

## The Hong Kong Council of Social Service

### Comments on Consultation Paper on the Review of Multi-disciplinary Case Conference on Suspected Child Abuse Cases (MDCC) (21.7.2014)

#### *BACKGROUND*

The Hong Kong Council of Social Service (The Council) and the sector have been concerned about the Review of Multi-disciplinary Case Conference on Suspected Child Abuse Cases (MDCC) launched by the Social Welfare Department (SWD). Upon the issuance of the Consultation Paper on the Review of MDCC by SWD, discussions were carried out in Specialized Committee on Children and Youth Services, Specialized Committee on Family and Community Services, so as Service Networks on Integrated Family Service Centres, Domestic & Sexual Violence Service, School Social Work Service, Integrated Children and Youth Services Centres and Residential Child Care Services. Comments on the initial recommendations made by SWD were delineated as below.

#### *GUIDING PRINCIPLES*

The following SIX principles are recommended for use by the sector in drawing up the comments with regard to the initial recommendations made by SWD:

1. ***Child abuse is a serious issue and should be combated with concerted efforts from multiple disciplines.*** Child protection and welfare is the principle underpinning MDCC and should be fully respected in the review exercise. MDCC first emerged and was embedded in a specific context where the cultural perception of child abuse, the legal framework complemented with the law enforcement practice against child abuse, and the practice of professionals in handling child abuse all played a part. Professionals from various disciplines with knowledge and responsibility in child well-being and welfare come to ensure safety of the child and recommend actions to be taken in relation to the welfare planning of the child and his/her family. Any change in the nature and function of MDCC should take all these factors into careful consideration so as not to upset the equilibrium where “check and balance” has been built in to give the best protection to the children concerned in the suspected cases.
2. ***It is necessary to ensure that MDCC can convene without any disruption,*** as MDCC has been effective in the formulation of welfare plan to protect the children and assist the families upon multi-disciplinary collaboration. For the benefit of the child, only professionals contributive to the determination of case nature, risk assessment, welfare plan formulation and implementation should be invited to MDCC.
3. ***With regard to the aforesaid, family participation in MDCC should be cautiously defined.*** As a general rule, to serve the best interest of children, it will be more effective if the children’s families and significant others can be assisted as early and as far as possible to enhance their capabilities in caring and disciplining their children. However, to provide

protection to children suspected to be abused or having been abused by parents or intra-family members deserves professional and individualized dealing and there is no single formula on “family participation” that applies to all. It is comprehensible that some parents may have dissatisfaction or even strong reactions on the arrangement and decisions made in the MDCC, which may reflect their lack of awareness of children’s right to protection from abuse or neglect, where professionals have to step in and limit their parental rights out of a duty of care to the child. The design of the mechanism must serve the purpose of child protection and the abuser/suspected abuser should be given a clear message that his/her behaviours are socially and/or legally unacceptable.

4. ***Risks and needs are two sides of a coin.*** Risk assessment in MDCC is significant to the subsequent need assessment and the formulation of welfare plan for the child. While both risk assessment and need assessment are crucial to child protection in suspected child abuse cases, there is no point placing emphasis on the latter over the former.
5. ***Discussion and determination of case nature is an indispensable task performed by MDCC and should be applied to all cases.*** To determine case nature is understood, sometimes, to be complicated and time-consuming as it involves exchange of views among multi-disciplines. The difficulty is expected but worthwhile, as whether a suspected child abuse case is established has serious implications on the suspected abuser(s) and child protection. An established child abuse case normally has a strong effect on stopping the suspected abuser(s) from further harming the child. It also informs subsequent following-up of the welfare plan for the child, division of work and responsibilities of various parties involved according to the present practice. It is concerned that if case nature is not discussed, confusion on or even misinterpretation of case situation may be resulted.
6. ***Diverse views over proposed change of name from “Multi-disciplinary Case Conference on Child Abuse” to “Multi-disciplinary Case Conference on Child Protection” have been expressed.*** Both the original naming and suggested change can serve some functions over child protection. The name of “Multi-disciplinary Case Conference on Child Abuse”, which is now in use, brings about a deterrent effect on child maltreatment. It conveys a clearer message that zero tolerance to child abuse is the moral and social standard of society, though it may be rather provoking to parents who are informed of the convening of the case conference. The suggested name “Multi-disciplinary Case Conference on Child Protection” highlights child protection as the core subject under scrutiny of different professionals, yet seems to trivialize the problem of child abuse. It may help to reduce the resistance of parents, who have been alleged of child abuse, to professional follow up. More discussion among the sector to work out an agreeable naming of this multi-disciplinary platform which can retain the deterrent effect as well as a connotation with no bad intention of the abuser is recommended.

| <i>Areas</i>                                     | <i>Initial Recommendations of SWD</i>  | <i>Feedback from HKCSS</i>   |
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| <p><b>I.</b></p> <p><b>Objective of MDCC</b></p> | <p><b>1.1</b> <i>The existing objectives are considered fine in general.</i></p> <p><b>1.2</b> <i>Presently the MDCC</i> focuses more on risk of child abuse but less on needs of children. Needs of children might be strengthened in the objectives. Thus, those professionals who would have a major role in the follow-up services may contribute more on this aspect in the MDCC.</p> <p><b>1.3</b> Family participation (including parents and children) in MDCC should be further promoted as their participation in the formulation of welfare plan and cooperation in the implementation is important to contribute to the welfare and safety of the children. A brief description might be added in the objective of MDCC to alert members of the significance of involving family in the discussion and decision-making.</p> <p><b>1.4</b> It is proposed to change the existing name of MDCC to a more positive/neutral one. The proposed name was Multi-disciplinary Case Conference on Child Protection (保護兒童多專業個案會議). Another name proposed from views collected, “MDCC on Child Protection and Welfare”, would not be adopted so as not to dilute the focus of protection as many other cases involve welfare needs.</p> <p><b>1.5</b> MDCC is an administrative mechanism and has no legal authority itself. Professionals should be made clear that the welfare plan formulated in the MDCC is only a recommendation to be discussed with the parents or reported to the court if care proceedings are to be made.</p> | <p>It is agreed that MDCC is the platform for child protection.</p> <p><b>1.2:</b> Refers to Principle 4: <i>Risks and needs are two sides of a coin.</i> Risk assessment in MDCC is significant to the subsequent need assessment and the formulation of the welfare plan for the child. While both risk assessment and need assessment are crucial to child protection in suspected child abuse cases, there is no point placing emphasis on the latter over the former.</p> <p><b>1.3:</b> Refers to Principle 3: <i>Family participation in MDCC should be cautiously defined.</i> To provide protection to children suspected to be abused or having been abused by parents or intra-family members deserves professional and individualized dealing and there is no single formula on “family participation” that applies to all.</p> <p><b>1.4:</b> Refer to Principle 6: <i>Diverse views over proposed change of name from “Multi-disciplinary Case Conference on Child Abuse” to “Multi-disciplinary Case Conference on Child Protection” have been expressed.</i> Both the original naming and suggested change can serve some functions over child protection. More discussion among the sector to work out an agreeable naming of this multi-disciplinary platform which can retain the deterrent effect as well as a connotation with no bad intention of the abuser is recommended.</p> |

