the statistical information as far as possible; and

iv) to facilitate the planning and development of services which prevent child abuse, including the planning of public education programmes to prevent child abuse.

3. REPORTING AGENCIES

All SWD & NGO service units providing casework service including Integrated Family Service Centres, Integrated Service Centres, Family and Child Protective Services Units, medical social services units, probation and community service orders offices, school social work units, outreaching social work units, Integrated Children and Youth Services Centres, etc. are invited to report child abuse cases and children found at risk to the CPR.
4. REGISTRATION

4.1 Registration of Service Units as Users of the CPR

4.1.1 Officers-in-charge / Supervisors / Social Work Officer (SWO) of service units from both SWD and NGOs providing casework service (list of such service units detailed in paragraph 3 above), senior medical officers / medical officers-in-charge, as well as designated police officer of the Child Abuse Investigation Units (CAIUs) of the Hong Kong Police Force handling child abuse cases can register as ‘users’ of the CPR to gain access to the checking system. They should forward the particulars of the office and the authorized officers to the CPR by completing the Record Form for Access at Annex 1 to Appendix VI. Whenever there are changes, updating will be required.

4.1.2 If there is only one registered service unit within the organisation, one caseworker (in addition to the officer-in-charge / supervisor) can be named at the time of registration so that he / she may be authorized to make enquiries in the absence of the officer-in-charge / supervisor.

4.2 Registration of Cases

The Officer-in-charge / Supervisor / Social Work Officer (SWO) of a social work unit providing casework service (list of such service units detailed in paragraph 3 above) should send the data input form on the child and the abuser / suspected abuser / potential abuser (Annex 2 to Appendix VI) to the CPR (address at paragraph 10) for registration. Child abuse cases are classified into 4 categories:

i) Category (a)
   A child who has been abused as established at a multi-disciplinary case conference or immediate case assessment by CPSIT.

ii) Category (b)
   A child currently at risk of abuse e.g. where the case has been considered by a multi-disciplinary case conference but abuse was not established and was identified as at risk of abuse; or a child who has been abused as determined by a social worker and his / her supervisor without multi-disciplinary case conference or immediate case assessment by CPSIT.

iii) Category (c)
   A child potentially at risk of abuse by virtue of his / her family background

iv) Category (d)
   A suspected victim of child abuse - where enquiries and investigations into the case are continuing or where such investigations have proved to be inconclusive to date
5. ACCESS TO CASE CHECKING SYSTEM

5.1 Telephone enquiries by registered users of the CPR may be made to the CPR (Tel. No.: 2892 5182) for case checking purpose during office hours from Monday to Friday.

5.2 The staff of the CPR will ask for the registered user’s name, office, telephone number and user code to check if the caller is a registered user of CPR. To ensure that the information will not be leaked to non-registered callers, the staff will call back the caller after confirming that the latter is a registered user.

5.3 The staff of CPR will ask for the personal particulars of the child-in-question which include the name, sex, age, residential address and identification information (such as HKIC or HKBC if available) of the child. The staff of the CPR will then check whether the child-in-question is registered in the CPR.

5.4 If the caller is a registered user and a case is not known to the CPR, staff of the CPR will so inform the caller. If the caller is a registered user and the child is registered in the CPR, the information given by the staff of the CPR will be restricted to confirmation that:

i) the child is registered;
ii) whether it is an active or closed case; and
iii) the name and telephone number of the officer-in-charge / supervisor of the service unit handling / last handled the case.

5.5 If the registered user of a unit is not available, but there is urgency to check a case from the CPR, the assistance of another registered user of the same organisation / department may be enlisted.

5.6 For data protection, no information can be released to caller who is a non-registered user.

5.7 Records regarding the enquiries will be kept by staff of the CPR.

6. OPERATION OF THE CPR

6.1 Case Checking

The staff of the CPR will handle the case checking by registered users. In addition, it will deal with simple enquiries on procedures and practices regarding registration of children and agencies but it will not handle enquiries concerning the handling of child abuse cases and policy matters which are outside the purview of CPR. (The subject officers of the Family and Child Welfare Branch at SWD HQs should be consulted on policy matters and the Family and Child Protective Services Units on the handling of child abuse cases if necessary).
6.2 Quarterly & Annual Statistics

Apart from keeping record of the reported cases and providing easy checking for service units from SWD / NGOs, senior medical officers / medical officers-in-charge and police officers of CAIUs, the CPR also issues, on quarterly and annual basis, statistical reports to indicate the general profile of the child abuse cases as reported from various professionals and registered in the CPR.

6.3 Operational Procedures

To gain access to CPR’s service and to ensure that accurate and relevant records are kept at the CPR to reflect a realistic picture of the problem of child abuse in Hong Kong, reporting units should take note of the following procedures:

Registration

6.3.1 Staff of service units from SWD/NGOs, police officers of CAIUs, and senior medical officers/medical officers-in-charge dealing with child abuse cases who wish to be registered as users of the CPR are required to send in the completed Record Form for Access to the Child Protection Registry at Annex 1 to Appendix VI.

6.3.2 Units of both SWD and NGOs providing casework service dealing with child abuse cases should send the completed data input form at Annex 2 to Appendix VI for the registration of children to CPR (address at paragraph 10) in sealed envelope and marked “Confidential” as soon as possible, following the case conference (if one has been held), or immediately after the social investigation if no case conference is anticipated, or immediately after the child is identified to be at risk of abuse. The unit handling the case at the time of the abuse or while identified to be at risk of abuse should register the case. The follow up unit should undertake the updating after the case has been transferred in.

6.3.3 To confirm the registration of cases and users, the CPR will send a completed return slip back to the reporting unit concerned.

Updating Information

6.3.4 There are two types of information requiring updating. One concerns information resulting from changes in the case, e.g. change of residential address, change of guardian, change of case status from “potential victim” to “suspected victim” or “victim” of child abuse, etc., which cannot be foreseen at the time of registration and must rely on the efforts of the reporting unit to report the changes. There are also ‘anticipated’ changes as a result of the follow up actions after the case has been registered, e.g. if a case conference was reported to have been held, the information should be updated on whether the child has been made a subject of a Care
or Protection Order and for how long, has institutional care been obtained and where, whether the abuser has been prosecuted and what is the court’s disposal, etc.

6.3.5 The unit handling the case should complete the Case Updating Form to report changes of case information (Annex 3A to Appendix VI) and return it to the CPR in sealed envelope and marked “confidential”. If the case is transferred to another service unit/organisation and / or social worker for follow-up, the follow-up social worker should complete the Reporting Transfer Form (Annex 3B to Appendix V). If a case has subsequently changed from “potential victim” to “suspected victim” or “victim of child abuse”, a new set of Data Input Form (Annex 2 to Appendix VI) should be completed to update the case status i.e. changes from Cat. (c) to other categories. Besides, a new Data Input Form (Annex 2 to Appendix VI) should be completed if there is a new child abuse incident identified. Updating of Cat. (d) cases should be sent in after the case conference has been held or case decision has been made.

6.3.6 The accuracy and effectiveness of the CPR depends very much on the prompt updating of information by the service units concerned.

6.3.7 To streamline the practice of updating information, the standard forms at Annex 3A & 3B to Appendix VI should be used (except for reporting changes in case status and a new child abuse incident when Annex 3A to Appendix VI should be used).

De-registration

6.3.8 The De-registration Form at Annex 4 to Appendix VI should be used for de-registration of cases.

6.3.9 Among the de-registered cases, data that can identify the child will be removed after the child reaches the age of 18, while other data (i.e. data that cannot identify the child) will be retained, for the purpose of statistical research on child protection.

7. SECURITY TO ENSURE NO LEAKAGE OF INFORMATION

7.1 The clerical staff operating the registration, and the “call in” and “call back” systems of the CPR will be given limited access to the information stored in the computer. The information which is permitted on the computer screen is restricted to the name, sex and age of the child-in-question plus the name of the supervisor, office, address and telephone number of the handling unit and the case file number.

7.2 The personal data of registered cases are being protected by appropriate safeguards (such as passwords known only to the authorized officers) against unauthorized access, alteration, disclosure or destruction. Besides, this computerized information system follows a number of basic data protection
principles and guidelines issued for compliance by government departments.

7.3 Since the major functions of the CPR are to facilitate case-checking among registered users and to compile aggregate data on clientele profiles for statistical research, any individual’s personal data should not be disclosed.

7.4 As for the Data Input Form, the Case Updating Form and the Reporting Transfer Form, they are all confidential documents which will be kept in safe custody before they are properly destroyed after the data have been coded and recorded.

7.5 It is important that all participating agencies / service units should put all data input forms and related documents in sealed envelopes marked “confidential” and address them to the CPR direct.

8. COMMENCEMENT OF OPERATION OF THE COMPUTERIZED CPR

The SWD Family and Child Welfare Branch have assumed full responsibility in implementing the computerized CPR since 1 July 1994.

9. REVIEW OF THE OPERATION OF THE CPR

The operation of the CPR and other ad hoc operational difficulties will be reviewed and sorted out in consultation with the NGOs or among the parties concerned as need arises.

10. ADDRESS AND TELEPHONE NUMBER OF CPR

Child Protection Registry,
Family and Child Welfare Branch,
Social Welfare Department,
7/F, Wu Chung House,
213 Queen’s Road East,
Wanchai,
Hong Kong.
(Tel. No.: 2892 5182)

11. LIMITATIONS OF CPR

With its computerized database, the Child Protection Registry will be able to provide a comprehensive set of statistical information on the child abuse cases in Hong Kong and an easy checking mechanism on the known / suspected / at risk cases of child abuse of the Social Welfare Department and the Non-governmental Organisations. However, the system is basically reactive and limitations to the system include the following:

11.1 The CPR records only cases reported to the CPR by the service units listed in paragraph 3.

11.2 Statistical information generated by the CPR will be confined to those contained in the data input form sent in by the service units concerned.
11.3 Case checking could only be made by using the name and particulars of the child-in-question. Case checking by using the particulars of the abuser/suspected abuser will not be possible because the name of the abusers / suspected abusers will not be recorded by the CPR.
CONFIDENTIAL
CHILD PROTECTION REGISTRY
RECORD FORM FOR ACCESS
*(Initial Registration / Reporting Changes)

Participating Unit

1. Name of Department / Organisation: ________________________________

2. Name of Unit: ________________________________

3. Office Address: ________________________________

4. Telephone No.: ________________________________

5. Name of Applicant of the Unit: ________________________________

6. Designation / Post: ________________________________

7. Name of a Caseworker Authorized to Gain Access to CPR (Applicable to those NGOs having one registered unit only): ________________________________

8. Reporting Changes (Please specify which of the above items or other information is changed): ________________________________

Specify which of the above items (e.g. item 4, 5, 6):

______________________________

Other Changes: ________________________________

______________________________

Signature of Applicant: ________________________________

Date: ________________________________
CONFIDENTIAL
CHILD PROTECTION REGISTRY
DATA INPUT FORM

Guidelines for completing the data-input form
1. Please complete one form for each case. If there are more than one child / abuser in the case, please provide information on these persons by filling out a separate form for each individual, using Part B for child and Part C for abuser.

2. Please provide the information as requested or tick (✓) the box corresponding to the appropriate answer. Please ensure that the ticks are confined to the given boxes to facilitate data input.

3. Unless specified, please tick one choice only in each item.

4. Please send in your completed data input form in sealed envelope and marked “Confidential” to Child Protection Registry at the following address as soon as possible following the case conference (if one has been held), or immediately after the social investigation (if no case conference is anticipated), or immediately after the child is identified to be at risk of abuse.

Child Protection Registry
Family and Child Welfare Branch
Social Welfare Department
7/F, Wu Chung House
213 Queen’s Road East
Wanchai
Hong Kong

Part A - General Information

A1. Case file no.:
A2. Name of reporting organization:
A3. Name of unit:
A4. Office address:
A5. Telephone no.:
A6. Type of service, e.g. school social work

For CPR coding only
A7. Whether the abuse is self-disclosed or identified by other (i.e. the person who first identified the case and made a report for follow-up service)?

