

Women's Commission

**Proposal on the Mandatory Reporting Requirement
for Suspected Child Abuse Cases**

PURPOSE

This paper consults Members on the implementation details of a proposal to impose a statutory duty upon designated professionals to report to the relevant Government authorities specified categories of child abuse/neglect cases, the non-compliance with which will lead to criminal liability.

BACKGROUND

2. The conclusion of a court case on a five-year-old child abused to death by her parents in April 2021 highlighted the vulnerability of children who are unable to seek help or provide accounts of what happened in abuse and neglect cases. This led to the community's call for a mandatory reporting regime to ensure early identification of and effective intervention into child abuse/neglect cases.

3. The Government set up a cross-bureaux working group (the Working Group), comprising the Labour and Welfare Bureau, Education Bureau, the then Food and Health Bureau (renamed as Health Bureau from 1 July 2022) and Security Bureau in July 2021 to explore the possibility of introducing in Hong Kong a mandatory reporting requirement (MRR) for designated professionals to report child abuse/neglect cases in the course of performing their work (mandated reporters). The Working Group conducted a series of consultation sessions in the third quarter of 2021 with stakeholders in the social welfare sector, education sector and health care sector, and briefed the Legislative Council (LegCo) Panel on Welfare

Services and the relevant Government advisory bodies¹ on the proposal. The majority considered that the MRR legislation should be introduced on the grounds that :

- (i) a mandatory requirement with a criminal liability for non-compliance can increase awareness of the importance of reporting child abuse by not only those professionals under a duty to report but also other members of the public, hence creating a strong deterrent to potential abusers;
- (ii) professionals who have frequent contacts with children, after receiving appropriate training on child abuse/neglect identification, are best placed to judge whether child abuse/neglect is happening; hence, making it their duty to report these cases will ensure early identification and intervention by the authorities concerned.

Many stakeholders urged the Government to conduct further in-depth consultation with stakeholders when implementation details are available, including reporting thresholds, reporting channels, protection measures for mandated reporters, and mode and content of training, to avoid causing distress and disruption to frontline staff and the institutions concerned in delivering the much needed services for children.

4. In view of this mainstream view, the Government announced in the Chief Executive's 2021 Policy Address that it would take forward the MRR legislation with the target of introducing a bill into LegCo in the first half of 2023, and that the mandated reporters would receive appropriate training to enhance their capacity for early identification and handling of child abuse cases.

LEGISLATIVE PROPOSAL

5. The Working Group proposes to amend the Protection of

¹ These include the Commission on Children, the Women Commission, the Social Welfare Advisory Committee and the Family Council.

Children and Juveniles Ordinance (Cap. 213) to introduce the MRR on suspected child abuse/neglect cases if the mandated reporters have reasonable ground in the course of their work to suspect that a child “has suffered serious harm” or “is at an imminent risk of suffering serious harm”. It should be emphasised that the introduction of MRR is without prejudice to the existing practice where practitioners have all along been encouraged to report child abuse/neglect cases involving different levels of severity and risk of harm on children in accordance with the Protecting Children from Maltreatment – Procedural Guide for Multi-disciplinary Co-operation (Revised 2020)² (the Procedural Guide). To plan for the implementation of the new legislation on MRR, **a continuum of action and support for the victims of all forms of suspected child abuses/neglect will be put in place**, viz: suspected child abuse/neglect cases that meet the threshold of mandatory reportable circumstances in the new legislation will be handled by the Police and/ or the dedicated team in the Social Welfare Department’s (SWD) Family and Child Protective Services Unit (FCPSU); whereas other suspected cases that fall below the mandatory reporting threshold will continue to be handled by SWD’s FCPSU or other relevant casework units, including Integrated Family Service Centre/ Integrated Services Centre, Medical Social Services Unit and School Social Work Unit, etc., and where criminal offence is involved the Police, under the existing mechanism.

6. The five key parameters of the Working Group’s proposed MRR covers: (a) whom to protect; (b) who are mandated to make reports; (c) what types of suspected cases to be reported; (d) what should be the appropriate level of penalty; and (e) how to safeguard mandated reporters’ interest. The proposed implementation details in these respects are set out below.

(a) Whom to protect?

7. The Working Group proposes to **define children as persons aged below 18** on the basis of the observation that the United Nations Convention

² The Procedural Guide is drawn up jointly by SWD and related bureau, departments and non-government organisations for different professionals’ reference in taking necessary actions for suspected child maltreatment cases.

on the Rights of the Child³ and the World Health Organization⁴ define children as persons aged below 18 and that, in the local context, professionals have all along been encouraged to report suspected child abuse cases involving persons aged below 18 under the Procedural Guide.

(b) Who are mandated to make reports?

8. The Working Group proposes that the MRR should cover practitioners who have **frequent contacts with children** and whose professions or work are currently **subject to some form of regulation**, so that they could receive appropriate training to enhance their capacity for early identification and handling of suspected child abuse/neglect cases, increase the chance of identifying and bringing these cases to the attention of relevant authorities as soon as possible.

9. On the basis of the list of practitioners to be designated as mandated reporters set out in the previous consultation document, the Working Group proposes an updated list as follows in light of the views received:

Social welfare sector

- (i) Social Workers;
- (ii) Child Care Workers/ Child Care Supervisors in Child Care Centres, Kindergarten-cum-Child Care Centres, Residential Child Care Centres, Residential Special Child Care Centres, Children's Homes, Children's Reception Centres, and Boys'/Girls' Homes and Hostels;
- (iii) Superintendents/Persons-in-charge of service units providing residential child care services, including Residential Child Care Centres, Residential Special Child Care Centres, Children's Homes, Children's Reception Centres, and Boys'/Girls' Homes and Hostels;

³ Article 1 of the United Nations Convention on the Rights of the Child reads "*For the purposes of the present Convention, a child means every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier.*".

⁴ World Health Organization defines "child maltreatment" as "*the abuse and neglect that occurs to children under 18 years of age*".

Education sector

- (iv) Teachers;
- (v) Persons-in-charge of the boarding section of primary schools, secondary schools and special schools of all finance types;

Healthcare sector

- (vi) Nurses;
- (vii) Doctors;
- (viii) Dentists;
- (ix) Registered and listed Chinese medicine practitioners; and
- (x) Healthcare professionals, including physiotherapists, occupational therapists, optometrists, radiographers, midwives, chiropractors, dental hygienists, speech therapists, dietitians, audiologists, clinical psychologists and educational psychologists.

10. The Working Group proposes that the list of mandated reporters should be set out in a Schedule to the amendment legislation so that the list may be amended from time to time by way of subsidiary legislation in a prompt manner to keep abreast of changing circumstances.

(c) What types of suspected cases to be reported?

