



Guide for Mandated Reporters

ACKNOWLEDGEMENTS

The formulation of the Guide for Mandated Reporters (the Guide) signifies the cross-sectoral effort and participation in the prevention of child abuse and promoting the child protection work. The contributions of many individuals, whose efforts to develop, review and refine the content of the Guide are greatly appreciated.

Professional bodies, professionals, and key service providers in social welfare, education, and healthcare sectors have been engaged to envision different scenarios and provide feedback throughout the participating process. Three Professional Consultative Panels (the Panels) of social welfare, education and healthcare sectors are set up to advise the Government in formulating and promulgating this Guide which is developed in a collective manner with reference to the professional comments provided by members of the three Panels and the inputs of the relevant bureaux/departments. The core contents, covering reportable circumstances, decision trees, supplementary analytical frameworks and sample case scenarios have incorporated the valuable local experiences, practice wisdom and expertise in child protection work.

- Labour and Welfare Bureau
- Education Bureau
- Health Bureau
- Hospital Authority
- Department of Health
- Social Welfare Department and
- Hong Kong Police Force

Membership of Professional Consultative Panel

Social Welfare Sector

Convenor

Ms YUEN Yuk-shan

Social Welfare Department

Members (in alphabetical order of members' surnames)

Mr Kerin CHAM

International Social Service Hong Kong Branch

Ms CHAN Siu-lai

Salvation Army

Ms CHAN Yuet-wah, Judy

Hong Kong Family Welfare Society

Mr CHIANG Chi-hang, Louis

Kwun Tong Methodist Social Service

Mrs CHIU CHUI Yuen-fun, Angela

Hong Kong Catholic Marriage Advisory Council

Miss KEUNG Choi-yin
(*w.e.f. 13 November 2024*)

Hong Kong Sheng Kung Hui Welfare Council Limited

Ms LEE Yuen-sum, Joyce

Commission on Children,
Hong Kong Children & Youth Services

Ms LEE Yuk-chi, Josephine

St. James Settlement

Mrs LEUNG LEE Pui-shan, SaSa

Po Leung Kuk

Ms LEUNG Wai-ling, Rachel

Heep Hong Society

Ms WONG Chui-ling, Donna

Commission on Children,
Against Child Abuse

Ms WONG Sim-yim, Rebecca
(*1 January 2024 to 12 November 2024*)

Hong Kong Sheng Kung Hui Welfare Council Limited

Mr YUEN Hon-lam, Joseph

Tung Wah Group of Hospitals

Education Sector

Convenor

Ms YOUNG Hoi Yan, Jennifer

Education Bureau

Members (in alphabetical order of members' surnames)

Ms CHEUNG Hiu-nam

(1 January 2024 to 31 August 2024)

Chai Wan Kok Catholic Primary School

Ms CHEUNG Oi-lin

Po Leung Kuk Yao Ling Sun College

Dr CHEUNG Pui-shan

(w.e.f. 28.5.2024)

The Church of Christ in China Ming Kei College

Mr CHEUNG Yat-ming, Ryan

The Hong Kong Psychological Society –
Division of Educational Psychology

Ms CHU Pui-man, Peggy

The Hong Kong Special Schools
Council,
Hong Chi Winifred Mary Cheung
Morninghope School

Ms CHUNG Lai-kam, Kathy, MH

Commission on Children,
Hong Kong Aided Primary School Heads
Association,
Po Kok Primary School

Mr FUNG Tze-shun, Josiah

Hong Kong Red Cross John F. Kennedy
Centre

Dr KAM Shau-wan, Sanly, BBS, MH

Commission on Children,
The Hong Kong Jockey Club Charities
Trust

Ms LAM Chui-ling, MH, JP

Hong Kong Federation of Education
Workers,
Tsuen Wan Trade Association Chu
Cheong Kindergarten

Mr LAM Tak-yuk, Eddie

Tseung Kwan O Methodist Primary
School

Dr LAU Hing-keung, George

(1 January 2024 to 15 September 2024)

Youth College, Vocational Training
Council

Dr LAU Yiu-hung	Hong Kong Association of the Heads of Secondary Schools, Kit Sam Lam Bing Yim Secondary School
Mr LEE Lung-fai	Yuen Long Long Ping Estate Tung Koon Primary School
Mr LI Ka-to <i>(w.e.f. 22 October 2024)</i>	Christian Pui Yan Primary School
Mr LI Kin-man	The Hong Kong Association for School Discipline and Counselling Teachers, Salesians of Don Bosco Ng Siu Mui Secondary School
Ms LIU Fung-heung, Wisa	Hong Kong Kindergarten Association, Choice English School and Kindergarten (Tsing Yi Branch)
Dr MA Hiu-ying, Katherine <i>(w.e.f. 22 October 2024)</i>	Youth College, Vocational Training Council
Ms PUN Siu-fung, Cindy	Council of Non-profit Making Organizations for Pre-primary Education
Dr SUEN Ka-chun	Hong Kong Direct Subsidy Scheme Schools Council, Po Leung Kuk Laws Foundation College
Ms WONG Hoi-ngan	Hong Kong Sheng Kung Hui Primary School Counselling Service

Healthcare Sector

Convenor

Dr LEE Kwok-piu

Department of Paediatrics and
Adolescent Medicine, Pamela Youde
Nethersole Eastern Hospital

Members (in alphabetical order of members' surnames)

Ms Priscilla POON

Hospital Authority Head Office (Allied
Health)

Mr CHAN Man-nok

Hospital Authority (Nursing)

Dr Rony CHO

School Dental Care Service, Department
of Health
Specialty Board in Paediatric Dentistry,
The College of Dental Surgeons of Hong
Kong, Hong Kong Academy of Medicine

Mr Edmond FAN

Hospital Authority Head Office (Patient
Safety and Risk Management)

Ms Henny HUI

Chinese Medicine Department,
Hospital Authority

Prof Patrick IP

Commission on Children,
Department of Paediatrics and
Adolescent Medicine, The University of
Hong Kong

Dr LAM Siu-man

(1 January 2024 to 13 November 2024)

Child and Adolescent Psychiatry, Castle
Peak Hospital

Dr LAM Wing-wo

Doctor in Family Medicine and Private
Practice

Miss MAN Bo-lin, Manbo

School of Nursing, Hong Kong
Sanatorium & Hospital,
The Nursing Council of Hong Kong,
Education Committee, The Nursing
Council of Hong Kong

Dr MO Yi-man, Flora
(*w.e.f. 11 November 2024*)

Department of Psychiatry,
Tai Po Hospital / Alice Ho Miu Ling
Nethersole Hospital / North District
Hospital

Dr Axel SIU

Pamela Youde Nethersole Eastern
Hospital,
Hospital Authority Coordinating
Committee (Accident and Emergency)

Dr Angela SZE

Hospital Authority Coordinating
Committee – Grade (Clinical
Psychology)

Dr TSE Sut-yee

Department of Family Medicine, The
Chinese University of Hong Kong
Medicine Centre,
North District Health Centre Express

Mr Gary WONG, MH, JP

Commission on Children,
InspiringHK Sports Foundation

TABLE OF CONTENTS

CHAPTER 1 INTRODUCTION	1
1.1 Background	1
1.2 Purpose of the Guide	1
1.3 Mandatory Reporting Requirements	2
CHAPTER 2 REPORTABLE CIRCUMSTANCES	4
2.1 General Guidance	4
2.2 Physical Abuse	14
Decision Tree	15
Supplementary Analytical Framework	16
Application: Sample Case Scenarios	23
2.3 Psychological Abuse	33
Decision Tree	34
Supplementary Analytical Framework	35
Application: Sample Case Scenarios	45
2.4 Sexual abuse	57
Decision Tree	60
Supplementary Analytical Framework	61
Application: Sample Case Scenarios	68
2.5 Neglect	80
• Neglect for Supervision / Care	82
Decision Tree	82
Supplementary Analytical Framework	83
Application: Sample Case Scenarios	90
• Neglect for Living Conditions / Environment	104
Decision Tree	104
Supplementary Analytical Framework	105
Application: Sample Case Scenarios	111
• Neglect for Personal Hygiene and / or Clothing	123
Decision Tree	123
Supplementary Analytical Framework	124
Application: Sample Case Scenarios	130

• Neglect for Diet	143
Decision Tree	143
Supplementary Analytical Framework	144
Application: Sample Case Scenarios	150
CHAPTER 3 REPORTING, FOLLOW-UP ACTIONS & SERVICE PROVISION	162
3.1 How to Make a Report and Necessary Information to be Reported	162
3.2 Follow-up Actions after Report.....	165
3.3 Service Provision	168
CHAPTER 4 FREQUENTLY ASKED QUESTIONS	173
ANNEX	182
1. Report Template.....	182
2. Schedule 1 – Specified Professionals	185
3. Schedule 2 – Serious Harm	188
4. List of Other Related Ordinances	189
5. List of District / Divisional Police Stations	191
6. List of Family and Child Protective Services Units	194
7. List of Abbreviations	196

CHAPTER 1 INTRODUCTION

1.1 Background

The Mandatory Reporting of Child Abuse Ordinance (the Ordinance) was passed by the Legislative Council on 11 July 2024 and published in the Gazette on 19 July 2024. To dovetail with the commencement of the Ordinance on 20 January 2026, the Government has put in place various support measures which include, among others, the formulation of the Guide for Mandated Reporters (the Guide) to provide practice guideline for reference by the professionals specified in the Ordinance (i.e., the specified professionals or mandated reporters) in making mandatory reports.

