

WHOLE SCHOOL POLICY FOR SAFEGUARDING INCORPORATING CHILD PROTECTION

Policy Consultation & Review

This policy is available on request from the school office. We also inform parents and careers about this policy when their children join our school and through our school newsletter.

The policy is provided to all staff (including temporary staff and volunteers) at induction alongside our Staff Code of Conduct. In addition, all staff are provided with Part One of the UK publication ['Keeping Children Safe in Education'](#), DfE (2016).

This policy will be reviewed in full on an annual basis.

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1. PURPOSE & AIMS

1.1 The purpose of YCIS Hong Kong safeguarding policy is to ensure every child who is a registered pupil at our school is safe and protected from harm. This means we will always work to:

- Protect children and young people at our school from maltreatment;
- Prevent impairment of our children's and young people's health or development;
- Ensure that children and young people at our school grow up in circumstances consistent with the provision of safe and effective care;
- Undertake that role so as to enable children and young people at our school to have the best outcomes.

1.2 This policy will give clear direction to staff, volunteers, visitors and parents about expected behaviour and our legal responsibility to safeguard and promote the welfare of all children at our school.

1.3 Our school fully recognises the contribution it can make to protect children from harm and supporting and promoting the welfare of all children who are registered pupils at our school. The elements of our policy are prevention, protection and support.

1.4 This policy applies to all pupils, staff, parents, governors, volunteers and visitors.

2. OUR ETHOS

2.1 The child's welfare is of paramount importance. Our school will establish and maintain an ethos where pupils feel secure, are encouraged to talk, are listened to and are safe. Children at our school will be able to talk freely to any member of staff at our school if they are worried or concerned about something.

2.2 Everyone who comes into contact with children and their families has a role to play in safeguarding children. We recognise that staff at our school play a particularly important role as they are in a position to identify concerns early and provide help for children to prevent concerns from escalating. **All staff are advised to maintain an attitude of '*it could happen here*' where safeguarding is concerned.**

2.3 All staff and regular visitors will, through training and induction, know how to recognise indicators of concern, how to respond to a disclosure from a child and how to record and report this information. We will not make promises to any child and we will not keep secrets. Every child will know what the adult will have to do with any information they have chosen to disclose.

2.4 Throughout our curriculum we will provide activities and opportunities for children to develop the skills they need to identify risks and stay safe. This will also be extended to include material that will encourage our children to develop essential life skills.

The school specifically supports the development of these skills through the provision and teaching of the following:

- Life Education including Sex Education - to support life skills and attitudes development
- E-safety - keeping safe in a digital world
- Anti-bullying - including cyber and Homophobic bullying

2.5 At all times we will work in partnership and endeavour to establish effective working relationships with parents, carers and colleagues from other agencies within Hong Kong.

3. ROLES AND RESPONSIBILITIES

3.1 It is the responsibility of *every* member of staff, volunteer and regular visitor to our school to ensure that they carry out the requirements of this policy and, at all times, work in a way that will safeguard and promote the welfare of all of the pupils at this school. This includes the responsibility to provide a safe environment in which children can learn.

The Executive Principal

3.2 The Executive Principal should be informed of all significant cases, prior to referral to the OCEO.

The Co-Principals

3.3 At YCIS Hong Kong the Co-Principals are responsible for:

- Identifying a member of the senior leadership team to be the Senior Designated Person for safeguarding (SDP);
- Identifying an alternate member of staff to act as the Senior Designated Person for safeguarding (SDP) in his/her absence to ensure there is always cover for the role;
- Ensuring that the policies and procedures adopted by the OCEO, particularly concerning referrals of cases of suspected abuse and neglect, are followed by all staff;
- Ensuring that all staff and volunteers feel able to raise concerns about poor or unsafe practice and such concerns are addressed sensitively in accordance with agreed whistle-blowing procedures;

The Senior Designated Professional

3.4 The Senior Designated Professionals (SDP) will carry out their role in accordance with the responsibilities outlined in Annex B of *'Keeping Children Safe in Education'*. The SDP will provide advice and support to other staff on child welfare and child protection matters. Any concern for a child's safety or welfare will be recorded in writing and given to the SDP.

3.5 The SDP at YCIS Hong Kong will represent our school at child protection conferences and social care group meetings.

3.6 The SDP will maintain written records and child protection files ensuring that they are kept confidential and stored securely.

3.7 The SDP is responsible for ensuring that all staff members and volunteers are aware of our policy and the procedure they need to follow. They will ensure that all staff, volunteers and regular visitors have received appropriate child protection information during induction and have been trained within the school.

4. TRAINING & INDUCTION

4.1 When new staff, volunteers or regular visitors join our school they will be informed of the safeguarding arrangements in place. They will be given a copy of our school's safeguarding policy along with the staff code of conduct and told who our Senior Designated Professional for Safeguarding is. They will also be provided with the recording form, given information on how to complete it and who to pass it to.

4.2 Every new member of staff or volunteer will have an induction period that will include essential safeguarding information. This programme will include basic safeguarding information relating to signs and symptoms of abuse, how to manage a disclosure from a child, how to record and issues of confidentiality. The induction will also remind staff and volunteers of their responsibility to safeguard all children at our school and the remit of the role of the Senior Designated Professional. At induction, all staff will also be provided with a copy of Part One of '*Keeping Children Safe in Education*' (2014) and will be expected to read this.

4.3 In addition to the safeguarding induction, all members of staff will undertake appropriate safeguarding training on a regular basis.

4.4 All regular visitors and volunteers to our school will be given a set of our safeguarding procedures; they will be informed of whom our SDP and alternate staff members are and what the recording and reporting system is. (See Appendix 2).

5. PROCEDURES FOR MANAGING CONCERNS

5.1 YCIS Hong Kong adheres to child protection procedures that follow best practice from the UK and fit within Hong Kong statutory requirements.

5.2 Every member of staff including volunteers working with children at our school are advised to maintain an attitude of '*it could happen here*' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child and have a responsibility to take action as outline in this policy.

5.3 All staff are encouraged to report any concerns that they have and not see these as insignificant. On occasions, a referral is justified by a single incident such as an injury or disclosure of abuse. More often however, concerns accumulate over a period of time and are evidenced by building up a picture of

harm over time; this is particularly true in cases of emotional abuse and neglect. In these circumstances, it is crucial that staff record and pass on concerns in accordance with this policy to allow the SDP to build up a picture and access support for the child at the earliest opportunity. A reliance on memory without accurate and contemporaneous records of concern could lead to a failure to protect.

5.4 It is *not* the responsibility of school staff to investigate welfare concerns or determine the truth of any disclosure or allegation. All staff, however, have a duty to recognise concerns and pass the information on in accordance with the procedures outlined in this policy.

5.5 The Senior Designated Professional (SDP) should be used as a first point of contact for concerns and queries regarding any safeguarding concern in our school. Any member of staff or visitor to the school who receives a disclosure of abuse or suspects that a child is at risk of harm must report it immediately to the SDP or, if unavailable, to the alternate designated person. In the absence of either of the above, the matter should be brought to the attention of the most senior member of staff.

5.6 All concerns about a child or young person should be reported without delay and recorded in writing using the agreed template (see Appendix 1).

5.7 Following receipt of any information raising concern, the SDP will consider what action to take and seek advice from the OCEO responsible member. All information and actions taken, including the reasons for any decisions made, will be fully documented.

5.8 If, at any point, there is a risk of immediate serious harm to a child a referral should be made to the Police immediately. Concerns should always lead to help for the child at some point.

5.9 Staff should always follow the reporting procedures outlined in this policy in the first instance.

5.10 Any member of staff who does not feel that concerns about a child have been responded to appropriately and in accordance with the procedures outlined in this policy should raise their concerns with the Co-Principals.

6. RECORDS AND INFORMATION SHARING

6.1 If staff are concerned about the welfare or safety of any child at our school they will record their concern on the agreed reporting form (Appendix 1). They should ensure that the form is signed and dated. Any concerns should be passed to the SDP without delay.