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|                      | <p>Professionals would provide follow-up services as recommended in the MDCC but may make adjustment in response to case development. The follow-up professionals may call for a review meeting / seek members' views by circulation if the recommended plan cannot be implemented.</p> <p>1.6 A feedback collected indicated that the meaning of the description in Section A(2) and (3) of Annex I of Chapter 11 not clear enough, i.e. "Unless action under the Protection of Children and Juveniles Ordinance, Cap 213, is involved, participants should be bound by the collective decision of the MDCC." and "The MDCC analyzes risks and recommends actions to be taken in relation to the welfare planning of the child and his/her family, respecting the statutory obligations of individual members for the case." Elaboration may be made in the Guidelines that the welfare plan may need to be adjusted in case the court has other views on the arrangement and that members of MDCC should respect the statutory obligations of certain parties who should carry out their obligations as needed even though the MDCC has not made such recommendation.</p> |  |
| <p>2.<br/>PD(P)O</p> | <p><u>Data collection and sharing of information</u></p> <p>2.1 Concerned professionals had better seek consent from parents for data collection and for sharing in MDCC during social enquiry period as far as possible. If parents' consent cannot be obtained or is not to be sought for specific reasons, the enquirer should quote appropriate exemption when seeking information from another party and document the reasons.</p>   | <p>2.1-2.3: Refer to Principle 2: <i>It is necessary to ensure that MDCC can convene without any disruption</i>, as MDCC has been effective in the formulation of welfare plan to protect the children and assist the families upon multi-disciplinary collaboration. Moreover, according to 4.1-4.3 of "Procedural Guide for Handling Child Abuse Cases", to protect a child from being abused, sharing of information among relevant professionals on a need-to-know basis is essential to facilitate risk assessment and timely and appropriate intervention.</p> |

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|  | <p>2.2 Sometimes, parents will request professionals not to release certain information to certain parties and not to involve the latter in MDCC. Regarding use of personal data, while principles in PD(P)O should be adhered to, professionals may invoke exemption from Principle 3 by professional judgement according to individual case merit even when consent from parents to release the information to certain parties cannot be obtained.</p> <p>2.3 There may be situation that siblings in the same family are suspected victims and it may be better if welfare plan can be formulated in the same MDCC. On need basis, professionals working with individual child may thus be invited to attend the MDCC to share information with other members.</p> <p><u>Transmission and storage of documents</u></p> <p>2.4 To protect personal data in the transmission of reports and notes of MDCC, the social worker had better explore the appropriate way to distribute the documents to individual members.</p> <p>2.5 While it is a general practice that the chairperson and all members of MDCC may keep a copy of documents for the MDCC, individual member may decide whether to collect it back at the end of the meeting from certain members, e.g. the psychiatrist of child's mother may request to collect back the report from the child's school teacher or private clinical psychologist.</p> <p>2.6 If IFSC or FCPSU worker, who has no prior contact with the family concerned, is not to follow up the case as decided in MDCC, the documents on the case should be collected</p> | <p>Adherence to the present practice that no special arrangement has to made to seek parents' consent should be legally grounded.</p> <p>2.3 The principle of working with family as a whole is generally supported in handling of multiple suspected child abuse cases in the same family, though siblings may be from different settings (e.g. primary and secondary school settings). While it is advised that professionals should judge if the complications resulted can be resolved in the same MDCC as the number of parties involved is expected to be greater. However, the second point raised in 2.3 is understandable and acceptable. The presence of professionals working with siblings in the same family who are suspected victims in MDCC can contribute to the formulation of welfare plan which is supported by information of the family which may not be obtained otherwise.</p> <p>2.5-2.6 Transmission and storage of documents should always be handled in a professional manner. Only the members have been assigned a role in welfare plan implementation should keep the relevant documents.</p> |
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|  | <p>back after the meeting as there is no need for the unit to keep the documents.</p> <p><u>Introduction on provision of PD(P)O</u></p> <p>2.7 Annex IIA [Introductory Remarks in Relation to PD(P)O, Cap 486 by the Chairperson of MDCC] has been revised in February 2014. Yet, it may not be practicable to propose a user-friendly version of introduction of PD(P)O for chairpersons as Department of Justice has advised not to add examples as the elaboration in the Guidelines.</p> <p>2.8 The chairperson is advised not to lead members to control the data in MDCC but seek their views in a neutral manner. The sample disclaimer of controlling data on the report and minutes may be revised to make it clearer if needed.</p>                      |   |
| <p><b>3.</b><br/><b>Responsibility to convene MDCC</b></p> | <p>3.1 It is proposed to amend the criteria for cases not requiring MDCC so that professionals can allocate their time on more complicated cases and on the part with family participation. Nonetheless, the welfare plan should still be discussed among concerned professionals in other format.</p> <p>3.2 MDCC may not be necessary for the cases fulfilling <u>either</u> of the 2 criteria that</p> <ul style="list-style-type: none"> <li>■ the intended welfare plan is straight-forward and agreed among concerned parties (<i>including the follow-up key social worker</i>); <u>or</u></li> <li>■ less than three parties are involved in the investigation of the case.</li> </ul> <p>3.3 Under the first point above, substantiated case but with</p> | <p>3.1-3.7: The existing guideline on “Should MDCC be required for the case” (P.98 of Guideline in English version) is clear and effective enough. “Criteria for cases not requiring MDCC” should be derived from consensus among professionals involved. Besides, the meaning of ‘straight-forward’ is subject to different interpretations and hence it is inappropriate to regard ‘the intended welfare plan is straight-forward’ as a defining criteria for the convening of MDCC. Rather, MDCC may not be necessary for the cases fulfilling both of the criteria that:</p> <p>A. less than three parties are involved in the investigation of the case; and</p> <p>B. not even one professional party involved in the investigation of the case finds MDCC beneficial to a child suspected of being</p> |

