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Child abuse handling – concerns raised by the Medical Coordinators on Child Abuse of Hospital Authority

The Medical Coordinators on Child Abuse (MCCA) are pediatricians managing children suspected of being abused in the Hospital Authority (HA) setting. There are difficulties and areas of concern that we like to share with you. Over the years, we are seeing a continual change in the pattern of child abuse in the society. In recent few years, we are seeing more children under the care of substance-abusing carers. A recent coroner court verdict in March 2016 on the death of misadventure of a child found to have methamphetamine in his body was a tragic illustration that managing such situations require stringent collaborative work, adequate placement and child care support in meeting up with increasing demands.

We list our concerns as follows.

1. **Need for a structured framework for Risk Assessment.**
   In managing a suspected child abuse case, the social enquiry and risk assessment are the backbone of the case management. They are of vital importance in discussing the case nature and formulating the welfare and placement plan. Nowadays, we are encountering more and more parents with mental illness or habit of substance abuse. Their child care ability is of major concern in the welfare arrangement. Besides, mental health professionals can play an important role in assessing the mental health status of the child minders.

   The risk assessment is a standing agenda item in the revised chapter of Multi-disciplinary Case Conference on Protection of Child with Suspected Abuse (MDCC) in the Procedural Guide for Handling Child Abuse Cases (2015), we do hope such risk assessment could be systematically carried out, properly evaluated and effectively monitored. Our experience reveals that there are individual variations in the level of experience and professional expertise among the managing professionals. We did expect better risk assessment in some cases.

   In addition, a structured framework for risk assessment and a better system for clinical supervision have to be in place to ensure a proper risk assessment. Strengthened training program for all professionals who are dealing with children or infants of substance-abusing parents is needed. We do hope to see all cases are well handled.

2. **Need for better support for child placement.**
   According to HA surveillance statistics on 1693 cases, the average length of stay for each child admitted with suspected child abuse is 9.1 days. The length of stay beyond the defined "medically fit for discharge day" is 5.3 days. The reasons for such extended stay beyond the "medically fit for discharge day" are expressed in percentages as follows:
   a. placement availability 31%
   b. coordination problem 40%

c. long holiday 2%
d. pending placement decision 26%

Owing to the inadequate placement support, many children have prolonged stay in hospital. These include children with normal health status as well as those with special care needs. The delay also increases the risk of nosocomial infection. This imminent problem needs to be dealt with promptly.

3. **Need for a common working protocol in handling children under care of substance abusers.**

   Many children are under the care of substance-abusing carers. In handling such cases, there have been repeated discussions on whether welfare meeting or MDCC should be held, whether a child with no physical injuries should be managed as abuse, whether children under such situations are defined as neglected or abused, etc. It is timely and important that there should be formal discussions between stakeholders including Social Welfare Department (SWD), HA, police and other professionals to work for a consensus and on a unified protocol to tackle these cases.

   We have the opinion that if a party suspect child abuse or neglect, a MDCC for child protection should be held. Furthermore, welfare plan at MDCC should not just stop at Care or Protection Order or out-of-home placement. Indeed, a solid reunion plan is highly important and this usually necessitates the substance-abusing carer to receive substance abuse treatment.

4. **Need for a system change to retain clinical expertise and avoid frequent change of Case-worker/managers**

   Experience and professional judgment are important assets in handling stressful situations of child abuse. We hope to see experienced social workers to stay in child protection system as long as possible, without being rotated out.

5. **Need for the Procedural Guide to address new and emerging issues.**

   The Procedural Guide for Handling Child Abuse Cases does not address new or emerging issues such as compensated dating, internet sexual abuse, children or fetus of substance abusers, etc. where children need a comprehensive assessment of their needs and welfare in order to protect them.

6. **Need for a responsive system with emergency contact and hotline support**.

   From time to time, we have situations that need timely and accurate information from the case social worker to decide on immediate action outside office hours, e.g. child abduction form hospital. However, such contacts were often not readily available to facilitate decision. We do hope an improvement in such support.

Children suspected of being abused are already under distress. We believe optimal measures should be implemented to alleviate the sufferings. We have confidence that our close working relationship will continue to strive for the welfare of the children and a better future.

Yours faithfully,

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