6.2 Any information recorded will be kept in a separate named file, in a secure cabinet and not with the child's academic file. These files will be the responsibility of the SDP. Child protection information will only be shared within

school on the basis of 'need to know in the child's interests' and on the understanding that it remains strictly confidential.

6.3 Child protection information will only be kept in the file and this file will be kept up to date. Records of concern, copies of referrals, invitations to child protection conferences, core groups and reports will be stored here. All our safeguarding files will include; a chronology, contents front cover and will record significant events in the child's life.

7. WORKING WITH PARENTS & CARERS

7.1 YCIS Hong Kong is committed to working in partnership with parents/carers to safeguard and promote the welfare of children and to support them to understand our statutory responsibilities in this area.

7.2 When new pupils join our school, parents and carers will be informed that we have a safeguarding policy. A copy will be provided to parents on request. Parents and carers will be informed of our legal duty to assist our colleagues in other agencies with child protection enquiries and what happens should we have cause to make a referral.

7.3 We are committed to working with parents positively, openly and honestly. We ensure that all parents are treated with respect, dignity and courtesy. We respect parents' rights to privacy and confidentiality and will not share sensitive information unless we have permission or it is necessary to do so in order to safeguard a child from harm.

7.4 We will seek to share with parents any concerns we may have about their child *unless* to do so may place a child at increased risk of harm. A lack of parental engagement or agreement regarding the concerns the school has about a child will not prevent the SDP making a referral in those circumstances where it is appropriate to do so.

7.5 In order to keep children safe and provide appropriate care for them, the school requires parents to provide accurate and up to date information regarding:

- Full names and contact details of all adults with whom the child normally lives;
- Full names and contact details of all persons with parental responsibility (if different from above);
- Emergency contact details (if different from above);
- Full details of any other adult authorised by the parent to collect the child from school (if different from the above).

The School will retain this information on the pupil file. The school will only share information about pupils with adults who have parental responsibility for a pupil or where a parent has given permission and the school has been supplied with the adult's full details in writing.

8. SAFER RECRUITMENT

8.1 At YCIS Hong Kong we will use the recruitment and selection process to deter and reject unsuitable candidates. We require evidence of original academic certificates. We do not accept testimonials and insist on taking up references prior to interview. We will question the contents of application forms if we are unclear about them, we will undertake full International Criminal Records checks and use any other means of ensuring we are recruiting and selecting the most suitable people to work with our children.

9. SAFER WORKING PRACTICE

9.1 All adults who come into contact with our children have a duty of care to safeguard and promote their welfare. There is a legal duty placed upon us to ensure that all adults who work with or on behalf of our children are competent, confident and safe to do so.

9.2 All staff will be provided with a copy of our school's code of conduct at induction. They will be expected to know our school's Code of Conduct and policy for positive handling and carry out their duties in accordance with this advice. There will be occasion when some form of physical contact is inevitable, for example if a child has an accident or is hurt or is in a situation of danger to themselves or others around them. However, at all times the agreed policy for safe restraint must be adhered to.

9.3 If staff, visitors, volunteers or parent helpers are working with children alone they will, wherever possible, be visible to other members of staff. They will be expected to inform another member of staff of their whereabouts in school, who they are with and for how long. Doors, ideally, should have a clear glass panel in them and be left open.

9.4 Guidance about acceptable conduct and safe practice will be given to all staff and volunteers during induction. These are sensible steps that every adult should take in their daily professional conduct with children. This advice can be found in '[Guidance for Safer Working Practices for Adults who work with Children and Young People in Education Settings](#)', DfE 2016 (UK Publication). All staff and volunteers are expected to carry out their work in accordance with this guidance and will be made aware that failure to do so could lead to disciplinary action.

10. MANAGING ALLEGATIONS AGAINST STAFF & VOLUNTEERS

10.1 Our aim is to provide a safe and supportive environment which secures the well-being and very best outcomes for the children at our school. We do recognise that sometimes the behaviour of adults may lead to an allegation of abuse being made.

10.2 Allegations sometimes arise from a differing understanding of the same event, but when they occur they are distressing and difficult for all concerned.

We also recognise that many allegations are genuine and there are some adults who deliberately seek to harm or abuse children.

10.3 We will take all possible steps to safeguard our children and to ensure that the adults in our school are safe to work with children.

10.4 If an allegation is made or information is received about an adult who works in our setting which indicates that they may be unsuitable to work with children, the member of staff receiving the information should inform the Co-Principal's immediately. Should an allegation be made against the Co-Principal, this will be reported to the Office of the CEO. In the event that neither of the Co-Principal's is contactable on that day, the information must be passed to and dealt with by The Deputy Director within the Office of the CEO.

YCIS Hong Kong

Appendix 1: Recording Form for Safeguarding Concerns

Staff, volunteers and regular visitors are required to complete this form and pass it to the SDP if they have a safeguarding concern about a child in our School.

Full name of child	Date of Birth	Tutor/Form group	Your name and position in Academy

Nature of concern/disclosure	
Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said.	
Was there an injury? Yes / No	Did you see it? Yes / No
Describe the injury:	
Have you filled in a body plan to show where the injury is and its approximate size? Yes / No	
Was anyone else with you? Who?	
Has this happened before?	Did you report the previous incident?
Who are you passing this information to? Name:	Date:
Position:	Time:
Your signature:	
Date:	

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Action taken by SDP

Referred to...?

Directorate Police Parents Other

Parents informed? Yes / No (If No, state reason)

Feedback given to...?

Pastoral team Tutor Student Person who recorded disclosure

Full name:

SDP Signature:

YCIS Hong Kong School

Appendix 2: Safeguarding Induction Sheet for new or supply staff and regular visitors or volunteers.

We all have a statutory duty to safeguard and promote the welfare of children, and at our school we take this responsibility seriously.

If you have any concerns about a child or young person in our school, you must share this information immediately with our Senior Designated Professional or one of the alternate post holders.

Do not think that your worry is insignificant if it is about hygiene, appearance or behaviour – we would rather you told us as we would rather know about something that appears small than miss a worrying situation.

If you think the matter is very serious and may be related to child protection, for example, physical, emotional, sexual abuse or neglect, you must find one of the designated professionals detailed below and provide them with a written record of your concern. A copy of the form to complete is attached to this and others can be obtained from the Staff Room, or from the main school office. Please ensure you complete all sections as described.

If you are unable to locate them ask a member of the school office staff to find them and to ask them to speak with you immediately about a confidential and urgent matter.

Any allegation concerning a member of staff or a volunteer should be reported immediately to the Co-Principal. If an allegation is made about the Co-Principal you should pass this information to the OCEO office located at K15.

The people you should talk to in school are:

Senior Designated Professional:

Location of office:

Contact Number:

Alternate Designated Professional:

Location of office:

Contact Number:

At YCIS Hong Kong we strive to safeguard and promote the welfare of all of our children.