11. The Working Group proposes that mandated reporters should be required to make a report if they have reasonable grounds to suspect that a child “**has suffered serious harm**” or “**is at an imminent risk of suffering serious harm**” during their course of work and pertaining to their scope of professional practice. The suspicion should be based on professional knowledge, judgement and/or experience, from first hand observation of the child and/or the child’s interactions with his/her parent/carer; concrete information disclosed by the child, parent/carer or any individual who comes to know the child; or findings of physical examination and/or investigation. In considering whether the harm is serious, mandated reporters may have regard to the degree and the extent of harm; duration and frequency of abuse and/or neglect; and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

12. With reference to the experience in the local context and the related guidelines in overseas jurisdictions, the Working Group has worked out illustrations on the reportable circumstances of four defined types of suspected child abuse, namely **physical abuse, sexual abuse, neglect and psychological abuse**.

13. The Working Group notes from the previous engagement sessions the concerns of some professions that mandatory reporting of all types of cases irrespective of their nature may damage the trustful relationship or confidential communications between some professions⁵ and their client; and the common downsides of over-reporting or premature reporting associated with mandatory reporting mechanisms practised in some overseas jurisdictions. Hence, the Working Group proposes a **“tiered” reporting mechanism** under which mandated reporters will be:

- (a) required to report Level 1 cases (i.e. suspected child abuse cases meeting the mandatory reporting threshold) to the Police and/or the dedicated team in SWD’s FCPSU under the MRR; and
- (b) encouraged to report and/or refer Level 2⁶ and Level 3⁷ cases, i.e. cases not meeting the mandatory reporting threshold, to FCPSU and other appropriate casework units in SWD accordingly.

Samples of the illustrations of reportable circumstances are set out at Annex 1. The duties of mandated reporters are set out at Annex 2.

⁵ The Code of Professional Conduct for the Guidance of Registered Medical Practitioners provides that *“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 is necessary to prevent serious harm to the patient or other persons; (ii) when disclosure is required by law.”*. The Guidelines on Code of Practice for Registered Social Workers provides that *“in circumstances where there is sufficient ground that there is a real, imminent, and serious threat to the safety or interests of clients social workers should take necessary steps to inform appropriate third parties even without the prior consent of clients”*.

⁶ Level 2 cases are suspected child abuse incidents involving a child being at risk of being harmed, or incident where the child may be harmed.

⁷ Level 3 cases involve certain concerns of suspected child abuse for further exploration, or are cases in which the child or the family needs follow-up.

14. SWD will draw up a reference guide book with illustrations of reportable circumstances in collaboration with relevant government departments, non-governmental organisations and relevant professional bodies to provide practical guidance on the operation of MRR and assist mandated reporters in identifying the targeted cases.

(d) What should be the appropriate level of penalty?

15. With reference to the penalty system in local legislation⁸, particularly the differentiation of penalty levels for non-reporting of some comparable serious offences vis-à-vis committing such serious offences, the Working Group proposes **a 3 months' imprisonment and a fine at level 5** (i.e. \$50,000) for failure on the part of mandated reporters to report child abuse cases as defined under the MRR legislation, vis-à-vis a 10-year imprisonment for perpetrators under section 27 of the Offences against the Person Ordinance (Cap. 212).

16. In previous engagement sessions, stakeholders expressed the views that the Government should strike an appropriate balance between giving a clear signal that the community does not tolerate non-reporting of serious abuse and neglect of vulnerable children on the one hand, and providing assurance that the penalty level would be commensurate with the different nature/seriousness of offences committed by non-reporters relative to perpetrators of child abuse on the other hand. The Working Group has duly taken into account these views in proposing the above penalty level.

(e) How to safeguard mandated reporters' interest?

17. To safeguard mandated reporters' interest, the Working Group proposes that the confidentiality and safeguard provisions conferring them with immunity from any civil, criminal or administrative liability arising from a report made in good faith should be incorporated into the new legislation and/or guidelines. Such provisions include –

⁸ For some serious offences such as drug trafficking, indicatable offence, and terrorism, while committing of these serious offences per se incurs penalty ranging from 7 years to life imprisonment and fines at various levels, non-reporting of such serious offences incurs a penalty of 3-month imprisonment and a fine at level 5 (i.e. \$50,000).

- (i) The employer or supervisor of the mandated reporter must not impose any work policy, rule or other requirement that prevents or inhibits him or her from making a report in accordance with the MRR legislation.
- (ii) No one shall disclose the identity of the mandated reporter as the person who made the report, or information from which such identity could be deduced, unless it is necessary for the investigation in relation to the report, safeguarding or promoting the safety, welfare and well-being of the children, or any legal proceedings.
- (iii) No action (including any civil, criminal or administrative proceedings) may be brought against the mandated reporter in respect of the report.
- (iv) The mandated reporter must not be held to have breached any code of professional conduct or ethics, or to have departed from any acceptable standards of professional conduct, by making the report.
- (v) The employer or supervisor of the mandated reporter must not dismiss him or her, or discriminate or retaliate against him or her for making the report.

18. In view of the concerns raised by some professional bodies over the possible conflict between the new MRR and mandated reporters' professional ethics and obligations to safeguard confidentiality, the relevant bureaux and departments will initiate discussion with the professional bodies concerned on the need to make suitable amendments to their respective codes of practice.

REPORTING CHANNEL

19. As a mandated reporter will be personally liable for failure to meet the new MRR, he/ she will be required to report the child abuse/neglect cases as specified in the MRR legislation to the Police or the dedicated team in SWD's Family and Child Protective Services Unit by phone or any other means within a reasonable timeframe, to be followed by a written report. Once the mandated reporter has made the report through the prescribed

channels, his/her statutory obligation will be deemed to have been fulfilled. SWD's FCPSU or the Police will issue written acknowledgment to the mandated reporter. The Police and/or the dedicated team of SWD's FCPSU will conduct child protection investigation, criminal investigation and/or Multi-disciplinary Case Conference on Protection of Child with Suspected Maltreatment (MDCC). FCPSU will offer comprehensive follow-up services for cases concluded at MDCC as child abuse or with high risk of child abuse, to ensure the children are provided with adequate support and protection. Other cases will be followed up by SWD's appropriate casework units, such as Integrated Family Service Centre/Integrated Services Centre, Medical Social Services Unit and School Social Work Unit, etc. for arranging welfare services, counselling, and other appropriate follow-up actions under the existing mechanism. A flowchart illustrating the reporting channel is at [Annex 3](#).

TRAINING

20. SWD will set up an e-learning platform for the designated mandated reporters to receive appropriate training to enhance their capacity for early identification and handling of suspected child abuse/neglect cases, so that they can have easy access to the training materials and complete the required training in a flexible manner. Mandated reporters may either attend the training programmes by the webinar mode or the online self-learning mode. E-certificate will be issued in respect of each module for which a learner has achieved a score of 90% or higher in the post-course quiz. The full course will include two modules: Module 1 on basic knowledge of child protection and Module 2 on basic knowledge on relevant legal and reporting issues relating to enactment of the new legislation. Details of the training content and framework are at [Annex 4](#).

