

**For discussion
on 28 May 2016**

Legislative Council Panel on Welfare Services

**Mechanism for Handling Abuse Cases Relating to Children
from High Risk Families**

Purpose

This paper briefs Members on the mechanism for handling abuse cases relating to children from high risk families and various support services for abused children and their families.

Background

2. To uphold the best interests of children and to protect those children suspected or found to be abused, the Social Welfare Department (SWD) has drawn up the “Procedural Guide for Handling Child Abuse Cases (Revised 2015)” (the Procedural Guide). Endorsed by the Committee on Child Abuse chaired by the Director of Social Welfare, the Procedural Guide provides a reference for different professionals, including personnel engaged in social services, health services, education services and law enforcement and those whose duties bring them into close contact with children, in carrying out the necessary immediate assessments, social enquiries, multi-disciplinary case conferences on protection of children with suspected abuse (MDCCs) and follow-up welfare plans when they encounter suspected child abuse cases.

Early Identification and Support for High Risk Families

Integrated Family Service Centres and Integrated Services Centres

3. Early identification and support for high risk families can effectively prevent child abuse. The 65 Integrated Family Service Centres (IFSCs) and two Integrated Services Centres (ISCs) over the

territory operated by SWD and subvented non-governmental organisations (NGOs) provide a spectrum of preventive, supportive and remedial services to strengthen family's capability in caring for children and offer assistance to improve parenting for those parents and carers who have difficulties in taking care of and disciplining children.

Family Support Programme

4. As some families in need are reluctant to seek help, IFSCs, ISCs, Family and Child Protective Services Units (FCPSUs), and Medical Social Service Units in psychiatric setting have jointly implemented the Family Support Programme. Through telephone calls, home visits and other outreaching services, social workers contact the families with members at the risk of domestic violence (including child abuse) or mental illness and those with problems of social isolation, and refer them to a host of support services. The service units will also recruit and train volunteers, including those with personal experience in overcoming family problems or crises, so that they can contact these families and encourage them to receive appropriate support services with a view to addressing the problems before deteriorating.

Comprehensive Child Development Service

5. The Comprehensive Child Development Service (CCDS) jointly implemented by the Labour and Welfare Bureau, the Education Bureau (EDB), the Department of Health (DH), the Hospital Authority (HA) and SWD aims to identify, at an early stage, various health and social needs of children (aged 0 to 5) and their families as well as provide the necessary services so as to foster the healthy development of children. It makes use of the Maternal and Child Health Centres of DH, the hospitals of HA and other relevant service units, such as IFSCs, ISCs and pre-primary institutions, to identify at-risk pregnant women (including those who have a history of substance/drug abuse or those with mental illness), mothers with postnatal depression, families with psychosocial needs, and pre-primary children with health, developmental and behavioural problems. Needy children and families identified will be referred to the appropriate health and/or social services.

6. To enhance the early identification of children and families in need and provide them with appropriate support, a task group formed under DH, HA and SWD is developing sets of assessment framework on parenting capacity to assess the child care capacity of parents/carers, including assessments of risk factors and related follow-up service plans. As the first stage of implementation, a user manual for social workers on the use of the assessment framework targeting children aged between 0 to 1 year was issued in May 2015. The pilot use was launched in Tsuen Wan, Kwai Tsing and Yuen Long Districts in June 2015 and will be further extended to other districts starting from the fourth quarter of 2016. In the ensuing stages, the task group will develop the assessment framework for children aged 1 to 3 years for use by social workers and another version for children aged 0 to 3 years for use by other professionals (such as healthcare personnel).

Legal Protection

7. Legislation has been put in place to protect children against abuse. The Offences Against the Person Ordinance (Cap. 212) contains a provision which makes ill-treatment or neglect by those in charge of children an offence, while the Crimes Ordinance (Cap. 200) provides legal protection for children against sexual abuse. Where statutory protection is required for a child, social workers of SWD or police officers may apply for a care or protection order under the Protection of Children and Juveniles Ordinance (Cap. 213) in respect of a child or juvenile who has been or is being assaulted, ill-treated, neglected or sexually abused; whose health, development or welfare has been or is being neglected or avoidably impaired; or whose health, development or welfare appears likely to be neglected or avoidably impaired; and who requires care or protection. The Ordinance empowers the court to grant a supervision order in respect of a child or juvenile who is in need of care or protection, commit the child to the care of any person who is willing to undertake the care of the child, or appoint a legal guardian.

Handling of Suspected Child Abuse Cases of High Risk Families

8. Any organisation, school, service unit or individual may report a suspected child abuse case. All such reports will be handled by SWD,

relevant government departments and NGOs through multi-disciplinary collaboration in accordance with the Procedural Guide.