The Ordinance requires the specified professionals to report suspected serious child abuse cases; and provides legal safeguards and statutory defence for the specified professionals in making the reports. It aims to cast a wide and effective protection web for children through mandating professionals of social welfare, education and healthcare sectors to report suspected serious child abuse cases and sending a strong message to potential perpetrators that their abuse behaviours will be easily exposed and made known to the law enforcement authority. The implementation of mandatory reporting regime (MRR) seeks to ensure early detection of and intervention in serious child abuse cases to achieve the objective of child protection.

1.2 Purpose of the Guide

This Guide is issued by the Director of Social Welfare under section 7 of the Ordinance to provide practical guidance for the purposes of reporting suspected serious child abuse cases as governed by the Ordinance. It sets out the factors to be considered under different scenarios, so as to assist the specified professionals in mastering the principles of child protection and identifying the cases to be reported under their legal obligations. The decision tree and supplementary analytical framework for the different types of abuse / neglect, including physical abuse, psychological abuse, sexual abuse, and neglect, are illustrated in Chapter 2 for reference by the specified professionals in making a reporting decision. Chapters 3 and 4 elaborate how to make a report, the necessary information to be reported, follow-up actions after making reports, relevant services which may help the child victims / vulnerable children and their families, frequently asked questions and answers. Some practical information such as contact lists, relevant legal provisions and a report template are also provided for easy reference. The Social Welfare Department (SWD) may amend this Guide as and when necessary.

1.3 Mandatory Reporting Requirements¹

1.3.1 Who are mandated reporters?

The Ordinance requires 25 categories of specified professionals as set out in Schedule 1 to the Ordinance to make reports if, during the course of their work, they have reasonable grounds to suspect that a child “is suffering serious harm”, or “is at real risk of suffering serious harm”. Please refer to Annex 2 of this Guide for Schedule 1.

1.3.2 Whom to protect?

A “child” means a person below the age of 18 years.

1.3.3 What to report?

(a) Serious harm

The mandated reporters under legal obligations shall report suspected serious child abuse cases. Serious harm refers to the harm specified in Schedule 2 to the Ordinance under which a list of four items covering harm related to physical abuse, psychological abuse, sexual abuse and neglect are included. The list explicitly specifies the elements that constitute “serious harm”. Please refer to Annex 3 of this Guide for Schedule 2.

(b) Real risk of suffering serious harm

When determining what constitutes “real risk”, it excludes mere theoretical or fanciful risks. Whether a child is at real risk of suffering serious harm requires a case-specific information of the circumstances. Mandated reporters should consider various factors, such as the child’s situation, the suspected abuser, family dynamics, and environmental factors, etc, to determine if there is a reasonable ground to suspect a real risk to the child’s life, health or development.

1.3.4 Exclusion provisions for mandated reporters

(a) Section 4(2)(a) of the Ordinance states that a specified professional is not required to make a report if he/she honestly and reasonably believes that the serious harm –

- (i) was caused solely by an accident that is not caused by the neglect of a responsible person of the child;
- (ii) was, or is to be, caused solely by the child himself or herself; or
- (iii) was, or is to be, caused solely by any other child except caused by any act of a sexual nature.

(b) Section 4(2)(b) to (d) of the Ordinance provides that a specified professional is not required to make a report when –

¹ The information of this part is for reference only. The legal provisions of the Mandatory Reporting of Child Abuse Ordinance shall prevail.

- (i) an Authority, i.e. Director of Social Welfare (DSW)² or the Commissioner of Police has informed the professional at or before the material time the same, or substantially the same, serious harm suffered by the child; or the same, or substantially the same, real risk of the child suffering serious harm; or
- (ii) the mandated reporter or another mandated reporter has already reported the same or substantially the same serious harm suffered by the child, or the same or substantially the same real risk of the child suffering serious harm, at or before the material time.

1.3.5 Defences and reasonable excuse

If a mandated reporter is prosecuted for an offence under section 4(4) for failing to make a report in respect of a suspected child abuse case at the material time, section 5 provides a defence for the mandated reporter to establish that he/she has honestly and reasonably believed that the delay was in the best interests of the child, on the condition that he/she has, during the delay, taken actions that are reasonably necessary in the circumstances to protect the interests of the child (e.g. appropriate arrangements have been made to prevent further sexual abuse and address the child's emotional disturbance).

1.3.6 Extra-territorial application of reporting requirements

The non-reporting offence of the Ordinance does not specifically provide for extra-territorial jurisdiction. The offence has no extra-territorial effect.

1.3.7 How to make a report?

The mandated reporters shall make report of suspected serious child abuse cases to the Authority according to the requirements set out in section 6 of the Ordinance. A report must be made in the way specified by the Director of Social Welfare. The report must contain the following information -

- (i) sufficient information for an Authority to identify the child concerned;
- (ii) the ground mentioned in section 4(1); and
- (iii) the contact information of the specified professional making the report.

For procedures of making a report and the related matters, please refer to Chapter 3 of this Guide.

1.3.8 Other provisions of the Ordinance

For other provisions, including pre- and post-reporting protection for the mandated reporters and related matters as well as details of the requirements, please refer to the Ordinance.

² The Family and Child Protective Services Units (FCPSU) of the SWD are designated by the DSW to carry out the power and duties of the Authority under the Ordinance. Please refer to Annex 6 of this Guide for the contact information of FCPSUs.

CHAPTER 2 REPORTABLE CIRCUMSTANCES

2.1 General Guidance

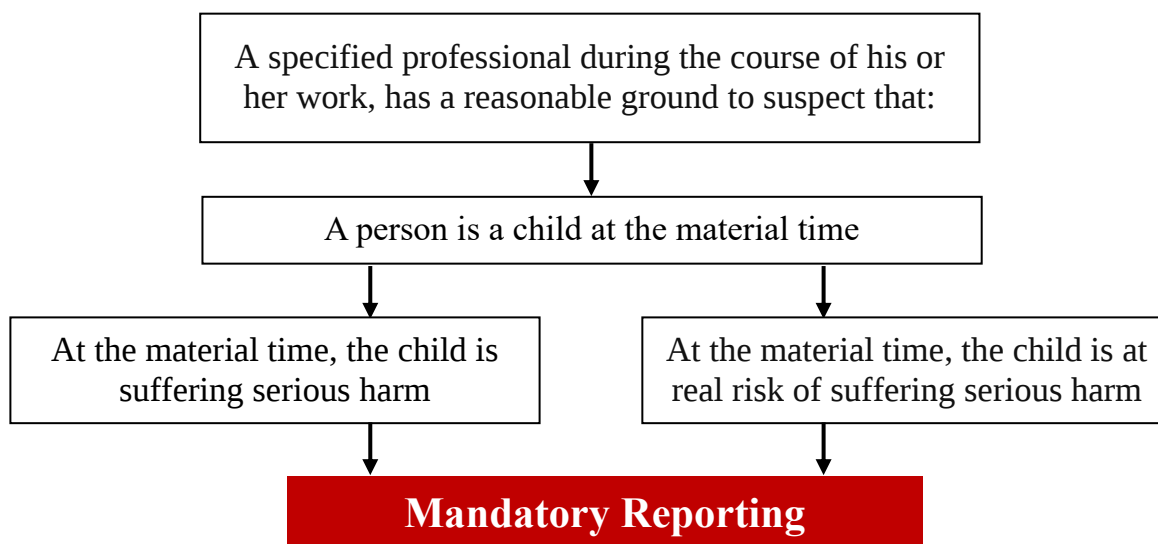
This chapter provides practical guidance for mandated reporters in reporting suspected serious child abuse cases as stipulated in the Ordinance, through making reference to the factors for consideration indicative to serious harm or at real risk of suffering serious harm. The ensuing paragraphs provide information pertaining to the requirements for making a report, design of the decision tree and supplementary analytical framework, and illustration on the application of the decision tree with case scenarios.

Under emergency situations where the child victim is in need of rescue, such as he / she has been seriously harmed with life-threatening risk or a crime has occurred that requires immediate law enforcement, the mandated reporter should seek emergency service or assistance from the Police by dialling 999.

2.1.1 Reports to be made

According to Sections 4(1) of the Ordinance, if a reasonable ground to suspect that, at the material time, a child is suffering serious harm, or is at real risk of suffering serious harm, comes to the notice of a mandated reporter during the course of his/her work as a specified professional, he/she must, as soon as practicable after the material time, make a mandatory report in respect of the suspected child abuse. For easy reference, please refer to the below Flowchart 1.