21. The e-learning platform will be made available in phases before the enactment of the MRR legislation. For Module 1, the webinar mode will be available in late 2022/early 2023, and the online self-learning mode will be available in the second quarter of 2023. For Module 2, both the webinar and online self-learning modes will be available from the fourth quarter of 2023 onwards or the enactment of the MRR legislation, whichever

date is earlier. In tandem, the respective bureaux and departments as well as the Hospital Authority will strengthen continuous professional training for more professionals, in particular the designated mandated reporters, with a view to enhancing their knowledge of child protection to pave way for the MRR legislation.

ADMINISTRATIVE SUPPORT MEASURES

22. In taking forward the new legislation on MRR, the Government has spared no effort in continuously strengthening existing support measures, including regularisation of the Pilot Scheme on Social Work Service for Pre-primary Institutions, improving the Comprehensive Child Development Service, increasing the capacity of the emergency placement services for children, strengthening parental support and education and public education programmes. The administrative support measures in place and under consideration are set out at Annex 5.

RELATED MATTERS

23. The Working Group is considering how to take forward the recommendations in the Law Reform Commission's (LRC) Report published in September 2021 about a new "failure to protect" offence⁹, which is in line with the Government's policy objective of safeguarding the best interests and safety of children and zero tolerance of child abuse. The Working Group notes that the LRC's proposed offence is sophisticated, in terms of the application of the concept of "duty of care" in institutional settings, the actions (or omissions) that may incur criminal liability with a proposed maximum penalty of 20 years' imprisonment. Hence, it warrants detailed assessment and careful deliberation and consensus building among the stakeholders concerned. The Working Group will continue to consider how to implement LRC's proposed offence by making reference to precedent

⁹ The offence of "failure to protect" in respect of children refers to the failure to protect a child in cases where the child's death or serious injury is caused by an unlawful act or neglect. The maximum penalty recommended by the Law Reform Commission is imprisonment of 20 years if the victim dies and 15 years if the victim suffers serious harm.

court cases, and exploring how best to elucidate the concept of “duty of care” and other key terms in relation to the proposed offence.

IMPLEMENTATION TIMETABLE

24. Subject to the outcome of the consultation, the Working Group plans to take forward the MRR legislation by introducing a bill within the 2023-24 legislative session.

ADVICE SOUGHT

25. Members are invited to offer views on the proposed implementation details as set out in this paper.

LABOUR AND WELFARE BUREAU
EDUCATION BUREAU
HEALTH BUREAU
SECURITY BUREAU

September 2022

**Reportable Circumstances for
Mandatory Reporting of Child Abuse Cases**

Circumstances that meet the reportable thresholds of “serious harm or imminent risk of serious harm” under the new legislation may include –

(a) Physical Abuse

- (1) Severe physical injury requiring urgent medical treatment.
- (2) Assault or acute traumatic act, e.g. poisoning, which is life-threatening and may result in death or permanent dysfunction of organs/limbs.
- (3) Assault using weapon or instrument with sadistic, violent patterns of behaviour.

(b) Sexual Abuse

- (1) Serious sexual crime such as rape, buggery or incest.
- (2) Sexual abuse committed by immediate family member.
- (3) Sexual behaviour causing sexually transmitted disease, traumatic injury of sexual organ, etc.
- (4) Sexual behaviour in circumstances where the child is the subject of bribery, coercion, threat, exploitation or violence where there is a significant disparity in the developmental function or maturity of the child and another person involved in the behaviour (e.g. the child has an intellectual disability, primary student involved in sexual behaviour with a school teacher, the child was enticed or threatened to produce pornographic image for another person).
- (5) Sexual abuse occurring recently/persistently and the child being in frequent contact with the perpetrator or within a short period of time.
- (6) Aiding and abetting sexual abuse to the child including deliberately exposing the child to sexual contact, behaviour or sex-related activities.

