

“Protecting Children from Maltreatment Procedural Guide for Multi-disciplinary Co-operation” (Revised 2020)

An Introduction

March 2020



Review of “Procedural Guide for Handling Child Abuse Cases”



Purposes of the Review

1. To achieve a more consistent view on the definition and scope of child maltreatment among various disciplines
2. To provide references for frontline personnel so as to facilitate their identification of families with higher risk of child maltreatment
3. To provide a clearer guide for frontline personnel in handling and following up on different types of suspected child maltreatment and protecting children already being harmed/maltreated
4. To enhance the co-operation among the child concerned, family and professionals in order to formulate and implement the follow-up plan
5. To define the roles and responsibilities of different disciplines in facilitating/enhancing their co-operation.

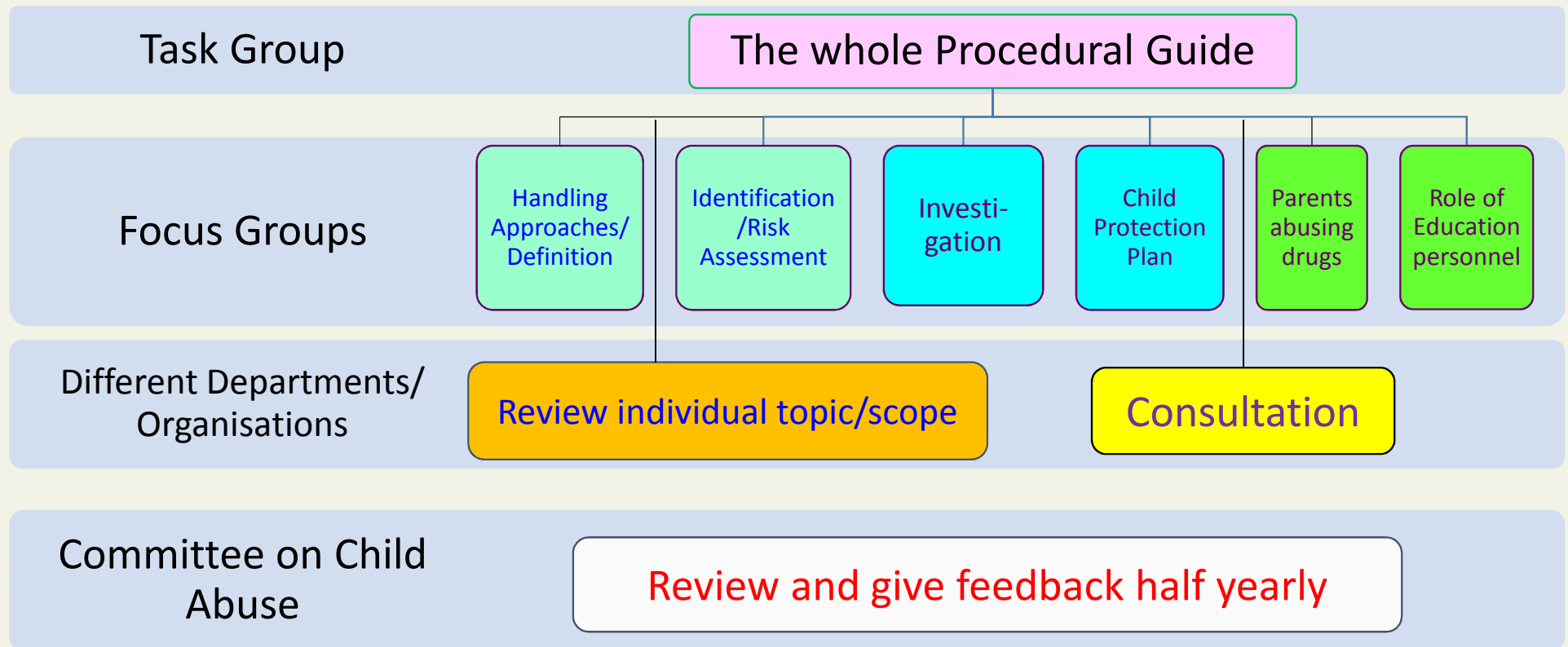


Review of “Procedural Guide for Handling Child Abuse Cases”

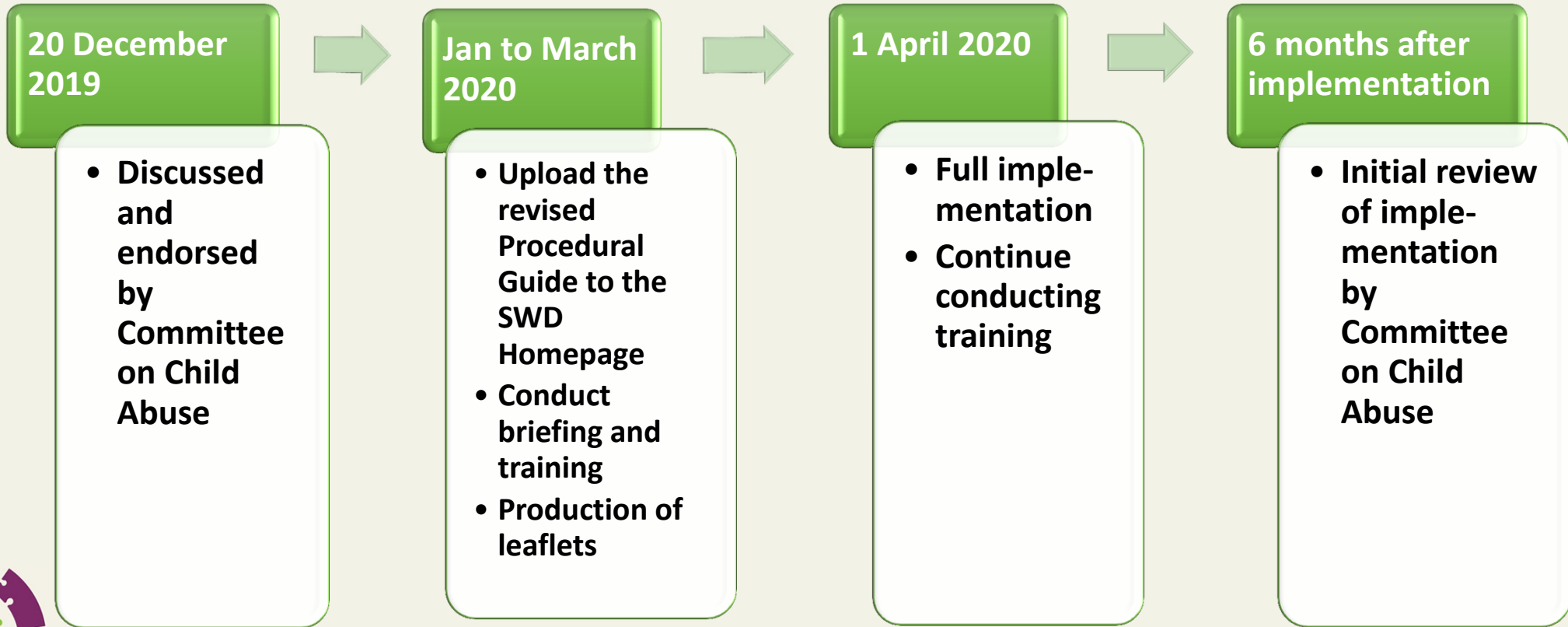
- Discussed by [Committee on Child Abuse](#) in the meeting held in October 2016
- Formed a task group in end-2016
- Task Group Members
 - Representatives from Headquarters and frontline service units of the Social Welfare Department (SWD)
 - Labour and Welfare Bureau, Hong Kong Police Force, Education Bureau, Department of Health
 - Hospital Authority (HA)
 - Representatives from the Hong Kong Council of Social Services and NGOs under different service settings



Methods of Review



Schedule of Review



Major Amendments

References have been made to the “Declaration of the Rights of the Child” and “Convention on the Rights of the Child” of the United Nations in drawing up the handling procedures and points to note in the “Guide”



Name of the Procedural Guide

處理虐待兒童
個案程序指引
(Procedural Guide
for Handling Child
Abuse Cases)



保護兒童免受虐待
多專業合作程序
指引
(Protecting Children
from Maltreatment
Procedural Guide for
Multi-disciplinary
Co-operation)



Protecting Children from Maltreatment Procedural Guide for Multi-disciplinary Co-operation