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|  | <p>no/low risk of child abuse may not need a MDCC. Nonetheless, members may consider the need to conduct MDCC when the suspected abuser is a family member as there may still be some risk factors in the family that require detailed deliberation in MDCC.</p> <p>3.4 For high risk cases such as Shaken Baby Syndrome, even though there might be very few parties involved and the welfare plan can be agreed by all parties through verbal communication, it is advised that a MDCC be conducted so that thorough discussion among concerned parties could be made.</p> <p>3.5 MDCC should not be the only mechanism to decide on the follow-up service unit. Other ways of decision making had better be in place to reduce the number of MDCC conducted. Time should be spent on more complicated cases requiring in-depth discussion among professionals and with family members.</p> <p>3.6 Consensus on not convening a MDCC should be reached among the parties concerned and be documented. A template/form could be designed for completion by all concerned parties, with supervisors' endorsement as appropriate, on agreeing not conducting a MDCC for these cases.</p> <p>3.7 When MDCC is not conducted, all parties should have communication to agree on the case nature, follow-up plan and whether to register the child in Child Protection Registry.</p> <p>3.8 The examples of cases without the need for a MDCC may be sexual abuse by stranger in MTR train or physical abuse</p> | <p>abused.</p> <p>3.5: Clarification sought on “other ways to decide on the follow-up service unit” and the purpose of “reducing the number of MDCC conducted”.</p> <p>3.6-3.7: Conditions that MDCC should be convened have to be clearly delineated to facilitate a shared understanding among professionals on child protection, instead of working out procedures justifying not convening a MDCC.</p> |
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|                                    | <p>by domestic helper or CPSIT case involving only FCPSU and CAIU when the case situation is considered straight-forward by concerned professionals.</p> <p>3.9 For cases not requiring a MDCC, a welfare conference with family members can still be arranged if needed just like the existing practices for general child welfare cases.</p> <p>3.10 There should be an understanding that sometimes a child may need medical examination just to make sure that he/she is fine physically but it does not mean that the case should be treated as a suspected child abuse case or that a MDCC should be convened.</p> <p>3.11 It may not be necessary to convene a MDCC for every case admitted into the hospital if the injury caused on the child is mild and the parents are cooperative and if counselling and support services provided by social worker are considered beneficial to the family.</p> <p>3.12 There was a concern from views collected that certain professional considered a MDCC was needed for a child but the key investigation social worker handling the case deemed not necessary and did not arrange the MDCC. If there is disagreement even after discussion, the professional concerned may make a formal written request to the officer-in-charge of service unit concerned for consideration of arranging a MDCC.</p> | <p>3.12: The decision of whether a MDCC to be convened or not should be made by referring to “the criteria for cases not requiring MDCC” in 3.2. With the conditions to convene MDCC or not clearly laid down and well communicated among professionals, it is not necessary create more steps (say make a formal written request to the officer-in-charge of service unit concerned for consideration) for procedural efficiency.</p> |
| <p><b>4.</b><br/><b>Timing</b></p> | <p>4.1 Under existing practice, conducting MDCC within 10 working days is practicable and preferable though sometimes the MDCC will be deferred due to the difficulty to fix a date to fit all members. Extending the timing may</p>  |  |



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|  | <p>lead to delay in the investigation and further postponement of MDCC.</p> <p>4.2 Regarding the concern of whether to discharge the child from hospital before MDCC especially when the meeting time is deferred, it should be based on the risk and need assessment. If the child is medically fit for discharge and the risk of child abuse is low/there is no plan to separate the child and his/her family members after MDCC, the child can return home before MDCC upon agreement made among investigating professionals. For such case, alternative placement before MDCC is not preferred so as not to disrupt the daily life of the child and his/her family.</p>  |  |
| <p><b>5.</b><br/><b>Roles and responsibilities of chairpersons</b></p> | <p>5.1 For most of the cases in casework settings, chairperson can be the supervisor of the investigating social worker. Yet, for the following cases, it may be better to arrange another chairperson to chair the MDCC:</p> <ul style="list-style-type: none"> <li>■ The family concerned is lodging a complaint against the supervisor or the service unit</li> <li>■ The case involves dispute on child custody or access and one of the parents may perceive/suspect the social worker/service unit handling the case has prejudice or favourism on another party</li> </ul> <p>5.2 Chairperson’s skills and experience are more important than the position in the unit. Chairperson should have attended MDCC before and is advised to receive training before taking up the task. The training modes can be classroom training, in-attendance in MDCC as observer, viewing</p> | <p>5.1: Handling of concern/ complain over the neutrality of chairpersons of MDCC should be well communicated to all parties involved. Conditions to be addressed should not be limited to these two situations.</p> <p>5.2: Refers to Other Comments 7: <i>The skills and experience of the chairperson are crucial to the operation of MDCC.</i> Regular and systematic training including the principles of MDCC and child protection, alignment of determination of case nature, wisdom over professional practice and collaboration among different professionals should be given to the chairperson and frontline practitioners to ensure the objectives of MDCC achieved.</p> |

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|   | <p>training video, etc.</p> <p>5.3 If the supervisor is inexperienced in child protective services or change of chairperson is needed, another supervisor of the agency or FCPSU worker not involved in the case can be invited to be the chairperson. A mechanism may be set up for the service units to request for assistance from experienced chairpersons to help out when situation warrants.</p> <p>5.4 Even though the chairperson is not the supervisor of that unit, the unit conducting social enquiry is responsible for arranging the MDCC. The information of the chairperson will be stated in the invitation letter to members.</p> <p>5.5 Setting up of a pool of chairpersons may be considered.</p> <p>5.6 A checklist for the chairperson’s reference may be developed.</p> | <p>5.5: Clarification sought on the purpose and operation of “Setting up of a pool of chairpersons”. The merits of existing practice should be recognized and implications to practice induced by any change in arrangement of chairmanship should be fully discussed before putting into execution.</p> <p>5.6: The checklist is highly encouraged to be worked out.</p>   |
| <p><b>6.</b></p> <p><b>Membership and roles and responsibilities of members</b></p> | <p><u>Determination of membership</u></p> <p>6.1 The chairperson should have the flexibility to determine the membership according to individual case situation though some feedbacks suggested more detailed criteria for the determination.</p> <p>6.2 School social worker and school teacher of the same school are separate professionals and should both be invited to attend the MDCC.</p> <p>6.3 Regarding different practices in different districts, i.e. MSW, nurse, IFSC worker may or may not attend the MDCC depending on their involvement in the case and</p>   | <p>6: Detailed guideline of the criteria for determination of membership should be given in the MDCC guidelines to enhance the effectiveness of MDCC. Refer to Principle 2: For the benefit of the child, it is suggested that only professionals contributive to the determination of case nature, risk assessment, welfare plan formulation and implementation should be invited to MDCC.</p> <p>6.3: Since valuable information and opinions could be obtained from different professionals, i.e. both MSW/HA and MSW/SWD. To maximize the outcome of MDCC, all emerging practices of collaboration among various professional</p> |