- (1) self-disclosed (Tick one only and go to item A8)
  - (111) by child himself/herself
  - (112) by abuser(s)
- (2) identified by (Tick one only and go to item A9)
  - (211) parent(s) or family member(s) (i.e. members within the nuclear family) of the child victim
  - (212) parent(s) or family member(s) (i.e. members within the nuclear family) of the abuser (if different from that of the child victim)
  - (213) other child victim(s) of the abuse incident
  - (214) social worker
  - (215) medical professional
  - (216) clinical psychologist/psychiatrist
  - (217) police
  - (218) school personnel (including kindergarten, nursery, child care centre, creche)
  - (219) caregiver (other than parent or family member)
  - (220) relative
  - (221) classmate / friend / neighbour
  - (222) public / mass media
  - (223) other government department
  - (224) others, please specify____________________________________

A8. To whom the abuse was disclosed to? (Tick one only)

- (1) parent(s) or family member(s) (i.e. members within the nuclear family) of the child victim
- (2) parent(s) or family member(s) (i.e. members within the nuclear family) of the abuser (if different from that of the child victim)
- (3) other child victim(s) of the abuse incident
- (4) social worker
- (5) medical professional
- (6) clinical psychologist/psychiatrist
- (7) police
- (8) school personnel (including kindergarten, nursery, child care centre, creche)
- (9) caregiver (other than parent or family member)
- (10) relative
- (11) classmate / friend / neighbour
- (12) public / mass media
- (13) other government department
- (14) hotlines
- (15) others, please specify____________________________________

A9. Has this case ever been registered with the CPR? Number of times of registration

- (0) No
- (1) Yes (To be filled in by CPR)
Part B - Information on Abused Child / Child-at-risk

(CPR No. (To be assigned by CPR)

B1. CPR No. (If known) 

(Not applicable for new cases)

B2. Name in English (surname first):

B3. Name in Chinese:

B4. Document of identity (Tick as appropriate)
   - (1) Hong Kong Identity Card (HKIC No.: ________________ )
   - (2) Hong Kong Birth Certificate (HKBC No.: ________________ )
   - (3) Passport (Passport No.: ________________ )
   - (4) Entry Permit (Permit No.: ________________ )
   - (5) Others, please specify ________________

B5. Date of birth: __________________ (DD/MM/YYYY)

B6. Approximate age: 

B7. Sex: Male ☐ Female ☐

B8. In HK since birth? ☐ Yes
   ☐ No, please give the year of arrival in HK __________

B9. Case nature: (Tick one only)
   (1) ☐ Cat.(a) A child who has been abused as established at a multi-disciplinary case conference or immediate case assessment by CPSIT.
   (2) ☐ Cat.(b) A child currently at risk of abuse e.g. where the case has been considered by a multi-disciplinary case conference but abuse was not established and was identified as at risk of abuse; or a child who has been abused as determined by a social worker and his / her supervisor without multi-disciplinary case conference or immediate case assessment by CPSIT.
   (3) ☐ Cat.(c) A child potentially at risk of abuse by virtue of his / her family background.
   (4) ☐ Cat.(d) A suspected victim of child abuse - where enquires and investigations into the case are continuing or where such investigations have provided to be inconclusive to date.

B10. No. of case conference(s) held: ☐ (not applicable for Cat.(c) and Cat.(d) cases in item B9.)

B11. No. of case conference(s) held with family participation: ☐ (not applicable for Cat.(c) and Cat.(d) cases in item B9.)

B12. Relationship of family member(s) who participated in the case conference(s) [please "√" as appropriate]:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Number of case conference(s) participated*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Father</td>
<td>☐ full ☐ partial</td>
</tr>
<tr>
<td>2</td>
<td>Mother</td>
<td>☐ full ☐ partial</td>
</tr>
<tr>
<td>3</td>
<td>Brother</td>
<td>☐ full ☐ partial</td>
</tr>
<tr>
<td>4</td>
<td>Sister</td>
<td>☐ full ☐ partial</td>
</tr>
<tr>
<td>5</td>
<td>Grandfather</td>
<td>☐ full ☐ partial</td>
</tr>
<tr>
<td>6</td>
<td>Grandmother</td>
<td>☐ full ☐ partial</td>
</tr>
<tr>
<td>7</td>
<td>Step-father (including mother's boy-friend / cohabitant)</td>
<td>☐ full ☐ partial</td>
</tr>
<tr>
<td>8</td>
<td>Step-mother (including father's girl-friend / cohabitant)</td>
<td>☐ full ☐ partial</td>
</tr>
<tr>
<td>9</td>
<td>Other relatives, please specify</td>
<td>☐ full ☐ partial</td>
</tr>
</tbody>
</table>

(* Please fill in the number of case conference participated in the ☐ by referring to item B.11, e.g. if the no. in item B.11 is 2 and the two case conferences were participated by the father in full, "2" should be marked in the ☐ besides "full".)
B13. Did the child victim participate in the case conference(s)?

Number of case conference(s) participated*

☐ Yes

☐ No

(*) Please fill in the number of case conference(s) participated in the ☐ by referring to item B.11, e.g. if the no. in item B.11 is 2 and the two case conferences were participated by the father in full, "2" should be marked in the ☐ besides "full".

B14. Location where abuse incident happened

(Please state full address. For children classified under Cat.(c) at item B9, please give the usual place of residence.)

District Code

(To be filled in by CPR)

☐ Unknown

B15. Residential address of parent(s) / guardian(s) / caregiver(s) with whom the child used to live if different from above

District Code

(To be filled in by CPR)

B16. Type of housing of residential address of item B15.

☐ (1) Public housing estate

☐ (2) Interim housing

☐ (3) Home Ownership Scheme

☐ (4) Tenant Purchase Scheme

☐ (5) Private housing (rented)

☐ (6) Private housing (self-owned)

☐ (7) Staff quarters

☐ (8) Squatters / cottages / huts (rented)

☐ (9) Squatters / cottages / huts (self-owned)

☐ (10) Residential home for children

☐ (11) Others, please specify ____________________________________________

B17. The child's abode at the time of the abuse and his/her current abode

At the time of abuse Current abode

(1) Living with both parents

(2) Living with father and step-mother / father’s cohabitant

(3) Living with mother and step-father / mother’s cohabitant

(4) Living with father

(5) Living with mother

(6) Living with grandparent(s)

(7) Living with relative(s)

(8) Living with childminder

(9) Living in small group home / foster home

(10) Living in residential institution / children's home / hostel

(11) Living in boarding school

(12) Living in hospital

(13) Others, please specify: ______________________________________________

_______________________________________________

_______________________________________________

_______________________________________________
B18. Whether the child is a subject of statutory supervision?

(i) At the time of abuse (or at the time when report is made for Cat. (c) cases at item B9)
   - (0) No
   - Yes, statutory supervision under the legal provisions of:
     - (1) Protection of Children and Juveniles Ordinance
     - (2) Juvenile Offenders Ordinance
     - (3) Guardianship of Minors Ordinance
     - (4) Matrimonial Causes Ordinance
     - (5) High Court Ordinance
     - (6) Others, please specify

   Duration of supervision in number of months (if specified in the order): __ months.

(ii) After the abuse incident and as a result of the abuse (or after report made for Cat. (c) cases at item B9)
   - (0) No
   - Yes
      - (1) Director of Social Welfare is appointed legal guardian of the child under S.34(1)(a) of Cap.213.
      - (2) Child has been committed to the care of any person, whether a relative or not, who is willing to undertake the care of him, or of any institution which is so willing under S.34(1)(b) of Cap.213.
      - (3) Parent or guardian of child has been ordered to enter into recognizance to exercise proper care and guardianship under S.34 (1)(c) of Cap. 213.
      - (4) Child has been placed under supervision of a person appointed for the purpose by the Court for a duration of __ months but not exceeding 3 years under S.34 (1)(d) of Cap. 213. (please state duration of the supervision order)
      - (5) Pending application or court decision

B19. Type of abuse (Please refer to definitions stated in the Guide to the Identification of Child Abuse)

   (please select only one choice for type of abuse but may choose more than one sub-item under the specific type of abuse)

   - (1) Physical abuse
     - (11) Battering & non-accidental use of force (beating, kicking, banging against objects, shaking baby syndrome etc.)
     - (12) Non-accidental injury by poison, acid & fire, etc.
     - (13) Munchausen’s Syndrome by Proxy

   - (2) Neglect
     - (21) Inadequate physical care (food, clothing, shelter, etc.)
     - (22) Inadequate health care
     - (23) Deprivation of education / schooling
     - (24) Forcing a child to undertake duties inappropriate to his/her physical strength or age
     - (25) Leaving a child habitually unattended

   - (3) Sexual abuse
     - (31) Incest
     - (32) Sexual intercourse with relatives, other than parents / siblings
     - (33) Sexual intercourse with non-relatives
     - (34) Other forms of sexual activity (fondling, mutual masturbation, etc.)

   - (4) Psychological abuse
     - (41) Persistent / severe verbal abuse
     - (42) Persistent resentment and rejection / indifference
     - (43) Persistent modelling, encouragement and permission of maladaptive behaviours

   - (5) Multiple abuse
     (when assessment by one major type is not possible, specify by a combination of major categories)
     - (51) Physical abuse
     - (52) Neglect
     - (53) Sexual abuse
     - (54) Psychological abuse
     - (6) Not applicable (for Cat (c) cases at item B9)
B20. Contributing factors of abuse
(Select at most 3 factors from each subgroup if the subgroup is appropriate.)

Subgroup 1 Factors relating to abused child / child-at-risk
- [ ] (0) This subgroup is not applicable
- [ ] (1) School performance problem
- [ ] (2) Behaviour problem
- [ ] (3) Emotional / psychological problem
- [ ] (4) Mental illness / retardation including slow learning or developmental delay
- [ ] (5) Illness / physical disability
- [ ] (6) Unwanted child / pregnancy
- [ ] (7) Long period of separation from parents in early infancy
  (i.e. separation for one year or over before the age of 5)
- [ ] (8) Others, please specify _____________________________________

Subgroup 2 Factors relating to abuser / suspected abuser
(Please refer to subgroup 4 “Factors relating to parent(s)” if the parent(s) is/are not the abuser(s) in this case)
- [ ] (0) This subgroup is not applicable
- [ ] (1) Superstitious belief
- [ ] (2) Marital problem
- [ ] (3) In-law relationship problem
- [ ] (4) Emotional / psychological problem
- [ ] (5) Mental illness / retardation including slow learning or developmental delay
- [ ] (6) Illness/ Physical disability
- [ ] (7) Immaturity / extreme self-centredness
- [ ] (8) Incompetence in child rearing / lack of parenting skills
- [ ] (9) High expectation on child-in-question
- [ ] (10) Undesirable hobbies (e.g. gambling, indulgence in alcohol, substance abuse etc.)
- [ ] (11) Others, please specify _____________________________________

Subgroup 3 Factors relating to environmental or social circumstances
- [ ] (0) This subgroup is not applicable
- [ ] (1) Financial difficulty / unemployment
- [ ] (2) Housing problem
- [ ] (3) Family crisis/stresses not coped with by abuser/suspected abuser/potential abuser
- [ ] (4) Lack of support system (e.g. spouse, grandparents, relatives, friends, etc.)
- [ ] (5) Lack of community resources (e.g. day care centre, creche, tutorial class, etc.)
- [ ] (6) Others, please specify _____________________________________

Subgroup 4 Factors relating to parent(s)/carer(s) (parent includes step parent and adoptive parent)
(Applicable only for cases where the parents(s)/carer(s) is/are not abuser)
- [ ] (0) This subgroup is not applicable
- [ ] (1) Superstitious belief
- [ ] (2) Marital problem
- [ ] (3) In-law relationship problem
- [ ] (4) Emotional / psychological problem
- [ ] (5) Mental illness / retardation including slow learning or developmental delay
- [ ] (6) Illness/ Physical disability
- [ ] (7) Immaturity / extreme self-centredness
- [ ] (8) Incompetence in child rearing / lack of parenting skills
- [ ] (9) High expectation on child-in-question
- [ ] (10) Undesirable hobbies (e.g. gambling, indulgence in alcohol, substance abuse etc.)
- [ ] (11) Others, please specify _____________________________________

- [ ] Not applicable (for Cat (c) cases at item B9)
B21. Type of family

- (1) Nuclear family with both parents
- (2) Nuclear family with one parent
- (3) Extended family with both parents
- (4) Extended family with one parent
- (5) Extended family with absence of parent(s)
- (6) Others, please specify ___________________________________________

<table>
<thead>
<tr>
<th>Abuser Ref. No.</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part C - Information on abuser / suspected abuser / potential abuser

(Note: Use separate Part C for each abuser / suspected abuser / potential abuser.)