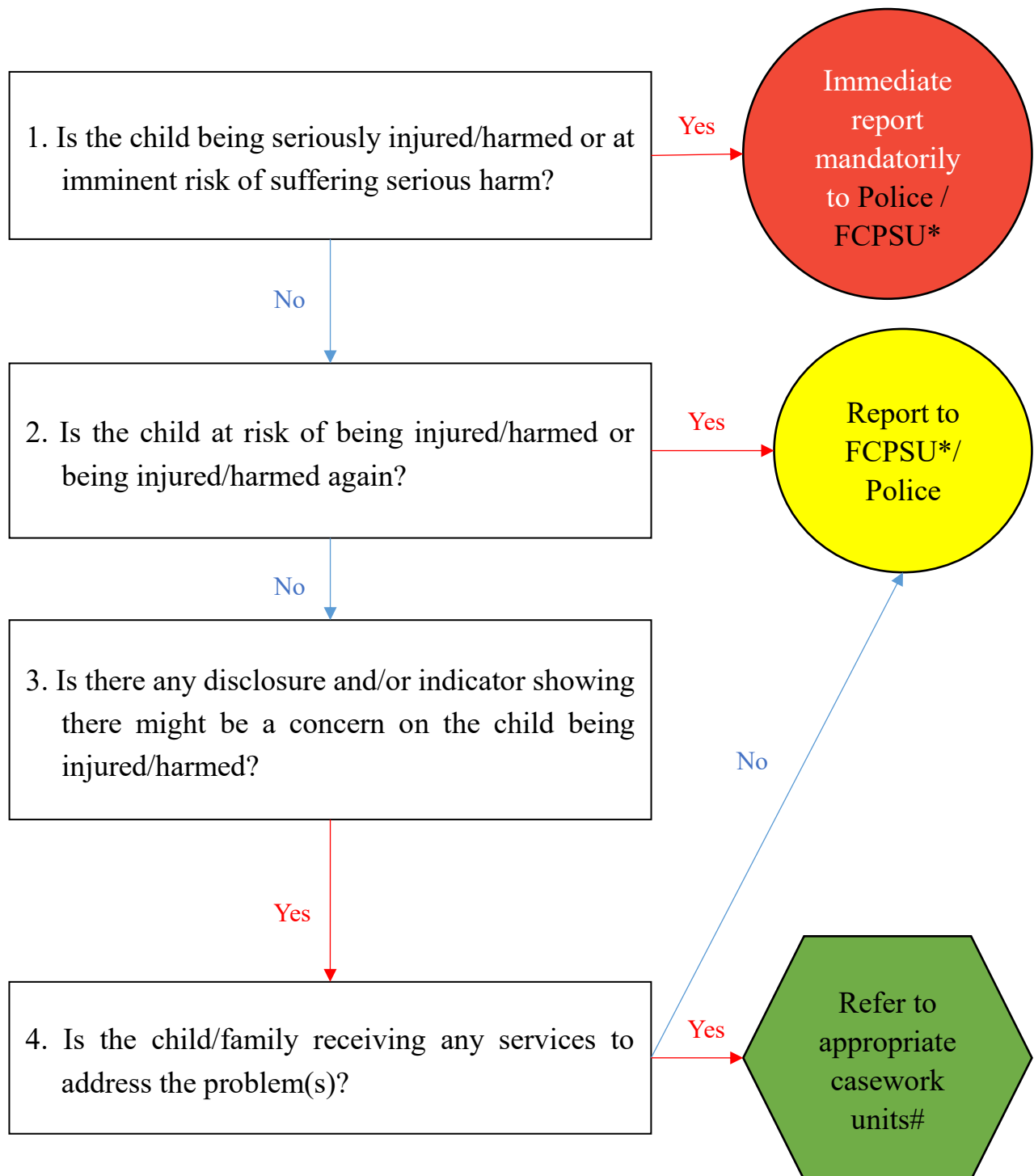
(c) Psychological Abuse

- (1) The child has been threatened with serious harm (physical, sexual or psychological) that endangers his or her physical and/or psychological safety.
- (2) The child has been terrorised by being exposed to a scene of serious harm (physical, sexual or psychological) of a person that the child has a domestic relationship with.
- (3) The child has experienced or is experiencing a chronic and repeated pattern of behaviours incurred by his/her carer, including rejection, disdaining, neglect of emotional needs that has caused or is causing serious harm to the child's development or well-being.

(d) Neglect

- (1) The child has been frequently left unsupervised, resulting in lack of basic provision which has caused/may likely cause serious or life-threatening injury/illness/harm.
- (2) The child has been exposed to hazardous environment posing immediate and serious danger to him/her (e.g. parents/carer/other persons suspected to be taking drugs in the presence of the child leading to the child highly likely to inhale/gain access to such substances).
- (3) The child being exposed to extreme unsafe and unhygienic environment causing immediate and serious danger to his/her health (e.g. life threatening infectious disease, a child living in a place full of human/animal waste)
- (4) Serious malnutrition of neonate, infant and young child or child with obvious sign of frailty not possibly be caused by congenital problem.
- (5) The child requires urgent medical care for potentially life-threatening condition due to lack of essential medical treatment.

Illustration of Reportable Circumstances for Physical Abuse



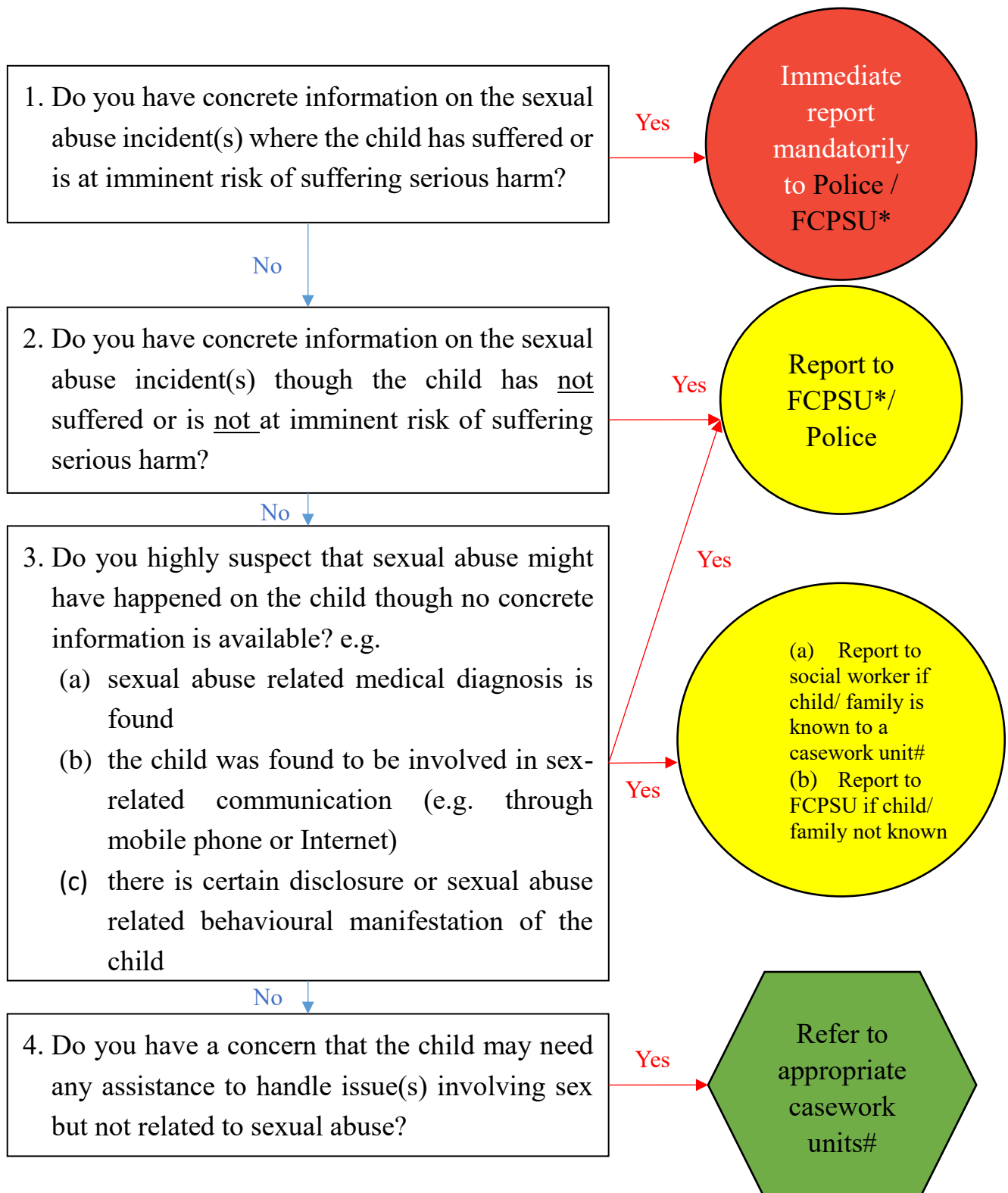
* FCPSU with enhanced triage system for mandatory reporting of a suspected child abuse case

Appropriate casework units include Integrated Family Service Centre/Integrated Services Centres, Medical Social Services Unit and School Social Work Unit, etc.