Revised 2020



Labour and Welfare
Bureau

社會福利署
Social Welfare Department

Education
Bureau



衛生署
Department of Health

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HKCSS 聯

“Protecting Children from Maltreatment — Procedural Guide for Multi-disciplinary Co-operation”

With co-ordination of Social Welfare Department,
Hong Kong Special Administrative Region,

drawn up jointly by

Labour and Welfare Bureau

Education Bureau

Department of Health

Hong Kong Police Force

Hospital Authority

The Hong Kong Council of Social Service

and

Non-governmental Social Service Organisations



Table of Content

Guide to the “Guide” (please read first)

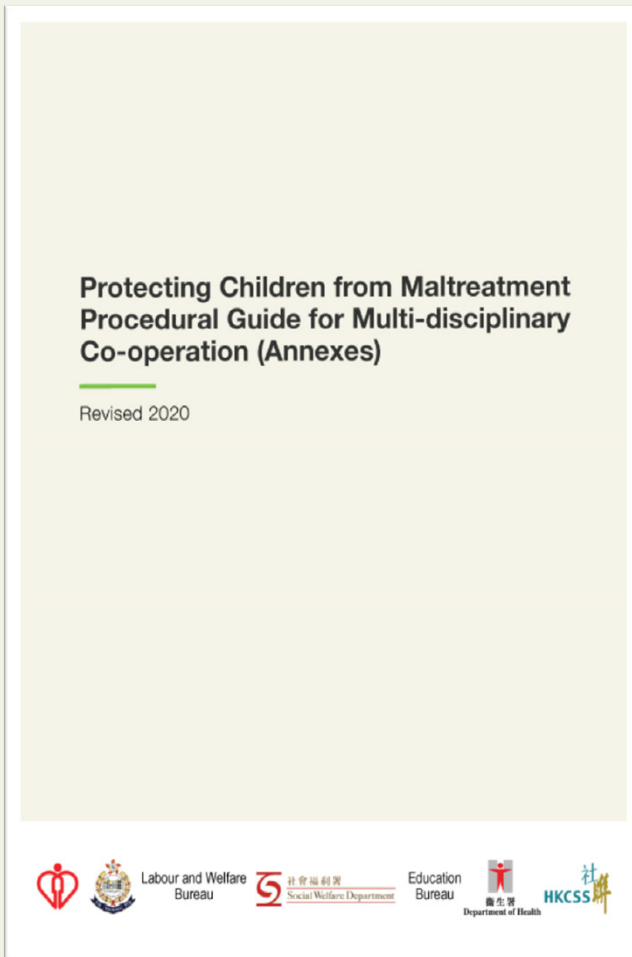
Glossary

Chapter 1	Aim, Beliefs and Principles
Chapter 2	Definition and Types of Child Maltreatment
Chapter 3	Procedures of Multi-disciplinary Co-operation in Handling Suspected Child Maltreatment/Child Protection Cases
Chapter 4	Case Identification, Initial Handling and Reporting
Chapter 5	Initial Assessment
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Chapter 7	Risk Assessment and Decision Making on Protecting the Safety of Children
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Content

- Roles of personnel from various sectors (Annex 4 to 10)
- Related Ordinances
 - Personal Data (Privacy) Ordinance (Annex 2)
 - Ordinances on Criminal Offences (Annex 3)
 - Ordinances on Child Protection Work (Annex 15)
- Child Protection Registry (Annex 14)
- Reference Materials
 - Families with Higher Possibility of Child Maltreatment (Annex 1)
 - Handling Skills and Points to Note (Annex 11-13)
 - Assessment Matrixes (Annex 16-18)
 - Reference Kit for Chairperson of MDCC (Annex 19)
- Related Support Services
 - Witness Support Service (Annex 20)
 - Counselling/Therapeutic Treatment before Court Hearing and after Maltreatment (Annex 21)



AIM, BELIEFS AND PRINCIPLES (Chapter 1)

(must read first)



- To effectively protect the children, “multi-disciplinary collaboration” model should be adopted

Collaborate in partnership based on “Working Together” and “Trusting Each Other” ;

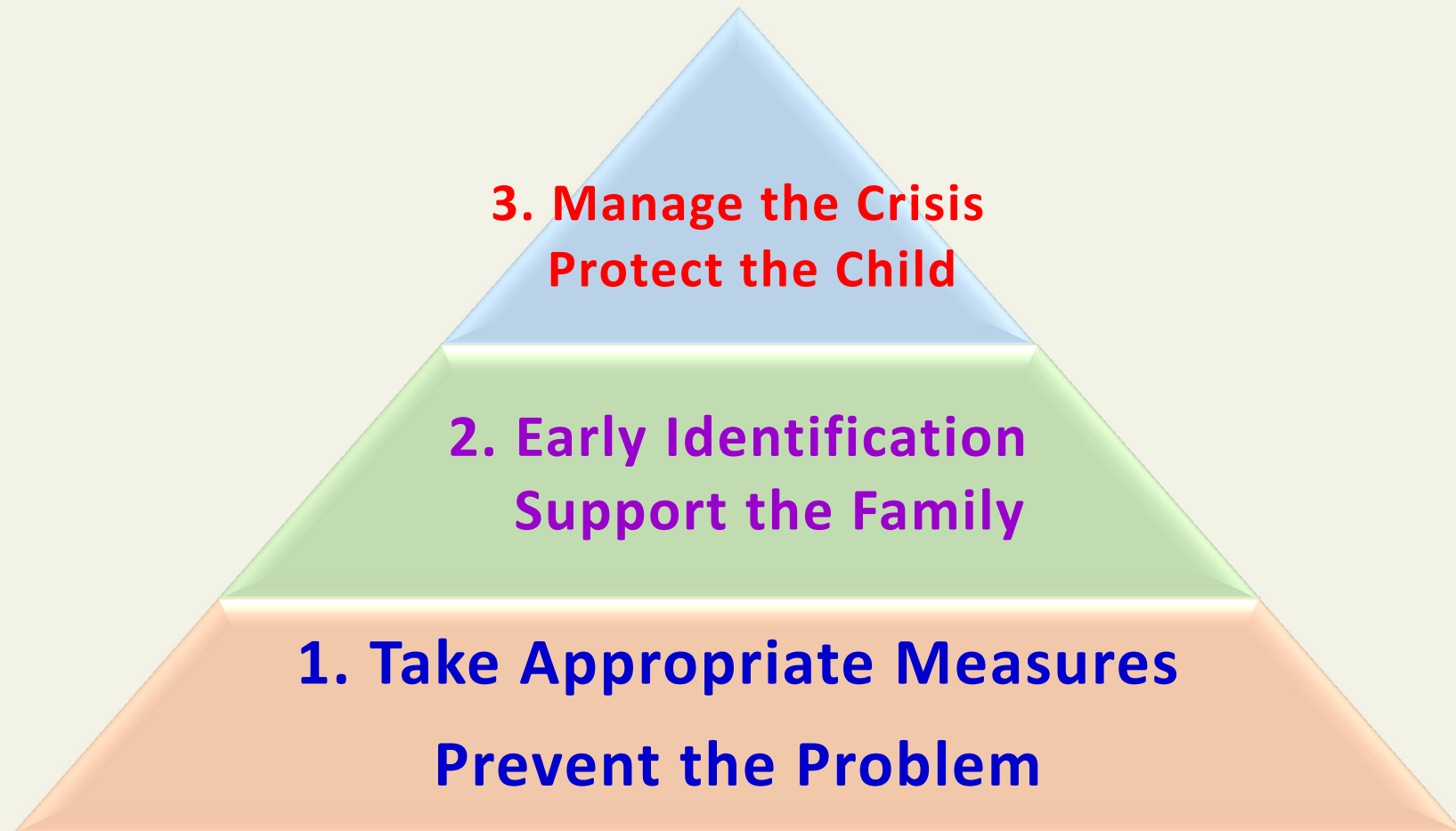
Achieve the common goal of “Protecting the Vulnerable” and “For the Welfare of Children”.