C1. Year of birth: [ ] Unknown [ ] Abuser Ref. No.
C2. Sex: Male [ ] Female [ ] Unknown [ ]
C3. In HK since birth? [ ] (1) Yes [ ] (2) No, please give the year of arrival at HK. [ ]
[ ] (3) Unknown
C4. Relationship with child-in-question

<table>
<thead>
<tr>
<th>Name of child-in-question</th>
<th>Relationship of abuser</th>
<th>CPR No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Code of relationship with child-in-question
(1) Father
(2) Mother
(3) Brother
(4) Sister
(5) Grandfather
(6) Grandmother
(7) Step-father (including mother's boy-friend / cohabitant)
(8) Step-mother (including father's girl-friend / cohabitant)
(9) Step-brother
(10) Step-sister
(11) Relative
(12) Family friend / friend
(13) Foster parent
(14) House parent/staff of residential home
(15) Childminder
(16) Domestic helper
(17) Co-tenant / neighbour
(18) Teacher
(19) Tutor / coach
(20) Unrelated person
(21) Unidentified person
(22) Others, please specify ____________________________________________________

C5. Residential address of abuser / suspected abuser / potential abuser at the time of abuse (Please fill in name of street, estate and district only. If information is not available, please fill in “unknown”).

To be filled in by CPR
C6. Whether same residential address as child-in-question at time of abuse

<table>
<thead>
<tr>
<th>Name of child-in-question</th>
<th>Whether same residential address as child-in-question</th>
<th>CPR No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>□ Yes □ No □ Unknown</td>
<td>□□□□□□□</td>
</tr>
<tr>
<td>_________________________</td>
<td>□ Yes □ No □ Unknown</td>
<td>□□□□□□□</td>
</tr>
<tr>
<td>_________________________</td>
<td>□ Yes □ No □ Unknown</td>
<td>□□□□□□□</td>
</tr>
<tr>
<td>_________________________</td>
<td>□ Yes □ No □ Unknown</td>
<td>□□□□□□□</td>
</tr>
</tbody>
</table>

C7. Marital Status

☐ (1) Single
☐ (2) Married
☐ (3) Cohabited
☐ (4) Separated / Divorced
☐ (5) Widowed
☐ (6) Unknown

C8. Highest educational level attained

☐ (1) No schooling / below primary
☐ (2) Primary (P.1 - P.6)
☐ (3) Lower secondary (F.1 - F.3)
☐ (4) Upper secondary (F.4 - F.5) or equivalent (craft level of technical/vocational courses at upper secondary level)
☐ (5) Matriculation (F.6 - F.7) or equivalent (technician level)
☐ (6) Tertiary
☐ (7) Unknown

C9. Occupation

☐ (1) Business / factory or company proprietor
☐ (2) Professional / administrative / managerial work
☐ (3) Clerical / Secretarial work
☐ (4) Sales / Shop-keeper / stall owner / hawker
☐ (5) Service / technical work (e.g. restaurant waiter, hair-dresser, driver, etc.)
☐ (6) Production work (e.g. factory hand, construction worker, cook, etc.)
☐ (7) Unemployed
☐ (8) Homemaker
☐ (9) Student
☐ (10) Retired
☐ (11) Unknown
☐ (12) Others, please specify __________________________________________

C10. Has the abuser / suspected abuser been abused in childhood?

☐ Yes ☐ No ☐ Not revealed ☐ Unknown

C11. Does the abuser / suspected abuser have previous conviction(s)?

☐ (0) No
☐ Yes
 ☐ (1) Similar nature
 ☐ (2) Other offence
☐ (9) Unknown
C12. i) Has the case been reported to the Police? If yes, please provide the Police Report No. in the space below.
   
   □ (0) No  □ (1) Yes, Police Report No. of the case is ____________

ii) Any prosecution contemplated or made as a result of the incident of abuse?
   
   □ (1) Not yet known pending police investigation
   □ (2) No prosecution contemplated or made
   □ (3) Yes, prosecution was made but court's disposal not yet known
   □ Yes, prosecution was made and the court's disposal is:
      (can ✓ tick more than one)
         □ (4) Fined
         □ (5) Bound over
         □ (6) Probation for _____ months
         □ (7) Imprisonment for_______ months suspended for _____ months
         □ (8) Imprisonment for______months
         □ (9) Offence not established
         □ (10) Others, please specify ________________________________

C13. In addition to information provided in this registration, please provide information, as far as possible, on other child(ren) who has/have been abused by this abuser and/or would be/have already been registered in the CPR.

<table>
<thead>
<tr>
<th>Name</th>
<th>CPR No. *</th>
<th>(For Document of Identity Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If CPR No. is not available, please try to provide the document of identity number, e.g. HKIC, HKBC, of the child in the space provided as far as possible.
Part D - Information on additional form(s)

Additional form(s) for abused child / child-at-risk / abuser / suspected abuser / potential abuser

Have you attached additional forms for registration of new child abuse case?

☐ (0) No
☐ Yes

☐ Abused child / child-at-risk  ☐ Abuser / suspected abuser / potential abuser

[indicate the number of additional form(s) attached]

______________________________________________

Reporting Officer / Social Worker

Name: ___________________________ Tel No.: ___________________________
Rank: ___________________________
Post: ___________________________
Signature: ___________________________
Date: ___________________________

Countersigning Officer / Supervisor

Name: ___________________________ Tel No.: ___________________________
Rank: ___________________________
Signature: ___________________________
Date: ___________________________

______________________________________________

To be completed by CPR staff

Date of entry to CPR: ___________________________

Name of Officer: ___________________________
Signature: ___________________________
Annex 3A to Appendix VI

CONFIDENTIAL
CHILD PROTECTION REGISTRY
CASE UPDATING FORM

Note 1. This form is used for updating of case information. For reporting change of handling service unit and/or caseworker, please use CPR Form IIIB.
2. A new data input form (CPR Form II) should be completed when a "potential victim" is changed to a "child abuse victim". Besides, a new data input form (CPR Form II) might be used if there are lots of items to be updated as a result of a new child abuse incident identified.

1. CPR No.:

2. Name of child in English: __________________________________________________
in Chinese: __________________________________________________

3. Document of identity:  
   (✓Tick as appropriate)
   - (1) Hong Kong Identity Card (HKIC No.: __________________)
   - (2) Hong Kong Birth Certificate (HKBC No.: ________________)
   - (3) Passport (Passport No.: _____________________________)
   - (4) Entry Permit (Permit No.: _____________________________)
   - (5) Others, please specify __________________________________________

4. Date of birth: ______/____/_______ (DD/MM/YYYY)

5. Updating on case information
   (For items (1) to (5) below, please complete only those where changes have occurred)
   
   (1) The residential address of the child's parent(s)/guardian(s)/caregiver(s) with whom the child used to live:

   ______________________________________________________________

   Type of housing: (✓ Tick as appropriate)
   - (1) Public housing estate
   - (2) Temporary housing area
   - (3) Home Ownership Scheme
   - (4) Tenant Purchase Scheme
   - (5) Private housing (rented)
   - (6) Private housing (self-owned)
   - (7) Staff quarters
   - (8) Squatters / cottages / huts (rented)
   - (9) Squatters / cottages / huts (self-owned)
   - (10) Residential home for children
   - (11) Others, please specify __________________________________________
(2) Whether the child has become a subject of statutory supervision after the abuse incident and as a result of the abuse (or after report made for Cat.(c) cases at item B9 of CPR Form II)

- [ ] (0) No
- [ ] Yes, please state result (can ✓ tick more than one item)
  - [ ] (1) Director of Social Welfare is appointed legal guardian of the child under S.34(1)(a) of Cap. 213.
  - [ ] (2) Child has been committed to the care of any person whether a relative or not, who is willing to undertake the care of him, or of any institution which is so willing under S.34(1)(b) of Cap. 213.
  - [ ] (3) Parents or guardians of the child has been ordered to enter into recognizance to exercise proper care and guardianship under S.34(1)(c) of Cap. 213.
  - [ ] (4) Child has been placed under supervision of a person appointed for the purpose by the Court for a duration of [ ] months under S.34 (1)(d) of Cap. 213.

(please state duration of the supervision order)

(3) Present abode of child-in-question: (√ Tick as appropriate)

- [ ] (1) Living with both parents
- [ ] (2) Living with father and step-mother / father’s cohabitant
- [ ] (3) Living with mother and step-father / mother’s cohabitant
- [ ] (4) Living with father
- [ ] (5) Living with mother
- [ ] (6) Living with grandparent(s)
- [ ] (7) Living with relative(s)
- [ ] (8) Living with childminder
- [ ] (9) Living in small group home / foster home
- [ ] (10) Living in residential institution / children’s home / hostel
- [ ] (11) Living in boarding school
- [ ] (12) Living in hospital
- [ ] (13) Others, please specify: ________________________________

(4) Whether the abuser(s) has / have been prosecuted for the act of abuse (please fill in the same sequence of abusers as reported in the data input form)

<table>
<thead>
<tr>
<th>Abuser Ref. No. at CPR (to be completed by CPR)</th>
<th>Relationship of abuser to child-in-question (√ tick as appropriate)</th>
<th>Whether prosecuted (0) No</th>
</tr>
</thead>
</table>

- [ ] Yes; the court disposal is (√ Can tick more than one)
  - [ ] (1) Fined
  - [ ] (2) Bound over
  - [ ] (3) Probation for [ ] months
  - [ ] (4) Imprisonment for [ ] months suspended for [ ] months
  - [ ] (5) Imprisonment for [ ] months
  - [ ] (6) Offence not established
  - [ ] (7) Others (specify) ________________________________
<table>
<thead>
<tr>
<th>Abuser Ref. No. at CPR (to be completed by CPR)</th>
<th>Relationship of abuser to child-in-question</th>
<th>Whether prosecuted (✓ tick as appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(0) No</td>
</tr>
<tr>
<td>Yes; the court disposal is (✓ Can tick more than one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Fined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Bound over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Probation for ____________ months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Imprisonment for ____________ months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>suspended for ____________ months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Imprisonment for ____________ months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Offence not established</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) Others (specify) __________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abuser Ref. No. at CPR (to be completed by CPR)</th>
<th>Relationship of abuser to child-in-question</th>
<th>Whether prosecuted (✓ tick as appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(0) No</td>
</tr>
<tr>
<td>Yes; the court disposal is (✓ Can tick more than one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Fined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Bound over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Probation for ____________ months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Imprisonment for ____________ months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>suspended for ____________ months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Imprisonment for ____________ months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Offence not established</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) Others (specify) __________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abuser Ref. No. at CPR (to be completed by CPR)</th>
<th>Relationship of abuser to child-in-question</th>
<th>Whether prosecuted (✓ tick as appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(0) No</td>
</tr>
<tr>
<td>Yes; the court disposal is (✓ Can tick more than one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Fined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Bound over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Probation for ____________ months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Imprisonment for ____________ months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>suspended for ____________ months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Imprisonment for ____________ months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Offence not established</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) Others (specify) __________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Abuser Ref. No. at CPR (to be completed by CPR)  

Relationship of abuser to child-in-question  

Whether prosecuted (✓ tick as appropriate)  

☐ (0) No  

☐ Yes: the court disposal is (✓ Can tick more than one)  

☐ (1) Fined  

☐ (2) Bound over  

☐ (3) Probation for ________ months  

☐ (4) Imprisonment for ________ months suspended for ________ months  

☐ (5) Imprisonment for ________ months  

☐ (6) Offence not established  

☐ (7) Others (specify) ______________

(5) Other changes not mentioned above: (please specify)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Reporting Unit (Department / organization): ________________________________

Signature: ________________________________  

Countersigned by: ________________________________

Name: ________________________________  

Post: ________________________________

Rank: ________________________________  

Tel No.: ________________________________

Date: ________________________________

Name: ________________________________  

Post: Officer-in-charge / Supervisor

Tel No.: ________________________________

Date: ________________________________
CONFIDENTIAL
CHILD PROTECTION REGISTRY
REPORTING TRANSFER FORM

Note
1. This form is used for reporting of change of handling service unit and/or caseworker. For updating of case information, please use CPR Form IIIA.
2. The follow-up caseworker is required to complete this form and provide a copy of this completed form to the transfer-out caseworker.