Flowchart 1: Reports to be Made



Remarks: Pursuant to Section 4(1) of the Ordinance, if the specified professional has a reasonable ground to suspect that a child is suffering serious harm or at real risk of suffering serious harm, the mandatory reporting obligation will be triggered. An exemption is provided in section 4(2)(a), (b), (c) and (d) of the Ordinance, please see the summary in paragraph 1.3.4(b) of this Guide.

2.1.2 Decision Tree and Supplementary Analytical Framework

Decision tree and supplementary analytical framework for the different types of abuse / neglect, namely physical abuse, psychological abuse, sexual abuse, and neglect, are developed for mandated reporters' reference in making a reporting decision upon their **comprehensive analysis** and **professional judgment**. It is **NOT** compulsory for mandated reporters to go through the decision tree before making a report.

The decision tree aims to provide a quick overview of the possible logical relationship among relevant factors to facilitate mandated reporters in making a reporting decision with the aid of a diagram. Supplementary analytical framework is to elaborate and provide useful examples of the factors for consideration, so as to assist the mandated reporters in discerning the reportable circumstances.

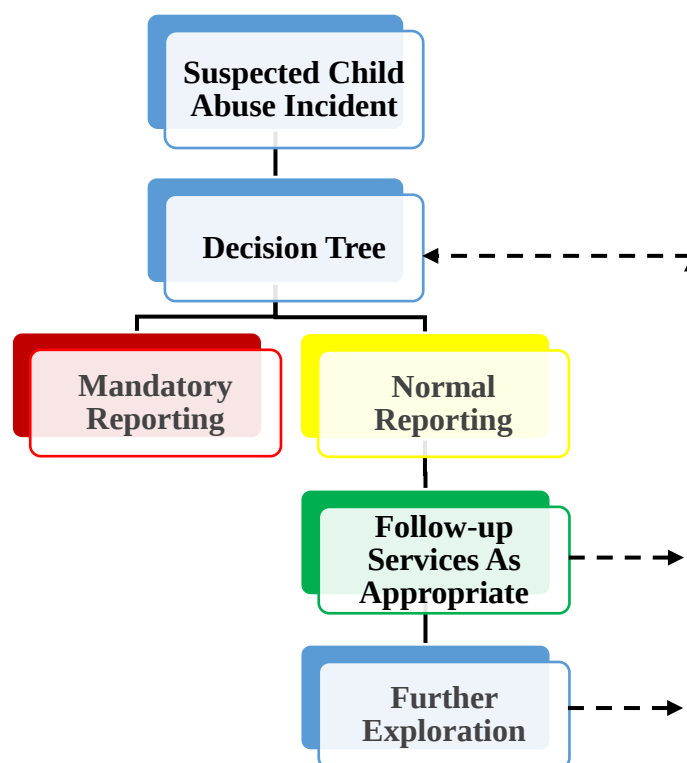
It should be mindful that the factors for consideration in the decision trees and examples are not meant to be exhaustive. The selected factors are based on extensive case analysis collected from the three sectors (social welfare, education and healthcare sectors) of specified professionals and the views collected from the three Professional Consultative Panels as well as Focus Group discussions. It is unanimously agreed that only those factors for consideration that can trigger mandatory reporting without any doubt will be included in the decision trees, which are only intended to provide guidance that can be used as a reference when considering the safety of children. Mandated reporters are advised to take into consideration of all relevant circumstances of individual case, other warning signs and exercise their professional judgement in making a reporting decision. The decision trees are formulated to complement rather than replace professional judgement and does not prohibit a mandated reporter from any course of actions the mandated reporter believes are appropriate after taking into account the individual case merits.

2.1.3 Inter-relationship of Decision Points

Decision trees and supplementary analytical frameworks function together. Subject to the extent and real risk of serious harm, each decision tree will lead to two decision points, viz. "Mandatory Reporting" and "Normal Reporting / Follow-up Services as Appropriate / Further Exploration". The decision point of "Mandatory Reporting" directs the mandated reporters' attention to those cases that require mandatory reporting with little ambiguity. The decision point of "Normal Reporting / Follow-up Services as Appropriate / Further Exploration" aims to provide alternative options for mandated reporters to help the children and families who would be better served through alternative interventions, including normal reporting, continuous support/service, referrals of other services, etc.

The two decision points comprising of four options form a continuum of decisions to be made according to the mandated reporters' professional roles and judgement that ongoing discerning in the assessment process is required. The inter-relationship of decision points is illustrated by Flowchart 2 below.

Flowchart 2: Inter-relationship of Decision Points



(a) Mandatory Reporting

Mandated reporters should draw reference to Schedule 2 to the Ordinance, which explicitly specifies the elements that constitute “serious harm”. Various factors for consideration for each type of abuse or neglect have been developed to provide reference information contributing to or protecting the child from serious harm that the mandated reporters may encounter in their course of work as a specified professional. (Please refer to the decision trees and supplementary analytical frameworks for details.) When serious harm or real risk of serious harm cases are identified, mandated reporters shall firstly make a call to or contact in person with the Authority and make the report as soon as practicable. Please refer to Chapter 3 of this Guide for details of the reporting procedures.

(b) Normal Reporting

When the initial assessment indicated that the suspicion of child abuse is substantiated but the extent of which does not reach the threshold of mandatory reporting, the case would be followed up under the prevailing well-established child protection mechanism as set out in the “Protecting Children from Maltreatment – Procedural Guide for Multi-disciplinary Co-operation” (the Procedural Guide)³. Depending on the roles and responsibilities of the mandated reporter, the case should,

³ The “Protecting Children from Maltreatment – Procedural Guide for Multi-disciplinary Co-operation” (the Procedural Guide) is a practical guide drawn up by the SWD, in collaboration with relevant government departments, non-governmental organisations and professionals, for reference by different professionals in taking necessary actions for suspected child maltreatment cases. The Procedural Guide can be downloaded from the SWD homepage (<https://www.swd.gov.hk>).

following the Procedure Guide, be referred to Family and Child Protection Services Unit (FCPSU) or an appropriate social welfare service unit through normal reporting channel for multi-disciplinary co-operation in handling suspected child maltreatment/child protection cases⁴. It should bear in mind that mandated reporters have legal obligations to report suspected serious child abuse cases, and such duty cannot be replaced by a normal reporting to or case consultation with FCPSU.

(c) *Follow-up Services as Appropriate*

Generally speaking, this option is applicable when the mandated reporter considers that the incident does not involve harm / maltreatment to a child but the family has difficulties in providing care to the child / parenting or faces other problems / crises that require follow-up services. Under such circumstances, the mandated reporter can respond in the following two ways to address to the needs of the child and family concerned –

First, if the follow-up services required by the child and/or family falls within the professional scope of the mandated reporter, the mandated reporter shall exercise his/her professional knowledge and judgement to render to the child and/or family concerned the required follow-up services by making use existing network of the organisation / unit or partnering with other organisation(s) / unit(s). In view that circumstances of a case can vary from time to time, the follow-up mandated reporter shall remain sensitive and be at all times alert to any physical / behavioural / emotional / environmental indicators that reveal potential harm / maltreatment. (Please refer to Chapter 4 of the Procedural Guide). If the case is not progressing, or if the situation begins to deteriorate, the mandated reporter may re-apply the decision tree as a reference and reconsider if mandatory reporting is required.

Second, if the follow-up services required by the child and/or family concerned fall outside the professional scope of the mandated reporter and the consent of the child's parents / legal guardian is obtained, the mandated reporter should make suitable service referrals⁵ according to the prevailing practices. If the mandated reporter considers that the child and/or family concerned is willing to receive social support services that fall within the categories of the “Suggested Support / Follow-up Areas” as specified in **Form 1a**⁶ but he/she is unfamiliar with the existing referral system, a prior case consultation can be conducted with the respective FCPSU to obtain relevant information about the receiving organisation / unit and make the referral directly by way of the standard **Form 1a and 1b**. If the parties concerned insist on not receiving any social service, the mandated reporter can provide relevant reference information for the child and family concerned as appropriate. Details of the workflow is depicted at

⁴ With diverse work positions, service scopes and foci of intervention, personnel of different disciplines have different roles to be performed at various stages in handling suspected child maltreatment cases. Personnel of different disciplines should make reference to relevant annexes of the Procedural Guide and internal guidelines of their organisations, if any, to assure the child and his/her family obtaining help in need.

⁵ Services may include medical/healthcare, education/learning, social/welfare assistance, etc.

⁶ The categories of “Suggested Support / Follow-up Areas” as specified in Form 1a include emotional support, learning / schooling support, family relationship, parenting, child care, (suspected) mental / physical illness, alcoholism, gambling, drugs, financial, housing, etc.

Appendix to Chapter 2.

(d) *Further Exploration*

When the information obtained is insufficient for making a reporting decision, the mandated reporter should further explore the situation. If the cause of the injuries / harm on the child is unclear and there is not yet a reason to have an initial suspicion of occurrence of a child abuse incident, the mandated reporter should adopt a proactive approach to collect further information for clarifications. For example, the mandated reporter may explore the child's situation through persons who have more contacts with the child to enhance understanding. Should concerns continue / increase or when additional information is available, the mandated reporter should reconsider if mandatory reporting is required. He/she may re-apply the decision tree for reference as appropriate.