Safeguard
the best
interests of
child



Strategies to Safeguard Children's Safety



Various Sectors should continue strengthening the **Second Level** Strategy

Families with **higher possibility** of child maltreatment



Early identification
Support the Families (Annex 1)



Prevention of
child maltreatment



Aims for Multi-disciplinary Co-operation in Child Protection (The Third Level)

to handle the current **crisis** and safeguard the **physical and psychological safety** of the child concerned

to **reduce or eradicate** the potential **risk** of harm to the child concerned in the future

to **enhance the family's functions** and their **capability** in childcare and parenting, and strengthen its **support network** so that it can assume **full responsibility** in child protection



Principles of Child Protection Work

Child-focused, Safety First

Family Participation

Multi-disciplinary Co-operation



Child-focused, Safety First Family Participation

- Child's best interests should take precedence over the rights of parents and the criminal prosecution of the alleged perpetrator
- **Holistic consideration** should be made on factors of the child's family situation, sex, age, developmental stage, race, culture and religion, etc.
- In **assessing** the **risk** of further harm and **formulating safety and follow-up plans** of the child, **opinions of the child and his/her family should be heard and taken seriously**



Child-focused, Safety First Family Participation

- To use languages and methods intelligible and comprehensible to the child and his/her family members
- **Child's feelings** and impacts on the child resulting from the actions taken should be taken into account
- **Minimum intervention should be made** so as to avoid unnecessary disturbances caused to the child and his/her family members
- **Resources and support network of the family should be leveraged** where feasible and safe so that the child can be taken care of by family members/relatives. If residential child care service is required, **a long-term and stable care plan for the child should be formulated as soon as possible**



Multi-disciplinary Co-operation

- Safety and best interests of a child are of paramount concerns. While different views may be hold on the way a case should be handled, **consensus should be reached as far as practicable**
- Should obtain prescribed consent of the data subject as early as possible for **providing the personal information obtained to other personnel** in discussion on the handling approaches



Multi-disciplinary Co-operation

- If prescribed consent is not obtained but for protection of a child possibly be harmed/maltreated, consideration of invoking **special provisions of exemption** at Part VIII of the Personal Data (Privacy) Ordinance, Cap 486, should be made on the use, disclosure or transfer of the data for the case to be reported/referred to the relevant units for investigation or follow-up, or for information to be provided to other personnel for discussion on the case handling (Annex 2)
 - Detection or prevention of crime, or the prevention, preclusion or remedying (including punishment) of unlawful or seriously improper conduct, dishonesty or malpractice under **Section 58**
 - Protection of data subject or any other individuals from serious physical and/or mental harm under **Section 59**



DEFINITION (Chapter 2)



Definition of Child Maltreatment

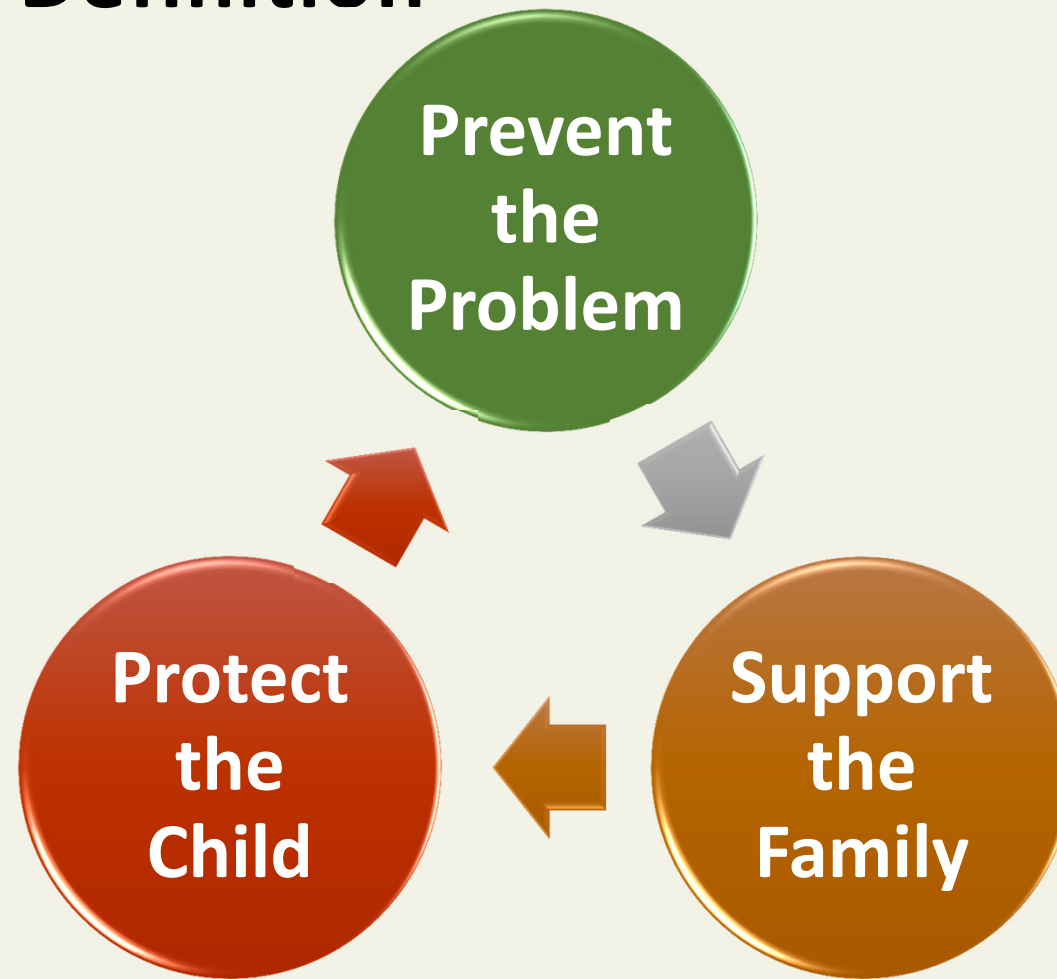
- Broad sense **remains unchanged**

Any act of commission or omission that endangers or impairs the physical/psychological health and development of an individual under the age of 18

- 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



Purposes of Definition



Definition of Child Maltreatment

Scope of the Definition in the “Guide”

- The following individuals who, **by their characteristics, are in a position of differential power to the child** and **commit/omit an act that endangers or impairs a child’s physical/psychological health and development**
 - Those who are responsible for care or supervision of a child, or **play a role in the care or supervision of the child owing to their statuses/identities**
 - parents/guardians
 - persons entrusted with the care and supervision of the child (e.g. relatives, teachers, childminders, etc.)
 - elders (e.g. relatives, elder siblings with relatively bigger age difference, close friends of the parents, etc.)
 - In child sexual abuse case, also include other individuals who are **in a position of differential power to the child**. These individuals can be either adults or children



Definition of Child Maltreatment

- Emphasise that even a case is not defined as a child maltreatment, e.g. a child being bullied by peer/stranger, consensual sexual activities between an adolescent and his/her lover of similar age, woman abusing drugs during pregnancy, etc., approach of multi-disciplinary co-operation should be employed as far as practicable
 - Welfare Meeting
 - Case Meeting
 - Pre-birth Conference



Terms relating to the Definition

Present terms	Suggested terms
(suspected) abuser	(alleged) perpetrator
Physical abuse	Physical harm/abuse
Psychological abuse	Psychological harm/abuse

In explaining the captioned concern, may consider using the term “harm” instead of “abuse” as an approach that is relatively comprehensible to the children and their families



Physical Harm/Abuse

- Physical injury or suffering inflicted on a child **by violent or other means** (e.g. **punching and kicking, striking with an object**, poisoning, suffocation, burning, shaking an infant or Factitious Disorder Imposed on Another) where there is a definite knowledge, or a reasonable suspicion that the injury has been inflicted non-accidentally



Sexual Abuse

- **Forcing or enticing** a child to take part in any acts of sexual activity for sexual exploitation or abuse and **the child does not consent to or fully understand or comprehend this sexual activity that occurs to him/her due to mental immaturity**
- This sexual activity includes acts that have or do not have direct physical contact with children (e.g. rape, oral sex, procuring a child to masturbate others/expose his/her sexual organs or to pose in an obscene way/watch sexual activities of others, production of pornographic material, forcing a child to engage in prostitution, etc.)