Reporting System under Mandatory Reporting for Physical Abuse

<p style="text-align: center;">Level 1</p> <p style="text-align: center;">Suspected child abuse incident involving a child having suffered serious harm or being at imminent risk of suffering serious harm that are required to be reported mandatorily</p> <p style="text-align: center;">(Report to the Police or FCPSU)</p>	<p style="text-align: center;">Level 2</p> <p style="text-align: center;">Suspected child abuse incident involving a child being at risk of being harmed, or incident where the child may be harmed and the parent/carer is not willing to cooperate with the relevant professionals</p> <p style="text-align: center;">(Report to FCPSU or the Police)</p>	<p style="text-align: center;">Level 3</p> <p style="text-align: center;">The suspected child abuse incident is not substantiated but the child or the family needs follow up</p> <p style="text-align: center;">(Report / Refer to Appropriate Service Unit)</p>
<p>1. The child being <u>seriously injured/harmed</u></p>	<p>The child is not seriously injured /harmed but at <u>risk</u> of being injured/harmed</p>	<p>There is <u>no indication of</u> the child possibly be <u>abused/harmed</u> but the family/child has other service need(s)</p>
<p><i>i) The child has serious injury e.g. loss of consciousness, dullness, seizures, uncontrolled bleeding from a wound, deformed limb(s), abnormal or difficulty in breathing, severe burns etc., if untreated, would likely result in death, significant disfigurement or loss or significant impairment of normal functioning.</i></p>	<p><i>i) The current injury of the child is not serious but he/she has history / record of prior injuries or being abused/harmed.</i></p>	<p><i>Isolated incident of child discipline/ inappropriate parenting without injury on the child</i></p>
<p><i>ii) Dangerous/toxic substances is being or has been administered deliberately to the child.</i></p>	<p><i>ii) There is chronic or escalating pattern of discipline that results in minor injury e.g. redness or swelling to child's torso, buttocks, arms or legs etc.</i></p>	
<p>2. The child is at <u>imminent risk of suffering serious harm</u></p>		
<p><i>The child was hit in sensitive areas such as eyes, head, chest/abdomen but the injury has healed.</i></p>		

Illustration of Reportable Circumstances for Sexual Abuse



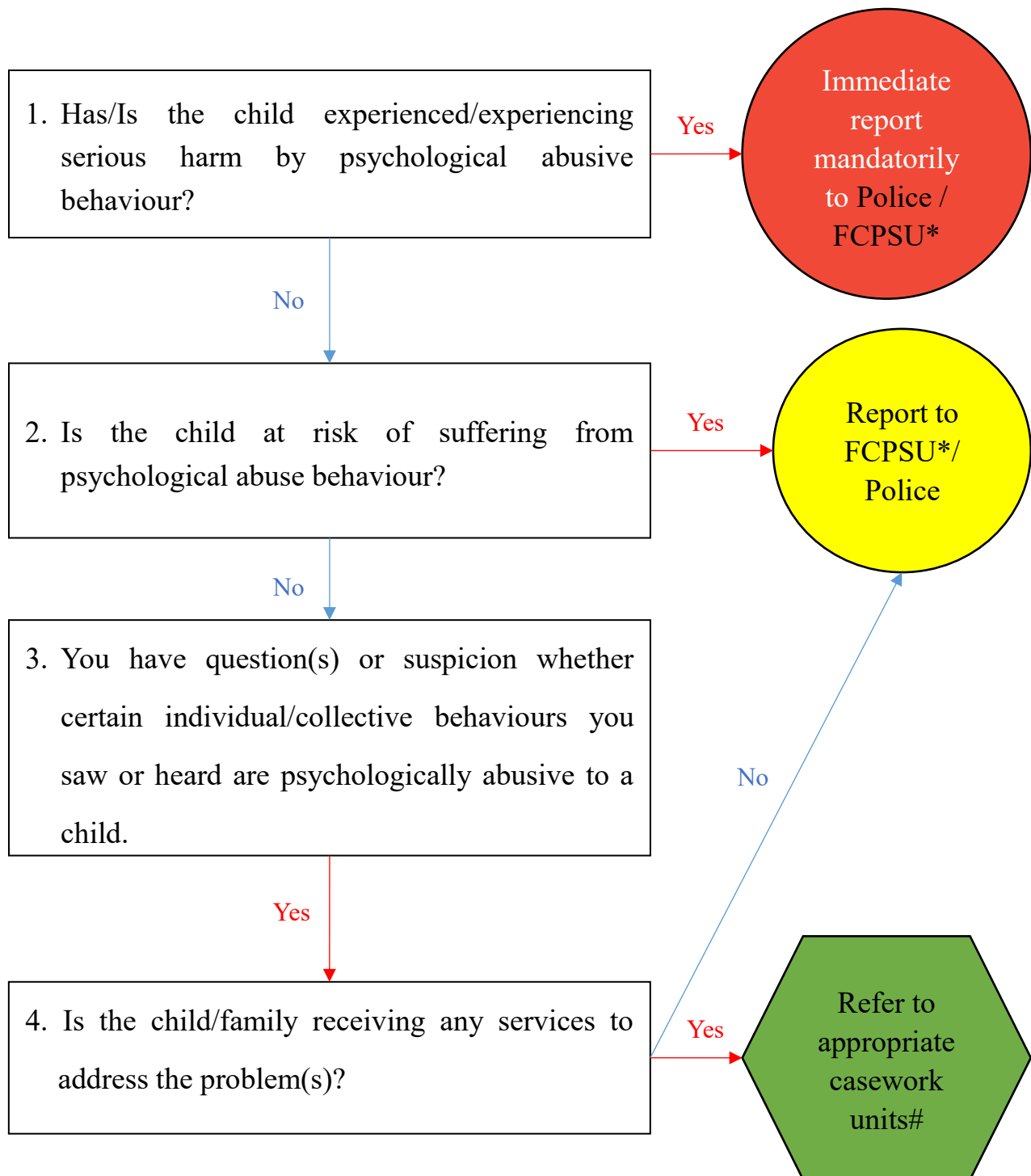
* FCPSU with enhanced triage system for mandatory reporting of a suspected child abuse case

Appropriate casework units include Integrated Family Service Centre/Integrated Services Centres, Medical Social Services Unit and School Social Work Unit, etc.

Reporting System under Mandatory Reporting for Sexual Abuse

Level 1 Suspected child sexual abuse involving a child having suffered serious harm or being at imminent risk of suffering serious harm that are required to be reported mandatorily (Report to the Police or FCPSU)	Level 2 Suspected child sexual abuse incident involving a child who may be harmed (Report to FCPSU or the Police)	Level 3 The suspected child sexual abuse incident is not substantiated but the child or the family needs follow up (Report / Refer to Appropriate Casework Units)
There is disclosure/ concrete information on the sexual abuse incident(s) where the child <u>has suffered</u> or <u>is at imminent risk</u> of suffering serious harm	There is concrete information on the sexual abuse incident(s) but the child <u>is not at imminent risk</u> of suffering serious harm	
<i>i) Serious sexual crime such as rape, buggery, incest</i>	<i>i) The child was molested some time ago, and it is unlikely that he/she will meet the perpetrator again.</i>	
<i>ii) Sexual behaviour in circumstances where the child is the subject of bribery, coercion, threat, exploitation or violence where there is a significant disparity in the developmental function or maturity of the child and another person involved in the behaviour.</i>	<i>ii) Pregnancy and sexually transmitted disease, etc.</i>	
<i>iii) Procuring a child to expose his/her sexual organs for production of pornographic material which has been widely distributed</i>		