Appendix 3 – Hong Kong Statutory Guidance and Definitions

DEFINITION

- 3.1 **In a broad sense, child abuse is defined as any act of commission or omission that endangers or impairs the physical / psychological health and development of an individual under the age of 18.** Such act is judged on the basis of a combination of community standards and professional expertise. It is committed by individuals, singly or collectively, who by their characteristics (e.g. age, status, knowledge, organisational form) are in a position of differential power that renders a child vulnerable. Child abuse is not limited to a child-parent / guardian situation, but includes anyone who is entrusted with the care and control of a child, e.g. child-minders, relatives, teacher, etc. For child sexual abuse, the acts may also be committed by strangers to the child.
- 3.2 The definition of child abuse set out in this Procedural Guide is provided to facilitate relevant professionals or personnel to safeguard the welfare of children being abused or at risk of abuse. It is **not a legal definition**. When prosecution against an abuser is required, reference should be made to the relevant Ordinances in force. It should also be noted that cases involving child welfare but not defined as child abuse in this Procedural Guide should also be handled with care and appropriate services should be rendered to ensure the best interests of children.
- 3.3 In determining whether a case should be defined as a child abuse case, the responsible professionals should make assessment based on individual case merits and take into consideration various factors (e.g. the child's age, the act, the consequences of the act on the child, etc.) instead of just focusing on the frequency and nature of incident that has occurred.
- 3.4 **Child abuse includes the following:**

Physical Abuse is a physical injury or physical suffering to a child (including non-accidental use of force, deliberate poisoning, suffocation, burning, Munchausen's Syndrome by Proxy¹, etc.), where there is a definite knowledge, or a reasonable suspicion that the injury has been inflicted non-accidentally;

Sexual Abuse is the involvement of a child in sexual activity (e.g. rape, oral sex) which is unlawful, or to which a child is unable to give

¹¹ Munchausen's Syndrome by Proxy occurs when a parent or guardian falsifies a child's medical history or alters a child's laboratory test or actually causes an illness or injury to a child in order to gain medical attention for the child which may result in innumerable harmful hospital procedures. (Ref: Zumwalt R. E. & Kirsch C.S., "Pathology of Fatal Child Abuse and Neglect" in R. E. Helfer & R.S. Kempe (Eds.), The Battered Child (4th ed.), pp. 247-285, Chicago: University of Chicago Press, 1987.)

informed consent². This includes direct or indirect sexual exploitation and abuse of a child (e.g. production of pornographic material). It may be committed by individuals whether inside the home or outside. It may be committed by parents, or carers or other adults singly or acting in an organised way, or children. It includes acts which may be rewarded or apparently attractive to the child. It may be committed by individuals either known or strangers to the child. (Child sexual abuse differentiates from casual sexual relationship that does not include any sexual exploitation e.g. between a boy and a girl, though the boy can be liable for offences like indecent assault or unlawful sexual intercourse with an underaged girl.)

Neglect is severe or a repeated pattern of lacking of attention to a child's basic needs that endangers or impairs the child's health or development. Neglect may be:

- Physical (e.g. failure to provide necessary food, clothing or shelter, failure to prevent physical injury or suffering, lack of appropriate supervision or left unattended)
- Medical (e.g. failure to provide necessary medical or mental health treatment)
- Educational (e.g. failure to provide education or ignoring educational needs arising from a child's disability³)
- Emotional (e.g. ignoring a child's emotional needs, failure to provide psychological care);

Psychological Abuse is the repeated pattern of behaviour and attitudes towards a child or extreme incident that endangers or impairs the child's emotional or intellectual development. Examples include acts of spurning, terrorizing, isolating, exploiting / corrupting, denying emotional responsiveness, conveying to a child that he / she is worthless, flawed, unwanted or unloved (refer to **Major Types of Psychological Abuse** at [Annex I to Chapter 2](#) for details). Such act damages immediately or ultimately the behavioural, cognitive, affective, or physical functioning of the child.

INDICATORS OF POSSIBLE CHILD ABUSE

3.5 In conducting investigation into any suspected child abuse case, the responsible professionals should make reference to indicators

² In consultation with the then Attorney General's Chambers, any dependent, developmentally immature children and adolescents involved in sexual activities that they do not fully comprehend are considered unable to give "informed consent". For instance, when a child is involved in a sexual act for snacks or money, though the child may say "yes" to the perpetrator, this should not be regarded as an "informed consent" by the child.

³ According to the Disability Discrimination Ordinance Code of Practice on Education, the provisions of the Disability Discrimination Ordinance apply to a wide range of persons, including those usually referred to as persons with intellectual disability or mental handicap, autism, specific learning disabilities, hearing impairment, visual impairment, physical disability or handicap, mental illness and various other chronic illnesses, and persons who are infected with the human immunodeficiency virus (commonly known as "HIV-positive") or who have acquired immune deficiency syndrome (commonly known as "AIDS").

manifested by the child, the parents and the family. Physical indicators are indicators which are usually readily observable and may be mild or severe. The child's behaviour can sometimes be a clue to the presence of child abuse. Behavioural indicators may exist alone, or in combination with physical indicators. They may be subtle or they may be graphic statements by the child. The behaviour and attitudes of the parents, their own life histories, or even the conditions of their home, can also offer valuable clues to the presence of child abuse.

- 3.6 The list of indicators presented in this Chapter is not intended to be exhaustive. Neither does the presence of a single or even several indicators necessarily prove that child abuse exists. However, the possibility of child abuse should be seriously considered in case of repeated occurrence of an indicator, presence of several indicators in combination, or presence of serious injury. The behavioural indicators in different categories of child abuse might be interchangeable and should be applied as appropriate.
- 3.7 These indicators are only useful for professionals with training and experience in dealing with children and families. They are an aid to assessment by professionals and should be used with caution. Some sections will have more relevance to certain professions than others. (It is not expected, for example, that non-medical professionals should be conversant with or attempt to interpret the different forms of fracture or internal injury specified in this Chapter).

CHECKLIST FOR IDENTIFYING POSSIBLE CHILD ABUSE

- 3.8 The following checklist aims to help concerned professionals and parties for identifying possible child abuse and is listed for reference only. It is not exhaustive and due consideration should be taken according to the age appropriateness of the child and his / her ability.

Physical Abuse

- 3.9 If there is doubt about the nature or severity of the physical signs of injury, the child concerned should be brought to medical attention as soon as possible.
- (a) Bruises and Welts
- Should be interpreted with reference to the developmental age (e.g. whether the child is able to walk), number, size and distribution of the bruises, and whether they form a specific pattern that suggests direct impact with an object, punching, grasping, and / or bites.

- Bruises that are unlikely to be accidental, e.g. large bruises, bruises at unusual locations, multiple bruises of different ages, or injuries around the genitalia are suspicious.
 - Bite marks are specific signs of injuries. If identified early, the injury itself may contain sufficient information to help identify the perpetrator.
- (b) Lacerations and Abrasions
- Lacerations over the hands, arms or feet that damage the underlying tendons may be potentially crippling.
 - Laceration to the fraenum, the piece of tissue that connects the upper lip to the upper gum in the middle, may be indicative of forced feeding.
- (c) Burns and Scalds
- Burns / scalds from unintentional and intentional origin may be difficult to differentiate.
 - Some inflicted burns may assume the shape or pattern of the burning objects, e.g. heated plate, cigarette.
 - “Glove and / or stocking” distribution is indicative of dunking (immersion) scald of a limb or buttock.
- (d) Fractures
- These should be interpreted / handled individually.
- (e) Internal Injuries
- Brain / head injuries
May be due to direct impact, shaking or penetrating injuries.
The “Shaken Baby Syndrome” is the most common cause of death in physical child abuse.
 - Abdominal injuries
Perforation of internal organs may lead to abdominal pain and vomiting.
Serious injuries or even death may occur without any external signs of injuries. Hence, a high degree of suspicion is required if abdominal injury is not to be missed.
- (f) Others
- Fabricated or induced illnesses, including Munchausen’s Syndrome by Proxy
 - Poisoning
 - Hair loss by pulling or burning
 - Drowning
 - Cot death

Conclusion should not be made until a formal Coroner's examination has been completed.