1. CPR No.: 
2. Name of child in English:___________________________________________________
   in Chinese: _________________________________________________
3. Document of identity (Tick as appropriate)
   (1) Hong Kong Identity Card (HKIC No.:_____________________) 
   (2) Hong Kong Birth Certificate (HKBC No.:__________________) 
   (3) Passport (Passport No.: ________________________________) 
   (4) Entry Permit (Permit No.: ______________________________) 
   (5) Others, please specify ____________________________________________
4. Date of birth: (DD/MM/YYYY)
5. Particulars of new handling service units and caseworker
   Name of responsible caseworker:________________________________________
   Post and rank of the caseworker:________________________________________
   Name of organization:__________________________________________________
   Name of office/unit:____________________________________________________
   Office address:________________________________________________________
   ______________________________
   Telephone number: ____________________________________________________
   Type of service e.g. school social work:____________________________________
   Follow-up office’s file reference of the case:_______________________________

Signature: ___________________________
            Name: ___________________________
            Post: ___________________________
            Rank: ___________________________
            Tel No.: ___________________________
            Date: ___________________________

Countersigned by:_________________________
            Name: ___________________________
            Post: Officer-in-charge / Supervisor
            Tel No.: ___________________________
            Date: ___________________________

If same as item 5 above, only sign and fill in date in this column.
CONFIDENTIAL
CHILD PROTECTION REGISTRY
DE-REGISTRATION / EXTENSION OF REGISTRATION

Child Ref No. at CPR (as assigned by CPR at initial registration)

Name of child

in English ________________________________
in Chinese _________________________________

Date of birth ____________________________

Residential address of parent(s)/guardian(s)/caregiver(s) with whom the child used to live

_____________________________________

Report to SWD Child Protection Registry ( ✔ Tick as appropriate)

☐ Case should continue to remain in the register

☐ Case can be deregistered

Reasons for deregistration: ( ✔ tick only one item)

☐ (1) No further risk of abuse identified

☐ (2) Child reached age of 18

☐ (3) Migration of child / child leaving Hong Kong

☐ (4) Death of child

☐ (5) Lost trace of child

☐ (6) Client declined/refused further service

☐ (7) Others, please specify ________________________________

Signature: ________________________________

Name: ____________________________________

Post: Officer-in-charge / Supervisor / SWO(FCPSU)

Unit (Department / Organization): ________________

Tel. No.: _________________________________

Date: _________________________________
## Appendix VII

### LIST OF SOCIAL WORK OFFICERS OF FAMILY AND CHILD PROTECTIVE SERVICES UNITS (SWO/FCPSU) AND SWD SENIOR CLINICAL PSYCHOLOGIST (SCP)

<table>
<thead>
<tr>
<th>CAIU Region</th>
<th>Service Boundary</th>
<th>Contact Person SWO/FCPSU</th>
<th>*Office Tel No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hong Kong Island</strong></td>
<td>Central, Western, Southern, Outlying Islands (excluding Lantau Island and Peng Chau)</td>
<td>Intake Worker / SWO/FCPSU(CW/S/I)</td>
<td>2835 2733</td>
</tr>
<tr>
<td></td>
<td>Eastern, Wanchai, Causeway Bay, Quarry Bay, North Point, Siu Sai Wan, Chai Wan</td>
<td>Intake Worker / SWO/FCPSU(E/W)</td>
<td>2231 5859</td>
</tr>
<tr>
<td><strong>Kowloon East</strong></td>
<td>Wong Tai Sin, Tsz Wan Shan, Sai Kung, Tseung Kwan O, Lok Fu, San Po Kong, Choi Hung</td>
<td>Intake Worker / SWO/FCPSU(WTS/SK)</td>
<td>3188 3569</td>
</tr>
<tr>
<td></td>
<td>Kwun Tong, Ngau Tau Kok, Sau Mau Ping, Lam Tin, Yau Tong, Lei Yue Mun, Shun Lee</td>
<td>Intake Worker / SWO/FCPSU(KT)</td>
<td>2707 7680</td>
</tr>
<tr>
<td><strong>Kowloon West</strong></td>
<td>Kowloon City, Tsim Sha Tsui, Mongkok, Yaumatei</td>
<td>Intake Worker / SWO/FCPSU(KC/YTM)</td>
<td>3583 3254</td>
</tr>
<tr>
<td></td>
<td>Shamshuipo, Shek Kip Mei, Cheung Sha Wan, Mei Foo</td>
<td>Intake Worker / SWO/FCPSU(SSP)</td>
<td>2247 5373</td>
</tr>
<tr>
<td><strong>New Territories (North)</strong></td>
<td>Sheung Shui, Fanling, Ta Kwu Ling, Sha Tau Kok, Tai Po, Border</td>
<td>Intake Worker / SWO/FCPSU(TP/N)</td>
<td>3183 9325</td>
</tr>
<tr>
<td></td>
<td>Siu Lam, Tuen Mun</td>
<td>Intake Worker / SWO/FCPSU(TM)</td>
<td>2618 5710</td>
</tr>
<tr>
<td></td>
<td>Yuen Long, Tin Shui Wai, Hung Shui Kiu, Lau Fau Shan</td>
<td>Intake Worker / SWO/FCPSU(YL)</td>
<td>2445 4224</td>
</tr>
<tr>
<td>CAIU Region</td>
<td>Service Boundary</td>
<td>Contact Person</td>
<td>*Office Tel No</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------------------------------------</td>
<td>----------------</td>
<td>---------------</td>
</tr>
<tr>
<td>New Territories</td>
<td>Shatin, Ma On Shan</td>
<td>Intake Worker / SWO/FCPSU(ST)</td>
<td>2158 6680</td>
</tr>
<tr>
<td>(South)</td>
<td>Tsuen Wan, Kwai Chung, Tsing Yi</td>
<td>Intake Worker / SWO/FCPSU(TW/KwT)</td>
<td>2940 7350</td>
</tr>
<tr>
<td></td>
<td>Lantau Island (including Tung Chung), Peng Chau</td>
<td>Intake Worker / SWO/FCPSU(CW/S/I)</td>
<td>2835 2733</td>
</tr>
</tbody>
</table>

| Name of Supervising Officer | Intake Worker / SWO/FCPSU(CW/S/I) | SSWO/FCPSU(CW/S/I) | 2835 2722 | SSWO/FCPSU(E/W) | 2231 5899 | SSWO/FCPSU(KT) | 2707 7682 | SSWO/FCPSU(WTS/SK) | 3586 3500 | SSWO/FCPSU(SSP) | 2247 5438 | SSWO/FCPSU(KC/YTM) | 3583 3235 | SSWO/FCPSU(ST) | 2158 6660 | SSWO/FCPSU(TP/N) | 3183 9343 | SSWO/FCPSU(TM) | 2618 5571 | SSWO/FCPSU(TW/KwT) | 2940 7351 | SSWO/FCPSU(YL) | 2445 3043 |

| SCPs                     | SCP1                                   | 2707 7664       |
|                         | SCP2                                   | 3183 9428       |
|                         | SCP3                                   | 2967 4119       |
|                         | SCP4                                   | 2940 7023       |
|                         | SCP5                                   | 2940 7037       |

*Please call SWD Hotline 2343 2255 outside office hours*
## List of Police Duty Controllers

<table>
<thead>
<tr>
<th>Region</th>
<th>Name/Post</th>
<th>Office Tel. No.</th>
<th>Fax No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hong Kong Island</td>
<td>Duty Controller/ Superintendent, Regional Command and Control Centre (RCCC)</td>
<td>3472 7000</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>OC CAIU HKI</td>
<td>2860 7815</td>
<td>2860 7813</td>
</tr>
<tr>
<td>Kowloon</td>
<td>Duty Controller/ Superintendent, Regional Command and Control Centre (RCCC)</td>
<td>3472 7400</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>OC CAIU KE</td>
<td>2726 6297</td>
<td>2416 9817</td>
</tr>
<tr>
<td></td>
<td>OC CAIU KW</td>
<td>2761 2239</td>
<td>2712 4296</td>
</tr>
<tr>
<td>New Territories</td>
<td>Duty Controller/ Superintendent, Regional Command and Control Centre (RCCC)</td>
<td>3472 7200</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>OC CAIU NTN</td>
<td>3661 3373</td>
<td>2667 4230</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3661 3370</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OC CAIU NTS</td>
<td>3661 1234</td>
<td>2200 4669</td>
</tr>
</tbody>
</table>
Appendix IX

Report Form for Reporting Suspected Child Abuse Cases to Police
(to be completed by Informant and / or sent together with the Written Dated Notes (Appendix X)

A. INFORMANT
Name: ___________________________ Rank/Post: ___________________________
Name of Agency: ____________________ Unit: ______________________________
Address: __________________________________________________________________
Tel. No.: ___________________________

B. VICTIM
Name: ___________________________ Sex: ________ Date of Birth: _________________
Home Address: __________________________________________________________________
Present Location: ____________________________Tel. No.: _______________
School: ____________________________________________Class: _________________
Any Disability or Special Needs of the Child: ____________________________________

C. PARENTS/CARER
Name: ___________________________ Name: ___________________________
H.K.I.D. No.: ____________________________ H.K.I.D. No.: ______________________
Sex/Age: ____________________________ Sex/Age: ____________________________
Relationship: __________________________ Relationship: _________________________
Address: _____________________________ Address: ____________________________
_________________________________________ ____________________________
Tel. No.: _______________________________Tel. No.: ___________________________
(Home / Mobile) (Home/ Mobile)

D. SIBLINGS
1. _______________________________ 2. _______________________________
   (Name, Sex/Age)
3. _______________________________ 4. _______________________________
5. _______________________________ 6. _______________________________
E. INCIDENT INFORMATION

1. Date and Time of Incident: ________________________________

2. Location of Incident: ________________________________

3. Type of Abuse:  
   - Physical  
   - Sexual  
   - Psychological  
   - Neglect  
   - Other  
   (Tick one or more)

4. Narrative Description: ________________________________

5. How the Informant is aware of the Information: ________________________________

6. Any Known History of Similar Incident for victim: ________________________________

7. Name/H.K.I.D. No. of Suspected Abuser: ________________________________

8. Relationship of Suspected Abuser with victim: ________________________________

9. Name of Other Witness(es): ________________________________

10. Other Agency/Government Departments Involved: ________________________________

11. Result of Child Protection Registry Check: ________________________________
    (If there are more than one incident, please use a separate sheet to provide the information.)