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|  | <p>agreement made within the district, strict standardisation is considered not necessary. Nonetheless, further promotion or adoption of the following practices is suggested:</p> <ul style="list-style-type: none"> <li>■ The follow-up key social worker had better attend the MDCC to discuss the welfare plan and meet with parents.</li> <li>■ In view of different expectations from medical officers in respective hospitals, MSW/HA in general has more involvement than MSW/SWD in the investigation and liaison. Nonetheless, to reduce the disturbances caused to the child and family members, joint interview from different disciplines with the child/family members should be arranged as far as possible.</li> </ul> <p>6.4 Sometimes there were a group of colleagues of the same/different profession(s) from the same organization attending the MDCC without prior notice to the chairperson and investigation social worker. It is noted that different members from the same organisation might have different information to share or have different roles to play in the follow-up work. Yet, the chairperson should be informed before the MDCC and it will be better for these members to discuss among themselves on what information or views to present and how.</p> <p>6.5 It would be beneficial to involve medical and health professionals to attend the MDCC for special cases, e.g. children with special needs or involved in long-term intra-familial sexual abuse, to provide information on the medical and health history of the children and give views on</p> | <p>parties should be carefully reviewed, formally endorsed, and precisely documented in the revised procedural guide.</p> |
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|  | <p>the welfare plan even though those professionals have not been involved in the investigation. If previous medical information is deemed necessary, investigating social worker is suggested to seek consent from parents/child for the disclosure of the medical and health record to facilitate the investigation and discussion process.</p> <p>6.6 If the suspected abuser is not a family member or relative of the child concerned, the professionals working with the suspected abuser should not be invited to attend the MDCC. Relevant information on the suspected abuser or the incident may be collected by the investigating social worker or other members as appropriate.</p> <p>6.7 Professionals should also consider whether action is required to safeguard and promote the welfare of other children in the same household (e.g. siblings). For children in <u>the household of an alleged abuser not family members of the child concerned</u>, related professionals also need to take appropriate actions/make referrals to appropriate service units as required.</p> <p>6.8 Concerning the sit-in arrangement for students and new staff of an organisation, the existing arrangement stated in the Procedural Guide that “the consent of all other members of the MDCC, the parent(s) and the child(ren) (where appropriate) should be obtained prior to the meeting” should be sufficient.</p> <p><u>Roles of members</u></p> <p>6.9 Presently, there is no differentiation in the role of members as full members or person-in-attendance (note: there was such a differentiation in the previous version of the</p> | <p>6.6: Refer to Principle 2: Professionals who work with the suspected abuser will be only invited because of the benefit of the child, for the purpose of enhancing the efficacy of the determination of case nature, risk assessment, welfare plan formulation and implementation.</p> <p>6.7: It was suggested that same rule should apply to foster care service to safeguard and promote the welfare of all children in the same foster home.</p> <p>6.8: Sit-in arrangement: Considering that the purpose of MDCC is to protect the child and to formulate welfare plan and that it is not a platform for learning purpose, it is not appropriate for students and new staff to attend MDCC. It is, however, recommended that the chairperson should be allowed to bring in a staff member to handle secretarial work.</p> <p>6.9 Discussion on whether the old practice where membership of MDCC consists of full members and person-in-attendance is deemed necessary. Professional parties who are not directly</p> |
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|  | <p>Procedural Guide). There might be a need to delineate the roles and responsibilities of different parties/professionals in the MDCC, e.g. to provide information, to give advice, to be involved in discussion on case nature and welfare plan, etc. For example, private practitioners including clinical psychologist, medical professionals, etc., providing services to family members might be invited to attend the MDCC to give information only. Besides, a clinical psychologist of SWD who had provided treatment to the child/family but already terminated the case is ready to give information on the family but might have reservation to give views on the case nature.</p> <p>6.10 The role of police in MDCC is considered important in providing information regarding the investigation and in giving views in the welfare plan. However, when considering the impact of the police's attendance onto the parents especially when the parent is the suspected abuser and will participate in the MDCC, it is necessary to clearly de-link the purpose of MDCC on welfare arrangement from prosecution.</p> <p>6.11 Concerning whether there is a need to report every suspected child abuse case to police before MDCC, it should be noted that police accept every referral of suspected child abuse cases whether MDCC is held or not. It is understood that the professionals handling the suspected cases will consider a wide range of factors such as the nature of incidents, the degree of seriousness, the motive of the abuser, the impact of police involvement to the family, etc, before making a decision to report the suspected cases to police. For borderline cases, professionals may</p> | <p>involved in the case may give information which is important to the determination of case nature and the formulation of welfare plan.</p> <p>6.11: Reporting to police is not a must and it is a decision subject to professional judgment. It was suggested that sharing among different parties could be held or related legal information should be given to members to equip them with the legal perspective. Yet, there is a need to address in this review the diversification of practice in different districts and in some cases the present practice in some district is deviant from the guideline.</p> |
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|    | <p>convene MDCC before reporting to police if members of MDCC consider it is a proper way to handle the case. Nevertheless, the time of reporting is a crucial factor for police to secure evidence and prevent further crime. For instance, medical report of victim is significant collaborative evidence in criminal investigation.</p> <p>6.12 There has been a concern that some MDCC members gave more weight to medical opinion. Members are to note that there will be different concerns on different natures of abuse case. Medical opinion may have more weight on certain cases while other professional's views may have more weight on other cases.</p> <p>6.13 There were views collected that guides on level of details in the written reports are to be added in the Procedural Guide. Yet it is difficult to do so and might better be handled through training.</p> <p><u>When a member cannot attend</u></p> <p>6.14 If any member cannot attend, he/she will be requested to give a written report prior to the MDCC. Yet, as that member has not participated in the MDCC, the minutes and reports will not be distributed to him/her automatically. He/She had better indicate whether he/she needs the reports and minutes and the purposes. The investigating social worker may also ask him/her in advance so that the chairperson may seek the consent from members of MDCC to release such information to him/her after the conference.</p> |  |
| 7. | 7.1 The following are the major tasks to be performed in   |  |

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| <p><b>Tasks to be performed by MDCC</b></p> | <p>MDCC:</p> <p>(i) <u>Information sharing</u> among members for conducting risk/need assessment<br/>It is considered that the existing sample format of social enquiry in the Procedural Guide is fine.</p> <p>(ii) <u>Risk and need assessment</u> on the child concerned and other children of the family for making recommendation on welfare plan</p> <p>7ii.1 To be included as standing agenda items of MDCC.</p> <p>7ii.2 To make use of the existing Assessment Matrix (Annex II to Chapter 2) to guide the risk assessment.</p> <p>7ii.3 Presently, there is no specific reference on need assessment in the Guidelines. Relevant reference may be provided later.</p> <p>(iii) <u>To decide the nature of case</u></p> <p>7iii.1 From views collected during consultation, some raised that the Chinese translated term ‘虐待兒童’ was unable to accurately reflect the meaning of ‘child abuse’ and suggested exploring another Chinese term for ‘child abuse’. It is noted that ‘虐待兒童’ usually implies that there is a bad intention to hurt the child seriously whereas ‘child abuse’ that professionals are presently referring does not consider the intention of the ‘abuser’. Hence, some parents who had exerted excessive punishment/discipline on the child but had no intention to hurt the children actually had difficulty to accept ‘虐待兒童’ as the case nature. Such label</p> | <p>7iii.1: Refers to Principle 6: It is reiterated that the deterrent effect inherent in the existing name of MDCC plays an important role in effective child protection. More discussion among the sector to work out an agreeable naming of this multi-disciplinary platform which can retain the deterrent effect as well as a connotation with no bad intention of the abuser is recommended.</p> <p>7iii.2 &amp; 7iii.3: Refer to Principle 5: <b><i>Discussion and determination of case nature was an indispensable task performed by MDCC and should be applied to all cases.</i></b></p> <p>Clarification sought on the definition of “exceptional cases that discussion of case nature might not considered”.</p> |
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even becomes a barrier making them resistant to cooperate with helping professionals.