Sexual Abuse

- Sexual abuse may be committed inside or outside the home or through social media on the internet by perpetrators acting individually or in an organised manner. It includes luring a child through rewards or other means for abuse, including **sexual grooming** which refers to designedly establish a relationship/an emotional connection with a child by various means for gaining his/her trust with an intent to sexually abuse him/her (e.g. **communicating with a child through mobile phone or Internet**)



Sexual Abuse

- **Consensual** sexual activities between an adolescent and another person **may** also involve sexual exploitation by a person whose characteristics are in a position of **differential power** to the adolescent. Cases where **the adolescent is not mentally mature, too young (e.g. under the age of 13), or the sexual activity leads to sexually transmitted diseases or pregnancy** may be considered and handled as **suspected** sexual abuse



Neglect

- A **severe or repeated** pattern of lack of attention to a child's **basic needs** that **endangers or impairs** the child's health or development
- Neglect may be **caused by the following forms:**



Neglect

- **Physical neglect** includes failure to provide necessary food/clothing/shelter, failure to prevent physical injury/suffering, lack of appropriate supervision, **leaving a young child unattended**, improper storage of dangerous drugs resulting in accidental ingestion by a child or allowing a child to stay in a drug-taking environment resulting in inhalation of the dangerous drugs by a child
- Drug/alcohol abuse during pregnancy can affect the health and development of an infant. If a pregnant woman **fails to receive treatment for drug /alcohol abuse or make every effort to reduce her drug/alcohol use during pregnancy resulting in signs of poisoning (e.g. being tested positive for dangerous drugs or alcohol) of the newborn or withdrawal symptoms for dangerous drug or alcohol of the infant**, these cases may be regarded and handled as **suspected** neglect



Neglect

- **Medical neglect** includes failure to provide necessary medical or mental health treatment to a child
- **Educational neglect** includes failure to provide education or ignoring the educational/**training** needs arising from a child's disability
- Emotional neglect will be put under the scope of psychological harm/abuse

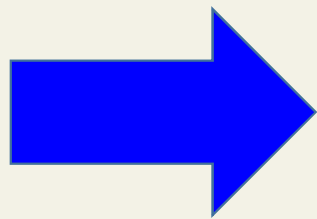


Psychological Harm/Abuse

- A repeated pattern of behaviour and/or an interaction between carer and child, or an extreme incident that endanger(s) or impair(s) the child's physical and psychological health (including emotional, cognitive, social and physical development)
- Physical harm/abuse, sexual abuse or neglect often leaves a certain degree of mental or psychological impact on a child. However, reference should be made to the above definition when determining whether a case is psychological harm/abuse



- These behaviours of harm/maltreatment may take the form of a **repeated pattern, multiple incidents** or a **single but serious incident**
- An individual case **may involve more than one type of harm/maltreatment to the child**



should thoroughly assess the possibility of occurrence of various types of harm/maltreatment



In considering whether a case should be defined as child maltreatment, personnel should understand that:

- Primary consideration is the harm and the potential impact caused to the child's physical/psychological health and development by the behaviour **rather** than whether the individual commits/omits the behaviour with an **intent** to harm the child
- Not to blame the parent/carer concerned nor label the parent/carer/child negatively but to make the family concerned aware of the seriousness of the matter and to motivate them to co-operate with personnel in making use of their own strengths and resources to resolve the problems properly as soon as possible in order to **ensure the physical and psychological safety of the child**



Frequently Asked Questions relating to the Definition of Child Maltreatment (Appendix 1 to Chapter 2)

- Should not prematurely conclude or deny that an incident is suspected child maltreatment
 - Conduct initial assessment first: whether the physical/psychological health and development of the child is endangered or impaired
 - If not, support the family first
- Not a suspected child maltreatment incident: should handle with a multi-disciplinary approach as far as practicable



HANDLING PROCEDURES OF MULTI-DISCIPLINARY APPROACH (Chapter 3)



Identify if a child is possibly being maltreated

Reporting, initial assessment and immediate child protection actions

Child protection and other investigations

Multi-disciplinary case conference

Follow-up



Case Manager Model

Case manager

- Social worker responsible for child protection investigation/following-up child protection case
- Co-ordinate various tasks, let the child interact with the case manager only for most of the time whenever situation allows in order to reduce the child's stress and trauma in repeating the abusive experience.

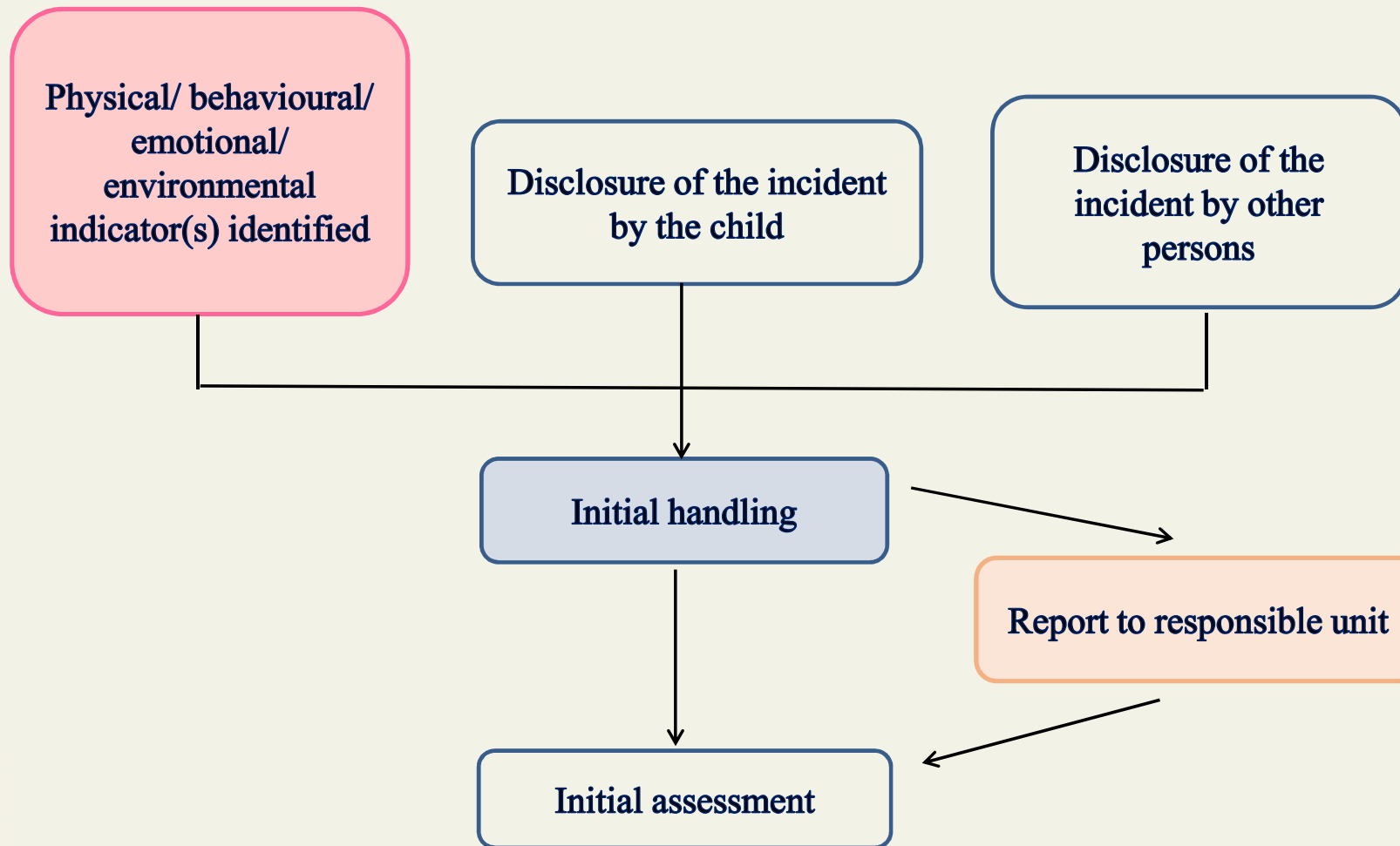
Personnel of various sectors

- Perform different roles at different stages according to his/her post, scopes and foci of the service he/she works at
- Take initiative in revealing to case manager and other personnel the important observations or problems which need to be worked on and to discuss jointly the strategy and way of intervention
- Roles of personnel of various sectors are set out in Annexes 4 to 10



IDENTIFICATION OF CHILD POSSIBLY BEING HARMED/MALTREATED (Chapter 4)