9. To reduce the stress on a child victim and the trauma of repeating the account of unpleasant experience, SWD adopts a case manager approach in the intervention process so that the child victim only needs to interact with the case manager for most of the time. After receiving a referral or report of suspected child abuse, the case worker from one of SWD's 11 FCPSUs or SWD/NGO case worker handling the case of the child or the family will take up the role of case manager to co-ordinate different intervention services provided for the child victim by various parties in a structured manner.

10. In the process of initial assessment or conducting social enquiry, if the child is in need of medical examination or treatment, the social worker or other professionals will arrange for the child to visit a HA hospital. To avoid the need for the child to wait at the Accident and Emergency Department, the social worker may contact the Medical Co-ordinators on Child Abuse of HA for direct admission of the child to the ward. If there is a need for other professional advice, social workers or other investigators will also arrange for the child to receive assessment conducted by other professionals (such as clinical psychologists and psychiatrists). In case it is not necessary for the child to stay in the hospital for examination or treatment but social workers or other investigators consider it not suitable for the child to go home for the time being, social workers will discuss with the parents to arrange for a suitable place for the child to stay in the interim period. If the parents do not agree that the child should stay at an alternative place temporarily, under the Protection of Children and Juveniles Ordinance (Cap. 213), any person authorised in writing by the Director of Social Welfare 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 the authorised person/officer may consider appropriate.

11. When conducting a detailed social enquiry, the case manager has to look into the situation of the child and the family members, and approach other relatives and relevant professionals. With reference to

the information collected, the case manager will analyse the further abuse risk of the child and the needs of the child and the family, so as to formulate an initial welfare plan.

12. If the case involves a criminal offence, social workers or other professionals will refer the case to the Police for investigation. A child's best interests and prevention of further trauma are the priority of police officers in handling reports of suspected child abuse. Police officers will ensure the safety of the child victim and arrange for necessary medical treatment. An appropriate adult will also be arranged to accompany the child during police's investigation. The police officers handling the case will check whether the family involved has any records of child abuse, domestic violence and missing persons in the "Enhanced Central Domestic Violence Database" to assess if the child is at the risk of further abuse. A designated team will be responsible for the investigation. To safeguard children's well-being, the Police will refer all suspected child abuse cases to SWD for follow-up.

MDCCs and Welfare Plans

13. The case manager will seek to complete the social enquiry and convene an MDCC within 10 working days upon receiving the referral/report. 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 health, development, functioning of the child and the parents'/carers' ability to ensure the child's safety. Most importantly, MDCC will formulate a welfare plan for the child and the family.

14. According to the Procedural Guide, the membership of the MDCC will be decided by its Chairperson¹. As a normal practice, professionals who have direct knowledge on the child and the family and have a major role in the handling and investigation of the suspected child

¹ The officer-in-charge/supervisor/senior social worker of the service unit which provides casework services and conducts the social enquiry/investigation for the case will normally assume the chairmanship. If such person is not available or not suitable to be the Chairperson of the MDCC, the assistance of another colleague of the same organisation or a social worker of FCPSU of SWD can be enlisted.

abuse case, and professionals who are not involved in the investigation but can provide particular information on the child or the family or offer professional advice to facilitate the discussion of case nature, risk and need assessment, and formulation of welfare plan will be invited to attend MDCC. Where appropriate, the Chairperson may also invite medical personnel, school personnel, social workers, police officers, and clinical psychologists to attend MDCC as members. SWD reviewed the operation of MDCC in 2015 and introduced in December 2015 the revised Procedural Guide with enhancements to the parts on pre-meeting investigation and preparations to be undertaken by various professionals. According to the revised guide, for example, the invited professionals may discuss with the Chairperson the inclusion of any particular professional who they think should also join MDCC.

15. In determining whether a case should be defined as a child abuse case, MDCC members will take into consideration various factors such as the child's age, the abuse act and the consequences of the abuse act on the child. They will also conduct risk assessments on related factors according to the Procedural Guide before deciding on the child care arrangements. The assessments will include the nature of the suspected incident of child abuse, the severity of the incident and possible effects on the child, as well as the physical, mental and psychosocial conditions of the child and the abuser, any undesirable habits of the abuser (e.g. substance/drug/alcohol abuse), any stresses or crises being faced by the abuser (e.g. marital conflicts), attitude and level of co-operation of the abuser, growth and developmental needs of the child, the family's ability to take care of the child, parent-child relationship, child care arrangements, and the availability of support in the family network. When assessing the needs of the child and the family, MDCC will also make reference to the assessment framework newly adopted in the Procedural Guide revised in 2015 to facilitate the provision of necessary support services.