7iii.2 A FCPSU had piloted the practice on not discussing case nature on certain cases and found that the effect was good without any problem on the formulation of welfare plan. Based on risk assessment, cases with risk/high risk of child abuse were registered in Child Protection Registry and division of work could also be decided.

7iii.3 The case nature (whether child abuse is established) can give the abuser/suspected abuser a clear message that the act was not acceptable and help decide what information to be entered into the statistics so as to understand the problem size in Hong Kong. Hence, case nature had better be discussed and decided for most of the cases but for exceptional cases with special consideration, flexibility for not discussing might be considered. For example, if the parents had mental problem and had a low emotional threshold to receive the message that the case was established as child abuse thus obstructing them to function cognitively, a factual description on the impact of the incident plus risk assessment might be more useful to effect changes in the parents.

7iii.4 Though there were some suggestions collected that more options on case nature be provided, e.g. “inappropriate disciplinary acts” and “inappropriate parenting”, it is considered that the category of the case nature, if determined, had better be simple and clear. It might not be appropriate to have a number of options

For cases where parents had mental problems and had a low emotional threshold to receive the message that the case was established as child abuse thus obstructing them to function cognitively, it was suggested that the decision on case nature still mattered, only that the message that the case was established as child abuse should be delivered to the parents concerned with care.

7iii.4: The following categorization is suggested to decide the key follow-up social worker:

- A. child abuse case established with high risk/ without high risk;
- B. child abuse case not established but with high risk/ without high risk; and
- C. inconclusive case with high risk/ without high risk.



which are difficult to define. The following categories were suggested:

- Child abuse established
- Child abuse not established (it might mean there is no such incident or the seriousness of the incident is not to the level of child abuse)
- To adopt the classification used in Los Angeles of U.S.A. to classify cases as “inconclusive” instead of “suspicious” for cases suspected to be abused but evidence is not enough to substantiate it, which is usually applicable in suspected child sexual abuse cases

7iii.5 Case nature and risk assessment should be separated items and thus high risk case is not a case nature but a result of risk assessment.

7iii.6 Case nature had better be determined at the beginning of discussion. Yet, for cases where the case nature is not easy to be decided, the decision may be deferred after the discussion on risk assessment and welfare plan.

7iii.7 Regarding the term “child abuse”, further exploration might be made to see if there is any Chinese translation can be used as an interchangeable term, like ‘child abuse’ and ‘child maltreatment’, which were interchangeable in certain situations. Another Chinese term/description with a more neutral meaning could be adopted to address the concern of “bad intention” but such Chinese term should also

Except the cases not established as child abuse and cases without high risk of abuse, all other cases should be looked after by FCPSU.

reflect those cases where no injury was resulted from the act. This term/description could also be used in the Child Protection Registry as the same category of nature of abuse so that the statistics would not be affected. The following can be considered, ‘對兒童造成身體傷害/對兒童使用身體暴力’.

7iii.8 If an alternative term is to be used, such term might only apply to physical abuse and psychological abuse as the Chinese terms for neglect and sexual abuse are more neutral and acceptable by parents.

7iii.9 There were some feedbacks concerning that sometimes it was difficult for professionals to come to a consensus on case nature in the MDCC. Besides, certain professionals would incline to classify a case child abuse or with high risk of abuse so that the case could be followed up by a specialized unit. It is suggested that joint training/sharing among various disciplines at different forums be organized not only on the handling procedures but also the perception on the concept of child abuse to facilitate reaching consensus among members.

7iii.10 For some sexual abuse cases, MDCC might conclude that the case was not a child sexual abuse one before police completed the investigation. Some parents had queried why the MDCC could rule out child sexual abuse before police completed the investigation. It is considered that so long as the MDCC has considered all available information before making decision, the MDCC can make the decision as it has no binding effect on criminal investigation. If

7iii.9: Refer to Other Comments 7: ***The skills and experience of the chairperson are crucial to the operation of MDCC.***

Regular and systematic training including the principles of MDCC and child protection, alignment of determination of case nature, wisdom over professional practice and collaboration among different professionals should be given to potential chairpersons and frontline practitioners to ensure the objectives of MDCC achieved.

there is new information coming up, members might re-convene the MDCC to re-consider the case nature and welfare plan.

7iii.11 From the feedbacks collected, some concerned the way to reach a decision on case nature especially when several representatives or different professionals from the same organization attended the MDCC thus presenting a majority view over other MDCC members. It is suggested that roles of members be delineated and the way to consider members' views be stated more clearly in the Procedural Guide, e.g. members of the same profession from the same organization/unit is expected to have a consensus view.

(iv) Actions to be taken (by professionals concerned) in relation to the welfare planning of the child and family

7iv.1 To ensure safety of child (risk oriented)

7iv.2 Need for separation between the child concerned and the abuser/suspected abuser (including the consideration of removal of the abuser/suspected abuser, if possible) and the reasons (i.e. the risk factors identified in the MDCC)

- If the child concerned is considered in need of out-of-home care service, the investigating social worker has to explore the availability of the placement before the MDCC to facilitate the formulation of welfare plan. Supplementary information will be added in the chapter on social enquiry.

7iv.3 Need for application of statutory supervision and the reasons (i.e. the risk factors identified in the MDCC). The options considered may be:

- Statutory supervision is recommended
- Statutory supervision will be made if .....(according to the contract made with the parents or the case development)
- Statutory supervision is not needed
  - To address the concern that some members from NGOs and other professionals who insisted that a care or protection order was needed but were not familiar with the criteria and functions of statutory supervision under Protection of Children and Juveniles Ordinance, it is suggested that sharing sessions with case examples are to be arranged.
- Other arrangements as needed

7iv.4 To ensure welfare of child (need oriented)

7iv.5 Support services to child and family which may include:

- Medical follow up
- Clinical psychological service
- Psychiatric service

- Child assessment service
- Counselling
- School support
- Child care service
- Specific services, e.g. drug/gambling/alcoholic treatment programme, housing assistance

- Compassionate rehousing which was subject to assessment should not be specifically recommended in MDCC. Whereas, housing assistance in general might be suggested in response to the housing need.

- To ensure safety of other children and members in the household
  - Protection and welfare planning for the family (including the abuser/suspected abuser in view of some suicide incident occurred before) with discussion areas the same as the above checklist

(v) Decision on key follow-up social worker

7v.1 Presently, cases classified to be child abuse or suspicious or with high risk of child abuse would be followed up by FCPSU except otherwise decided in the MDCC but there was no clear description on the exceptional situations. As the division of work among welfare organizations is complicated, it is

7v.1: The existing framework of division of work is deemed suitable. Different units have different expertise and roles. FCPSU, supported with appropriate resources and designated power, was established as a unit specializing in handling child abuse cases. No other units have better capacity in terms of resources and expertise than FCPSU to be the key follow-up party of cases classified to be child abuse or inconclusive or with high risk of child abuse.