Possible Indicators of Child Maltreatment

- Physical/behavioural/emotional/environmental indicators may **manifest singly or in combination**
- Indicator(s) usually occur(s) **repeatedly** but also may appear only **once**
- Behavioural/emotional indicators are more subtle or concealed, which may be manifested by the child through drawings or plays, need to be more **sensitive** and **observant** to identify these indicators
- Should consider thoroughly if **the child may have been harmed/maltreated by different types** of harm/maltreatment instead of focusing on one single type
- Should seek advice from professionals of relevant sectors as early as possible if there is any doubt about the indicator(s) identified



Possible Indicators of Child Maltreatment

- Indicators are **not exhaustive**. **Neither** does the presence of a single or even several indicators **points to the occurrence of child maltreatment**. It however indicates that attention is required for the child. Personnel should **first collect information, gain preliminary understanding and conduct assessment**
- **Should not prematurely conclude that an incident is suspected child maltreatment** in order to prevent the child from experiencing unnecessary investigations, examinations or hospitalisation
- **Should not exclude the possibility of a child being harmed/maltreated just because certain indicators are not listed**
- Make reference to the **“Manual of Parenting Capacity Assessment Framework”** jointly developed by the Department of Health, the Hospital Authority and the Social Welfare Department for assessing the capacity of parents/carers in taking care of children aged between 0 and 3 (including assessment of relevant risk factors)



MANUAL
OF
PARENTING CAPACITY
ASSESSMENT FRAMEWORK

(for the 0 - 36 months old)

Social Workers' Version

Revised August 2019

Family Health Service, Department of Health
Comprehensive Child Development Service, Hospital Authority
Family and Child Welfare Branch, Social Welfare Department



Possible Indicators of Child Maltreatment (newly added)

- Behavioural/emotional indicators related to different types of harm/maltreatment, such as:
 - indicators on infants/pre-school children
 - absence/withdrawal from school without reason or sudden loss of contact
 - always in fear/excessive vigilance
 - child disclosing that he/she has been forced into marriage by parents (e.g. children of ethnic minorities)
- those about the parents/carers, such as:
 - repeatedly refusing others from approaching the child or forbidding the child to communicate with personnel directly (e.g. the child is always absent or asleep during scheduled visits by personnel and cannot be reached by relatives and family friends)
 - forbidding the child to receive vaccination or health/medical follow-ups without sound reasons
 - parent/carer not applying for birth certificate/identification documents for the child without sound reasons



Possible Indicators of Child Maltreatment (newly added)

- Related to physical harm/maltreatment, such as:
 - the explanations of the causes/course of child's injury made by the parent/carer/child are unconvincing/contradictory or inconsistent with the injuries sustained
 - excessive amount of clothes worn by the child to cover his/her body
- Related to sexual abuse, such as:
 - child showing particular interest in body parts of adults or touching adults' sensitive body parts repeatedly
 - child with adequate self-care abilities disclosing that the carer often takes care of his/her personal hygiene/care matters (e.g. bathing, cleaning after toileting, changing clothes, etc.)
 - child of an older age disclosing that his/her parent of the opposite sex often shares the same bed with him/her



Possible Indicators of Child Maltreatment (newly added)

- Related to neglect, such as:
 - carer/other person suspected to be taking dangerous drugs in the presence of the child
 - newborn showing symptoms of Neonatal Withdrawal Syndrome after birth/newborn's urine sample is tested positive for dangerous drugs
 - involved in sexual activities because of inadequate supervision
 - unsafe living environment (e.g. with dangerous items/household drugs accessible to the child)
 - no place of abode
- Related to psychological harm/maltreatment, such as:
 - anxiety symptoms observed, e.g. habitual nail-biting, hair-pulling, thumb-sucking, head-banging and body-rocking, etc.
 - repeatedly accusing others of harming/maltreating the child without factual evidence, subjecting the child to repeat unnecessary investigating procedures



REPORTING (Chapter 4)



Reporting

- Change the word “refer” a suspected child maltreatment incident to “report” (Glossary)

Consult

- To seek advice, no follow-up action is expected

Report

- To provide case information, expecting the social worker receiving the report to take necessary actions, e.g. conducting initial assessment to assess whether the suspicion of child maltreatment is substantiated, taking immediate child protection actions, conducting child protection investigation, etc.

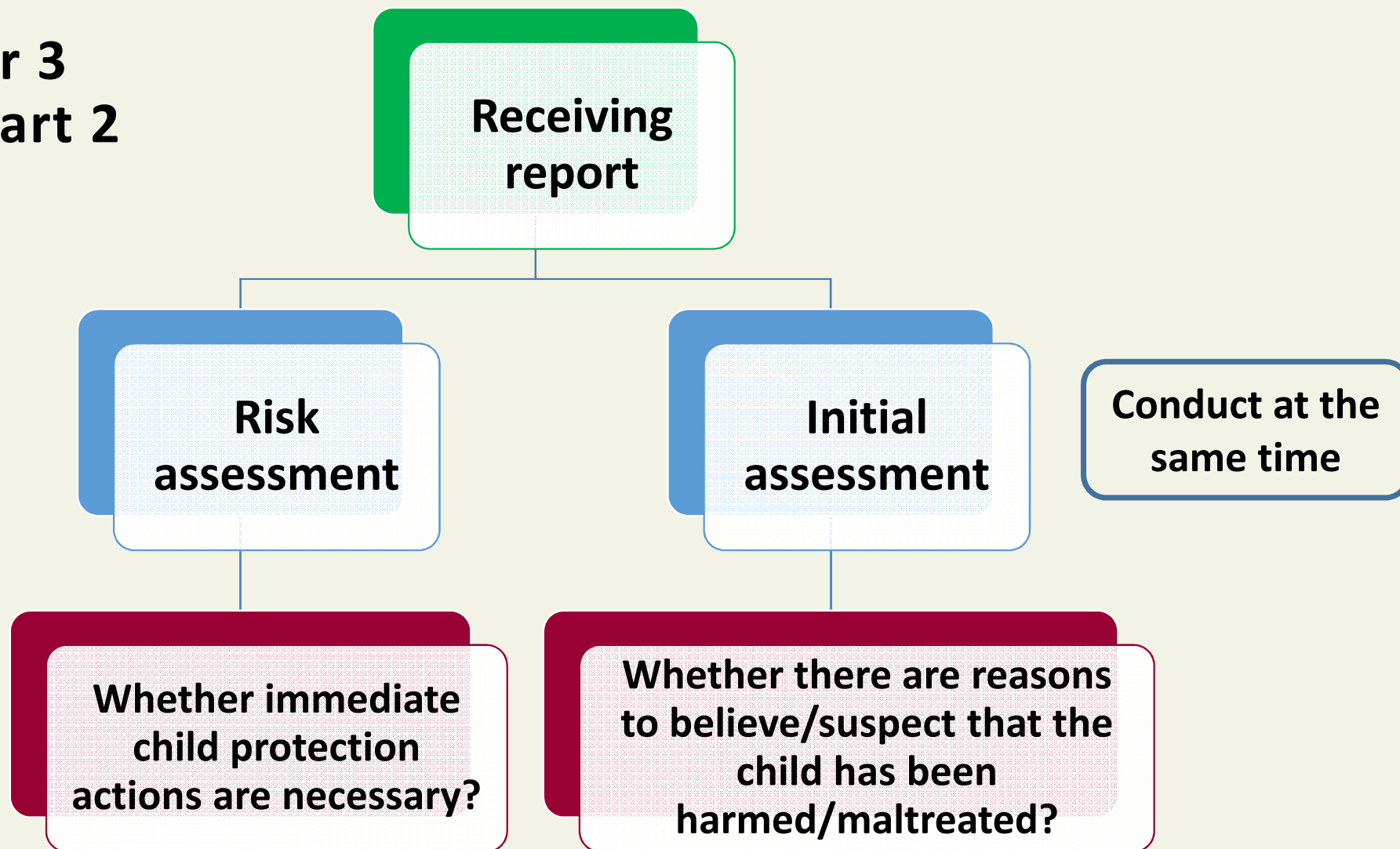
Refer

- To request support services, professional assessments or follow-up services



Chapter 3

Flowchart 2



Initial Consultation

- During office hours, personnel may contact Family and Child Protective Services Unit (FCSPU) of SWD to consult how to handle suspected child maltreatment cases (Annex 4)
- FCPSU may offer immediate assistance depending on the case circumstances, such as:
 - contact the Medical Co-ordinator on Child Abuse for **admitting the child for medical examination**
 - help liaise with a Child Abuse Investigation Unit (CAIU) of the Hong Kong Police Force and **forward the Report form (Appendix 4 to Chapter 10) and Written Dated Notes (Appendix 5 to Chapter 10) to the CAIU**