2.1.4 Completing a Decision Tree

If the available facts make clear which decision tree to go through, the mandated reporter may go directly to that decision tree. Generally, if more than one decision tree fits, the following steps may be taken –

- (i) It is NOT compulsory to go through the decision tree before making a mandatory reporting;
- (ii) To apply the decision tree, the mandated reporter can start with the one reflecting the most serious / primary concern. For example, if a parent / carer caused a serious injury to a child by striking the child, and a lack of food in the home may also be indicated, select the decision tree for physical abuse;
- (iii) If more than one decision tree fits, the mandated reporter can start with the one connected to the mandated reporter's strongest information. For example, if a child made a clear disclosure of sexual abuse, and the mandated reporter has a hunch that there may be extreme physical discipline, select the decision tree for sexual abuse;
- (iv) If the result is to make a mandatory reporting, the reporter does not need to complete additional decision trees. The mandated reporter shall inform the Authority of all the concerns in the report.
- (v) If the first decision tree the mandated reporter used does NOT result in a mandatory reporting decision, and when the mandated reporter considers more than one decision tree is applicable, he/she can complete additional decision tree of the secondary concern.
- (vi) If none of the decision trees suggest making a mandatory report but the mandated reporter considers the case is of serious harm nature, the mandated reporter should exercise his/her professional judgement on making decision of making the report. In case the mandated reporter has

concern over child abuse but not of serious harm, he/she may make a case consultation with the Intake Worker of FCPSU.

- (vii) The completed record of e-version decision tree can be printed out for reference.

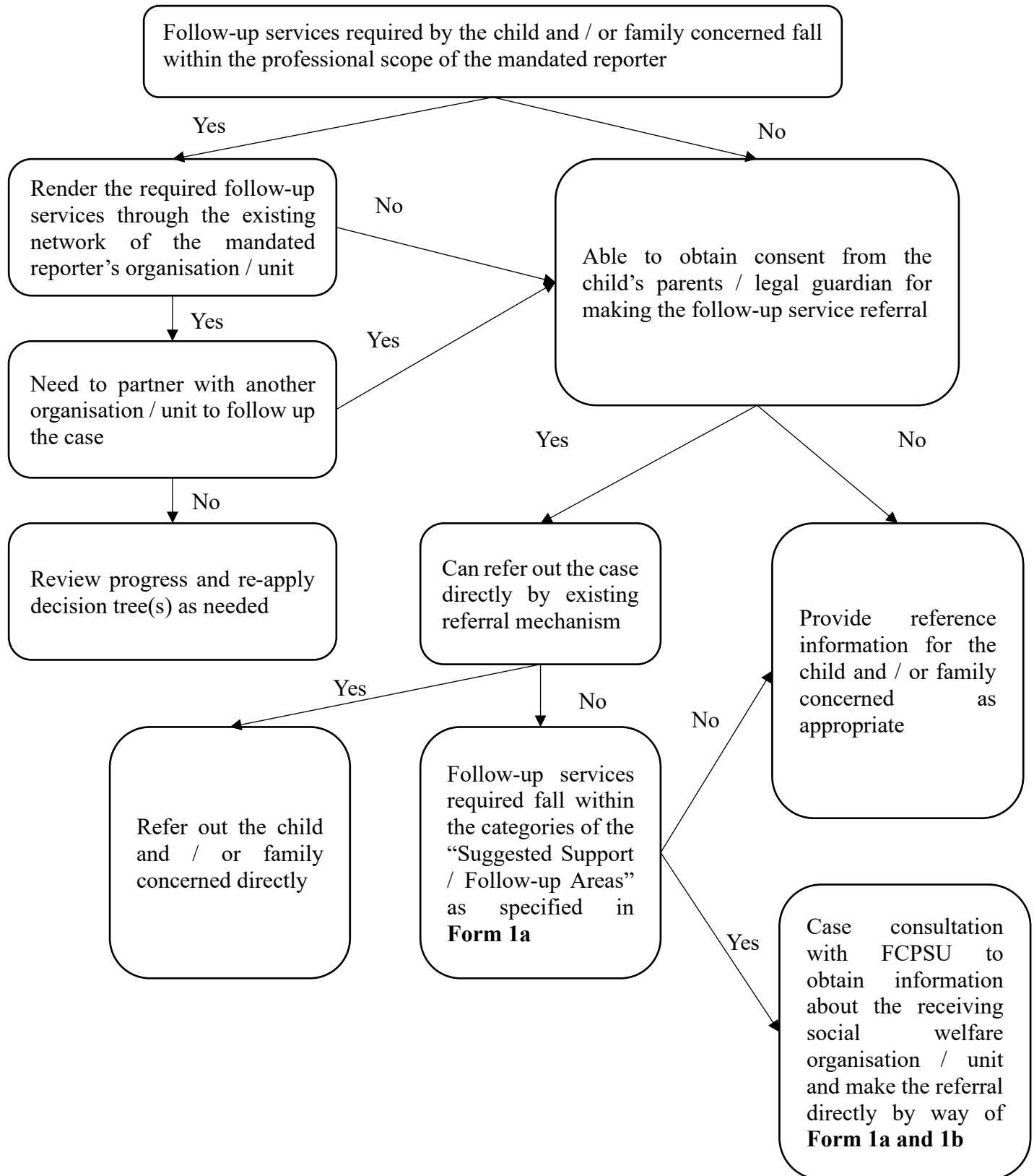
2.1.5 Interpreting the Decision Points

The decision paths may vary depending on the available information obtained by the mandated reporter for him/her to give definite answers to the factors for consideration. The option of “Not Sure” is included in the decision trees for the scenarios when the mandated reporter is not certain about the child’s situation or lacking requisite information at a certain time point. The mandated reporter may go through the decision trees at any particular juncture in their course of work. It is imperative for mandated reporters to exercise professional judgement when interpreting the decision points under circumstances where the decision paths have been deflected from “Mandatory Reporting” to “Normal Reporting / Follow-up Services as Appropriate / Further Exploration” because of answering “Not Sure” for some critical factors for consideration. This decision point does not exclude all available means to further explore any special circumstances or information that would require mandatory reporting.

2.1.6 Application of Sample Case Scenarios

The sample case scenarios are to enable the mandated reporters to have a general understanding of how to apply the decision tree and supplementary analytical framework to discern different circumstances by drawing references to the guiding principles. The sample case scenarios encompass circumstances that do not meet the threshold of mandatory reporting in order to accentuate the severity and urgency of incidents that will trigger mandatory reporting through a compare-and-contrast analysis. The number of case scenarios to be included under each type of child abuse also varies, depending on the complexities of the factors for consideration in the decision trees. As every abusive incident is unique with specific concerns whereas the sample case scenarios are by no means exhaustive, the sample case scenarios are formulated to complement rather than replace professional judgement. Mandated reporters should exercise their professional judgement to take actions as appropriate after taking into due account the individual case merits.

Workflow of Referral for Follow-up Services by Mandated Reporters



(Sample for Reference)

File Ref.:

Tel. No.:

Referring Organisation/Unit
(Name and Address)

Officer-in-charge

Receiving Organisation/Unit
(Name and address)

Dear Sir/ Madam,

(Date)

Referral for Follow-up Services

I refer to the telephone discussion between _____ and _____ of your organisation / unit on _____ (date).
This is to refer _____ (Name), *Female / Male, Age / DOB _____,
*HKBC / HKIC No. _____ of _____ (Address)
on tel. no. _____ to you for follow-up service.

The following documents are attached for your information:

- ☐ A copy of written consent (the *above-named / parent of the child has given consent to this referral); and / or
- ☐ A copy of the e-version decision report (as appropriate).

The following information is provided for your reference:

- (a) The above-named / family *has / has NOT been known to our organisation / unit before.
- (b) Family Particulars:

Name	Relationship	Sex/Age	Remarks
1.	Person being referred		
2.			
3.			

- (c) Suggested Support / Follow-up Areas:

- ☐ Emotional Support : _____
- ☐ Learning/Schooling Support : _____
- ☐ Family Relationship : _____
- ☐ Parenting : _____
- ☐ Child Care : _____
- ☐ Mental / Physical Illness ☐ Suspected Mental / Physical Illness: _____
- ☐ Alcoholism / ☐ Gambling / ☐ Drugs / ☐ Financial / ☐ Housing: _____
- ☐ Others: _____

(d) Service / Treatment Rendered by Referring Organisation / Unit :

(e) Remarks: (e.g. other organisation(s) / unit(s) involved or related document(s) if suitable)

I shall be grateful for your necessary action. For enquiries, please contact
_____, at tel. no. _____.

()
* Name of Officer-in-charge, Referring Organisation/Unit
Name of Referrer, Post Title

* delete whichever is inappropriate

(Sample)

Consent Form for Referral for Support/Welfare Service

I, _____, I.D. No. _____, consent to be referred by
_____ (referring organisation/unit) to _____
(*name of receiving organisation/unit) for support/welfare service.

Signature:

Date:

* delete whichever is inappropriate

The ensuing paragraphs provide guidance for the reference of mandated reporters in assessing cases of suspected child abuse cases involving children who are suffering serious harm or are at real risk of suffering serious harm.