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|   | <p>suggested to retain the existing one in general but some guidelines or examples to exercise flexibility may be added in the determination of follow up unit for the benefit of the children and their families and to reduce the frequent change of service units/workers, e.g. based on the complexity and risk level of cases rather than case nature, considering that the existing social worker has built up good working relationship with the children/family and the progress of intervention is satisfactory, etc.</p> <p>7.2 A checklist including the above items concerning welfare planning is suggested to be added as an appendix of Chapter 11 or in the template of notes of MDCC to guide the discussion in the MDCC.</p> |  |
| <p><b>8.</b></p> <p><b>Family participation in MDCC</b></p> | <p><u>Who can participate and when</u></p> <p>8.1 The purposes of family participation stated in para. H(2) of Annex I to Chapter 11 of the Procedural Guides are clear and sufficient.</p> <p>8.2 The roles of family members as stated in para. 24 of Annex II to Chapter 11 need not be amended. Family members are not considered as members. As in the existing practice, reports and meeting notes of MDCC will not be given to them.</p> <p>8.3 Family participation is to be promoted not only in MDCC but throughout the whole handling process from initial assessment, social investigation, welfare planning and follow-up. Related chapters in the Procedural Guide will</p>  | <p>8.3: Resources incurred in enhancing family participation, that is to go beyond the present practice, should be well addressed on top of change over procedures and guidelines.</p> |

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|  | <p>be strengthened on this aspect.</p> <p>8.4 For MDCC, family participation is to be further promoted as it can be a good opportunity to effect positive changes in family members. To promote it in a gradual way, it is suggested that the family joining the 2nd part of MDCC can be the general practice (i.e. at the time of formulating welfare plan). Under certain situations the family will be invited to join the whole MDCC, e.g. the suspected abuser has admitted the incident and appears to be cooperative during the investigation process. Only will a small number of families be arranged to join merely the 3rd part (i.e. at the time when initial recommendation on welfare plan is made) when the parents are considered unsuitable to join other parts, e.g. it is anticipated that they will interfere seriously with the discussion in MDCC.</p> <p>8.5 The following arrangements are suggested to be made as a <u>general</u> practice:</p> <p>8.5.1 Both parents and legal guardians, no matter whether one or both of which is/are the suspected abuser and regardless of their custody status, should be contacted during the social enquiry period, be informed about the MDCC and be invited to attend MDCC.</p> <ul style="list-style-type: none"> <li>• Some guides will be added in relevant chapters of the Procedural Guide on the spirit in the legal aspect of involving non-custodial parent in social enquiry and MDCC. Yet, operational arrangement will also be added with reference to the legal advice being sought, e.g. when the non-custodial parent could not be reached, the</li> </ul> | <p>8.4: Refer to Principle 2 &amp; 3: The functioning of MDCC should never be jeopardized and the extent of family participation in MDCC should therefore be carefully considered, though there is a concern if social worker had any legal basis to reject the family members from the MDCC.</p> <p>It is opined that the present practice where family participation is generally involved in the process of social inquiry and the third stage of MDCC, where parents' concerns are addressed, they are informed of the proposed welfare plan and their feedback is sought, is good enough to balance child protection and family participation and should hence be kept.</p> <p>Professional judgment of when to invite family to join the conference should be fully respected.</p> |
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|  | <p>child strongly objects the social worker to contact the non-custodial parent, etc.</p> <p>8.5.2 Carer of the child concerned who is a family member or extended family member can also attend.</p> <p>8.5.3 Prospective adoptive parents, taking the carer role, can attend MDCC.</p> <p>8.5.4 Parents having signed off the child (i.e. relinquished the parental right by declaration) will not be allowed to attend MDCC.</p> <p>8.5.5 Child's participation will be considered according to the existing Procedural Guide.</p> <p>8.5.6 Foster parents will not be invited to join the MDCC as they are not family members though they assist in taking care of the child concerned.</p> <p>8.5.7 If parents request to come with another family member or person, it will be considered by the chairperson case by case in consultation with members of MDCC. These persons, including lawyer, will only be regarded as a support person of the parent and should not speak for the parent in the MDCC. Briefing should be given to the parents and these support persons on their role prior to the MDCC.</p> <p>8.5.8 If either parent/child is unable to attend or refuse to attend, he/she should be informed that he/she can express his/her views in other format and they will be briefed of the recommendations of the MDCC. Written format, as specified in the existing Procedural</p> | <p>8.5.2-8.5.6 It is agreed that the following parties can be invited to attend the third stage of MDCC unless otherwise is decided by the MDCC panel:</p> <ul style="list-style-type: none"> <li>A. carer of the child concerned who is a family member or extended family member;</li> <li>B. Foster parents and prospective adoptive parents, taking the carer role;</li> <li>C. the child (case victim).</li> </ul> <p>It is agreed that parents having signed off the child will not be invited to join MDCC.</p> <p>8.5.7: No support person should be allowed to attend MDCC. Inclusion criteria for the membership of MDCC have been clearly delineated. Only those professionals who are involved in the investigation of the case and can contribute their professional knowledge to child protection via the following should be considered to join the conference:</p> <ul style="list-style-type: none"> <li>A. determination of case nature;</li> <li>B. assessment of risks and needs;</li> <li>C. formulation and implementation of welfare plan.</li> </ul> <p>8.5.7: Concerns over the inclusion of lawyers:</p> <ul style="list-style-type: none"> <li>A. Under the existing legal framework where not adequate legal protection is given to professionals involved in</li> </ul> |
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|  | <p>Guide, is only one of the format for expressing views and will be given just as an example in the revised version.</p> <p>8.5.9 If any family member concerned is unable to attend, a representative will not be accepted as other person may be unable to accurately convey to the family member the views of MDCC and he/she should not speak for the family member.</p> <p><u>Pre-conference arrangement</u></p> <p>8.6 The template of the feedback form for members on family participation is to be revised by adding checkboxes for “father, mother and caregiver” and by listing out the reason for the proposed invitation arrangement for members’ consideration. Members of MDCC should give reply to endorse the arrangement or give other views for record.</p> <p>8.7 The family members should be informed about their rights through direct conversation and/or leaflet. The following are considered as the rights of parents:</p> <p>8.7.1 To be informed how they will be involved in the social enquiry and MDCC</p> <p>8.7.2 To express their views to members of MDCC</p> <p>8.7.3 To be informed who will participate in the MDCC</p> <p>8.7.4 To be kept informed of the process of investigation and case handling</p> <p>8.7.5 To be involved in the formulation and implementation of welfare plan</p> | <p>MDCC, it is not suitable to involve lawyers in MDCC.</p> <p>B. The lawyer in-attendance does not need to speak to interfere in the process of or with the decisions made in MDCC. It is still possible for parents to request for a brief adjournment of the meeting (e.g. for 5 minutes). The parents concerned may then seek legal advice from the lawyer outside of the meeting room and come back with opinions supported by the lawyer’s expertise. Hence, laying down a guideline which restrict the lawyer from giving views in MDCC does not help at all.</p> <p>C. Considering that the use of information obtained from MDCC after the meeting is beyond the control of the MDCC penal, it is not suitable to get lawyers involved in MDCC.</p> <p>D. In cases where a “support person” like lawyer is in attendance, the sort of (legal) protection for professionals will be provided is of great concern to colleagues in the sector.</p> <p>8.7: The family members should be informed of both their rights and responsibilities regarding their involvement in MDCC.</p> <p>8.7.5: To be involved in the formulation of welfare plan should not be included as the rights and responsibilities of family.</p> |
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|  | <p>8.7.6 To be informed of the complaint procedures</p> <p>8.8 The existing leaflet, namely MDCC on Child Abuse: Notes to Parents, is to be revised. Information like parents' roles and rights in the social enquiry process and MDCC, and their responsibilities in promoting and protecting the welfare of the child will be added.</p> <p>8.9 Child care support is to be provided as far as possible to facilitate the participation of family members.</p> <p>8.10 For family members using other languages, interpretation service should be arranged for both MDCC and preferably also for interviews in the investigation. A family member should not be arranged to act as an interpreter.</p> <p>8.11 If the child is still in hospital, usually family members will be asked to stay in the ward pending the call from the social worker. For other situations, the social worker needs to arrange suitable place(s) for family members before the latter join the MDCC.</p> <p>8.12 To facilitate members to stay through the whole MDCC to meet with parents especially for more complicated cases, the written reports could be distributed to members earlier to reduce the time for information sharing while the chairperson needs to have good time management to reduce the length of MDCC. It is suggested that a MDCC is not to exceed 2 hours including meeting with family members.</p> <p>8.13 The following issues are to be clarified with concerned department/section before recommendations are made:</p> <p>8.13.1 Handling of parents' strong request to join the whole</p> | <p>Rather, it should be stated clearly that it is the responsibility of family to get involved in the implementation of welfare plan.</p> <p>8.10: It is opined that interpretation service is deemed necessary for family members using other languages. It is recommended that a list of interpreters be provided by SWD. Clear guidelines on how matters like costs incurred from such service should be settled and added.</p> <p>8.12: It is understandable that effective preparation work and good time management should be exercised to reduce the time for the conference. Yet, there is no professional ground to bar a MDCC from exceeding 2 hours.</p> <p>8.13: Clarification sought on the legal basis of balance between parental right and child's right to protection. Personal safety and the sort of legal protection provided for professionals when disputes over the mechanism of and the decisions made in</p> |
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|   | <p>MDCC with the reason that he/she has the right to know the information of the child even though members deem not suitable</p> <p>8.13.2 Handling parents' request for video / audio-taping during the MDCC</p>   | <p>MDCC arisen are of great concerns to professionals in the sector.</p>   |
| <p><b>9.</b></p> <p><b>Post-conference management</b></p> | <p><u>Communication mechanism</u></p> <p>9.1 From the views collected, there was a concern on the effectiveness of communication among professionals who follow up the case. A standing mechanism for communication among the follow-up professionals is considered not necessary. Nonetheless, the spirit of multi-disciplinary collaboration is to be further promoted so that the key social worker and related professionals may take initiative to keep close contact with one another while following up the case.</p> <p><u>Review conference</u></p> <p>9.2 The criteria for conducting review conference is considered appropriate as set out in existing Procedural Guide.</p> <p><u>Progress report</u></p> <p>9.3 Progress report might be required for certain cases and could be decided in the MDCC. Such item could be included in the sample agenda.</p> <p>9.4 While there is a concern whether to issue progress report to members not following up the case, it is to clarify that the progress report is to report only on the execution of the welfare plan recommended in the MDCC but not new</p> | <p>9.1: SWD should explain why "a standing mechanism for communication among the follow-up professionals is considered not necessary", even though "there was a concern on the effectiveness of communication among professionals who follow up the case".</p> <p>According to the experience of colleagues in the sector, cases not being followed up at all a few months after MDCC are not rare. SWD should also deliberate how "the spirit of multi-disciplinary collaboration is to be further promoted" so that the welfare plan of children at risk are properly executed.</p> <p>To enhance protection on children at risk not properly taken care of after MDCC, it is deemed necessary to build in a mechanism to facilitate communication on the following up matters. The below mechanisms are suggested:</p> <ul style="list-style-type: none"> <li>A. a mechanism to re-convene MDCC;</li> <li>B. a mechanism to collect views on the need to re-convene MDCC; and</li> <li>C. a mechanism to share progress reports among professionals.</li> </ul> |