Units Which Receive Reports and Conduct Initial Assessment (paragraphs 4.5-4.6 of Chapter 4)

- **“Known cases” (Annex 5)**

- the service unit in charge of a case, including
 - Casework units of SWD
 - Integrated Family Service Centres/Integrated Services Centre of NGOs
 - School Social Work Units serving in secondary schools
 - Medical Social Services Units of the Hospital Authority

- **Not a “Known cases”**

- Family and Child Protective Services Unit (FCPSU) of SWD



FCPSU also Receives Reports of the Following

Known Cases (paragraphs 4.7-4.8 of Chapter 4)

(Some of these practices have been implemented in April 2019)

- Known cases of **kindergarten/child care centre, primary school, special school and International School**, the child or his/her family is not a known case of other casework units
 - No matter the social worker of the school/child care centre is employed by NGO or the school
- Known cases of social service units of NGOs other than casework units listed on the previous page
- Suspected sexual abuse cases between family members or involving multiple victims
 - If the case is a known case of a casework unit listed on the previous page, FCPSU will **jointly collaborate with the social worker responsible for that known case**



Ways to Report to **FCPSU**/Outreaching Team of SWD (paragraphs 4.9-4.10 of Chapter 4)

- **Within office hours**, may call **or** report the case to **FCPSU** by other means (Contact information of FCPSUs: Appendix 1 to Chapter 4)
 - may use the Report Form subsequently for record purpose (Report Form: Appendix 2 to Chapter 4)
- **Outside office hours**, may report via **SWD Hotline** (Tel: 23432255) , Officer-on-duty will contact the **outreaching team** of SWD which is responsible for handling child maltreatment cases. The outreaching team will then conduct initial assessment



Responsibility of the Reporting Personnel

- Gather information as required depending on case circumstances (paragraph 4.13 of Chapter 4)
- Should avoid having the child repeatedly describe the maltreatment incident(s)
- Feelings of the child and impact of the actions on the child should be taken into consideration, and should explain to the child the related arrangements and procedures (paragraph 4.12 of Chapter 4)
- Should maintain close contacts with related personnel on a “Need-to-know basis”
- Make reference to Annexes 11 to 13
 - ❑ Points to Note on Initial Contact with Children Who may have been Harmed/Maltreated or Their Parents
 - ❑ Points to Note on Contacting Children Suspected to be Sexually Abused
 - ❑ Guidance Notes on Reporting Suspected Sexual Abuse



Responsibility of the Reporting Personnel

- When explaining the related arrangements and procedures to the child's parent(s)/guardian(s), please pay attention to the following:
 - if the child's parent(s)/guardian(s) is/are **involved in the child maltreatment, no prescribed consent of the parent(s)/guardian(s) has to be obtained for making the report** (please refer to Annex 2 for invocation of special provisions of exemption on the disclosure and transfer of data)
 - where **the alleged perpetrator is a family/extended family member of the child, or a person being entrusted to take care of the child, or if a number of child victims are involved, FCPSU should first be contacted for discussing the appropriate handling approach**

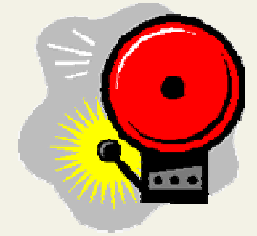
In case of emergency, personnel may first take action and make the report afterwards



INITIAL ASSESSMET AND IMMEDIATE CHILD PROTECTION ACTIONS (Chapters 5 and 6)



Scope of Initial Assessment



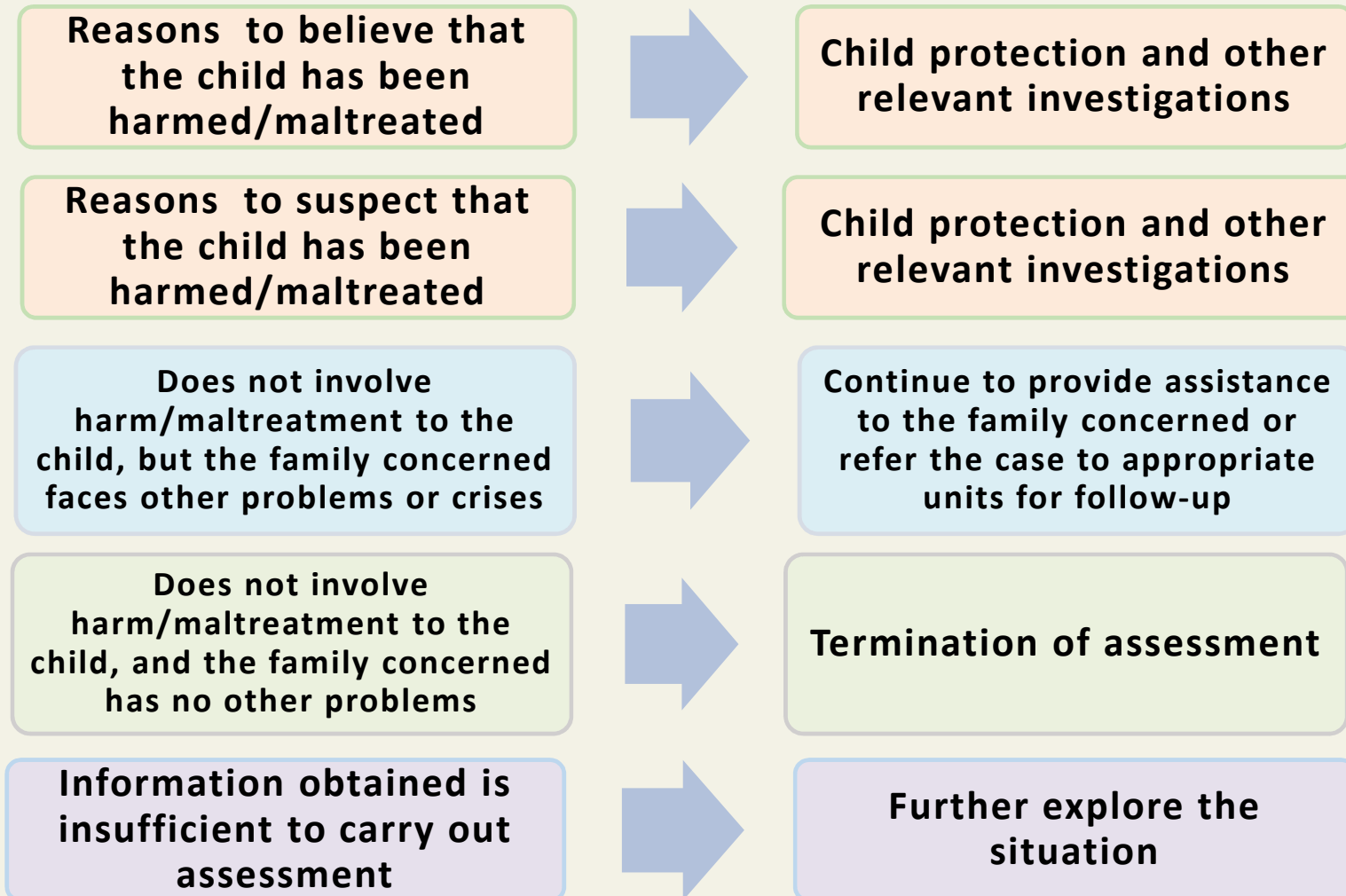
- a) Whether there are reasons to believe/suspect that the child has been harmed/maltreated
- b) Level of imminent risk of harm to the child
- c) Whether immediate child protection actions are necessary

Points to Note:

- To take into account the possible diverse views of the families with different cultural backgrounds on the behaviour concerned but the focus should be on **safeguarding the physical and psychological safety of the child**
- To arrange appropriate interpretation service if needed (including sign language)



Outcomes of the Assessment



Examples of situations in which immediate child protection actions should be taken