Sexual Abuse (Both sexes)

- (a) Physical Indicators
- Torn, stained or bloody underclothing
 - Complaints of pain, swelling or itching in the genital area
 - Complaints of pain on urination
 - Bruises, bleeding, or lacerations in external genitalia, vaginal or anal area, mouth or throat
 - Vaginal / penile discharge
 - Sexually transmitted disease
 - Early adolescent pregnancy
- (b) Behavioural Indicators
- Appetite disturbance
 - Sexual exploitation of young children
 - Poor peer relationship
 - Unwilling to participate in physical activities
 - Behaviour disturbance (anorexia nervosa, obesity, self mutilation, run away, suicide, promiscuity, drug abuse)
 - Sexual knowledge or behaviour that is abnormally advanced for the respective age of the child
 - Marked change in academic performance
 - Sleep disturbance
 - Excessive masturbation
 - Excessive reaction to being touched
 - Intensive dislike for being left somewhere or with someone

Neglect

- (a) Physical Indicators
- Malnutrition, under-weight, or lacking sufficient quantity and / or quality of food
 - Delayed development
 - Severe rash or skin disorder
 - Left in care of inappropriate carer (e.g. young child)
 - Inadequately supervised for long periods or when engaged in dangerous activities
 - Unattended physical problems or unmet medical / dental needs
 - Chronically dirty / unkempt
 - Habitual absence from school or deprivation of schooling
 - Spoiled food found at home
 - Insanitary living conditions (garbage, excretion, dirt, etc)
 - Young child unattended for long periods

- Abandoned: totally or for long periods of time
- Child confined at home

(b) Behavioural Indicators

- Persistent complaints of hunger or rummaging for food, overtly aggressive eating habit or begs for / steals food
- Assumes responsibilities inappropriate to age
- Addiction
- Delinquency
- Complaints of inadequate care, supervision or nurturing
- Being made to work excessive hours / beyond physical ability
- Poor peer relationship
- Responds to questions in monosyllables
- Extreme apprehension
- Sexual activity caused by inadequate supervision
- Reluctant to return home
- Runs away from home

Psychological Abuse

(a) Physical Indicators

- Failure to thrive
- Developmental delay e.g. speech disorder
- Anorexia nervosa

(b) Behavioural Indicators

- Indicators in Child
 - Alienation
 - Habit disorder
 - Wetting / soiling
 - Learning disorder e.g. marked deterioration in academic performance
 - Lags in mental, emotional, social development
 - Self harm or suicidal thoughts / attempts
 - Disruptive behaviour or conduct problems
 - Sleep disturbance
 - Appetite disturbance
 - Speech impediment
- Indicators in Family
 - Rejection
 - Constant scolding
 - Humiliating criticism
 - Inducing fear
 - Encouraging deviant behaviour
 - Bizarre punishment

CHARACTERISTICS COMMONLY ASSOCIATED WITH CHILD ABUSE

3.10 Child abuse may occur in any family and the background of families with problem of child abuse may be different. The following characteristics which are often found in child abuse cases are listed for reference only and should not be taken as evidence of child abuse. On the other hand, child abuse may occur in families without any of the following identifiable features.

The Family

- (a) Chaotic or obsessively organized home
- (b) Social isolation
- (c) Crisis or tension in family e.g. pregnancy, eviction, divorce / desertion / separation, in-law conflict
- (d) Cultural / superstitious beliefs
- (e) Domestic violence e.g. spouse battering

The Parents

- (a) Biography
 - History of childhood abuse
 - History of unhappy or being rejected in childhood; serious physical / emotional deprivation
 - History / Experience of domestic or other violence
 - History of serious recurrent illness and / or psychiatric disorder
 - Alcoholism / Drug abuse / Gambling
- (b) Attitude and Behaviour
 - Rigid or unreasonable expectation on the child
 - Strong belief in harsh discipline / corporal punishment
 - Overtly critical of or aloof to the child
 - Immaturity of parents
 - Low self-esteem
 - Passiveness
 - Low intelligence of one or both parents
 - Low tolerance to stress
 - Deficiency in anger control
 - Diffusion and confusion in family roles
 - Sexual problems
 - Unconvincing or inconsistent explanations of the child's injury
 - Failure or delay in seeking medical advice
 - Inadequate parenting

The Child

- (a) Premature birth
- (b) Unwanted child
- (c) Illegitimate child
- (d) Baby with feeding or sleeping problem
- (e) Non-thriving baby
- (f) Early separation from parents
- (g) Complicated birth delivery
- (h) Child exposed to conflicting child care rearing practices e.g. child reared away from home
- (i) Child with physical or mental disability
- (j) Child associated with family misfortune
- (k) The female gender

GUIDE TO RISK ASSESSMENT

Functions

- (a) To assess the level of risk to a child who is reported to be the victim of the alleged abuse;
- (b) To measure and organize factors present in abuse situation, which are considered as important in describing the current safety and in predicting future safety of the child. These factors include the characteristics of the reported abuse, the child and his / her family involved, and the environment in which the child and his / her family exist; and
- (c) To facilitate planning of action, case management and service delivery such that the child can receive sufficient care required to sustain growth, health and safety.

Governing Principles in Risk Assessment

- (a) Risk assessment should begin at the time of case intake and continue throughout the process of case management, provision of service and termination of the case. It should take into consideration the likelihood of recurrence of maltreatment, neglect, physical or sexual abuse **AND** not only the severity of the child's injuries. It is a continuous and future oriented process.
- (b) The child and his / her family members (including siblings and abusers) should be involved in risk assessment in identifying problems and developing service plans. However, decision to

remove or allow the child to remain with the family must be made carefully.

- (c) Risk assessment has to be made with professional skills and judgement of various disciplines on individual case situation.

Guide to Decision Making in Risk Assessment Process

- (a) Whether the child is in immediate danger or future risk of abuse.
- (b) What social services, actions, or support system are necessary to protect the child during the investigation.
- (c) Whether or not the child must be removed from home for his / her protection.
- (d) What initial action plan is needed to address the factors that are placing the child at risk.
- (e) What modifications, if any, must be made to the action plan to further reduce risk and enhance safety of the child.
- (f) When it is safe to return a child home, if the child has been removed.
- (g) When sufficient care is being provided that would support case closure.

Skills in Risk Assessment

- (a) Identify the concern for risk as reflected in the available reports or information. Assess all areas of risk.
- (b) Ascertain the immediacy of risk.
- (c) Assess the origin, type and extent of risk. Be alert especially for serious risk factors.
- (d) Examine the duration, severity and controllability of the risk factors. Be aware of risk factors that may interact in a dangerous manner.
- (e) Assess family strengths and resources.
- (f) Examine the overall level of risk to the child within the context of risk factors, family strengths, and agency resources.

- (g) Determine the child's capabilities to face / manage the risk and to protect himself/herself, and the degree of safety.
- (h) Gather direct and genuine evidence whenever possible.
- (i) Use risk assessment as the foundation of the action plan, subsequent modifications of the plan, and case referral to Family and Child Protective Services Units, Child Protection Special Investigation Team or case transfer.
- (j) Consider action plan and develop strategies to respond to and reduce risk.
- (k) Mobilize service resources to reduce risk.
- (l) Conduct case review when action plan changes and consider alternatives to reduce risk.
- (m) Identify conditions which suggest risk is being reduced or has been sufficiently reduced to warrant closure of the case.

Risk Factors

Risk factors may interact with one another in a dynamic way in child abuse. The risk factors and their variables can be summarized as follows:

<u>Factors</u>		<u>Variables</u>	
(1)	Precipitating incident	(a)	Severity and / or frequency of abuse
		(b)	Location of injury on body
		(c)	History of abuse
(2)	Assessment on child	(a)	Child's age, physical and / or mental abilities
		(b)	Perpetrator's access to child
		(c)	Child's behaviour and mental well being
		(d)	Interaction between child and carer
		(e)	Child's interaction with siblings, peers and others
(3)	Assessment on carer	(a)	Carer's capacity for child care
		(b)	Interaction between child and carer
		(c)	Interaction between carers

- | | | | |
|-----|-------------------|-----|---|
| | | (d) | Carer's parenting skills / knowledge |
| | | (e) | Carer's substance / alcohol abuse (including whether the carer will let the child to have access to medicine / drug / dangerous items, e.g. whether the carer abuses / takes medicine / drug at home, whether the child can easily access to the medicine / drug, the method of the carer's abusing / taking medicine / drug, etc.) |
| | | (f) | Carer's criminal behaviour |
| | | (g) | Carer's emotional and mental health |
| (4) | Family assessment | (a) | Family interactions / relationship |
| | | (b) | Strength of family / support systems |
| | | (c) | History of abuse / neglect in family |
| | | (d) | Presence of a parent substitute in the home |
| | | (e) | Progress of child / family in treatment |

[Item (3)(e) of the above Risk Factors was updated in December 2016.]