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|  | <p>development of the case. Not all cases but those where members have a concern on the difficulties in the implementation of the welfare plan need a progress report. The purpose and the content to be included in the progress report will be enhanced in the Procedural Guide.</p> <p><u>Appeal mechanism</u></p> <p>9.5 Appeal mechanism on the decision of MDCC is deemed not needed as the case nature is a professional judgment and if the parents object to the welfare plan, usually an order under the Protection of Children and Juveniles Ordinance will be applied and the magistrate can have the final decision. Complaint from family members can be handled according to the existing procedures of individual organisation.</p> <p>9.6 There was a suggestion from views collected that reference could be made from the appeal mechanism of Standardised Care Need Assessment Mechanism for Elderly Services. As that mechanism includes a second assessment if the complainant raises that the original assessor had not considered certain factors before, it is deemed not applicable to the handling of suspected child abuse cases as it will further traumatise the child if he/she is to be interviewed by another professional for investigation purpose even no additional information on the incident is found.</p> <p><u>Notes of MDCC</u></p> <p>9.7 Noticing that different organisations used different formats and level of details when preparing the notes of MDCC, a simple and standard form will be designed for use. It can also help remind the chairperson to cover all items in the</p> | <p>9.5: The sector has taken note of the operational difficulties of building in an appeal mechanism and the importance of maintaining procedural justice through a proper complain management system. As MDCC is an artefact of SWD, i.e. a measure from the Administration, to guide government departments, non-governmental organisations and other concerned sectors to work together to serve the best interest of children and to provide protection to the children suspected to be abused or having been abused, a proper system to handle concerns, feedback or complaints from all stakeholders should be in place. It is deemed not appropriate to rely on "the existing procedures of individual organisation" in handling complaint from family members or all other stakeholders.</p> <p>It is opined that parents should be well informed of the mechanism of handling complaints, if there is any, with a clear explanation in the guideline. Related information is not provided in the leaflet of "Parents to Know"(SWD, 2006) or "Notes to Parents" (SWD, 2008).</p> <p>Besides, whether the present mechanism of handling complaints serves procedural justice, which in the end protects professionals in the sector in face of any judiciary appeal, should be examined and reviewed.</p> |
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|  | <p>discussion.</p> <p>9.8 There is a concern raised in a recent complaint on whether there is a need for all MDCC members to give written endorsement on the draft notes and there have also been situations that some members had not received the draft notes so that they could only suggest amendments after receiving the confirmed notes. It is suggested that written replies from members be required before confirmation of notes.</p> <p><u>Notification letter to parents</u></p> <p>9.9 Notification letter for parents is deemed necessary to state clearly the welfare plan and that the decision of MDCC has no implication on prosecution. Yet, the case nature is not necessary to be included. The sample letter in the existing Procedural Guide will be revised.</p> <p>9.10 It is suggested that names of all family members who will receive the letter be printed on the same letter so that all of them will know who will receive the letter and that the content of letter is the same to avoid any speculation from the addressees.</p> <p>9.11 The letter can be issued by the Chairperson or investigating social worker by mail or by hand depending on the case situation.</p> <p>9.12 For ethnic minorities, translation of the letter to the languages used by family members may be required and arranged by the investigating social worker.</p> <p><u>Follow-up actions</u></p> | <p>9.8 It is advised that the present practice below should be retained:</p> <p>A. The party who issues the draft notes should inform recipients of the dissemination via telephone in advance. After all, confidentiality should be strictly observed when disseminating information of the case. It is suggested that the completion of this procedure is documented by filling out a simple record form so as to safeguard future complaints about failing to receive the draft notes by any parties.</p> <p>B. When no reply is received before a set date, the draft notes should be regarded to have been endorsed with no objection.</p> <p>It is strongly advised that the chairperson should strictly follow the above-mentioned practice. Besides, it is opined that even before the confirmation of the draft notes, social workers involved have already had a role to play and need to work under enormous pressure. Hence, it is necessary to shorten the time for the draft notes to be confirmed. Careful consideration should be given to any suggestion of putting in additional procedure which may delay the endorsement of the draft notes and the implementation of welfare plan.</p> <p>9.9 Professionals are held responsible to inform parents of any conclusion including the one on case nature and decisions made in MDCC. It is inappropriate and unfair to parents who are kept in the dark while an official record of the case will be / has been filed in the Child Protection Registry.</p> <p>9.11: It is more appropriate for the Chairperson (NOT the investigating social worker) who legitimately represents the</p> |
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|  | <p>9.13 In view that urgent actions may be required to be taken by the follow-up social worker in certain cases, for the benefit of the child/family, it is suggested that, subject to decision in the MDCC or mutual agreement between two service units, flexibility be allowed for earlier transfer of cases or for co-working of the outgoing/incoming social workers in the transitional period before the meeting notes of MDCC is confirmed.</p> <p>9.14 To avoid frequent transfer of cases, for cases pending allocation of housing unit without knowledge of the possible district, the original service unit may continue following up the case. For cases requiring urgent transfer, agreement among relevant service settings and service branch of SWD is being made.</p> <p>9.15 Family members will not be given the reports or notes of MDCC. They can request for access to information as in the existing practice. All professionals should be aware of the family members' right of access to information when preparing the reports and related documents.</p> | <p>MDCC penal to issue the letter to parents.</p> <p>9.12: Translation of the letter is deemed necessary for ethnic minorities. It is recommended that a list of interpreters be provided by SWD. Clear guidelines on how matters like costs incurred from such service should be worked out.</p> |
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### *Other Comments:*