16. If MDCC considers that the family is not suitable for taking care of the abused child for the time being, the case manager will place the child under the care of relatives as far as possible. If care by relatives is not feasible, suitable residential care service will be arranged according to the child's welfare needs. Where there is an urgent need for residential

care service, based on the situation and needs of the child, social workers may apply to the Court for a care or protection order under the Protection of Children and Juveniles Ordinance and arrange for temporary admission of the child to a place of refuge. The Court may grant a supervision order and appoint a legal guardian in respect of a child who is in need of care or protection, or issue an order to commit the child to the care of any person or institution that can undertake the care of the child.

Residential Child Care Services

17. Residential child care services are provided for children under the age of 21 who cannot be adequately cared for by their families because of family problems or crises, so that they may grow up healthily in a stable and safe environment outside their home until other long-term care arrangements (such as reunion with family members and adoption) are available or the time when they can live independently.

18. There are two types of residential child care services, namely the institutional and non-institutional care. Institutional care includes residential child care centres (formerly known as residential creches and residential nurseries), children's reception centres, children's homes, boys'/girls' homes and boys'/girls' hostels. Non-institutional care includes foster care or small group homes where a home-like environment is provided for children with residential care need. For children whose families cannot care for them because of emergency or crisis situation, emergency residential care will be provided through foster care (emergency), emergency/short-term care in small group homes and children's reception centre. Caseworkers can approach the service providers of emergency residential care to arrange referrals.

19. Besides, residential special child care centres provide residential care for children aged 2 to 6 with moderate or severe developmental disorders to protect and promote their health and well-being, and nurture their growth and development with regard to their physical, social, emotional and intellectual needs. Small group homes for mildly mentally handicapped children provide residential care service for mildly mentally handicapped children aged 6 to 18 whose families cannot give them adequate care. For child victims with urgent need for the service,

social workers may apply for priority placement as appropriate on their behalf.

Follow-up of Child Abuse Cases

20. MDCC will appoint a key social worker to follow up the case. Normally, a social worker from an FCPSU of SWD will act as the key social worker and take up the case when the MDCC members agree that it is a child abuse case, or consider that there is high risk of child abuse or suspect that child abuse may have happened although the case is not classified as child abuse. The key social worker is responsible for implementing the decisions of MDCC, lining up multi-disciplinary collaboration in implementing the welfare plan concerning the child and the family and ensuring that actions taken by the responsible parties are in line with the decisions of MDCC. The supervisor of the key social worker is responsible for monitoring the key social worker's discharge of the above duties until the risk of child abuse has subsided.

21. If the welfare plan recommended by MDCC cannot be implemented by the key social worker or other responsible parties, the key social worker should inform MDCC members as soon as possible in order to consider reconvening MDCC. Subject to the needs of and the agreement at MDCC, the key social worker will also inform the members in writing at an agreed time, say three months after MDCC, the implementation progress of the welfare plan. The progress report will give an account of whether the welfare plan has been implemented according to MDCC's recommendations, whether any difficulties/changes in circumstances have rendered the welfare plan unfeasible, and whether any review/revision is required. Discussions on the need of convening a review conference and submitting a progress report on the implementation of the welfare plan have been included to the sample agenda for MDCCs in the Procedural Guide revised in 2015. Members will make decisions according to the needs of individual cases.

22. When following up a child abuse case, the key social worker will provide appropriate services for the abused child as well as the child's family members, including the abuser. Aiming to protect the well-being of the child, these services include regular visits, counselling services

(such as emotion control and counselling, parenting skills and parent-child relationship), financial assistance, referral for psychological counselling services and residential care service. Having regard to the family's situation, the key social worker will also review the parents' ability to take care of the child and the condition of the child from time to time in consultation with other professionals (such as doctors, psychologists and teachers) who are also following up the case. The key social worker will also provide group counselling and developmental programmes for the affected child and the family to help them overcome the negative impacts of the incident, enhance personal resilience, build up self-confidence and develop positive attitudes towards interpersonal and family relationships.

Training for Front-line Professionals

23. Departments and organisations should provide training in handling suspected child abuse cases for staff who may come into contact with children. In this connection, SWD organises on a regular basis various training programmes for front-line professionals to enhance their knowledge of handling domestic violence, including child abuse, spouse/cohabitant battering, elder abuse, sexual violence and suicide, and strengthen their capabilities in risk assessment, violence prevention and post-trauma counselling.