Illustration of Reportable Circumstance for Psychological Abuse



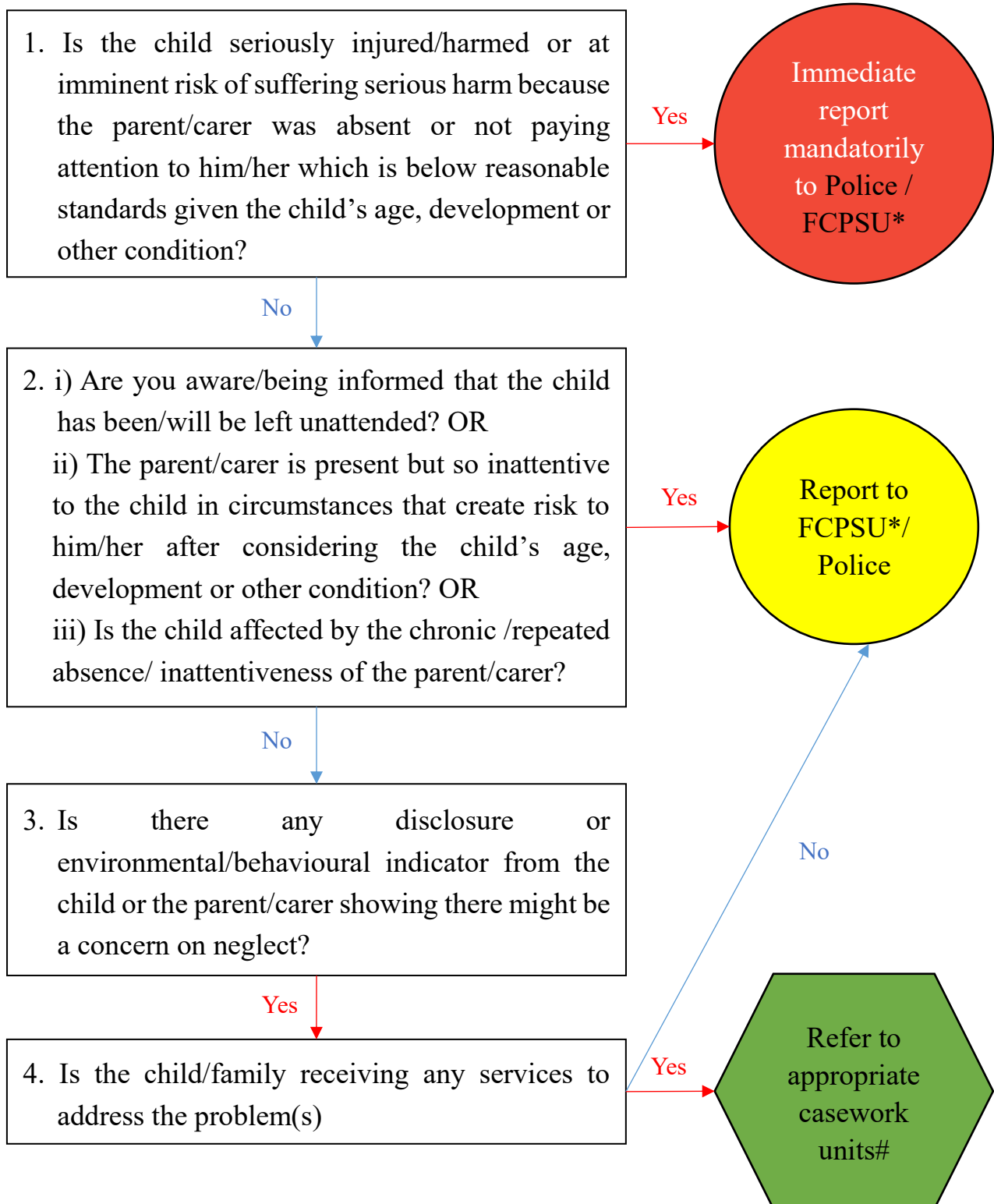
* FCPSU with enhanced triage system for mandatory reporting of a suspected child abuse case

Appropriate casework units include Integrated Family Service Centre/Integrated Services Centres, Medical Social Services Unit and School Social Work Unit, etc.

Reporting System under Mandatory Reporting for Psychological Abuse

<p style="text-align: center;">Level 1</p> <p style="text-align: center;">Suspected child abuse incident involving a child having suffered serious psychological harm or being at imminent risk of suffering serious psychological harm that are required to be reported mandatorily</p> <p style="text-align: center;">(Report to the Police or FCPSU)</p>	<p style="text-align: center;">Level 2</p> <p style="text-align: center;">Suspected child abuse incident involving a child being at risk of being harmed, OR incident where the child may be harmed</p> <p style="text-align: center;">(Report to FCPSU or the Police)</p>	<p style="text-align: center;">Level 3</p> <p style="text-align: center;">The suspected child abuse incident is not substantiated but the child or the family needs follow up</p> <p style="text-align: center;">(Report / Refer to Appropriate Service Unit)</p>
<p><u>The child has/is experienced/experiencing serious harm by psychological abusive behaviour</u></p>	<p><u>The child is at risk of suffering from psychological abuse behaviour</u></p>	<p>There is <u>no indication of the child possibly be abused psychologically</u> but the family has other service need(s)</p>
<p><i>i) The child has been threatened with serious harm (physical, sexual or psychological) that endangers his or her physical and/or psychological safety.</i></p>	<p><i>i) The child has not been threatened with serious harm but is treated in an inappropriate way constantly which may hamper the psychological well-being of the child, e.g.:</i></p> <ul style="list-style-type: none"> <i>a) Treating the child as absent/invisible in family;</i> <i>b) Shaming or humiliating the child in public</i> <i>c) The child has been cultivating deviated moral values</i> 	<p><i>Isolated incident of treating the child in an inappropriate way e.g. using abusive wordings to yell at him/her etc.</i></p>
<p><i>ii) The child has been terrorised by being exposed to a scene of serious harm (physical, sexual or psychological).</i></p>		
<p><i>iii) The child is experiencing a chronic and repeated pattern of behaviours incurred by his or her parent/carer, including rejection, disdaining, neglect of emotional needs etc. that has caused or is causing serious harm to the child's development or well-being.</i></p>	<p><i>ii) The child is experiencing occasional behaviours incurred by his /her parent/carer, including rejection, disdaining, neglect of emotional needs etc. but no obvious psychological harm on the child's development or well-being is observed.</i></p>	

Illustration of Reportable Circumstance for Neglect



* FCPSU with enhanced triage system for mandatory reporting of a suspected child abuse case

Appropriate casework units include Integrated Family Service Centre/Integrated Services Centres, Medical Social Services Unit and School Social Work Unit, etc.