Assessment Matrix

Risk Assessment Guidelines with an Assessment Matrix is at [Annex II to Chapter 2](#) for quick reference in assessing child abuse cases.

Annex I to Chapter 2

MAJOR TYPES OF PSYCHOLOGICAL ABUSE

FIVE MAJOR TYPES OF PSYCHOLOGICAL ABUSE ARE DESCRIBED BELOW AND FURTHER CLARIFIED BY IDENTIFICATION OF SUB-CATEGORIES
A repeated pattern or extreme incident(s) of the conditions described in this table constitute psychological maltreatment. Such conditions convey the message that the child is worthless, flawed, unloved, endangered, or only valuable in meeting someone else's needs.
<p>SPURNING (Hostile Rejecting / Degrading) includes verbal and non-verbal caregiver acts that reject and degrade a child. SPURNING includes the following:</p> <ul style="list-style-type: none">- Belittling, degrading, and other non-physical forms of overtly hostile or rejecting treatment- Shaming and / or ridiculing the child for showing normal emotions such as affection, grief, or sorrow- Consistently singling out one child to criticize and punish, to perform most of the household chores, or to receive fewer rewards- Public humiliation
<p>TERRORIZING includes caregiver behaviour that threatens or is likely to physically hurt, kill, abandon, or place the child or child's loved ones or objects in recognizably dangerous situations. TERRORIZING includes the following:</p> <ul style="list-style-type: none">- Placing a child in unpredictable or chaotic circumstances- Placing a child in recognizably dangerous situations- Setting rigid or unrealistic expectations with the threat of loss, or danger if they are not met- Threatening or perpetrating violence against the child- Threatening or perpetrating violence against the child's loved ones or objects
<p>ISOLATING includes caregiver acts that consistently deny the child opportunities to meet needs for interacting or communicating with peers or adults inside or outside the home. ISOLATING includes the following:</p> <ul style="list-style-type: none">- Confining the child or placing unreasonable limitations on the child's freedom of movement within his or her environment- Placing unreasonable limitations or restrictions on social interactions with peers or adults in the community
<p>EXPLOITING / CORRUPTING includes caregiver acts that encourage the child to develop inappropriate behaviour (self-destructive, anti-social, criminal, deviant, or other maladaptive behaviour). EXPLOITING / CORRUPTING includes the following:</p> <ul style="list-style-type: none">- Modeling, permitting, or encouraging anti-social behaviour (e.g. prostitution, performance in pornographic media, initiation of criminal activities, substance abuse, violence to or corruption of others)- Modeling, permitting, or encouraging developmentally inappropriate behaviour (e.g. parentification, infantilization, living the parent's unfulfilled dreams)- Encouraging or coercing abandonment of developmentally appropriate autonomy through extreme over-involvement, intrusiveness, and / or dominance (e.g. allowing little or no opportunity or support for child's views, feelings, and wishes; micro-managing child's life)- Restricting or interfering with cognitive development

DENYING EMOTIONAL RESPONSIVENESS (Ignoring) includes caregiver acts that ignore the child's attempts and needs to interact (failing to express affection, caring, and love for the child) and show no emotion in interactions with the child. DENYING EMOTIONAL RESPONSIVENESS includes the following:

- Being detached and uninvolved through either incapacity or lack of motivation
- Interacting only when absolutely necessary
- Failing to express affection, caring, and love for the child

Source : Office for the Study of the Psychological Rights of the Child, Indiana University, Purdue University at Indianapolis.

Annex II to Chapter 2

ASSESSMENT MATRIX

ACTION		A. LOW RISK	B. INTERMEDIATE RISK	C. HIGH RISK
1.	Child's age, physical and mental abilities	10 years and over and cares for and protects self without or with limited adult assistance, no physical or mental handicaps / limitations	5 through 9 years of age, any age requiring adult assistance to care for and protect self, emotionally withdrawn; minor physical illness / mental handicap; mild to moderately impaired development	Less than 5 years of age; any age unable to care for or protect self without adult assistance; severe physical illness / mental handicap; over-active; difficult or provocative; severely impaired development
2.	Severity and / or frequency of abuse, physical or sexual	No injury or minor injury; not requiring medical attention; no discernible effect on child; isolated incident	Minor physical injury or unexplained injury requiring some form of medical treatment / diagnosis; history or pattern of punishment / discipline; mild sexual confrontation	Child requires immediate medical treatment and / or hospitalization; history or pattern of excessive punishment / discipline / sexual molestation
3.	Severity and / or frequency of neglect and recentness	No discernible effect on child; isolated incident	Caretaker suspected of failing to meet minimum medical, food and / or shelter needs of child; unconfirmed history or pattern of leaving child unsupervised	Caretaker is unwilling to meet minimal medical, food and / or shelter needs of child, confirmed history or pattern of leaving child unsupervised or unprotected for excessive periods of time; child at severe risk of harm
4.	Location of injury	Bony body parts; knee, elbows, buttocks	Torso	Head, face or genitals
	School			

5.	problems	Regular attendance; no reported school problems	Frequent absence; some behavioural problems; child comes unkempt and hungry	Severe behaviour problems; parents uncooperative; child fearful of parental contact
6.	Caretaker's physical, intellectual, or emotional abilities	No intellectual / physical limitations, realistic expectations of child; in full control of mental faculties	May be physically / emotionally handicapped; moderate intellectual limitations; past criminal / mental health record / history, poor reasoning abilities; needs planning and assistance to protect child	Severely handicapped; poor perception of reality; unrealistic expectations / perception of child's behaviour; severe intellectual limitations; incapacity due to alcohol / drug intoxication
7.	Caretaker's level of cooperation	Willingness and ability to work with agency to resolve problem and protect child	Overtly compliant with investigator; presence / ability of non-offending adult to assure minimal cooperation with agency	Doesn't believe there is a problem; refuses to cooperate; uninterested or evasive
8.	Caretaker's parenting skills and / or knowledge	Caretaker exhibits appropriate parenting skills and knowledge pertaining to child-rearing techniques or responsibilities	Inconsistent display of the necessary parenting skills and / or knowledge required to provide a minimal level of child care	Caretaker is unwilling / incapable of exercising the necessary parenting skills and / or lacks minimal knowledge needed to assure a minimal level of child care
9.	Presence of a parent substitute in the home	Parent substitute in the home is viewed as supportive / stabilizing influence	Parent substitute is in the home on an infrequent basis and / or assumes only minimal caretaker responsibility for the child	Parent substitute resides with the family and is the alleged offender
10.	Previous history of abuse / neglect	No previous reported history of abuse / neglect	Previous indicated report of abuse / neglect; or protective services provided to the child, family or offender	Pending child abuse / neglect investigation; previous indicated abuse / neglect report of a

				serious nature; multiple reports of abuse / neglect involving the child, family or offender; prior dependency
11.	Strength of family support systems	Family, neighbours, or friends available and committed to help; participation in church, community, or social group	Family supportive but not in geographic area; some support from friends and neighbours; limited community services available	Relatives or friends unavailable / uncommitted or subversive; geographically isolated from community services, no phone or means of transportation available
12.	Perpetrator's access to child	Out of home, no access to child	In home, access to child is difficult; child is under constant supervision of other adult in the home	In home, complete access to child; uncertainty if other adult can protect child
13.	Environmental condition of the home	Home in relatively clean with no apparent safety or health hazards; functional utilities	Trash and garbage not disposed and hazardous water and / or electricity inoperative; infestation of ants, roaches or other vermin.	Living in condemned and / or structurally unsound residence; exposed wiring and / or other potential fire / safety hazards present
14.	Stresses / crises	Stable family, steady employment or income; means of transportation available; strong relationship with relatives	Pregnancy or recent birth of a child; insufficient income and / or food; inadequate home management skills / knowledge; relationship with relatives characterized by mutual hostility	Death of spouse; recent change in marital or relationship status; acute psychiatric episodes; spouse abuse / marital conflict; drug / alcohol dependency; chaotic life-style; criminal activity; frequent arrests
	Substance			