- Child having suffered from severe physical injuries, being noticeably frail or behaving oddly
- Carer(s)/family member(s) explicitly stating that he/she/they will harm the child or is/are worried that he/she/they may harm the child
- Child having suffered from apparent physical injuries or is in poor health, but the explanation provided by him/her or his/her family member(s) is inconsistent with the injuries suffered or his/her health conditions, or such explanation is found to be unreasonable, and the child/family member(s) refuse(s) assistance of personnel



Examples of situations in which immediate child protection actions should be taken (Con't)

- Home condition exceptionally poor
- Infant/pre-school child being left unattended
- Infant/child being exposed to venue with suspected dangerous drugs or drug-taking equipment and is highly likely to inhale/gain access to such substances, or carer/other persons suspected to be taking drugs in the presence of the child, which resulted in the child highly likely to inhale such substances
- Sexual abuse incident occurred recently/persistently and the child has been in frequent contact with the perpetrator or will do so within a short period of time



Immediate Child Protection Actions (Flowchart 3 of Chapter 3)

- Whether the child is in need of **urgent** medical examination/treatment
- Whether the child needs to be removed from the environment where the harm took place/needs other residential care arrangements
- Whether criminal offence may have been committed, whether to report the case to the Police for criminal investigation or whether joint investigation should be conducted by SWD and the Police (please refer “Criminal Investigation” of Chapter 10 and “Guidance Notes on Reporting Suspected Sexual Abuse” of Annex 13)
- If parents do not agreed to the above arrangements
 - ❑ may consider invoking **Protection of Children and Juveniles Ordinance (Annex 15)**
 - ❑ FCPSU will carry out the assessment and actions for cases of NGOs (implemented in April 2019)



RISK ASSESSMENT AND DECISION MAKING ON PROTECTING THE SAFETY OF CHILDREN (Chapter 7)



Risk Assessment

- Assess the **current/future probability and the severity** of harm/maltreatment to a child
- Begin upon receipt of the case, to be continuously made during the course of initial assessment, investigation, follow-up and case closure
- Is a continuous process which focuses on the future
- Make use of risk assessment tools/matrixes in addition to professional judgement
- Should elaborate with **specific examples/behaviours**, instead of relying on simple impression or using general descriptions

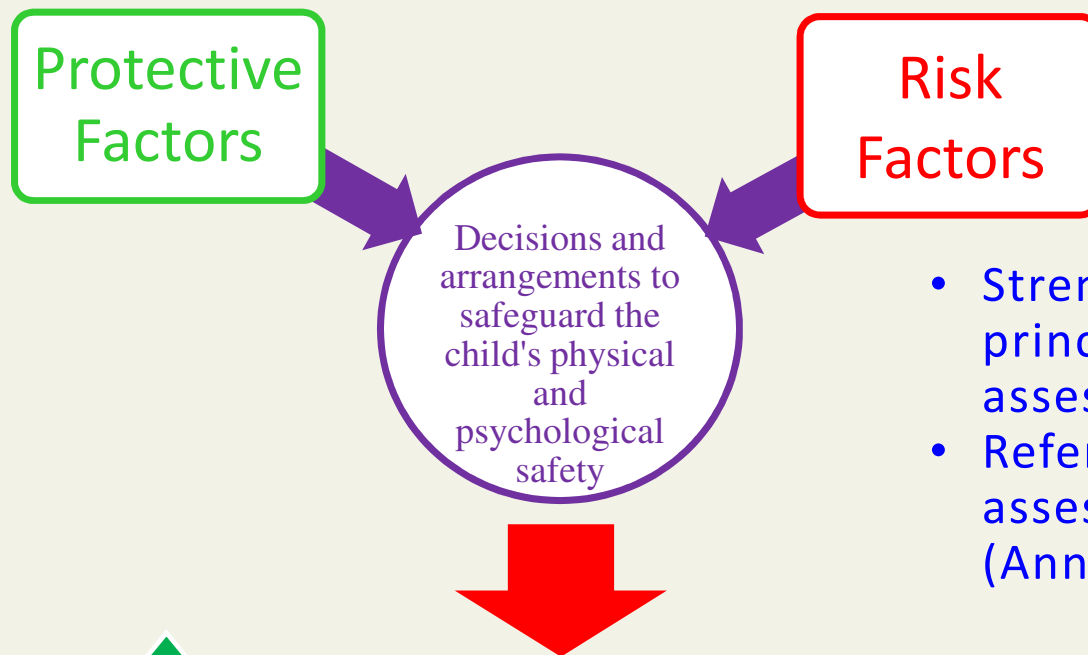


During assessment, must identify/analyse the following two aspects:

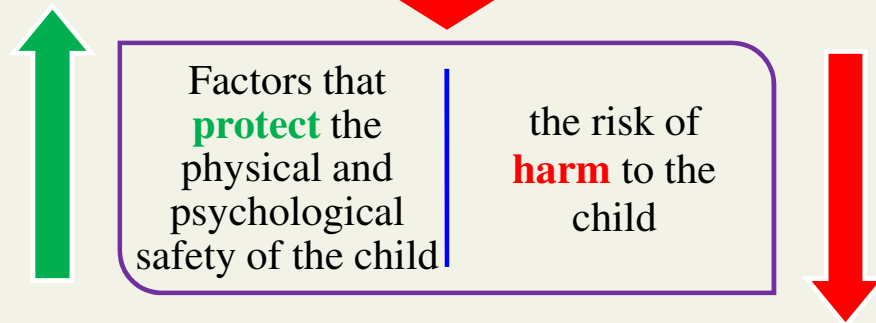
- **Risk factors:** Factors that increase the child's risk of being harmed/maltreated. These normally include the precipitating incident and factors relating to the child, the carer, the family and the interaction between the family and personnel
- **Protective factors:** Factors that reduce the child's risk of being harmed/maltreated and increase his/her safety level, including the capabilities, strengths and resources of the child and his/her family (any factors that can reduce the influence of known risk factors can be regarded as protective factors)



Risk Assessment on Protecting the Safety of Children — continuous and balanced



- Strengthen the guiding principles on risk assessment
- Reference materials of assessment matrixes (Annexes 16 and 17)



Timing and Objectives of Risk Assessment

Handling Stage	Initial Assessment	Investigation	Follow-up	Case Closure
Objectives of Risk Assessment	Protect immediate safety of the child	Formulate a safety plan for child protection	Review whether the safety situation of the child has improved	Ensure continued protection of the safety of the child



INVESTIGATIONS (Chapters 8 to 10)



Child Protection Investigation

- In charge by social worker, originally named “social investigation”
- Extend the information to be collected (paragraph 8.5 of Chapter 8)
 - **Child’s** health/developmental condition (including medical/health records/certificates of diagnosis)
 - **Family background** (including race, religion, culture, traditions, use of language, circumstances of use of drugs/alcohol or any other form of addiction)
- The suspected child maltreatment **incident**
 - Severity/frequency, location and description of the injury, **precipitating circumstances and the process of disclosure**
 - The present condition of the child
 - Consequences/impacts of the suspected child maltreatment incident on the child



Child Protection Investigation

- Formulation of a safety/follow-up plan for child protection (paragraphs 8.12-21)
 - **Participation of Parents and Children**
 - Resources and capacities of the family in child protection
 - **Initial recommendation** on **safety/follow-up plan** for child protection
- Adding guidance notes on arranging residential child care service, personnel should consider the long-term care plan (permanency plan) at the same time (Appendix 1 to Chapter 8)
- Collaboration with other parties involved in case handling (paragraphs 8.22-8.27)
 - If the suspected child maltreatment incident involves multiple children in the community/organisation
 - If the alleged perpetrator is in need of service or in emergency situation yet the investigating social worker is unable or fails to contact him/her



Medical Examination

- Strengthen the following arrangements (paragraphs 9.19-9.20)
 - For newborns whose mothers are suspected to have abused dangerous drugs during pregnancy, **urine for toxicology testing** is to be performed, **observation and treatment of any symptoms or signs of drug intoxication/withdrawal** are to be conducted.
 - **Drug testing**, etc. for any child with physical/behavioural symptoms related to dangerous drugs or is highly suspected to have been exposed to dangerous drugs
- Making report to the Police is not a pre-requisite for conducting medical examination (Annex 7)