_________________________________________________________________________

Signature : ___________________________
Name : ___________________________
Agency / Department : ___________________________
Unit: ___________________________
Tel.No.: ___________________________
Date: ___________________________
Appendix X

Written Dated Notes
(This form is to be forwarded with the Report Form (Appendix IX) in making a report to Police)

1. File Reference: ________________________________
2. Name of the Child: ______________________________
3. Sex/Age of the Child: ______________________________
4. Family Members in brief: ______________________________
5. Nature of Abuse:  ☐ Physical  ☐ Sexual  ☐ Psychological
               ☐ Neglect  ☐ Other
6. Information Collected:

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature: ______________________
Name: ______________________
Agency/Department: ______________________
Unit: ______________________
Tel. No.: ______________________

(This Document may be submitted to Court as legal evidence)
## LIST OF DESIGNATED PAEDIATRIC DEPARTMENT WITHIN HOSPITAL AUTHORITY HOSPITALS

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Medical Coordinator(s) on Child Abuse</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hong Kong East Cluster</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Pamela Youde</td>
<td>Dr S M TAI</td>
<td>2595 6111</td>
</tr>
<tr>
<td>Nethersole Eastern Hospital</td>
<td>Dr K I IP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Wendy WONG</td>
<td></td>
</tr>
<tr>
<td><strong>Hong Kong West Cluster</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Queen Mary</td>
<td>Dr Hannah TSANG</td>
<td>2255 3111</td>
</tr>
<tr>
<td>Hospital</td>
<td>Dr Patrick IP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Anita TSANG</td>
<td></td>
</tr>
<tr>
<td><strong>Kowloon Central Cluster</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Queen Elizabeth Hospital</td>
<td>Dr Winnie TSE</td>
<td>3506 8887</td>
</tr>
<tr>
<td></td>
<td>Dr LEE Shuk-han</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Winnie CHAN</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr CHANG Kai-on</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr. P Y LOUNG</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Margaret YU</td>
<td></td>
</tr>
<tr>
<td><strong>Kowloon East Cluster</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Tseung Kwan O Hospital</td>
<td>Dr Louis CHAN</td>
<td>2208 0111</td>
</tr>
<tr>
<td></td>
<td>Dr KU Wai-hung</td>
<td></td>
</tr>
<tr>
<td></td>
<td>On-call Senior Medical Officer</td>
<td></td>
</tr>
<tr>
<td>5. United Christian Hospital</td>
<td>Dr Patrick CHEUNG</td>
<td>3949 4000</td>
</tr>
<tr>
<td></td>
<td>Dr Anna CHENG</td>
<td></td>
</tr>
<tr>
<td><strong>Kowloon West Cluster</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Caritas Medical Centre</td>
<td>Dr LAM Ping</td>
<td>3408 7911</td>
</tr>
<tr>
<td></td>
<td>Dr HUI Wai-han</td>
<td></td>
</tr>
<tr>
<td>7. Kwong Wah Hospital</td>
<td>Dr Lettie LEUNG</td>
<td>2332 2311</td>
</tr>
<tr>
<td></td>
<td>Dr CHERK Wan-wah, Sharon</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr KWOK Ka-li</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>Medical Coordinator(s) on Child Abuse</td>
<td>Telephone</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>8. Princess Margaret Hospital</td>
<td>Dr LEE Lai-ping</td>
<td>2990 1111</td>
</tr>
<tr>
<td></td>
<td>Dr Agnes LI</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr SHIU Yiu-keung</td>
<td></td>
</tr>
<tr>
<td><strong>New Territories East Cluster</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Alice Ho Miu Ling Hospital</td>
<td>Dr TONG Chi-tak</td>
<td>2689 2000</td>
</tr>
<tr>
<td></td>
<td>Dr CHAN Tang-tat</td>
<td></td>
</tr>
<tr>
<td>10. Prince of Wales Hospital</td>
<td>Dr CHAN Fung-ying, Dorothy</td>
<td>2632 2908</td>
</tr>
<tr>
<td><strong>New Territories West Cluster</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Tuen Mun Hospital</td>
<td>Dr WONG Lap-ming</td>
<td>2468 5111</td>
</tr>
<tr>
<td></td>
<td>Dr Rever LI</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr LI Po-siu, Samantha</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr YEUNG Kin-yip</td>
<td></td>
</tr>
</tbody>
</table>

In case the Medical Coordinator(s) cannot be contacted, please contact the second call Medical Officer on duty except hospitals listing “On-call Senior Medical Officer” as the contact.
FLOW CHART ON PROCEDURES FOR HANDLING SUSPECTED CHILD ABUSE CASES

Referrers (e.g. Medical profession, school personnel, social worker, etc.)

Suspected child abuse

Report room of police station/hospital police post

Police CAIU

CPSIT is formed

Joint investigation

Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse

Determination of case nature

Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse

Determination of case nature

Early consultation

CPSIT is not formed

CAIU is responsible for case referral

Criminal investigation

Suspected abuse

Case falling within the Charter of CAIU

Police Crime Unit CID

CAIU assists in statement taking on

Responsible social worker conducts

Case falling outside the Charter of CAIU

Case falling within the Charter of CAIU

Appendix XII
## Appendix XIII

### Record of Strategy Planning

<table>
<thead>
<tr>
<th>Reference No.:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Objectives of Interview</strong> (if appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disclosure case - to obtain a truthful account of what has happened from the child.</td>
</tr>
<tr>
<td>Non-Disclosure case - to ascertain whether the child has been abused.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Age:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date and Time of Meeting: Between __________ hrs. and __________ hrs. on __________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location of Meeting:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Persons Present and Agencies Represented:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Family Background</strong> (Significant Family History - other than information contained in the Referral Form/Written Dated Notes):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Relevant Information about the Child</strong>:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's First Language: *Chinese/English/Putonghua/Others: ___________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Can the child read? *YES/NO</th>
<th>At what level? ___________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Any Disabilities (e.g. Mental handicap; physical disabilities, speech or hearing impediments, learning difficulties, etc.):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is the child known to *Psychological Services of SWD/HA/NGO/Dept. of Health? *YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>If YES, give name of CP and any relevant information obtained:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behaviour Pattern:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional State :</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>Knowledge of Sex :</td>
</tr>
</tbody>
</table>

**Medical/Forensic Examination**  
Has *medical/forensic examination taken place? *YES/NO  
If YES, Name of Doctor :  
Date and Location of Examination :  
Findings:

<table>
<thead>
<tr>
<th>Prior to Interview :</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Format of Interview Recommended :</td>
<td>*Video Recording/Written Statement</td>
</tr>
<tr>
<td>State Reason :</td>
<td></td>
</tr>
</tbody>
</table>

If video recording is recommended, the proposed interviewer :

**Proposed Monitor :**

Any Props Required :

Any other person to be present in the interview room/monitor room :

**Interview Room :**

**Monitor Room :**

Remarks :

Signatures of Persons Present at Meeting : 

**THIS DOCUMENT MUST BE INCLUDED IN THE CASE FILE**

* Delete whichever inapplicable.
## SUMMARY OF THE PHASED APPROACH
(Extracted from Memorandum of Good Practice)

<table>
<thead>
<tr>
<th>Phase I</th>
<th>Purpose</th>
<th>Approach</th>
<th>To be avoided</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapport</td>
<td>- To settle the child and relieve anxiety. - To supplement interview's knowledge of child. - To explain reason for interview. - To admonish child to speak the truth.</td>
<td>- Any topic which relaxes the child. - Play must be needed.</td>
<td>- Any mention of the alleged offence. - Staring at or touching child at any time.</td>
<td>This phase may needed to be repeated at several points in the interview. <em>Never</em> start without it.</td>
</tr>
</tbody>
</table>

| Phase II | To enable child to give an account in own words | - Prove opportunities to talk about alleged offence at child's pace. - Use a form of 'active listening'. | - Questions directed to events not mentioned by child. - Speaking as soon as child appears to stop. | Be patient. If nothing related to alleged offence is mentioned, consider moving to Phase IV. |

| Phase III | To find out more about alleged offence. | Questions graduating from general to more specific. | - Interrupting the child even to clarify language. - Repeating a question too soon. - Using difficult grammar/sentence construction. - Asking more than one question at a time. | Consider at each stage of questioning whether it is in the interests of child and justice to proceed further. |

<table>
<thead>
<tr>
<th>Stage A</th>
<th>Open-ended questions</th>
<th>Enable child to provide more information without pressure.</th>
<th>Use focused but non-leading questions.</th>
<th></th>
</tr>
</thead>
</table>

| Stage B | Specific yet non-leading questions | - To extend and clarify information. - To remind child of purpose of interview. | - Use specific questions which may inevitably refer to disputed facts. - Probe factual and linguistic inconsistencies gently. | Questions which require a "yes" or "no" answer or allow only one of a possible two responses. |

| Stage C | Closed questions | To encourage reticent child to speak. | Questions which allow a limited number of responses. | Consult with other interviewer before questioning further. |

| Stage D | Leading questions | To encourage reticent child to speak. | Questions can be used which imply answer or assume disputed facts. | Questions which invariably require same answer. - Avoid all directly leading questions. - Revert to 'neutral' mode as soon as possible, and in all cases in which an answer seems evidentially relevant. |

| Phase IV | Closing the interview | To ensure child has understood interview and is not distressed. | - Go over relevant evident in child's language. - Revert to rapport topics. - Thank child and allow child to ask questions. | Summarising in adult language. - Never stop without it. - Give child or accompanying adult contact name and number. |
Appendix XV

(Confidential)

IMMEDIATE CASE ASSESSMENT

1. **Reference No.**: ___________ **Date of Intake**: ______________

2. **Child's Particulars**
   - **Child's Name**: __________________________
   - **Sex/Age**: __________________________
   - **Address**: __________________________

3. **Investigation Interview**
   - **Date and Time of Interview**: __________________________
   - **Format of Interview**: Video-recorded
   - **Persons Present**: __________________________
   - **Place of Interview**: __________________________

4. **Persons Involved in Case Assessment**
   - **Name** | **Rank/Post** | **Agency/Department**

5. **Conclusion of Case Assessment**
   - **Insufficient Information**
   - **Suspicion Established**
   - **Child Abuse**: Yes [ ] No [ ]
   - **Nature of Abuse**: Physical [ ] Sexual [ ] Psychological [ ]
   - **Neglect** [ ] Other [ ]
   - **Reason**: __________________________

   **Supporting Evidence**:
   - **Medical Report**: [ ]
   - **Clinical Psychological Report**: [ ]
   - **Video-recorded Interview Tape**: [ ]
   - **Supplementary Report**: [ ]
6. **Action Plan Recommended**
   (a) Immediate Protection Plan for the Child: _____________________________
   (b) Immediate Service to the Family: _____________________________
   (c) Criminal Investigation on the Abuser/Perpetrator Recommended: _____________________________

7. **Remarks** :

   _____________________________
   _____________________________
   _____________________________

Signature : _____________________________
Name : _____________________________
Agency/Department : _____________________________
Unit : _____________________________
Date : _____________________________
Appendix XVI

GUIDANCE FOR PAEDIATRIC WARDS, A&E DEPARTMENT
AND STAFF INVOLVED WITH CHILD ABUSE

1. Inform senior nurse.

2. Communicate with doctor admitting the abused child.

3. Check medical notes on what has been revealed to parents.

4. Record :-
   - Record as routine especially on emotional, behaviour and physical aspects.
   - Make careful note of all that is said to you by parents, caretakers.
   - For child sexual abuse cases:
     - **DO NOT** examine the child on the area concerned.
     - **DO NOT** let the child's clothes be taken home.
     - **DO NOT** remove clothes when weighing, even if soiled.

5. Do not leave the child unattended at any time. The child must be accompanied by a member of the nursing staff.

6. Discuss with doctor on future observations and care needed.

7. Check if MSW or police is informed.

8. Confidentiality and dignity must be addressed at all times regarding the child and family.

9. Minimal questioning on the incident(s).

10. If the child is seen in the ward by the MSW or police, the child should be allowed to have a trusted member of the family or nurse with them.

11. Observe for any unusual behaviour and take note of what the child says. If there are any concerns or suspicions of any sort, report to Senior Nurse on duty who will then bring it to the attention of the medical staff.

Members of Ward Team

Nurses, Ward Managers
Ward Stewards
Physiotherapists
Occupational Therapists
Teachers
Play Therapists
Ward Attendants
Health Care Assistants
### SUMMARY OF HANDLING PROCEDURES OF CHILD SEXUAL ABUSE CASES FOR MEDICAL OFFICERS

<table>
<thead>
<tr>
<th>Initial encounter</th>
<th>Disclosure suspicion</th>
<th>High suspicion</th>
<th>Medium suspicion</th>
<th>Low suspicion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General practitioner</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need immediate treatment</td>
<td>Consult MCCA or Refer hospital A&amp;E or ward</td>
<td>Consult MCCA or Refer hospital A&amp;E or ward</td>
<td>Consult MCCA or Refer hospital A&amp;E or Ward</td>
<td>Consult MCCA or Refer hospital A&amp;E or Ward</td>
</tr>
<tr>
<td>Immediate treatment not needed</td>
<td>Consult MCCA or Refer FCPSU or CAIU/hospital</td>
<td>Consult MCCA or Refer FCPSU or CAIU/hospital</td>
<td>Consult MCCA or FCPSU</td>
<td>Consult MCCA only</td>
</tr>
</tbody>
</table>

Always inform the most senior staff available immediately should there be any suspicion of sexual abuse, whom may in turn decide to consult the specialists on child abuse (MCCA).