Reporting System under Mandatory Reporting for Neglect

<p style="text-align: center;">Level 1</p> <p style="text-align: center;">Suspected child abuse incident involving a child having suffered serious harm or being at imminent risk of suffering serious harm that are required to be reported mandatorily</p> <p style="text-align: center;">(Report to the Police or FCPSU)</p>	<p style="text-align: center;">Level 2</p> <p style="text-align: center;">Suspected child abuse incident involving a child may be harmed, OR being at risk of being harmed</p> <p style="text-align: center;">(Report to FCPSU or the Police)</p>	<p style="text-align: center;">Level 3</p> <p style="text-align: center;">The suspected child abuse incident is not substantiated but the child or the family needs follow up</p> <p style="text-align: center;">(Report / Refer to Appropriate Casework Units)</p>
<p>The child is <u>seriously injured/harmed</u> or at <u>imminent risk of suffering serious harm</u> because the parent/carer was absent or not paying attention to him/her which is below reasonable standards given the child's age, development or other condition:</p>	<p>1. The child has been/is being <u>left unattended</u> without serious injury</p>	<p>1. There is <u>no indication of the child possibly be neglected</u> but the family has other service needs</p>
<p><i>i) The parent/carer was not present or not paying attention to the child when he/she got serious injury e.g. loss of consciousness, dullness, seizures, uncontrolled bleeding from a wound, deformed limb(s), abnormal or difficulty in breathing, severe burns etc., if untreated, would likely result in death, significant disfigurement or loss or significant impairment of normal functioning.</i></p>	<p><i>The child is found alone on street and cannot provide contact of parent /carer or direction to home residence</i></p>	<p><i>The parent/ carer exercises poor supervision on the child but no indicator of apparent injury or harm on the child.</i></p>
<p><i>ii) The parent/carer was not present or not paying attention to the danger situation that caused serious injury/harm to the child who escaped from it by his/her own actions, another person's intervention or chance.</i></p>		

	<p>2. The parent/carer is present but so inattentive to the child in circumstances that may create <u>risk/ detrimental impact</u> to him/her according to his/her age, development or other condition</p>	<p>2. The parent/carer is lax in child care or supervision which is undesirable but not to the extent of posing <u>risk/detrimental impact</u> on the child considering his/her age, development or other condition</p>
	<p><i>i) The parent/carer fails to ensure the child is safe in a situation e.g. getting near to the window without frame, playing in a busy road/ beach/ poolside, playing with sharp or dangerous objects, chemicals/ insecticide etc.</i></p>	<p><i>The parent/carer is inadequate in parenting but the child's health and development is within normal range.</i></p>
	<p><i>ii) The child has developed significant growth/ nutritional problem; or there is delay in reaching developmental milestone without medical reason.</i></p>	
	<p><i>iii) The living environment is undesirable to the healthy growth and development of the child.</i></p>	

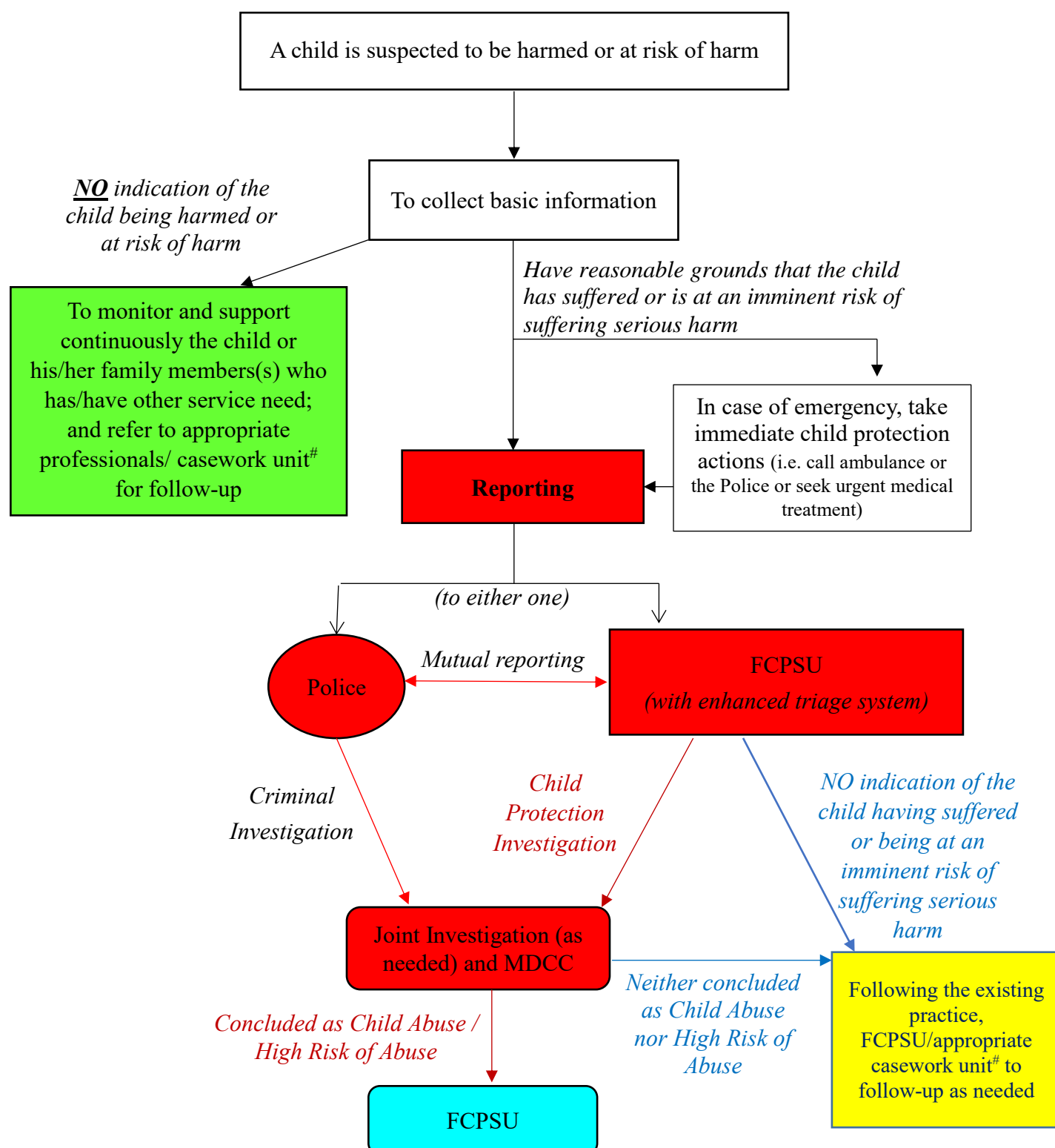
Duties of Mandated Reporters under the MRR Legislation

Mandated reporters will be required to report incidents meeting the reporting thresholds under the new legislation on mandatory reporting requirement (MRR) for suspected child abuse/neglect cases. This is to enable early identification and intervention where a child has suffered serious harm or is at imminent risk of suffering serious harm in terms of safety, physical/psychological health, development or welfare caused by any commission/omission of act, while minimising the common downsides of over-reporting or premature reporting associated with mandatory reporting mechanisms practised in some overseas jurisdictions.