15.	abuse drug / alcohol	No drug / alcohol use; caretaker's drug / alcohol use does not influence parenting	Drug / alcohol use impairs caretaker's functioning; connected to major presenting problem	Regular heavy use of drug / alcohol resulting in chronic endangerment to child; prevents working on case plan
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(Reference : California Risk Assessment Curriculum For Child Welfare Services, CSU Fresno, Child Welfare Training Project, Sponsored and Funded by The California State Department of Social Service 1990)

CHAPTER 3

LEGAL ASPECTS

GOVERNING PRINCIPLES

- 3.1 Relevant statutory provisions serve as the baselines for care and protection of children. Various legislative provisions are in place to protect the welfare of children and set out the responsibility of parents and carers. Relevant Ordinances should be referred to as and when necessary and appropriate.
- 3.2 Care and judgment should be exercised when considering the need to initiate legal proceedings. The responsible professionals should bear in mind that the procedures and interventions intended to protect the child should not in themselves be abusive by causing further damage or distress. Related factors (e.g. safety of the child, severity of the abusive act, etc.) should be taken into account.
- 3.3 The definition of “child abuse” in paragraph 2.1 of Chapter 2 is not a legal definition. Child abuse is a general term to describe different acts of abuse committed against children. Specific abusive acts are dealt with under a number of Ordinances including Crimes Ordinance, Cap 200, Offences Against the Person Ordinance, Cap 212, etc. If the responsible professionals believe that a criminal abusive act has been or is about to be committed against a child, they should report to the Police as soon as possible.
- 3.4 The decision to prosecute lies with the Counsel who needs to consider:
 - (a) sufficiency of evidence;
 - (b) interests of the child;
 - (c) public interest; and
 - (d) paragraphs 7 to 9 of the Statement of Prosecution Policy and Practice issued by the Department of Justice in 2002.

RELEVANT ORDINANCES RELATED TO CHILD PROTECTION AND CHILD ABUSE IN HONG KONG

- 3.5 Relevant Ordinances related to child protection and child abuse include:
 - (a) Protection of Children and Juveniles Ordinance, Cap 213
 - (b) Evidence Ordinance, Cap 8

- (c) Employment Ordinance, Cap 57 (Employment of Children Regulations Cap57B, Employment of Young Persons Regulations Cap 57C)
- (d) Criminal Procedure Ordinance, Cap 221
- (e) Live Television Link and Video Recorded Evidence, Cap 221J
- (f) Education Ordinance, Cap 279
- (g) Adoption Ordinance, Cap 290
- (h) Child Abduction and Custody Ordinance, Cap 512
- (i) Crimes Ordinance, Cap 200
- (j) Offences Against the Person Ordinance, Cap 212
- (k) Prevention of Child Pornography Ordinance, Cap 579

(Refer to Annex I to Chapter 3 for the full list of the related sections under these Ordinances. Some frequently asked questions about the application of these Ordinances are listed at Annex II to Chapter 3.)

DEFINITION OF THE AGE OF CHILD AND JUVENILE

3.6 While children involved in child abuse cases covered in this Procedural Guide refer to children and juveniles **under the age of 18**, the definitions of child and juvenile vary under different legislations as set out at Annex III to Chapter 3.

PROTECTION OF CHILDREN AND JUVENILES ORDINANCE, CAP 213 (PCJO)

3.7 Statutory duties under the PCJO should be discharged by police officer; or social worker as authorised by the Director of Social Welfare whenever situation warrants, to protect a child or juvenile in need of care or protection. As stipulated under Section 34(2) of the PCJO, a child or juvenile in need of care or protection means a child or juvenile

- (a) who has been or is being assaulted, ill-treated, neglected or sexually abused; or
- (b) whose health, development or welfare has been or is being neglected or avoidably impaired; or
- (c) whose health, development or welfare appears likely to be neglected or avoidably impaired; or
- (d) who is beyond control, to the extent that harm may be caused to him or to others,

and who requires care or protection. Please refer to Annex II to Chapter 3 for certain provisions of the PCJO.

3.8 It should be noted that not every suspected child abuse or child abuse case warrants the application for an order under the PCJO. Such

application should be considered on a case-by-case basis taking into account the parents' / carers' views and attitude towards professional intervention, the child's safety, psychological state, behaviour and views etc. In light of the possible adverse effects (e.g. distress to the child) caused by the legal proceedings, soliciting co-operation of the parents / carers in the intervention process should first be considered before resorting to statutory action to protect the child.

EVIDENCE ORDINANCE, CAP 8

3.9 Following the amendment of Section 4 of the Evidence Ordinance, Cap 8 in 1995:

- (a) a child's evidence in criminal proceedings shall be given unsworn and shall be capable of corroborating the evidence, sworn or unsworn, given by any other person; and
- (b) a deposition of a child's unsworn evidence may be taken for the purpose of criminal proceedings as if that evidence had been given on oath.

CRIMINAL PROCEDURE ORDINANCE, CAP 221

3.10 Sections 79C and 79D of the Criminal Procedure Ordinance, Cap 221, allow a video recording of an interview with a child witness of certain sexual or violent offences to be used, where it relates to any matter in issue in the criminal proceedings, in trials at the High Court, District Court or Magistrates Court. The video recording may, with leave of the Court, be given in evidence. Under Section 79C, a video recording is admissible only where :

- (a) the child is not the accused;
- (b) the child is available for cross-examination (assuming the proceedings get that far); and rules of the Court requiring disclosure of the circumstances in which the recording was made have been properly complied with.

3.11 Bearing the above criteria in mind, the use of video-recorded interview should be restricted to those cases where a child has made specific allegations or there is suspicion of sexual abuse, or physical abuse.

3.12 In deciding if video is the appropriate medium on which to record the evidence, other factors should also be considered. They may include the nature of the allegation, age and competence of the child and where appropriate, wishes of the child (older children may wish to provide a statement and appear in Court). Consideration should also be given as to the likelihood of the matter going to Court.

3.13 Section 79B of the Criminal Procedure Ordinance, Cap 221, allows child witnesses of certain sexual or violent offences to testify in Court through a live television video link (CCTV) system and admission of video recorded evidence as evidence-in-chief.

3.14 Under the Live Television Link and Video Recorded Evidence, Cap 221J, there is a provision for child witnesses to be accompanied by a 'Support Person' in giving evidence through CCTV system after obtaining the Court's permission. The Support Person should not be a witness in the case or have been involved in the investigation of the case. SWD in co-operation with the Police has established a Witness Support Programme to provide Support Persons for child witnesses.

**ORDINANCES AND OFFENCES RELATED TO
CHILD PROTECTION AND CHILD ABUSE IN HONG KONG**

A. LIST OF ORDINANCES RELATED TO CHILD PROTECTION

Protection of Children and Juveniles Ordinance, Cap 213

Evidence Ordinance, Cap 8

Section 4 Evidence given by children

Employment Ordinance, Cap 57

Criminal Procedure Ordinance, Cap 221

Section 79B Evidence by live television link

Section 79C Video recorded evidence

Section 79D Chief Justice to make rules

Live Television Link and Video Recorded Evidence Rules, Cap 221J

Rule 3 Evidence through live television link where witness is a vulnerable witness or is to be cross-examined after admission of a video recording

Education Ordinance, Cap 279

Section 74 Power of Permanent Secretary to order attendance at school or secondary school

Section 78 Enforcement of order

Adoption Ordinance, Cap 290

Section 22 Prohibition of certain payments

Section 23 Restriction upon Advertisements

Section 23A Restriction on arranging adoption and placing of infant for adoption

Child Abduction and Custody Ordinance, Cap 512

B. LIST OF ORDINANCES AND OFFENCES RELATED TO CHILD ABUSE

I. Offences of Sexual Abuse

An offence of sexual abuse refers to one of the following Sections of the Crimes Ordinance, Cap 200 and the Prevention of Child Pornography Ordinance, Cap 579.