2.2 Physical Abuse

Serious Harm

As stipulated in Schedule 2 to the Ordinance, serious harm refers to any harm that endangers a child's life, or harm that endangers a child's physical health and requires urgent medical treatment, including –

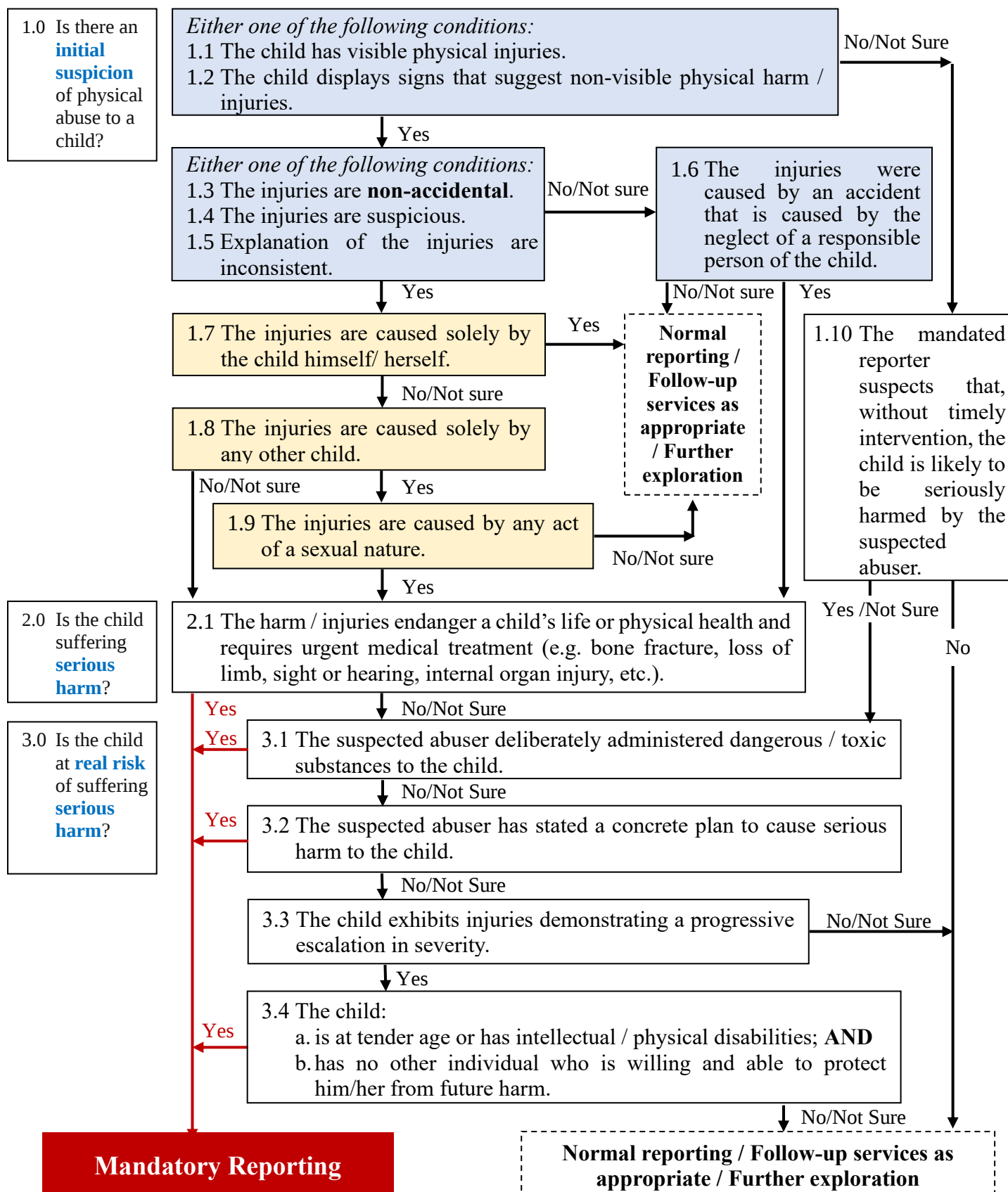
- (i) loss of any limb or the function of any limb;
- (ii) loss of sight or hearing;
- (iii) injury to any internal organ;
- (iv) fracture of any bone;
- (v) burn on body surface;
- (vi) would that cause nerve, muscle or tendon damage or severe haemorrhage;
and
- (vii) loss of consciousness or impaired consciousness.

Real Risk

When assessing what constitutes a real risk, one must exclude risks that are purely theoretical or fanciful. Mandated reporters should always, based on their professional judgement, consider alongside factors, including the child's situation, the suspected abuser, family dynamics, and environmental conditions, which collectively place the child's life and physical health at real risk.

The factors listed from 3.0 onwards are not exhaustive but serve as crucial points of reference in the analytical process. If there is a reasonable ground to suspect that a child has experienced other types of abusive behaviours that have resulted in serious harm or posed a real risk of serious harm to the child, mandated reporters shall take appropriate actions to report the case to the Authority for child protection and / or related criminal investigation as appropriate.

Decision Tree for Guiding Mandatory Reporting of Suspected Physical Abuse



Note1: This decision tree should be used in conjuncture with the supplementary analytical framework which provides essential elaborations on the interpretations of the factors for consideration.

Note 2: This decision tree is formulated to complement rather than replace professional judgement and does not prohibit a mandated reporter from any course of actions the mandated reporter believes are appropriate after taking into account the individual case merits.

Note 3: It is desirable to have a clear answer of "Yes" or "No" to the factors for consideration. In cases where the mandated reporters are not sure of the answer, they are advised to collect more information as far as practicable. Attention should be paid to the impact of "Not sure" as an answer on the decision point.

**Supplementary Analytical Framework for Guiding
Mandatory Reporting of Suspected Physical Abuse**

Factors for Consideration							
1.0	Is there an initial suspicion of physical abuse to a child?						
☐	If Yes to either one of	<u>1.1, 1.2</u>	Go to 1.3				
☐	If No / Not Sure to all of	<u>1.1, 1.2</u>	Go to 1.10				
☐	1.1	The child has visible physical injuries. The mandated reporter sees that the child has a current injury.					
☐	1.2	The child displays signs that suggest non-visible physical harm / injuries. The child appears injured even if the mandated reporter cannot see a physical injury. Examples⁷ of non-visible physical injuries / harm - The child discloses to have an injury that mandated reporter is unable to see because it is covered by clothing. - The child is acting as if he / she has injuries to joints, bones or muscles, such as limping, holding an arm or leg in an awkward position or not bearing weight. - The child is acting as if he / she has internal injuries, such as being in pain, vomiting, appearing pale or losing consciousness.					
☐	If Yes to either one of	<u>1.3 to 1.5</u>	Go to 1.7				
☐	If No / Not Sure to all of	<u>1.3 to 1.5</u>	Go to 1.6				
☐	1.3	The injuries are non-accidental. Based on the disclosure by the child or the mandated reporter's observations of the incident, non-accidental injury is considered when there is a reason to believe that the suspected abuser has taken deliberate action causing harm to the child. Examples of non-accidental and accidental physical injuries <table border="1"> <thead> <tr> <th><i>Non-accidental</i></th> <th><i>Accidental</i></th> </tr> </thead> <tbody> <tr> <td> - The child was hit or shaken hard enough to cause harm / injury even though the suspected abuser later said he / she had no intention to hurt the child and / or was remorseful about it. </td> <td> - The child fell while running, resulting in bruises on both knees, shins and elbows. - A toddler ran and fell with head banged against a cabinet causing a laceration over the forehead. </td> </tr> </tbody> </table>		<i>Non-accidental</i>	<i>Accidental</i>	The child was hit or shaken hard enough to cause harm / injury even though the suspected abuser later said he / she had no intention to hurt the child and / or was remorseful about it.	- The child fell while running, resulting in bruises on both knees, shins and elbows. - A toddler ran and fell with head banged against a cabinet causing a laceration over the forehead.
<i>Non-accidental</i>	<i>Accidental</i>						
The child was hit or shaken hard enough to cause harm / injury even though the suspected abuser later said he / she had no intention to hurt the child and / or was remorseful about it.	- The child fell while running, resulting in bruises on both knees, shins and elbows. - A toddler ran and fell with head banged against a cabinet causing a laceration over the forehead.						
☐	1.4	The injuries are suspicious. Suspicious injuries are those that are highly correlated with abuse. In most instances, a doctor will determine whether or not the harm / injury is suspicious. By referring to some signs or presentations of physical injuries, a layperson can reasonably conclude an injury is suspicious in nature. Examples of suspicious physical injuries <table border="1"> <thead> <tr> <th><i>Area of injury</i></th> <th><i>Physical injuries</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		<i>Area of injury</i>	<i>Physical injuries</i>		
<i>Area of injury</i>	<i>Physical injuries</i>						

⁷ All examples in the Supplementary Analytical Framework are by no means exhaustive.