### AED

<table>
<thead>
<tr>
<th>Initial encounter</th>
<th>Disclosure suspicion</th>
<th>High suspicion</th>
<th>Medium suspicion</th>
<th>Low suspicion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need immediate treatment</td>
<td>Consult MCCA or Admit ward then consult MCCA and refer FCPSU or CAIU</td>
<td>Consult MCCA or Admit ward then consult MCCA/FCPSU or CAIU and refer FCPSU or CAIU</td>
<td>Consult MCCA or Admit ward then consult MCCA and refer FCPSU or CAIU if needed</td>
<td>Consult MCCA or FU after treatment Consult MCCA as needed</td>
</tr>
<tr>
<td>Immediate treatment not needed</td>
<td>Consult senior and MSW, MCCA and refer FCPSU or CAIU</td>
<td>Consult senior, MSW, MCCA and refer FCPSU or CAIU</td>
<td>Consult senior, MSW, MCCA and refer FCPSU or CAIU as needed</td>
<td>Consult senior, MSW, MCCA</td>
</tr>
</tbody>
</table>

FU in 2 week and consult MCCA as needed, FU in 2 weeks and consult MCCA as needed, FU in 2 weeks and consult MCCA as needed
<table>
<thead>
<tr>
<th>Initial encounter</th>
<th>Disclosure suspicion</th>
<th>High suspicion</th>
<th>Medium suspicion</th>
<th>Low suspicion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need immediate treatment</td>
<td>Consult MCCA or Admit ward then Consult MCCA and Refer FCPSU or CAIU</td>
<td>Consult MCCA or Admit ward then Consult MCCA and Refer FCPSU or CAIU</td>
<td>Consult MCCA or Admit ward then Consult MCCA</td>
<td>Consult MCCA or Admit ward then Consult MCCA</td>
</tr>
<tr>
<td>Immediate treatment not needed</td>
<td>Consult MCCA, Inform MSW and Refer FCPSU or CAIU</td>
<td>Consult senior, MSW and MCCA Admit or FU in 2 weeks</td>
<td>Consult senior, MSW &amp; MCCA FU in 2 weeks or admit</td>
<td>Consult senior, MSW &amp; MCCA FU in 2 weeks</td>
</tr>
<tr>
<td>Hospital</td>
<td>Consult senior&amp;/or MCCA Inform MSW Refer FCPSU or CAIU</td>
<td>Consult senior&amp;/or MCCA Inform MSW Refer FCPSU or CAIU</td>
<td>Consult senior&amp;/or MCCA Inform MSW Consult FCPSU or CAIU as needed</td>
<td>Consult senior&amp;/or MCCA Inform MSW Consult FCPSU or CAIU as needed</td>
</tr>
</tbody>
</table>

MCCA = Medical Coordinator on Child Abuse  
AED = Accident and Emergency Department  
FU = Follow-up  
MSW = Medical Social Worker  
FCPSU = Family and Child Protective Services Unit  
CAIU = Child Abuse Investigation Unit
INDEX OF DIRECT DISCLOSURE AND THREE LEVELS OF SUSPICIOUS CHILD SEXUAL ABUSE CASES FOR MEDICAL OFFICERS

1. Direct disclosure by the child

2. High: - Injuries to genital area which are not consistent with illness or accident.
   - Severe psychiatric disturbance, such as mutism, eating disorder, suicide, self-mutilation.
   - Repeated and frequent sexualized behaviour.
   - Marked frozen behaviour.
   - Worrying information from adults.

3. Medium: Combination of some recurrent medical symptoms e.g. unexplained vaginal soreness or bleeding, urinary tract infections, sleep disturbances, anorexia and behaviour in the child hinting at secrecy.

4. Low: - Isolated observation of sexualized behaviour.
   - Single physical symptom such as recurrent urinary tract infection, vaginal/penile discharge without manifestation of behavioural or emotional problems.
   - Description of somewhat eccentric patterns of family interaction.

Ref.: Camden Procedures in cases of suspected child sexual abuse
### LIST OF CHILD PSYCHIATRY TEAMS

<table>
<thead>
<tr>
<th>Child Psychiatry Teams</th>
<th>Corresponding Child Psychiatrists</th>
<th>Tel. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Castle Peak Hospital</td>
<td>Dr. S.M. LAM</td>
<td>2454 1744</td>
</tr>
<tr>
<td>(Tuen Mun Child Team)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Prince of Wales Hospital</td>
<td>Dr. Kelly LAI</td>
<td>2632 2942</td>
</tr>
<tr>
<td>3. Queen Mary Hospital</td>
<td>Dr. CHAN Kwok-ling, Phyllis</td>
<td>2255 3111</td>
</tr>
<tr>
<td>4. Yaumatei Child Psychiatric Clinic</td>
<td>Dr TANG Chun-pan, Dr. C.C. LEE</td>
<td>2384 9774</td>
</tr>
<tr>
<td>5. United Christian Hospital</td>
<td>Dr. LAM Wai-chung</td>
<td>2379 9611</td>
</tr>
<tr>
<td>List of Offices of Education Bureau</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hong Kong Regional Education Office</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>183 Queen’s Road East, Wan Chai, Hong Kong</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Podium-1/F, East Block, Education Bureau Kowloon Tong Education Services Centre, 19 Suffolk Road, Kowloon Tong, Kowloon</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Enquiries</strong> 3698 4108</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fax</strong> 2770 2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Kowloon City District School Development Section</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Enquiries</strong> 3698 4141</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fax</strong> 2715 6249</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sai Kung District School Development Section</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Enquiries</strong> 3698 4206</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fax</strong> 2783 0354</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
觀塘區學校發展組  Kwun Tong District School Development Section
查詢  Enquiries 3698 4178
傳真  Fax 2783 7521

深水埗區學校發展組  Sham Shui Po District School Development Section
查詢  Enquiries 3698 4196
傳真  Fax 2720 9699

黃大仙區學校發展組  Wong Tai Sin District School Development Section
查詢  Enquiries 3698 4219
傳真  Fax 2782 6043

油尖旺區學校發展組  Yau Tsim & Mong Kok District School Development Section
查詢  Enquiries 3698 4163
傳真  Fax 2781 0206

新界東區域教育服務處  New Territories East Regional Education Office
新界上水龍琛路 39 號上水廣場 22 樓
22/F, Landmark North, 39 Lung Sum Avenue, Sheung Shui, New Territories
查詢  Enquiries 2639 4876
傳真  Fax 2672 0357

大埔區學校發展組  Tai Po District School Development Section
查詢  Enquiries 2639 4856
傳真  Fax 2672 3747

北區學校發展組  North District School Development Section
查詢  Enquiries 2639 4858
傳真  Fax 2676 0011

沙田區學校發展組  Sha Tin District School Development Section
查詢  Enquiries 2639 4857
傳真  Fax 2602 2214

新界西區域教育服務處  New Territories West Regional Education Office
新界荃灣青山公路荃灣段 457 號華懋荃灣廣場 16 樓、18 樓及 19 樓
16/F, 18/F & 19/F, Chinachem Tsuen Wan Plaza, 457 Castle Peak Road, Tsuen Wan, New Territories
查詢  Enquiries 2437 7272
傳真  Fax 2416 2750

葵青區學校發展組  Kwai Chung & Tsing Yi District School Development Section
查詢  Enquiries 2437 5433
傳真  Fax 2480 3614
###荃灣區學校發展組  Tsuen Wan District School Development Section
查詢 Enquiries 2437 5457
傳真 Fax 2498 1923

###屯門區學校發展組  Tuen Mun District School Development Section
查詢 Enquiries 2437 5483
傳真 Fax 2416 5710

###元朗區學校發展組  Yuen Long District School Development Section
查詢 Enquiries 2437 7217
傳真 Fax 2416 3240

<table>
<thead>
<tr>
<th>幼稚園及幼兒中心聯合辦事處</th>
<th>Joint Office for Kindergartens and Child Care Centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>香港灣仔皇后大道東183號合和中心25樓2507-09室</td>
<td>Room 2507-9, 25/F, Hopewell Centre, 183 Queen’s Road East, Wan Chai, Hong Kong</td>
</tr>
</tbody>
</table>

查詢 Enquiries 3107 2197
傳真 Fax 3107 2180

###缺課個案專責小組  Non-attendance Cases Team
九龍塘沙福道19號教育局九龍塘教育服務中心西座1樓W108室

查詢 Enquiries 3698 4389
傳真 Fax 2520 0073
WITNESS SUPPORT PROGRAMME FOR CHILD WITNESSES

Background

1. The Evidence Rules made under Section 79D of the Criminal Procedure Ordinance allow that where a child is a witness, with the permission of the Court, to be accompanied by a Support Person in the room from which the child is giving evidence over the live television link. **This is subject to the proviso that the person is not a witness in the case and has not been directly involved in the investigation of the case.**

2. The Social Welfare Department in co-operation with the Police has established a **Witness Support Programme** to provide Support Persons for child witnesses, in case of need.

Objective of the Programme and Role of the Support Person

3. The objective of the Programme is to help reduce the fear and anxiety of child witnesses when giving evidence in Court by providing a "Support Person" to accompany the witness during the trial. **The Support Person provides emotional support and practical help to the witness but will not provide any advice on the case or prejudice the trial process.**

4. The role of the Support Person is to accompany the witness in giving evidence in Court through the CCTV system and assist in the pre-trial preparation by accompanying the witness for a pre-trial familiarisation visit to Court. The pre-trial Court visit will be arranged by the Police and Court staff. The Support Person provides support to the witness throughout the process and help the witness feel comfortable during the trial. **Preparation of a child witness means familiarisation with the Court process in a way that does not prejudice the rights of the defendant. It does not involve discussing, rehearsing or practising the child’s evidence.**

Provision of Service

5. A group of trained social workers and volunteers of non-governmental organisation (NGO) subvented by the Social Welfare Department are available to be called upon as "Support Persons" for child witnesses.

Procedure

6. If the Court permits a child, when giving evidence, be accompanied by a Support Person, the **Family Conflict and Sexual Violence Policy Unit of Police** will liaise with the concerned NGO for the arrangement of a Support Person. (For application procedures, Police Officers should refer to Force Procedure Manual 34-13.)
Services Provided by Support Persons

7. Before the trial, the support person assigned to the case will meet the child witness and give practical and factual information about the trial process and the role as a witness in accordance with the Child Witness Pack so as to help the child witness build up confidence as a witness. Afterwards, the support person will accompany the witness for the pre-trial Court visit and when giving evidence in Court.

Code of Practice and Training

8. To ensure that Support Persons do not behave in any manner prejudicial to the trial process, they have undergone a training programme provided by SWD or NGOs and Police and will adhere to an agreed Code of Practice.

Allegations of Coaching

9. In order to avoid allegations of coaching by the Defence, concerned parties should ensure that the Support Persons are not informed about details of the case: merely the nature of the alleged offences. They must not be shown any of the witness’s statement(s) or transcripts of video taped statements. Where a video tape of the child’s allegation is to be introduced in evidence-in-chief they must not accompany the child when he / she views the tape to refresh his / her memory prior to the trial.

When the service will be provided

10. Services of Support Persons should only be requested for child witnesses in circumstances where it is believed that the child will be traumatised by giving evidence. The child’s family should be consulted first as they may wish to provide a close relative to support the child, (provided that the relative is not involved in the investigation and will not be a witness in the case). The child’s existing social worker (if the child is under the care of SWD or NGO) and the advising counsel of Department of Justice should also be consulted.