Crimes Ordinance, Cap 200

Part VI Incest

Section 47 Incest by men

Section 48 Incest by women of or over 16

Part XII Sexual and Related Offences

Section 118 Rape

Section 118A Non-consensual buggery

Section 118B Assault with intent to commit buggery

Section 118C Homosexual buggery with or by man under 21

Section 118D Buggery with girl under 21

Section 118E Buggery with mentally incapacitated person

Section 118F Homosexual buggery committed otherwise than in private

Section 118G Procuring others to commit homosexual buggery

Section 118H Gross indecency with or by man under 21

Section 118I Gross indecency by man with male mentally incapacitated person

Section 118J Gross indecency by man with man otherwise than in private

Section 118K Procuring gross indecency by man with man

Section 119	Procurement by threats
Section 120	Procurement by false pretences
Section 121	Administering drugs to obtain or facilitate unlawful sexual act
Section 122	Indecent assault
Section 123	Intercourse with girl under 13
Section 124	Intercourse with girl under 16
Section 125	Intercourse with mentally incapacitated person
Section 126	Abduction of unmarried girl under 16
Section 127	Abduction of unmarried girl under 18 for sexual intercourse
Section 128	Abduction of mentally incapacitated person from parent or guardian for sexual act
Section 129	Trafficking in persons to or from Hong Kong
Section 130	Control over persons for purpose of unlawful sexual intercourse or prostitution
Section 131	Causing prostitution
Section 132	Procurement of girl under 21
Section 133	Procurement of mentally incapacitated person
Section 134	Detention for intercourse or in vice establishment
Section 135	Causing or encouraging prostitution of, intercourse with, or indecent assault on, girl or boy under 16
Section 136	Causing or encouraging prostitution of mentally incapacitated person
Section 137	Living on earnings of prostitution of others

- Section 138A Use, procurement or offer of persons under 18 for making pornography or for live pornographic performances
- Section 140 Permitting girl or boy under 13 to resort to or be on premises or vessel for intercourse
- Section 141 Permitting young person to resort to or be on premises or vessel for intercourse, prostitution, buggery or homosexual act
- Section 142 Permitting mentally incapacitated person to resort to or be on premises or vessel for intercourse, prostitution or homosexual act
- Section 146 Indecent conduct towards child under 16
- Section 147 Soliciting for an immoral purpose
- Section 148 Indecency in public

Prevention of Child Pornography Ordinance, Cap 579

- Section 3(1) Printing child pornography; making child pornography; producing child pornography; reproducing child pornography; importing child pornography; exporting child pornography
- Section 3(2) Publishing child pornography
- Section 3(3) Possession of child pornography
- Section 3(4) Advertising child pornography

II. Offences of Cruelty

An offence of cruelty refers to Section 26 or 27 of the Offences Against the Person Ordinance, Cap 212.

Offences Against the Person Ordinance, Cap 212

Section 26	Exposing child whereby life is endangered
Section 27	Ill-treatment or neglect by those in charge of child or young person

III. Offences Involving an Assault on, or Injury or a Threat of Injury to, a Child

An offence involves an assault on, or injury or a threat of injury to, a child and the offence is triable on indictment or either summarily or on indictment refers to one of the following Sections of the Offences Against the Person Ordinance, Cap 212.

Offences Against the Person Ordinance, Cap 212

Section 17	Shooting or attempting to shoot, or wounding or striking with intent to do grievous bodily harm
Section 19	Wounding or inflicting grievous bodily harm
Section 39	Assault occasioning actual bodily harm
Section 40	Common assault
Section 42	Forcible taking or detention of person, with intent to sell him
Section 43	Stealing child under 14 years

APPENDIX 4 – Hong Kong Requirements for Educational Establishments

EDUCATIONAL SERVICES

(Kindergartens, Kindergarten-cum-Child Care Centres, Schools, Secondary Schools and Special Schools)

23.1 To safeguard the welfare of children, all school personnel in kindergartens, kindergarten-cum-child care centres, schools, secondary schools and special schools are reminded to familiarize themselves with the details of this chapter and to observe the following principles and procedures in handling suspected child abuse cases. For those secondary schools with school social work service provided by NGOs, reference can also be made to Chapter 17.

GOVERNING PRINCIPLES

23.2 In handling suspected child abuse cases in schools, the paramount concern is the welfare of the child. School personnel have an obligation to safeguard the best interests of the child. Early identification and intervention at the initial stage are vital. Failure to recognize abuse cases may lead to further abusive injuries or even death of a child. School personnel should be sensitive to the emotional needs of the child throughout the investigation process, and should render every possible assistance to help the child to re-integrate and adjust to the school life after investigation.

23.3 Reporting child abuse incident(s) in schools may bring about the “positive effect” that the school is concerned about the child’s welfare and will handle it properly without ignoring the welfare of the pupils or covering up the abuse incident(s). Delay in making reports of child abuse cases may affect the child’s safety.

23.4 It is crucial to only involve the relevant staff in the process of handling suspected child abuse case in order to avoid requiring the child to describe the incident(s) repeatedly.

23.5 Schools should activate the Crisis Management Team and assign designated personnel (e.g. principal, senior teacher, named teacher, Student Guidance Officers (SGO) / Student Guidance Teachers (SGT) / Student Guidance Personnel (SGP) in schools / school social workers (SSW) in secondary schools and special schools) to handle suspected child abuse cases.

23.6 For kindergartens, kindergarten-cum-child care centres and schools without Crisis Management Team or school guidance personnel (e.g. SGO / SGT / SGP / SSW), the principal should

assign designated personnel (e.g. principal, senior teacher, or named teacher) to handle suspected child abuse cases.

CONFIDENTIALITY

- 23.7 The designated personnel involved should have close communication among themselves and adhere strictly to the principle of confidentiality in the course of handling the suspected child abuse cases. The information collected with regard to the suspected abuse incidents should be shared on a need-to-know basis with relevant parties concerned such as the principal, the responsible social worker, the Police, etc, as soon as possible.
- 23.8 All records must be kept centrally by the principal / SGO / SGT / SGP / SSW. Access to these records within the school must be restricted and recorded. On no account should these records be kept with the child's general records. Records, letters or information supplied by other agencies should not be shown to the parents by the school without expressed permission.

PREVENTIVE WORK

- 23.9 Schools should help children develop appropriate values, attitudes and knowledge of respect for others and self-protection through preventive and developmental programmes in moral and civic education, sex education, life skills and the curriculum (e.g. learning areas of Self and Society in kindergartens / kindergartencum-child care centres, Personal Growth Education and General Studies in schools, Life Education, Integrated Science and Liberal Studies in secondary schools, etc.), where appropriate.
- 23.10 Schools should facilitate parents as co-working partners with the school in the prevention of child abuse by providing parents education in child protection and building harmonious family relationship for the healthy development of children.
- 23.11 Schools have the responsibility to provide appropriate educational service for all children including those with disabilities. Principals and teachers should ensure that the children's right to education is properly protected. They should be on the alert for symptoms of educational neglect. When children are absent from school, they should take appropriate action and if necessary, report to the Education Bureau (EDB) according to the procedures laid down in the circular relating to upholding students' right to education.
- 23.12 School personnel should have the knowledge and skills in identifying and handling child abuse cases. They should familiarize

themselves with the procedures in handling suspected child abuse cases and follow through such procedures when signs and symptoms of child abuse (refer to Chapter 2 on **Indicator of Possible Child Abuse & Guide to Risk Assessment**) among students are first observed and reported. The principal and the school guidance personnel (e.g. SGO / SGT / SGP / SSW) should ensure that all teachers are alert to signs and symptoms of child abuse for early identification by providing them with relevant training.