Factors for Consideration			
		Head	- Two blackened eyes - Cuts to face - Bruise to scalp - Bruise to earlobe - Imprints of finger on cheek
		Neck	Bruise to neck
		Torso / Arms / Legs	- Bruise / lacerations to multiple parts of body without history of an event likely to result in multiple injuries - Unexplained injuries on a non-ambulatory child
		Skin	- Human bite marks - Loop marks - Multiple linear marks - Marks in the shape of another object - Cigarette or other contact burns in the shape of an object - Marks that cover circumference of a limb or neck - Multiple bruising of different colours (from reddish to yellowish) that is not on knees, shins, elbows or other common areas for accidental bruising.
☐	1.5	Explanation of the injuries are inconsistent. The injury is a type that could be accidental or purposely inflicted but the explanation given suggests that the injury was not caused in the manner shared. Examples of inconsistent explanation - Report is that the child fell forward, but rather than injury to nose, chin or forehead, injury is to cheek. - Report is of single impact (e.g. fall) but injuries are on two or more surfaces that could not have been injured in single contact (e.g. multiple linear marks).	
☐	If Yes to	1.6	Go to 2.1
☐	If No / Not sure to	1.6	Normal reporting / Follow-up services as appropriate / Further exploration
☐	1.6	The injuries were caused by an accident that is caused by the neglect of a responsible person of the child. Answer "Yes" if: Based on the collected information and professional assessment of the mandated reporter, there is initial suspicion that, although the injuries resulted from an accident, they were likely caused by the neglect of a responsible person of the child. Example of accident that is caused by the neglect of a responsible person of the child For instance, a three-year-old boy was seriously injured in a traffic accident while travelling in a private car driven by his father. As the father put the child in the front passenger seat without fastening the	

Factors for Consideration		
		child's seat belt or using a compliant child safety seat, the father's negligent behaviour resulted in serious injury to the child. This could be regarded as the injuries were caused by an accident that is caused by the father's neglect.
☐	If Yes to	1.7 Normal reporting / Follow-up services as appropriate / Further exploration
☐	If No / Not Sure to	1.7 Go to 1.8
☐	1.7	The injuries are caused solely by the child himself / herself. Answer "Yes" if: The mandated reporter believes that the injuries mentioned in 1.1 to 1.5 above were solely caused by the child himself / herself. The injuries caused by the child himself / herself may include self-harm behaviours that can be triggered by - (i) the child's sensory processing problem which is associated with autism, attention-deficit hyperactivity disorder, obsessive-compulsive disorder and other developmental problems; or (ii) the child's mental health issues or emotional distress. Examples of self- harm behaviours • Ongoing and habitual behaviours of a boy with autism spectrum disorder to balance his chronic sensory dysregulation, such as head-banging, skin-picking, nail-biting, teeth grinding, etc. • The child has deliberately caused harm himself/herself due to mental health concern.
☐	If Yes to	1.8 Go to 1.9
☐	If No / Not Sure to	1.8 Go to 2.1
☐	1.8	The injuries are caused solely by any other child. Answer "Yes" if: The mandated reporter believes that the injuries mentioned in 1.1 to 1.5 above were solely caused by any other child. Examples of the harm caused by any other child • The child involved in a peer fighting incident in a children's home and was hurt by another resident.
☐	If Yes to	1.9 Go to 2.1
☐	If No / Not Sure to	1.9 Normal reporting / Follow-up services as appropriate / Further exploration
☐	1.9	The injuries are caused by any act of a sexual nature. Any act of a sexual in nature includes (i) Any act intended to cause sexual harm to a child but in vain (e.g. attempted rape); and (ii) Any sexual act that has actually occurred on a child (e.g. rape). Answer "Yes" if the act falls into category (i). For category (ii), mandated reporters are reminded to go through the decision tree of sexual abuse. Examples of any act of a sexual nature For instance, a teenage attempted to rape a girl but in vain, causing physical injuries to the girl in her intense struggle. Hence, the physical injuries are caused by an act of sexual nature, though the

Factors for Consideration							
		presentation of the physical injuries may not be related to those directly caused by sexual acts like rape, sexual intercourse, buggery, etc.					
☐	If Yes / Not Sure to	1.10	Go to 3.1				
☐	If No to	1.10	Normal reporting / Follow-up services as appropriate / Further exploration				
☐	1.10	The mandated reporter suspects that, without timely intervention, the child is likely to be seriously harmed by the suspected abuser. Answer “Yes” if: The situation will deteriorate further if timely action is not taken. This underscores the urgency to act swiftly to prevent potential harm to the child. The initial suspicion may be based on certain behaviours and / or characteristics of the suspected abuser. If the mandated reporter is uncertain whether the circumstances of the case warrant timely intervention, he or she may answer ‘Not Sure’ to further consider the factors that may contribute to the real risk of serious harm to the child. Examples of substantiated initial suspicion based on the suspected abuser’s behaviours and / or characteristics • Unmanaged mental health problem: Experiencing unmanaged mental health issues with active symptoms, such as significant mood swing, suicidal attempts, hallucinations or paranoid delusions. Special attention should be paid to families with history of intimate partner violence. Screening for mental health symptoms of intimate partner violence cases can facilitate the identification of perpetrators who are at an elevated risk of physically abusing both their spouses and their child. • Substance abuse: Engaging in alcohol or drug use to the extent that it results in heightened agitation, volatility, violent behaviours or significant impairment in parenting capacity. • Intellectual or physical disability: The suspected abuser has a severe, chronic impairment that creates substantial functional limitations in parenting capacity (e.g. self-care, language, learning, mobility, etc.).					
2.0 Is the child suffering serious harm?							
☐	If Yes to	2.1	Mandatory Reporting				
☐	If No / Not Sure to	2.1	Go to 3.1				
☐	2.1	The harm / injuries endanger a child’s life or physical health and requires urgent medical treatment (e.g. bone fracture, loss of limb, sight or hearing, internal organ injury, etc.). Answer “Yes” if the above statement is true. Examples of serious harm <table border="1"> <thead> <tr> <th>Area of injury</th> <th>Injuries / Presentation</th> </tr> </thead> <tbody> <tr> <td>Head / Brain / Skull</td> <td> • Loss of consciousness / dullness • Seizures / difficulty in breathing • Obviously disfigured nose / jaw </td> </tr> </tbody> </table>		Area of injury	Injuries / Presentation	Head / Brain / Skull	• Loss of consciousness / dullness • Seizures / difficulty in breathing • Obviously disfigured nose / jaw
Area of injury	Injuries / Presentation						
Head / Brain / Skull	• Loss of consciousness / dullness • Seizures / difficulty in breathing • Obviously disfigured nose / jaw						

Factors for Consideration			
			- Harm / injury to eyes or teeth that should receive medical examination, e.g. eye is swollen shut, the child has been blinded, permanent teeth have been broken or knocked out - Bruises to head, including face or earlobe that received or should receive medical examination - Shaken Baby Syndrome
		Neck	- Bruise or redness that goes around neck - The child is unable to speak normally or has strangulation marks on the neck
		Torso	- Coughing/spitting blood - Significant back or abdominal pain - Vomiting or becoming pale or faint
		Arms / legs	- Holding an arm or leg in an odd position / deformed limb(s) - Cannot bear weight
		Skin	- Severe burns / scalds - Uncontrolled bleeding from a wound - Multiple deep wounds
3.0 Is the child at real risk of suffering serious harm?			
☐	If Yes to	3.1	Mandatory Reporting
☐	If No / Not Sure to	3.1	Go to 3.2
☐	3.1	The suspected abuser deliberately administered dangerous / toxic substances to the child. Answer "Yes" if: The suspected abuser provides alcohol, dangerous drugs, or inappropriate drugs to a child to the extent that it could endanger the child's physical health or emotional well-being. Examples of administering dangerous / toxic substances - Providing alcohol resulting in dependency / intoxication - Providing dangerous drugs / substances, e.g. methamphetamine, heroin, cocaine, marijuana, organic solvents or other inhalants - Providing inappropriate medications that are not prescribed for the child e.g. sleeping pills	
☐	If Yes to	3.2	Mandatory Reporting
☐	If No / Not Sure to	3.2	Go to 3.3
☐	3.2	The suspected abuser has stated a concrete plan to cause serious harm to the child. The suspected abuser has sounded out a concrete plan involving a series of steps or actions that will cause serious harm to the child. The plan is not merely a statement of vague intent or desire, for example, "My kid is very naughty and I may hurt him someday." Answer "Yes" if : The mandated reporter reasonably believes that the plan is very likely to be executed in the near future. Examples of stating a plan to cause serious harm	