11. Considerations should be given to the child’s age, the child’s state of mind, the nature or severity of the offence and the level of family support. For cases of incest or sexual assault involving a member of the child’s family, it should always be assumed that the family may have withdrawn their support from the child.
## LIST OF DISTRICT POLICE STATIONS

<table>
<thead>
<tr>
<th>Report Room</th>
<th>Telephone</th>
<th>Facsimile</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hong Kong Island</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Central Division</td>
<td>3661 1600</td>
<td>2975 4392</td>
</tr>
<tr>
<td>2. Peak Sub-Division</td>
<td>3661 1604</td>
<td>2849 5652</td>
</tr>
<tr>
<td>3. Western Division</td>
<td>3661 1618</td>
<td>2858 9065</td>
</tr>
<tr>
<td>4. Aberdeen Division</td>
<td>3661 1614</td>
<td>2552 9216</td>
</tr>
<tr>
<td>5. Stanley Sub-Division</td>
<td>3661 1616</td>
<td>2813 6480</td>
</tr>
<tr>
<td>6. Wan Chai Division</td>
<td>3661 1612</td>
<td>2511 8731</td>
</tr>
<tr>
<td>7. Happy Valley Division</td>
<td>3661 1610</td>
<td>2575 8051</td>
</tr>
<tr>
<td>8. North Point Division</td>
<td>3661 1608</td>
<td>2562 5546</td>
</tr>
<tr>
<td>9. Chai Wan Division</td>
<td>3661 1606</td>
<td>2556 3406</td>
</tr>
<tr>
<td><strong>Kowloon East</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Wong Tai Sin Division</td>
<td>3661 1632</td>
<td>2752 9405</td>
</tr>
<tr>
<td>11. Sai Kung Division</td>
<td>3661 1630</td>
<td>27915129</td>
</tr>
<tr>
<td>12. Kwun Tong Division</td>
<td>3661 1622</td>
<td>2348 0700</td>
</tr>
<tr>
<td>13. Tsuen Kwan O Division</td>
<td>3661 1624</td>
<td>2706 1332</td>
</tr>
<tr>
<td>14. Sau Mau Ping Division</td>
<td>3661 1628</td>
<td>2790 7017</td>
</tr>
<tr>
<td>15. Ngau Tau Kok Division</td>
<td>3661 1626</td>
<td>2750 0642</td>
</tr>
<tr>
<td><strong>Kowloon West</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Tsim Sha Tsui Division</td>
<td>3661 1650</td>
<td>2369 0793</td>
</tr>
<tr>
<td>17. Yau Ma Tei Division</td>
<td>3661 1652</td>
<td>2332 8500</td>
</tr>
<tr>
<td>18. Sham Shui Po Division</td>
<td>3661 1646</td>
<td>2958 1430</td>
</tr>
<tr>
<td>19. Cheung Sha Wan Division</td>
<td>3661 1644</td>
<td>2742 7046</td>
</tr>
<tr>
<td>20. Mong Kok District</td>
<td>3661 1642</td>
<td>2789 2123</td>
</tr>
<tr>
<td>21. Kowloon City Division</td>
<td>3661 1640</td>
<td>2762 9789</td>
</tr>
<tr>
<td>22. Hung Hom Division</td>
<td>3661 1638</td>
<td>2624 5367</td>
</tr>
<tr>
<td><strong>New Territories South</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Kwai Chung Division</td>
<td>3661 1690</td>
<td>2410 0013</td>
</tr>
<tr>
<td>24. Tsing Yi Division</td>
<td>3661 1692</td>
<td>2449 0351</td>
</tr>
<tr>
<td>25. Tsuen Wan Division</td>
<td>3661 1708</td>
<td>2405 3687</td>
</tr>
<tr>
<td>26. Sha Tin Division</td>
<td>3661 1702</td>
<td>2601 2176</td>
</tr>
<tr>
<td>27. Tin Sum Division</td>
<td>3661 1706</td>
<td>2601 5841</td>
</tr>
<tr>
<td>28. Ma On Shan Division</td>
<td>3661 1700</td>
<td>2640 1904</td>
</tr>
<tr>
<td>29. Lantau North Division</td>
<td>3661 1694</td>
<td>2988 1822</td>
</tr>
<tr>
<td>30. Lantau South (Mui Wo) Division</td>
<td>3661 1696</td>
<td>2984 1538</td>
</tr>
<tr>
<td>31. Airport Police Station</td>
<td>3661 2000</td>
<td>2769 4809</td>
</tr>
<tr>
<td><strong>New Territories North</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Tai Po Division</td>
<td>3661 1690</td>
<td>2410 0013</td>
</tr>
<tr>
<td>33. Sheung Shui Division</td>
<td>3661 1692</td>
<td>2449 0351</td>
</tr>
<tr>
<td>34. Tuen Mun Division</td>
<td>3661 1708</td>
<td>2405 3687</td>
</tr>
<tr>
<td>35. Castle Peak Division</td>
<td>3661 1702</td>
<td>2601 2176</td>
</tr>
<tr>
<td>36. Yuen Long Division</td>
<td>3661 1706</td>
<td>2601 5841</td>
</tr>
<tr>
<td>37. Tin Shui Wai Division</td>
<td>3661 1700</td>
<td>2640 1904</td>
</tr>
<tr>
<td>Report Room</td>
<td>Telephone</td>
<td>Facsimile</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>------------</td>
<td>-----------</td>
</tr>
<tr>
<td>38. Pat Heung Division</td>
<td>3661 1694</td>
<td>2988 1822</td>
</tr>
<tr>
<td>39. Sha Tau Kok Division</td>
<td>3661 1696</td>
<td>2984 1538</td>
</tr>
<tr>
<td>40. Lok Ma Chau Division</td>
<td>3661 2000</td>
<td>2769 4809</td>
</tr>
<tr>
<td>41. Ta Kwu Ling Division</td>
<td>3661 1690</td>
<td>2410 0013</td>
</tr>
<tr>
<td><strong>Marine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42. Marine Harbour Division</td>
<td>3661 1720</td>
<td>2884 9242</td>
</tr>
<tr>
<td>43. Marine East Division</td>
<td>3661 1718</td>
<td>2194 4542</td>
</tr>
<tr>
<td>44. Maine South Division</td>
<td>3661 1724</td>
<td>2553 7165</td>
</tr>
<tr>
<td>45. Marine West Division</td>
<td>3661 1726</td>
<td>2452 2759</td>
</tr>
<tr>
<td>46. Marine North Division</td>
<td>3661 1722</td>
<td>2602 7353</td>
</tr>
<tr>
<td>47. Cheung Chau Division</td>
<td>3661 1712</td>
<td>2986 9057</td>
</tr>
<tr>
<td>48. Lamma Island Police Post</td>
<td>3661 1714</td>
<td>2982 1824</td>
</tr>
<tr>
<td>49. Peng Chau Police Post</td>
<td>3661 1716</td>
<td>2983 1146</td>
</tr>
</tbody>
</table>
LIST OF FAMILY AND CHILD PROTECTIVE SERVICES UNITS / INTEGRATED FAMILY SERVICE CENTRES / INTEGRATED SERVICES CENTRES OF SOCIAL WELFARE DEPARTMENT (SWD) AND NON-GOVERNMENTAL ORGANISATIONS (NGO)

(http://www.swd.gov.hk/doc/family/list;
http://www.swd.gov.hk/tc/index/site-aboutus/page_otherunits/)

SWD Departmental Hotline 2343 2255

Family and Child Protective Services Unit (FCPSU)

1. FCPSU (Central Western, Southern and Islands) Room 2313, 23/F, Southorn Centre, 130 Hennessy Road, Wanchai, H.K. 2835 2733
2. FCPSU (Eastern/Wanchai) Room 229, 2/F, North Point Government Offices, 333 Java Road, North Point, H.K. 2231 5859
3. FCPSU (Sham Shui Po) G/F, Cheung Sha Wan Community Centre, 55 Fat Tseung Street, Kowloon. 2247 5373
4. FCPSU (Kowloon City/ Yau Tsim Mong) Room 803, 8/F, Kowloon Government Offices, 405 Nathan Road, Kowloon. 3583 3254
5. FCPSU (Kwun Tong) Room 502, Nan Fung Commercial Centre, No. 19 Lam Lok Street, Kowloon Bay, Kowloon. 2707 7680 2707 7681
6. FCPSU (Wong Tai Sin/ Sai Kung) Room 304, 3/F, Wong Tai Sin Community Centre, 104 Ching Tak Street, Wong Tai Sin, Kowloon. 3188 3569
7. FCPSU (Sha Tin) Room 716, 7/F, Shatin Government Offices, 1 Sheung Wo Che Road, Shatin, N.T. 2158 6679 2158 6680
8. FCPSU (Tai Po/North) 4/F, Tai Po Complex, 8 Heung Sze Wui Street, Tai Po Market, N.T. 3183 9323
9. FCPSU (Tsuen Wan/ Kwai Tsing) 21/F, Tsuen Wan Government Offices, 38 Sai Lau Kok Road, Tsuen Wan, N.T. 2940 7350
10. FCPSU (Tuen Mun) 4/F, On Ting/Yau Oi Community Centre, On Ting Estate, Tuen Mun, N.T. 2618 5710 2618 5614
11. FCPSU (Yuen Long) G/F, Wah Yuet House, Tin Wah Estate, Tin Shui Wai, Yuen Long, N.T. 2445 4224
## Integrated Family Service Centre (IFSC) / Integrated Services Centre (ISC)

### Central, Western, Southern and Islands District

1. **Central and Islands Integrated Family Service Centre, SWD**
   - 4/F, Harbour Building, 38 Pier Road, Central, H.K. 2852 3137

2. **High Street Integrated Family Service Centre, SWD**
   - G/F, Sai Ying Pun Community Complex, 2 High Street, Sai Ying Pun, H.K. 2857 6867

3. **Aberdeen Integrated Family Service Centre, SWD**
   - Unit 2, G/F, Pik Long House, Shek Pai 2875 8685
   - Wan Estate, Aberdeen, H.K.

4. **Caritas Integrated Family Service Centre – Aberdeen (Tin Wan/Pokfulam), Caritas – Hong Kong**
   - 3/F & 5/F, Caritas Jockey Club Aberdeen 2555 1993
   - Social Centre, 20 Tin Wan Street, Aberdeen, Hong Kong

5. **Grace and Joy Integrated Family Service Centre, Hong Kong Catholic Marriage Advisory Council**
   - G/F, La Maison Du Nord, 12 North Street, 2810 1105
   - Kennedy Town, H.K.

6. **The Neighbourhood Advice-Action Council Tung Chung Integrated Services Centre**
   - 1/F, Carpark 1, Yat Tung Estate, 3141 7107
   - Tung Chung, Lantau Island.

7. **Hong Kong Sheng Kung Hui – Tung Chung Integrated Services, Hong Kong Sheng Kung Hui Welfare Council Limited**
   - Shop 201, 2/F, Fu Tung Shopping Centre, 2525 1929
   - Tung Chung, Lantau Island.

### Eastern and Wan Chai District

8. **Causeway Bay Integrated Family Service Centre, SWD**
   - 1/F & 2/F, Causeway Bay Community Centre, 7 Fook Yum Road, North Point, H.K. 2895 5159

9. **Quarry Bay Integrated Family Service Centre, SWD**
   - 2/F & 3/F, The Hong Kong Federation of Youth Groups Building, 21 Pak Fuk Road, North Point, H.K. 2562 4783

10. **Chai Wan (West) Integrated Family Service Centre, SWD**
    - Level 4, Government Offices, (Chai Wan MTR), New Jade Garden, 233 Chai Wan Road, Chai Wan, H.K. 2569 3855
<table>
<thead>
<tr>
<th>No.</th>
<th>Location</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td>Chai Wan (East) Integrated Family Service Centre, SWD</td>
<td>Chai Wan Municipal Services 3/F, 338 Chai Wan Road, Chai Wan, H.K.</td>
<td>2505 8733</td>
</tr>
<tr>
<td>12.</td>
<td>Hong Kong Eastern Centre North Point Integrated Family Service Centre, Hong Kong Family Welfare Society</td>
<td>Upper G/F, Healthy Village, Phase II, 668 King’s Road, North Point, H.K.</td>
<td>2832 9700</td>
</tr>
<tr>
<td>13.</td>
<td>Caritas Integrated Family Service Centre – Shau Kei Wan, Caritas – Hong Kong</td>
<td>2/F, Aldrich Bay Integrated Services Building, 15 Aldrich Bay Road, Shau Kei Wan, H.K.</td>
<td>2896 0302</td>
</tr>
</tbody>
</table>

**Kowloon City and Yau Tsim Mong District**

<table>
<thead>
<tr>
<th>No.</th>
<th>Location</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.</td>
<td>Kai Tak Integrated Family Service Centre, SWD</td>
<td>Unit 3, 2/F, Chung Hwa Plaza, 5B-5F Ma Hang Chung Road, To Kwa Wan, Kowloon.</td>
<td>3996 7700</td>
</tr>
<tr>
<td>16.</td>
<td>Ma Tau Wai Integrated Family Service Centre, SWD</td>
<td>Unit 3, 2/F, Chung Hwa Plaza, 5B-5F Ma Hang Chung Road, To Kwa Wan, Kowloon.</td>
<td>2760 1659</td>
</tr>
<tr>
<td>17.</td>
<td>To Kwa Wan Integrated Family Service Centre, SWD</td>
<td>Room 903, 9/F, To Kwa Wan Government Offices, 165 Ma Tau Wai Road, To Kwa Wan, Kowloon.</td>
<td>2363 8202</td>
</tr>
<tr>
<td>18.</td>
<td>Yau Ma Tei Integrated Family Service Centre, SWD</td>
<td>2/F, Henry G Leong Yau Ma Tei Community Centre, 60 Public Square Street, Yaumatei, Kowloon.</td>
<td>2388 2527</td>
</tr>
<tr>
<td>20.</td>
<td>Mongkok Integrated Family Service Centre, Yang Memorial Methodist Social Service</td>
<td>G/F, Central Commercial Tower, 736, Nathan Road, Mongkok, Kowloon</td>
<td>2171 4001</td>
</tr>
<tr>
<td>21.</td>
<td>Family Networks: Yau Tsim Integrated Family Service Centre, Hong Kong Christian</td>
<td>2/F, 33 Granville Road, Tsim Sha Tsui, Kowloon.</td>
<td>2731 6227</td>
</tr>
</tbody>
</table>
Service

Sham Shui Po District


*24. West Kowloon Centre Shamshuipo (West) Integrated Family Service Centre, Hong Kong Family Welfare Society Unit 204, 2/F., Un Him House, Un Chau Estate, Sham Shui Po, Kowloon

*25. Sham Shui Po (South) Integrated Family Service Centre, International Social Service Hong Kong Branch G/F, High Block, Nam Cheong Community Centre, Nam Cheong Estate, Sham Shui Po, Kowloon

*26 Family Ties Integrated Family Service Centre, Hong Kong Christian Service Room 314, Podium Level, Wo Ping House, Lei Cheng Uk Estate, Sham Shui Po, Kowloon

Kwun Tong District


28. Sau Po Integrated Family Service Centre, SWD Unit 121-126, G/F, Sau Ming House, Sau Mau Ping (1) Estate, Kwun Tong, Kowloon.