2. Mandated reporters should be required to make a report if they have reasonable grounds to suspect that a child “has suffered serious harm” or “is at an imminent risk of suffering serious harm” during their course of work and pertaining to their scope of professional practice. The suspicion should be based on professional knowledge, judgement and/or experience, from first hand observation of the child and/or the child’s interactions with his/her parent/carer; concrete information disclosed by the child, parent/carer or any individual who comes to know the child; or findings of physical examination and/or investigation. As a mandated reporter will be personally liable for failure to meet the new MRR, he/ she will be required to report the child abuse/neglect cases as specified in the MRR legislation to the Police or the dedicated team in Social Welfare Department’s Family and Child Protective Services Unit (FCPSU) by phone or any other means within a reasonable timeframe, to be followed by a written report. Once the mandated reporter has made the report through the prescribed channels, his/her statutory obligation will be deemed to have been fulfilled. SWD’s FCPSU or the Police will issue written acknowledgment to the mandated reporter.

3. For suspected child abuse/neglect cases that fall below the statutory reporting threshold, mandated reporters, like other ordinary persons, are encouraged to report/refer the cases to SWD’s FCPSU or other relevant casework units, including Integrated Family Service Centre/ Integrated Services Centre, Medical Social Services Unit and School Social Work Unit, etc., and, where criminal offence is involved, the Police, so that such cases will continue to be handled in accordance with the existing mechanism.

Flow Chart for Reporting Channel and the Continuum of Action and Support



Legend

FCPSU: Family and Child Protective Services Unit

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

Appropriate casework unit including Integrated Family Service Centre/ Integrated Services Centre, Medical Social Services Unit, School Social Work Unit, etc.

Training Programme on Mandatory Reporting of Suspected Child Abuse Cases

Purpose

To enhance mandated reporters' capacity for early identification and handling of child abuse cases, an e-learning platform, with two modules provided, will be set up for all mandated reporters of different professions.

Content

Module 1: Knowledge of child protection

- definition of child abuse
- indicators of different types of child abuse and neglect
- initial handling and assessment
- roles and responsibilities of mandated reporters and relevant parties
- procedures of handling suspected child abuse cases
- handling of child abuse allegations against staff, carers and volunteers of organisations

Module 2: Knowledge of statutory requirements

- statutory responsibilities and liabilities of mandated reporters
- reportable circumstances
- reporting mechanism and procedures
- safeguarding provisions

Format

- Provision of **webinar mode and online self-learning mode with two modules** of 3 hours each and supplemented with frequently asked questions;
- A **post-course quiz** in the form of multiple choice questions to be generated randomly from a pool of questions on the content of the two training modules;
- Issue of an **e-certificate** as a proof of completion of the training module for a score of 90% or higher in the quiz;
- Regular **zoom sessions** for the two modules with online Q&A for participants in parallel; and
- **Stocktaking of attendance** of practitioners and their training results.

Continuous Professional Training

2. To supplement, a series of continuous training sessions on child protection and the new legislative requirements will be provided by relevant bureaux and departments, as well as the Hospital Authority. The continuous professional training plan provided by respective B/Ds for 2022-23 are detailed below.

B/D	Planned Training Activities
SWD	<ul style="list-style-type: none">Organise talks, seminars, workshops and/or on-line/web-based training, including basic (awareness training), intermediate (investigation) and advanced (specialised training) level of training on child protection to the potential mandated reporters and other professionals who work with children at centralised and district level;Conduct train-the-trainers programmes on child protection
DH	<ul style="list-style-type: none">Participate in the child protection training organised by SWD and NGOs
HA	<ul style="list-style-type: none">Related content to be provided in the Post-registration Certificate Course in Paediatric Nursing
EDB	<ul style="list-style-type: none">Conduct seminar and on-line training on early identification, prevention and intervention for the suspected child abuse cases

Administrative Measures on Child Protection

The Government attaches great importance to protect the best interests of children and firmly believes that every child has a right to protection against harm and abuse. Effective child protection is premised on close collaboration, mutual trust and care for the well-being of children amongst multi-disciplinary professionals.

2. To strengthen the protection for children, the relevant bureaux and departments have been implementing administrative measures for prevention, early identification and appropriate intervention of suspected child abuse cases. These measures include

- (i) strengthening social work service for more than 700 aided child care centres (CCCs), kindergartens (KGs) and KG-cum-CCCs across the territory; implementing “one school social worker for each school” in public sector primary schools, and “two school social workers for each secondary school” with enhanced supervisory support;
- (ii) requiring kindergartens to report students’ absence for seven consecutive school days without reasons or under doubtful circumstances in addition to the prevailing requirement for primary and secondary schools to report students’ non-attendance within seven days of the student’s continuous absence regardless of the reasons;
- (iii) regularising the Pilot Scheme on Social Work Services for Pre-primary Institutions so as to make possible timely intervention through professional counselling of the family members concerned and appropriate referrals;
- (iv) issuing circular to schools to further enhance school personnel’s capability in identifying child abuse cases, raising their alertness and reporting the cases for follow-up actions;
- (v) further strengthening collaboration among relevant professionals at all levels, including district and central levels, to improve case management, information sharing, communication, team work and mutual support in identifying, reporting and following up on suspected child abuse cases; and

- (vi) enhancing training for frontline professionals (e.g. social workers, school personnel and medical personnel) to raise their alertness of early identification of suspected child abuse cases and the knowledge and skills on case handling including reporting of suspected cases, risk assessment, immediate protection actions, investigation and follow-up services through multi-disciplinary collaboration, etc.

3. In addition to the measures in place, the Government is also exploring the possibility of enhancing the following administrative measures –

- (i) conducting a review on the Comprehensive Child Development Service (CCDS)¹ with a view to enhancing inter-disciplinary communication and collaboration among the Hospital Authority, the Department of Health and the SWD;
- (ii) updating the Procedural Guide to provide clearer guidance to frontline personnel in relevant sectors with reference to the mandatory reporting legislation and Reporters' Guide,
- (iii) strengthening preventive measures for high risk families by providing more evidence-based intensive parenting support to parents/ carers, child care support (e.g. high quality educate for aged 0-2), more intensive follow-up on high risk cases and additional supportive programmes to enhance the mental wellbeing of carers;
- (iv) enhancing parenting support for cases of child abuse and neglect (e.g. perpetrators to receive counselling and parenting training, and to be monitored by the case workers); and
- (v) strengthening home-school co-operation and parent education with a view to creating a harmonious and healthy environment for the development of children under the joint efforts of parents and schools.

¹ CCDS jointly implemented by the Education Bureau, Department of Health, the Hospital Authority and the SWD aims to identify various health and social needs of children (aged 0 to 5) and their families at an early stage so that comprehensive and timely support and services can be provided to them. CCDS identifies at-risk pregnant women, mothers with postnatal depression, families in need of psychosocial services (including families at risk of child abuse), and pre-primary children with health, developmental and behavioural problems through various platforms, including the Maternal and Child Health Centres of DH, the hospitals of HA and other relevant service units (e.g. IFSCs, ISCs and pre-primary institutions). Children and families identified will be referred to health and social service units for follow-up.