1. ***It is strongly recommended that the review exercise should not be restricted to the part of MDCC.*** Both systemic change over the handling of child abuse with regard to child protection and welfare, which may include reforms on legal provision, and refinement of the present Procedural Guide for Handling Child Abuse Cases (2007) should also be thoroughly considered. Effectiveness of social services in terms of parent and family support function and child abuse prevention should be constantly evaluated. Besides, revision of the charter of police discretionary caution scheme could be considered to promote mandatory parent education. Review of the Magistrate Ordinance and the Protection of Children and Juvenile Ordinance could also be thought about to empower the court to make an order for parent education.
2. ***Debates over the naming of this multi-disciplinary platform to handle suspected child abuse cases indeed reveal a fundamental weakness of the present mechanism of handling and therefore suggest a need for review.*** The core issue behind the debate whether to retain the deterrent effect inherent in the name of MDCC or to use a name which is more neutral in order not to break the relationship with the family or the suspected abuser is that the same professional party is responsible to investigate the case prior MDCC and to follow-up the case after MDCC. If a different mechanism where case inquiry and case following-up are to be done by two separate parties/units, the existing name, Multi-disciplinary Case Conference on Child Abuse, should not be an issue of concern.
3. ***A compilation on the number of abused child / child-at-risk diagnosed with special education needs is proposed*** to be put in “B20. Contributing factors of abuse: Factors relating to abused child / child-at-risk” of the Child Protection Registry Data Input Form on top of the existing categorization of problem. Providing for a child with disability or special needs exacts a huge physical, emotional, financial and social toll on families. To work out strategies for prevention of child abuse, it is suggested working out a profile of the characteristics of children concerned in the suspected/ established abuse cases.
4. ***Public education on child abuse*** and that children are entitled to the right to protection should be strengthened.
5. ***Personal safety and the sort of legal protection provided for professionals*** when disputes over the mechanism of and the decisions made in MDCC arisen are of great concerns to professionals in the sector.
6. ***The Procedural Guide for Handling Child Abuse Cases (the Guide) serves to guide general practices of handling child abuse cases and facilitate a shared understanding on child protection among professionals.*** On the one hand, the list for exceptional cases or circumstances for flexibility is never exhaustive. On the other hand, the attempt itself to lay

down all the circumstances for exception and flexibility ironically defeats the purpose of allowing for flexibility. Rather, it is advised that the guidelines should not attempt to lay down all exceptional cases or circumstance for flexibility but state clearly that ample room for discretionary decisions informed by professional judgment is given to professionals. While exceptional cases have to be handled with professional judgment, the indefinite wordings (e.g. “exceptional”, “but”, “special consideration” and “flexibility”) in this consultation paper that may show the way to disagreement are not encouraged to be put in the Guide.

7. ***The skills and experience of the chairperson are crucial to the operation of MDCC.*** Regular and systematic training including the principles of MDCC and child protection, alignment of determination of case nature, wisdom over professional practice and collaboration among different professionals should be given to the chairperson and frontline practitioners to ensure the objectives of MDCC achieved.
8. ***The sector has concern over the upcoming consultation process.*** It is strongly recommended that the principles on which the MDCC review panel will base to handle suggestions which have generated diverse or even conflicting views from the sector and the resolutions; and the consultation process of the review including the extent to which the sector will be involved before the adoption of the final recommendations should be clearly delineated.

***END***

For comments or enquiry, please contact the following:

**Moses Mui**

Chief Officer (Family & Community Service)  
Service Development  
The Hong Kong Council of Social Service  
Tel: (852) 2864 2949  
Email: [moses.mui@hkcss.org.hk](mailto:moses.mui@hkcss.org.hk)

**Karen YIU**

Chief Officer (Children & Youth Service)  
Service Development  
The Hong Kong Council of Social Service  
Tel: (852) 2864 2936  
Email: [karen.yiu@hkcss.org.hk](mailto:karen.yiu@hkcss.org.hk)