29. Lam Tin Integrated Family Service Centre, SWD Shops 211B & 213, 2/F, Kwong Tin Shopping Centre, Kwong Tin Estate, Lam Tin, Kowloon


*31. Family Energizer (Integrated Family Service), Christian Family Service Centre 9/F, 3 Tsui Ping Road, Kwun Tong, Kowloon.

*32. Kwun Tong Centre Shun Lee 4/F, Shun Lee Estate Community Centre, 2
<table>
<thead>
<tr>
<th>Number</th>
<th>Name of Centre</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tsuen Wan (West) Integrated Family Service Centre, SWD</td>
<td>2/F, Princess Alexandra Community Centre, 60 Tai Ho Road, Tsuen Wan, N.T.</td>
<td>2439 5429</td>
</tr>
<tr>
<td>2.</td>
<td>Kwai Chung (East) Integrated Family Service Centre, SWD</td>
<td>Shop No. B, 2/F, Shek Lei Shopping Centre Phase I, Shek Lei Estate, No. 6 Wai Kek Street, Kwai Chung, N.T.</td>
<td>2428 0967</td>
</tr>
<tr>
<td>3.</td>
<td>Tsz Wan Shan Integrated Family Service Centre, SWD</td>
<td>1 Lung Fung Street, Wong Tai Sin, Kowloon.</td>
<td>2326 7575</td>
</tr>
<tr>
<td>5.</td>
<td>Tseung Kwan O (East) Integrated Family Service Centre, SWD</td>
<td>G/F, King Tao House, King Lam Estate, Tseung Kwan O, Kowloon.</td>
<td>27017704</td>
</tr>
<tr>
<td>6.</td>
<td>Tseung Kwan O (North) Integrated Family Service Centre, SWD</td>
<td>G/F, King Tao House, King Lam Estate, Tseung Kwan O, Kowloon.</td>
<td>2701 9495</td>
</tr>
<tr>
<td>7.</td>
<td>Tseung Kwan O Centre Tseung Kwan O (South) Integrated Family Service Centre, Hong Kong Family Welfare Society</td>
<td>Unit 2, Podium 1, Choi Ming Shopping Centre, Kin Ming Estate, Tseung Kwan O, Kowloon.</td>
<td>2177 4321</td>
</tr>
<tr>
<td>8.</td>
<td>Caritas Integrated Family Service Centre – Tung Tau (Wong Tai Sin South West), Caritas – Hong Kong</td>
<td>1/F, Tung Tau Community Centre, 26 Lok Sin Road, Wong Tai Sin, Kowloon.</td>
<td>2383 3377</td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Wong Tai Sin and Sai Kung District**

<table>
<thead>
<tr>
<th>Number</th>
<th>Name of Centre</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>33.</td>
<td>East Kowloon Centre Yau Tong Integrated Family Service Centre, Hong Kong Family Welfare Society</td>
<td>Shop G6, Upper Ground Floor, The Spectacle, 8 Cho Yuen Street, Yau Tong, Kowloon</td>
<td>2775 2332</td>
</tr>
<tr>
<td>34.</td>
<td>Wong Tai Sin Integrated Family Service Centre, SWD</td>
<td>Room 204, 2/F, Wong Tai Sin Community Centre, 104 Ching Tak Street, Wong Tai Sin, Kowloon.</td>
<td>2327 4973</td>
</tr>
<tr>
<td>35.</td>
<td>Tsz Wan Shan Integrated Family Service Centre, SWD</td>
<td>1 Lung Fung Street, Wong Tai Sin, Kowloon.</td>
<td>2326 7575</td>
</tr>
<tr>
<td>37.</td>
<td>Tseung Kwan O (East) Integrated Family Service Centre, SWD</td>
<td>G/F, King Tao House, King Lam Estate, Tseung Kwan O, Kowloon.</td>
<td>27017704</td>
</tr>
<tr>
<td>38.</td>
<td>Tseung Kwan O (North) Integrated Family Service Centre, SWD</td>
<td>G/F, King Tao House, King Lam Estate, Tseung Kwan O, Kowloon.</td>
<td>2701 9495</td>
</tr>
<tr>
<td>39.</td>
<td>Tseung Kwan O Centre Tseung Kwan O (South) Integrated Family Service Centre, Hong Kong Family Welfare Society</td>
<td>Unit 2, Podium 1, Choi Ming Shopping Centre, Kin Ming Estate, Tseung Kwan O, Kowloon.</td>
<td>2177 4321</td>
</tr>
<tr>
<td>40.</td>
<td>Caritas Integrated Family Service Centre – Tung Tau (Wong Tai Sin South West), Caritas – Hong Kong</td>
<td>1/F, Tung Tau Community Centre, 26 Lok Sin Road, Wong Tai Sin, Kowloon.</td>
<td>2383 3377</td>
</tr>
</tbody>
</table>

**Tsuen Wan/Kwai Tsing District**

<table>
<thead>
<tr>
<th>Number</th>
<th>Name of Centre</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>41.</td>
<td>Tsuen Wan (West) Integrated Family Service Centre, SWD</td>
<td>2/F, Princess Alexandra Community Centre, 60 Tai Ho Road, Tsuen Wan, N.T.</td>
<td>2439 5429</td>
</tr>
<tr>
<td>42.</td>
<td>Kwai Chung (East) Integrated Family Service Centre, SWD</td>
<td>Shop No. B, 2/F, Shek Lei Shopping Centre Phase I, Shek Lei Estate, No. 6 Wai Kek Street, Kwai Chung, N.T.</td>
<td>2428 0967</td>
</tr>
<tr>
<td>43.</td>
<td>Caritas Integrated Family Service Centre – Tung Tau (Wong Tai Sin South West), Caritas – Hong Kong</td>
<td>1/F, Tung Tau Community Centre, 26 Lok Sin Road, Wong Tai Sin, Kowloon.</td>
<td>2383 3377</td>
</tr>
<tr>
<td>44.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
43. Kwai Chung (West) Integrated Family Service Centre, SWD
7/F., Kwai Hing Government Offices, 166-174 Hing Fong Road, Kwai Chung, N.T.

44. Tsing Yi (North) Integrated Family Service Centre, SWD
Room 123, G/F, Wing A, On Kong House, Cheung On Estate, Tsing Yi, N.T.

45. Tsing Yi (South) Integrated Family Service Centre, SWD
G/F, Wing A, Hong Mei House, Cheung Hong Estate, Tsing Yi, N.T.

*46. Caritas Integrated Family Service Centre – Tsuen Wan (East), Caritas – Hong Kong
G/F, Block A, Shek To House, Shek Wai Kok Estate, Tsuen Wan, N.T.

*47. Kwai Chung Centre Kwai Chung (South) Integrated Family Service Centre, Hong Kong Family Welfare Society
Unit 106, G/F, Kwai Yan House, Kwai Fong Estate, Kwai Chung, N.T.

Tuen Mun District

48. Tuen Mun (South) Integrated Family Service Centre, SWD
No.1-7 & 9-16, G/F, Wu Pik House, Wu King Estate, Tuen Mun, N.T.

49. Tuen Mun (East) Integrated Family Service Centre, SWD
2/F & 3/F, On Ting/Yau Oi Community Centre, On Ting Estate, Tuen Mun, N.T.

50. Tuen Mun (West) Integrated Family Service Centre, SWD
Room 201, 2/F, Tai Hing Government Offices, 16 Tsun Wen Road, Tuen Mun, N.T.

*51. Caritas Integrated Family Service Centre - Tuen Mun, Caritas – Hong Kong
No. 1-5, G/F, Leung Chun House, Leung King Estate Tuen Mun, N.T.

Shatin District

52. Shatin (North) Integrated Family Service Centre, SWD
Units 403-416, Hau Wo House, Wo Che Estate, Shatin, N.T.

53. Shatin (South) Integrated Family Service Centre, SWD
Room 831, 8/F, Shatin Government Offices, 1 Sheung Wo Che Road, Shatin, N.T.

54. Ma On Shan (North) Integrated Family Service
G/F, Yiu Yan House, Yiu On Estate, Ma On Shan, Shatin, N.T.
55. Ma On Shan (South) Integrated Family Service Centre, SWD
5/F, Heng On Estate Community Centre, Heng On Estate, Ma On Shan, Shatin, N.T.

*56. Caritas Dr & Mrs. Olinto de Sousa Integrated Family Service Centre, Caritas – Hong Kong
Unit- 101-107, G/F., Block A, Herring Gull House, Sha Kok Estate, Shatin, N.T.

Tai Po and North District

57. Tai Po (South) Integrated Family Service Centre, SWD
4/F, Tai Po Community Centre, 2 Heung Sze Wui Street, Tai Po Market, Tai Po, N.T.

58. Tai Po (North) Integrated Family Service Centre, SWD
5/F, Tai Po Government Offices Building, 1 Ting Kok Road, Tai Po, N.T.

59. Sheung Shui Integrated Family Service Centre, SWD
4/F, North District Community Centre, 2 Lung Wan Street, Sheung Shui, N.T.

60. Fanling Integrated Family Service Centre, SWD
2/F, North District Government Offices Building, 3 Pik Fung Road, Fanling, N.T.

*61. Caritas Integrated Family Service Centre – Fanling, Caritas – Hong Kong
3/F & 4/F, Fanling South Government Complex, 7 Wo Ming Lane, Fanling, N.T.

Yuen Long District

62. Yuen Long (East) Integrated Family Service Centre, SWD
5/F & 12/F, Yuen Long Government Offices & Tai Kiu Market, 2 Kiu Lok Square, Yuen Long, N.T.

63. Yuen Long (Central) Integrated Family Service Centre, SWD
1/F & 2/F, Fu Hing Building, 224 Castle Peak Road, Yuen Long, N.T.

64. Tin Shui Wai Integrated Family Service Centre, SWD
Wings A & B, G/F, Yiu Tai House, Tin Yiu Estate, Tin Shui Wai, N.T.

*65. Tin Shui Wai (North) Integrated Family Service Centre, International Social Service Hong Kong Branch
2-3/F, Ancillary Facilities Block, Tin Yuet Estate, Tin Shui Wai, N.T.

*66. Caritas Integrated Family
G/F, Shui Lung House, Tin Shui Estate, 2474 7312
Service Centre – Tin Shui Wai, Tin Shui Wai, N.T.
Caritas – Hong Kong

*67 Long Love Integrated Family Service Centre, Tung Wah Group of Hospitals

Office No. 8 & 9, 11/F, Kwong Wah Plaza, No. 11 Tai Tong Road, Yeung Long, N.T.

* NGO unit
# Integrated Services Centre