EARLY IDENTIFICATION

23.13 School personnel may encounter suspected child abuse cases through direct contact with students in the delivery of lessons or school activities, disclosure in students' school work, direct approach in person from students / parents / guardians / carers, etc. School personnel should be alert to signs and symptoms of child abuse among their students. Their sensitivity in early identification of suspected abused students is important in saving the child from being further abused (refer to Chapter 2 on **Checklist for Identifying Possible Child Abuse**).

REFERRALS

23.14 When a suspected case of child abuse comes to the attention of the school, the first person in contact of the child should inform the principal and consult the principal / SGO / SGT / SGP / SSW / designated personnel. The principal / SGO / SGT / SGP / SSW / designated personnel should render full support to the school personnel in handling the suspected child abuse cases.

23.15 In handling suspected child abuse cases, the principal may, if necessary, consult Social Work Officer / Family and Child Protective Services Unit (SWO/FCPSU) (**List of offices of FCPSUs** at Appendix VII) during office hours. For reports on suspected child abuse cases received after office hours, the SWD Outreaching Team (after office hours) through contact by the SWD Departmental Hotline⁴ (Tel. No. : 2343 2255) should respond to the report.

23.16 When making a referral of the suspected child abuse case to FCPSU or the responsible social worker to solicit multi-disciplinary

⁴ SWD's hotline service provides 24-hour service. The hotline service is manned by SWD Departmental Hotline Service Unit from 9:00 am to 5:00 pm from Monday to Friday and 9:00 am to 12:00 noon on Saturday (excluding public holidays). Outside the above operation hours, the Hotline and Outreaching Service Team operated by the Tung Wah Group of Hospitals handles the hotline service.

support / investigation and follow up welfare plan, the principal / SGO / SGT / SGP / SSW / designated personnel should inform the parent(s) / guardian(s). Special attention has to be paid when parent(s) / guardian(s) is / are suspected to be involved in the abuse.

23.17 When making referrals to FCPSU or reports to CAIU for cases falling into CAIU Charter, the principal / SGO / SGT / SGP / SSW / designated personnel should provide the relevant data of the child, with written dated notes for reporting cases (refer to paragraph 7.4 of Chapter 7 and Appendix IX & X)

23.18 In circumstances that suggest a criminal offence may have been committed, the case should be reported to the Police to safeguard the welfare of the child. (refer to paragraph 24.23 of Chapter 24 for the procedures in making report to the Police).

23.19 For suspected child sexual abuse cases, if the child is seen in the school, the staff of the school should refer to the **Guide to People Working with Children who Disclose Sexual Abuse** at Appendix IV.

23.20 In handling child sexual abuse cases when the alleged perpetrator is a staff member of the school, the principal of secondary, schools, special schools and kindergartens should inform the School Development Officer of the respective Regional Education Office of EDB of the incident(s). For kindergarten-cum-child care centres, they should inform the Joint Office for Pre- Services of EDB (refer to the relevant EDB circular in use for the procedures in handling child sexual abuse cases involving school staff as suspected abusers). In consultation with relevant professionals as necessary, the principal should take appropriate follow up actions for the suspected abused child and step up measures to ensure safety of other students in the school.

23.21 School personnel / SSW / SGO / SGT / SGP should attend to the safety and emotional needs of the child in school.

23.22 If the SGP serving in school is a registered social worker and employed by an NGO, he/ she may take up the role of case manager as stipulated at Chapter 6 and 7, subject to mutual agreement of the school, NGO and SWD.

MULTI-DISCIPLINARY CASE CONFERENCE ON PROTECTION OF CHILD WITH SUSPECTED ABUSE (MDCC)

23.23. MDCC will be conducted to formulate the welfare planning of the child. The relevant school personnel should attend the MDCC and prepare a written report for reference of the Conference. It may include the child's school performance, conduct, emotional state in the school, parental attitude and any previous incident(s) of suspected abuse, etc. (refer to Chapter 11).

COLLABORATION WITH OTHER PARTIES

23.24. When a case is categorized as child abuse, or though not a child abuse case but with high risk of abuse or with suspicion, and the child continues to attend school, the school should keep keen observation on the child's progress and keep the concerned unit or key worker informed of the child's condition and development. Teachers play an important role in the follow up work by providing the child with continuous emotional support, opportunities for success and positive experience, and in the long run, facilitating a stable and caring learning environment for the child in school.

APPENDIX 5 – Hong Kong regulations regarding allegations about staff who work with children.

ALLEGATIONS AGAINST STAFF, CARERS AND VOLUNTEERS

SCOPE OF CONCERN

27.1 This Chapter touches upon the following situations:

- Where there is suspicion or allegation of abuse by a person who works with children in either a paid or unpaid capacity i.e. any employee, foster parent, child carer, or volunteer.
- When allegation or suspicion arises in connection to the individual's work.

GENERAL PRINCIPLES IN HANDLING ALLEGATIONS OF CHILD ABUSE AGAINST STAFF, CARERS AND VOLUNTEERS

27.2 When a staff of an organisation suspects an incident of child abuse has occurred or has received allegation of such abuse, he / she must report this to the supervisory and management level.

27.3 The responsible organisation or agency must ensure that allegation is investigated and that any justifiable action is taken to ensure that the service is safe for child / children.

27.4 Upon receipt of an allegation of abuse by a staff, the supervisory management of the organisation should ensure that they follow the complaint procedures as set out by the organisation.

27.5 Any disciplinary process must be clearly separated from child protection enquiries / investigations.

27.6 Child protection enquiries / investigations take priority over any disciplinary investigations, and will determine whether the investigations can be carried out concurrently.

27.7 Enquiries / investigations must be conducted in the strictest confidence so that information can be given freely and without fear of victimization and in a way that protects the rights of the staff, employees, volunteers, foster parents and child carers concerned.

27.8 Information about an allegation must be restricted to those who have a need to know in order to:

- protect a child / children;

- facilitate enquiries / investigations;
 - manage disciplinary / complaints aspects; and
 - protect the rights of the alleged perpetrator.
- 27.9 In circumstances that suggest a criminal offence may have been committed, the case should be reported to the police unit as appropriate to safeguard the welfare of the child (refer to paragraph 24.23 of Chapter 24 for the procedures in making report to the Police).
- 27.10 Even when there is insufficient evidence to support a criminal offence with or without proceeding initiated, complaints, regulatory or disciplinary procedures may still be justified.
- 27.11 If, following the conclusion of protection process, further enquiries / investigations are pursued for the purpose of disciplinary, regulatory or complaint investigation, they should be arranged in a way that avoids repeated interviews of the children or other vulnerable witnesses.
- 27.12 The need for consultation with the Family and Child Protective Services Unit (FCPSU) on child protection investigation must not delay a referral, which should be in accordance with the procedures in as stipulated in respective Chapters.

HANDLING OF SUBSTANTIATED ALLEGATIONS

- 27.13 Where the allegations are substantiated, relevant information must be passed to the appropriate unit for follow up as stipulated in respective Chapters of this Procedural Guide.

HANDLING OF UNSUBSTANTIATED ALLEGATIONS

- 27.14 Where, following initial enquiries / investigations, there is insufficient evidence to determine whether the allegation is substantiated, the outcome of enquiries / investigations should be recorded.
- 27.15 The member of staff concerned must be notified of the outcome.
- 27.16 Consideration must be given to the support the staff member may need, particularly if returning to work following suspension, if any.
- 27.17 The child and his / her parents should also be informed of the outcome.
- 27.18 Consideration should be given to the provision of support or counselling for the child, and where appropriate, his / her parents,

taking full account of a child's needs particularly if a seemingly false or malicious allegation has been made.

27.19 Staff conducting disciplinary proceedings should also be informed of the findings of the investigation on allegation against the staff concerned upon its conclusion.