Factors for Consideration			
		- Bought a bag of charcoal to threaten to commit suicide with the child - Bought rat poison substance and threaten to kill the child by adding the poison into soup	
☐	If Yes to	3.3	Go to 3.4
☐	If No/ Not Sure to	3.3	Normal reporting / Follow-up services as appropriate / Further exploration
☐	3.3	The child exhibits injuries demonstrating a progressive escalation in severity. Answer “Yes” if : The child displays injuries that are increasing in severity over a period of time. Special attention should be paid to the different ways in which the injuries are presented, which may result from different means, e.g. from bruises caused by bare hand to inflictions caused by different objects like rattan stick, cloth hanger, belt, folding stool, iron, etc. For patterns of injuries that are more akin to inappropriate / habitual use of physical punishment in child discipline and the child is assessed to be not facing real risk of serious harm, consideration may be given to handle these incidents through normal reporting / referral for follow-up services.	
☐	If Yes to	3.4	Mandatory Reporting
☐	If No/Not Sure to	3.4	Normal reporting / Follow-up services as appropriate / Further exploration
☐	3.4	Answer “Yes” if statements in 3.4a and 3.4b are true.	
	3.4a	The child is at tender age or has intellectual / physical disabilities. ◇ - Children at a tender age are at a higher risk of serious harm due to their physical and emotional immaturity, limited cognitive and language abilities, as they largely depend on caregivers, lack of awareness and education, etc. - While the age of a child is an important reference in assessing his / her self-protection ability, age is only one of the factors to be considered and, from a legal point of view, it is not appropriate to define a tender-aged child as a child below a certain age. Mandated reporters are advised to exercise their professional judgement in deciding whether mandatory reporting is necessary according to actual circumstances of the case. - Intellectual developmental disorder (Intellectual disability) is considered to be two standard deviations or more below the population, which equals to an IQ score of 70 or below. The impairments have significantly affected functioning in the cognitive, social, and practical domains of life. - Physical disabilities in children include, but are not limited to, conditions such as cerebral palsy, amputation, and visual impairment.	

Factors for Consideration		
	3.4b ◇	In situations where medical or clinical evidence is not available to confirm the child's intellectual or physical disabilities, the mandated reporter may still determine that the child meets this criterion if there is reason to believe that these disabilities have resulted in difficulties with self-protective movement or an inability to disclose harm caused by the suspected abuser.
		The child has no other individual who is willing and able to protect him / her from future harm.
		This individual may include a relative, a close family friend, or caretakers in a foster home / small group home / hostel.

Application: Sample Case Scenarios

All the sample case scenarios provided in this Guide are to illustrate how mandated reporters may apply the decision tree and supplementary analytical framework. Different case scenarios are used as examples for demonstration purpose, aiding mandated reporters in understanding child protection principles and fulfilling their statutory obligations. These scenarios are modified from local cases and do not represent actual events or individuals. In practical application, decision varies as merits of individual case differ and professional judgement shall prevail over generic sample case scenarios. The statutory responsibility of mandatory reporting is governed by the Mandatory Reporting of Child Abuse Ordinance.

Case Scenario (1) : Serious Harm

Suspected Child Abuse Incident	- A 7-year-old girl was discovered by her father to be experiencing breathing difficulties and loss of consciousness at home. Police assistance was sought and the girl was then sent to the hospital. - Upon medical examination and treatment, it was discovered that the girl’s body was covered with over 20 old and fresh scars, some of which were suspected to be caused by rattan sticks, scissors and slippers. Some of the wounds were seriously infected.
Factors for Consideration	☐ Yes 1.1 The child has visible physical injuries.
	☐ Yes 1.3 The injuries are non-accidental .
	☐ No 1.7 The injuries are caused solely by the child himself/herself.
	☐ No 1.8 The injuries are caused solely by any other child.
	☐ Yes 2.1 The harm / injuries endanger a child’s life or physical health and requires urgent medical treatment (i.e. breathing difficulty, loss of consciousness, seriously infected wounds).
Proposed Action to be Taken	☒ Mandatory reporting is required as the child: ☒ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration
Guiding Principles	- Factor 1.1, the child has visible physical injuries, i.e. over 20 visible multiple old and fresh scars. - Factor 1.3, the injuries are suspected to be caused by rattan sticks, scissors and slippers, suggested non-accidentally caused. - Answering “No” to Factor 1.7 and Factor 1.8 means that the injuries are not caused by the child or any other

	child. • Factor 2.1, the child's breathing difficulty, loss of consciousness and seriously infected wounds require urgent medical treatment. Mandatory reporting is required.
--	--

Case Scenario (2) : Real Risk of Serious Harm

Suspected Child Abuse Incident	- Class teacher found that the child, aged 8, studying Primary One, looked tired and upset, sitting alone silently at a corner of the playground during recess. - Class teacher showed concern and asked the child if he was worried about something. The child disclosed that his father deserted the family last week due to extra-marital affairs. Ten days ago, the father returned home to discuss with the mother about divorce. - The child further told that the mother was so desperate that she developed dependence on alcohol. She had become volatile in mood and expressed suicidal thought of burning charcoal. Worrying that no one can take care of the child in future, the mother had told the child her wish to end the child’s life together. - Few days ago, the child saw that his mother had bought a bag of charcoal at a nearby convenient store back home. He was so afraid that he had only slept for three hours the night before.															
Factors for Consideration	<table><tr><td>☐ No</td><td>1.1</td><td>The child has visible physical injuries.</td></tr><tr><td>☐ No</td><td>1.2</td><td>The child displays signs that suggest non-visible physical harm / injuries.</td></tr><tr><td>☐ Yes</td><td>1.10</td><td>The mandated reporter suspects that, without timely intervention, the child is likely to be seriously harmed by the suspected abuser.</td></tr><tr><td>☐ No</td><td>3.1</td><td>The suspected abuser deliberately administered dangerous / toxic substances to the child.</td></tr><tr><td>☐ Yes</td><td>3.2</td><td>The suspected abuser has stated a concrete plan to cause serious harm to the child.</td></tr></table>	☐ No	1.1	The child has visible physical injuries.	☐ No	1.2	The child displays signs that suggest non-visible physical harm / injuries.	☐ Yes	1.10	The mandated reporter suspects that, without timely intervention, the child is likely to be seriously harmed by the suspected abuser.	☐ No	3.1	The suspected abuser deliberately administered dangerous / toxic substances to the child.	☐ Yes	3.2	The suspected abuser has stated a concrete plan to cause serious harm to the child.
☐ No	1.1	The child has visible physical injuries.														
☐ No	1.2	The child displays signs that suggest non-visible physical harm / injuries.														
☐ Yes	1.10	The mandated reporter suspects that, without timely intervention, the child is likely to be seriously harmed by the suspected abuser.														
☐ No	3.1	The suspected abuser deliberately administered dangerous / toxic substances to the child.														
☐ Yes	3.2	The suspected abuser has stated a concrete plan to cause serious harm to the child.														
Proposed Action to be Taken	☒ Mandatory Reporting is required as the child: ☐ is suffering serious harm.☒ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐ Normal reporting☐ Follow-up services as appropriate☐ Further exploration															
Guiding Principles	- The mother has sounded out of a concrete plan to end her life together with her son. She has put her thoughts into action to buy a bag of charcoal back home. - The mother is in a state of despair, struggling with alcohol dependence and suicidal thought, which makes it more likely that she will execute the suicidal plan in near future to cause serious harm to the child, which will pose a real risk of serious harm to the child. - Serious consideration must be given as to whether a report to the Police should immediately be made in case of emergency situation.															

Case Scenario (3) : Real Risk of Serious Harm

Suspected Child Abuse Incident	• A 5-year-old boy, suffering from Attention Deficit and Hyperactivity Disorder (ADHD), lives with his single mother in a rented public housing unit. His father has been living apart, with no involvement in the boy's care. The family has no other support network. • Due to the unpleasant marriage, the boy's mother has been suffering from mood problems. Whenever the boy misbehaves, she resorts to physical punishment as a means of discipline. • The boy's school teacher noticed minor injuries on his arms and legs, including small bruises and red marks. When the teacher asked about the injuries, the boy was reluctant to answer and appeared nervous. The teacher approached his mother, who denied any physical abuse, stating that the boy was "an active child" and got hurt while playing. • Over the following weeks, the boy continued to come to school with new and worsening injuries, including bruises on his arms and thighs, red welts and burn marks on his hands. • The boy eventually disclosed to his teacher that his mother hit him with a hanger or slipper whenever he was naughty. He mentioned that his mother got angry easily and hit him to make him behave.		
Factors for Consideration	☒	1.1	The child has visible physical injuries.
	☒	1.3	The injuries are non-accidental .
	☐	1.7	The injuries are caused solely by the child himself / herself.
	☐	1.8	The injuries are caused solely by any other child.
	☐	2.1	The harm / injuries endanger a child's life or physical health and requires urgent medical treatment.
	☐	3.1	The suspected abuser deliberately administered dangerous / toxic substances to the child.
	☐	3.2	The suspected abuser has stated a concrete plan to cause serious harm to the child.
	☒	3.3	The child exhibits injuries demonstrating a progressive escalation in severity.
	☒	3.4a & 3.4b	The child is at tender age or has intellectual / physical disabilities; AND The child has no other individual who is willing and able to protect him/her from future harm.