Criminal Investigation

- Extended the existing Chapter 10 of Joint Investigation to cover all criminal investigations
- Revised according to the existing procedures of criminal investigation and collaboration approach of joint investigation conducted by SWD and the Police
- Deleting details on arrangements for video-recorded interview that are not involved with or needless to be known by other professionals



Criminal Investigation

- Strengthen the parts participated by other professionals during the procedures of criminal investigation
 - Ways of report (**under no circumstances will the child being harmed/maltreated be obliged to report the case in person at a police station**) (paragraphs 10.2-10.9 of Chapter 10)
 - Formulation of strategies on investigation and video-recorded interview (paragraphs 10.18-10.20, 10.50-10.51)
 - Observing and witnessing a video-recorded interview (paragraphs 10.39-10.43)
 - Immediate case assessment and follow-up after video-recorded interview (paragraph 10.53)



MULTI-DISCIPLINARY CASE CONFERENCE ON PROTECTION OF CHILD WITH SUSPECTED MALTREATMENT (Chapter 11)



Multi-disciplinary Case Conference on Protection of Child with Suspected Maltreatment (MDCC)

Focal Point: Protect the child safety and safeguard the child's best interests

- Discussion Items (Appendix 2 to Chapter 11)
 - a) **Nature of Incident** (whether it is an “incident of harm/maltreatment to a child”) (make reference to Chapter 2)
 - b) Child’s risk of being maltreated (make reference to Chapter 7)
 - c) **Category of Case** (whether it is a “**child protection case**”)(paragraph 11.26, Point (3))
 1. The incident(s) was/were considered **a harm/maltreatment to a child**
 2. The incident(s) was/were not considered as a harm/maltreatment to a child but the child was considered of having a **high risk of harm/maltreatment in future**
 3. Harm/maltreatment to a child was not ascertained by members and the child was also not considered of having a high risk of harm/maltreatment in future, but with analysis on the concrete information available, members **considered that the harm/maltreatment incident was very likely to have happened that the child is in need of protection**



MDCC

- d) Needs of the child concerned and his/her family (make reference to Annex 18)
- e) **Follow-up plan** of the child and his/her family (**including safety plan**) (make reference to paragraphs 11.38-41)
- Key worker / **core group** (make reference to paragraphs 11.69-11.71)
 - Care arrangement (make reference to paragraph 11.40 and Appendix 1 to Chapter 8, including the **consideration of suitability of parents with drug abuse problems in childcare**)
 - Whether application of a statutory order is needed (make reference to paragraph 11.41)
 - Other services (e.g. professional support service)



MDCC

f) Any other business

- Whether registration of information of the child or his/her siblings in Child Protection Registry is needed (Annex 14)
- Whether review conference is need (make reference to paragraphs 11.83-11.84)
- Whether a report on implementation of follow-up plan is needed ([key worker and/or other members](#)) (make reference to paragraph 11.85 and Appendix 5 to Chapter 11)
- Other arrangements



MDCC

- Circumstances warranting convening MDCC (paragraphs 11.5-11.8)
 - Where there is/are suspected child maltreatment incident(s) with investigation conducted by social worker and other professionals on the case
 - For cases where the child is found deceased possibly due to maltreatment:
 - If the deceased child has sibling(s), special attention to be paid on the safety and needs of the surviving child(ren) in the same family
 - If the child is deceased during the course of investigation conducted by related professionals, MDCC to be conducted as part of the investigation procedures (regardless whether there is surviving child(ren) in the family)
 - For cases of which the parents have decided to relinquish their parental rights upon the birth of the baby and MDCC is therefore not convened for the child (e.g. the case where the newborn's urine sample is tested positive for dangerous drugs), yet the parents change their mind and revert their decision on relinquishment of the parental rights



MDCC

Exceptional circumstances where MDCC is not convened (paragraphs 11.5-11.6)

- Related professionals (including service unit which will possibly follow up on the case) agreed to have discussion in other means for the following cases:
 - a) less than three parties are involved in the; or
 - b) the alleged perpetrator is **not** a family member/relative of the child concerned or a staff/child carer/volunteer of an organisation, and he/she will not have further chance to access to/harm the child concerned such that there will be lower risk of similar harm to the child

and

the nature of incident, risk/need assessment, category of case and intended follow-up plan are agreed among related professionals (including the service unit which will follow up on the case



MDCC

Chairperson (paragraphs 11.11-11.13 and Annex 19)

- Units being responsible for conducting child protection investigation
- Another colleague of the same organisation
- FCPSU may assist in chairing the MDCC for the following units responsible for child protection investigation
 - ◆ The unit's personnel are not experienced in conducting MDCC
 - ◆ The unit's personnel are not appropriate to be the Chairperson (e.g. parent(s) of the child concerned is/are lodging a complaint to the officer-in-charge of the unit about case handling)
 - ◆ School social work service of NGOs (excluding secondary schools)
 - ◆ Other youth service units



MDCC

Key Worker of Child Protection Cases (paragraph 11.69)

- Family and Child Protective Services Unit
- If original service unit shows its readiness to continue following up the case and members of MDCC deem it appropriate
- If the case is to be transferred to another unit yet it cannot be done within one month after the MDCC, the investigating social worker should liaise with the incoming key worker on this matter and inform the members of MDCC in due course



MDCC

- May appoint **core group** to follow-up on the case to strengthen multi-disciplinary collaboration (paragraphs 11.70-11.71)
 - E.g. cases where risk of child maltreatment is high and the child is in need of residential child care service, cases with complications and in need of close collaboration among various professionals
 - Formed by **professionals who have significant roles in following up the case (on assisting the child or parents/carers)**
 - **Key worker and core group should keep contact**, may convene regular meeting for reviewing the case progress, conducting risk assessment and adjusting the follow-up plan



FOLLOW-UP SERVICES ON CHILD PROTECTION CASES (Chapter 12)



Objectives of Follow-up Services

To reduce or eradicate the risk of harm to the child

To enhance the family's functions and their capabilities in childcare and parenting so that the family can assume full responsibility in safeguarding the child's safety



Follow-up Services

- For reference by **all follow-up personnel** (not only the key worker)
- If the child is in need of temporary residential child care service (paragraphs 12.24-12.31)
 - **Continuous risk assessment**
 - **Preparation for home restoration of the child**
 - **Considerations for cases involved parents/carers with drug/alcohol abuse problems (paragraphs 12.29-12.30)**
 - **A long-term and stable care plan should be formulated as early as possible (including consideration of adoption)**
- Added the content on handling **recurrent** suspected child maltreatment incident (paragraph 12.32)



HANDLING CHILD MALTREATMENT ALLEGATIONS AGAINST STAFF, CARERS AND VOLUNTEERS OF ORGANISATIONS (Chapter 13)



Staff, Carers and Volunteers of Organisations Suspected to Have Maltreated Children

- **Organisations** should formulate relevant **child protection policies, measures and handling procedures** according to the content as stipulated in the “Guide” so as to prevent child maltreatment incidents and for due handling of suspected child maltreatment cases, with a view to protecting the safety and best interests of children
 - To assign designated personnel to handle the suspected child maltreatment incident
 - To provide relevant training to staff
 - To check whether eligible applicants have any criminal conviction records against a specified list of sexual offences when making recruitment on child-related work and work relating to mentally incapacitated persons



Staff, Carers and Volunteers of Organisations Suspected to Have Maltreated Children

- For child sexual abuse cases where the alleged perpetrator is a staff member of the school, principals of the secondary schools, primary schools, special schools and kindergartens should inform the **School Development Officer of the respective Regional Education Office** of the EDB of the incident(s). For KG-cum-CCCs, their principals should inform the **Joint Office for Kindergartens and Child Care Centres** of the EDB (Annex 10)



Staff, Carers and Volunteers of Organisations Suspected to Have Maltreated Children

- The organisation should adopt suitable administrative measures to **suspend any contact with or care for the child and other children** (if applicable) **by the staff/carer/volunteer involved**, so as to facilitate investigations and prevent the child(ren) from harm.
- The organisation personnel **should not reach any private agreement of compromise with the staff/carer/volunteer involved**, such as agreeing to terminate relevant investigations if the staff involved agrees to resign, etc.
- The organisation should maintain its impartiality and avoid any conflict in interests/roles
- **The social worker, who belongs to the same unit as that of the staff, carer and volunteer suspected to have maltreated a child, is not suitable for conducting child protection investigation (has been implemented in April 2019)**



Comments are welcomed

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