24. In 2015-16, the Staff Development and Training Section and the District Social Welfare Offices of SWD organised and subsidised 145 training programmes for front-line professionals (e.g. social workers, educators, police officers and healthcare personnel), which were attended by around 7 500 participants. SWD also sends facilitators to training activities organised by EDB, HA, DH and NGOs for front-line service personnel to provide training in child protection.

25. Moreover, the Police and SWD jointly organise an incremental training programme of "Video Recorded Interview with Child and Mentally Incapacitated Witnesses" on a regular basis. The elementary courses target at participants from the Police, SWD, Department of Justice, DH, HA and NGOs and provide training in the procedures and skills of identifying, handling and investigating child abuse cases.

Lectures given by experts such as paediatricians and psychologists are also included to help participants master the skills of handling child abuse cases. The advanced courses focus on training officers from the Police and SWD in joint investigation and taking statements by video recording from child and mentally incapacitated witnesses.

26. In April 2016, SWD launched the revamped online programme of child protection on the new e-learning platform, through which front-line staff who have the needs can learn and find reference about the basic knowledge and skills of handling suspected child abuse cases. The new e-learning platform will also be open for use by NGO and HA staff in the middle of this year at the earliest.

27. In March 2016, in the wake of the case involving a child who died of misadventure, the Coroner's Court recommended that SWD should include in the risk factors and assessment matrix of the Procedural Guide that "if any carer is suspected of having a condition of substance/drug abuse, consideration should be given to the way the substance/drug abuse is carried out; whether it takes place at home; where the carer stores the substance/drug and whether the place of storage is easily accessible by children". As mentioned in paragraph 15 above, the existing risk factors and assessment matrix in the Procedural Guide already cover undesirable habits of the abuser (e.g. substance/drug abuse). SWD is carefully studying the Coroner's recommendations, and making reference to the recommendations in reviewing how the risk factors and assessment matrix in the Procedural Guide can be enhanced to give due consideration to cases with suspected substance/drug-abusing carers. In this regard, SWD has issued an electronic newsletter to remind front-line caseworkers of the points to note in handling cases with suspected substance/drug-abusing carers. At the Committee on IFSCs meeting, SWD has also reminded the members (including Assistant District Social Welfare Officers of SWD, service coordinators and supervisory staff of IFSCs and ISCs operated by subvented NGOs, and the representative of The Hong Kong Council of Social Service) of the Coroner's concerns and points to note in handling related cases.

28. SWD is planning to enhance the part of risk assessment in the training courses on handling suspected child abuse cases to be conducted

in June and July this year, and organise in July a training course on ways to identify and handle high-risk child welfare cases in the light of observations from child death cases. Further enhancement will also be introduced to the training courses on handling cases of child abuse, substance/drug-abusing carers and domestic violence in 2016-17. Moreover, SWD has set up a task group earlier on to help prepare reference materials on the continuous assessment and modes of intervention for following up various categories of child abuse cases, mainly for use by FCPSU social workers in handling child abuse cases. The contents in these reference materials concerning handling of cases with suspected substance/drug-abusing carers will also be reinforced. Also, SWD has commenced the preparatory work for the review of the Procedural Guide by studying the relevant information on definition of child abuse in foreign countries. The review will cover, among others, the definition of child abuse, risk assessment framework, intervention protocol and monitoring mechanism of the implementation of the welfare plans as recommended by MDCC.

Publicity and Public Education

29. SWD will continue its publicity campaign of “Strengthening Families and Combating Violence”, through territory-wide and district-based publicity and public education programmes to raise public awareness of the importance of family cohesion and prevention of domestic violence, and encourage those in need to seek early assistance. In 2014-15, SWD produced a series of television and radio Announcements of Public Interest and posters to appeal to the public that they should protect themselves and their children from becoming victims of domestic violence and seek early assistance where necessary. In 2015-16, SWD launched a Facebook fanpage to promote positive parent-child relationship and remind parents to avoid hurting their children with verbal abuse. Video clips posted on the internet and banners displayed over the territory were also deployed to convey to parents the importance of avoiding hurting their children with corporal punishment or verbal abuse, developing their children’s resilience against adversity, and protecting themselves and their children from becoming victims of domestic violence.

30. SWD has also provided subvention for NGOs to promote community education on child abuse prevention. The objectives are to enhance public awareness through a better understanding of different types of child abuse and their impact on children, and promote proper child care and discipline skills through enhancing parents'/carers' knowledge and skills in looking after children.

Advice Sought

31. Members are invited to note the content of this paper.

**Labour and Welfare Bureau
Hong Kong Police Force
Social Welfare Department**

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