Proposed Action to be Taken	☒ Mandatory Reporting is required as the child: ☐ is suffering serious harm. ☒ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration
Guiding Principles	• The use of object in physical punishment increases the likelihood of serious injury. In this case, the mother’s habitual use of household objects in child discipline is concerning. • Factor 3.3 is answered “Yes” as there are injuries escalating in severity over a period of time. Although the boy is suffering from ADHD, frequent injuries at various locations including arms, legs, thighs and hands are highly unusual for typical childhood accidents (e.g. falls). Judging from the different presentations of injuries, there is very likely a progressive escalation of severity in his injuries. Red welts are often caused by strikes with objects (e.g., belts, rods). Burn marks caused by cigarettes or hot objects are strong red flags for physical child abuse. • Factor 3.4 is answered “Yes” as the risk factors of 3.4a and 3.4b are present that the boy is at a tender age, and there is no other individual willing or able to protect the child from future harm. • Hence, the boy is suffering real risk of serious harm that mandatory reporting is required.

Case Scenario (4) : Normal Reporting

Suspected Child Abuse Incident	- On a school day, the teacher and the school social worker noted that a 13-year-old boy having bruises and 3 to 4 fresh reddish linear marks over his forearms and face. - The boy reasoned that the injury was caused accidentally after he fell on floor at home, but the school teachers and social worker doubted his allegation. - School social worker interviewed the mother and the family's responsible IFSC caseworker in school on the same day. The mother admitted to having had conflicts with the son due to the latter's repeated indulgence in online game late at night. When the mother attempted to stop the boy by unplugging the Wi-Fi and taking away his mobile phone, he was agitated and scolded the mother with foul language. Out of anger, the mother hit the son with a cable wire causing the present injuries. - According to the IFSC caseworker, there was no past record of the mother's using excessive physical punishment, but heated arguments over the son's gaming habits were frequent. There was no record indicating that the boy has any intellectual / physical disabilities.		
Factors for Consideration	☐ Yes	1.1	The child has visible physical injuries.
	☐ Yes	1.5	Explanation of the injuries are inconsistent.
	☐ No	1.7	The injuries are caused solely by the child himself / herself.
	☐ No	1.8	The injuries are caused solely by any other child.
	☐ No	2.1	The harm / injuries endanger a child's life or physical health and requires urgent medical treatment
	☐ No	3.1	The suspected abuser deliberately administered dangerous / toxic substances to the child.
	☐ No	3.2	The suspected abuser has stated a concrete plan to cause serious harm to the child.
	☐ No	3.3	The child exhibits injuries demonstrating a progressive escalation in severity.
Proposed Action to be Taken	☐ Mandatory Reporting is required as the child: ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☒ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration		
Guiding Principles	The boy has visible physical injuries which are caused by the mother during a conflict. The harm is considered not serious and does not endanger the boy's		

	life or physical health that requires urgent medical treatment. • No information indicates that the boy is at real risk of suffering serious harm as there is no track record of the mother hitting him nor the mother exhibiting behaviours or characteristics that may lead to further harm to him. • Given the mother's history of frequent conflicts with her son over his repeated indulgence in online gaming, and the emotional escalation that led to the current incident, concerns arise regarding the use of physical discipline. Although there is no prior documentation of excessive physical discipline, the use of object to inflict harm and the resulting injuries necessitate a child protection intervention. Hence, normal reporting can be considered.
--	--

Case Scenario (5) : Follow-up Service As Appropriate

Suspected Child Abuse Incident	• A F.2 girl from a single parent family has repeated conflicts with her mother due to her indulgence in playing mobile phone. The girl reacts strongly whenever the mother attempts to confiscate her phone, leading to frequent disputes between them. • A few days ago, another conflict arose between the mother and the girl due to the same issue. When the mother tried to take the girl's phone, the girl resisted hitting and kicking the mother. During the heated dispute, the girl lost her balance and fell, hitting her forearm on a nearby tabletop, which resulted in bruises. The mother sought help from school social worker for parenting difficulties. • The girl is 170 cm tall and of a similar build to the mother. It is confirmed that no physical violence has been used by the mother in the incident. Neither does the mother like to use physical punishment to discipline her, although she does indulge in playing with her mobile phone. Apart from the arguments over her use of the mobile phone, the girl feels that the mother is generally reasonable and caring. • The school social worker has been providing counselling on the girl’s temper control problem. The mother is receptive to counselling and motivated to improve parenting skills.															
Factors for Consideration	<table><tr><td>☐ Yes</td><td>1.1</td><td>The child has visible physical injuries.</td></tr><tr><td>☐ No</td><td>1.3</td><td>The injuries are non-accidental.</td></tr><tr><td>☐ No</td><td>1.4</td><td>The injuries are suspicious.</td></tr><tr><td>☐ No</td><td>1.5</td><td>Explanation of the injuries are inconsistent.</td></tr><tr><td>☐ No</td><td>1.6</td><td>The injuries are caused by an accident that is caused by the neglect of a responsible person of the child.</td></tr></table>	☐ Yes	1.1	The child has visible physical injuries.	☐ No	1.3	The injuries are non-accidental .	☐ No	1.4	The injuries are suspicious.	☐ No	1.5	Explanation of the injuries are inconsistent.	☐ No	1.6	The injuries are caused by an accident that is caused by the neglect of a responsible person of the child.
☐ Yes	1.1	The child has visible physical injuries.														
☐ No	1.3	The injuries are non-accidental .														
☐ No	1.4	The injuries are suspicious.														
☐ No	1.5	Explanation of the injuries are inconsistent.														
☐ No	1.6	The injuries are caused by an accident that is caused by the neglect of a responsible person of the child.														
Proposed Action to be Taken	☐ Mandatory Reporting is required as the child: ☐ is suffering serious harm.☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☐ Normal reporting☒ Follow-up services as appropriate☐ Further exploration															
Guiding Principles	• Under circumstances where the mandated reporter is not very sure if the injuries are non-accidental in nature, factor 1.3 may be answered “Not sure” in the initial stage of enquiry. • Despite an accident, it is necessary to explore whether the accident is caused by the neglect of the responsible person of the child. In this case, it is found that the															

	bruises sustained by the girl are the result of her own actions during the dispute with her mother, specifically from hitting her forearm on a nearby table top. Factor 1.6 is answered “No”. • No information comes to the notice that the girl is at real risk of suffering serious harm as there is no past records of the mother hitting her nor the mother exhibiting behaviours or characteristics that may lead to serious harm to the girl. • It is not considered a suspected physical abuse incident. • The school social worker may continue to provide follow-up services for the family. • Suggested follow-up areas for the girl include – (i) emotional control & problem-solving ability (ii) establish other alternative hobby and interests (iii) use of digital devices in a proper and healthy way • Suggested follow-up areas for the mother include – (i) parent-child relationship (ii) parenting difficulties
--	---

Case Scenario (6) : Further Exploration

Suspected Child Abuse Incident	A 5-year-old boy told that he was hit by his paternal uncle but he could not reveal further details. No visible injuries were found. As explored, the boy expressed no other physical discomfort. The teacher called the maternal grandmother, the main caregiver, for enquiry. The maternal grandmother told that the boy was playing chess game with the maternal uncle who had hit his palm twice with bare hand as a punishment of losing the chess game. The boy had also hit the uncle’s palm when the uncle lost the game. The family has no previous record of adopting excessive punishment in child discipline.		
Factors for Consideration	No	1.1	The child has visible physical injuries.
	No	1.2	The child displays signs that suggest non-visible physical harm / injuries.
	No	1.10	The mandated reporter suspects that, without timely intervention, the child is likely to be seriously harmed by the suspected abuser.
Proposed Action to be Taken	☐ Mandatory Reporting is required as the child: ☐ is suffering serious harm.☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☐ Normal reporting☐ Follow-up services as appropriate☒ Further exploration		
Guiding Principles	- Based on the available information, there is a discrepancy in the explanations provided by the boy and the maternal grandmother. They had respectively provided accounts that include references to paternal uncle and maternal uncle. At this stage, the identity of the suspected abuser is uncertain and therefore an initial suspicion of suspected child abuse cannot be established. There is a need to verify the identity of the two uncles and explore whether the “paternal uncle” as referred to by the child has engaged in any suspected abusive behaviour. - Re-apply the decision tree to review the reporting decision if new information is available as appropriate.		

2.3 Psychological Abuse

Serious Harm

As stipulated in Schedule 2 to the Ordinance, serious harm refers to any harm that endangers a child's psychological health or development, including –

- (i) mental derangement; and
- (ii) prolonged psychological trauma,

but does not include any emotional reaction (such as distress, grief, fear and anger) that is a response to the ordinary vicissitudes of life.

Mandated reporters should take appropriate actions to evaluate whether the psychologically abusive behaviours indicative of psychological abuse meet the reporting threshold, specifically when a child's psychological health or development is endangered, resulting in observable and severe emotional distress or behavioural problems. Additionally, there would be significant impairment in the child's cognitive, social, or other practical domains of functioning.

Among the various types of psychologically abusive behaviours, particularly severe situations emphasised in the decision-making process include inducing incidents of terrorisation, prolonged exposure to the responsible person's delusions or hallucinations, and severe threatening behaviours. Furthermore, repeatedly presenting a child as ill, impaired, or injured—accompanied by falsifying signs and symptoms—can also significantly harm the child's psychological health and development.

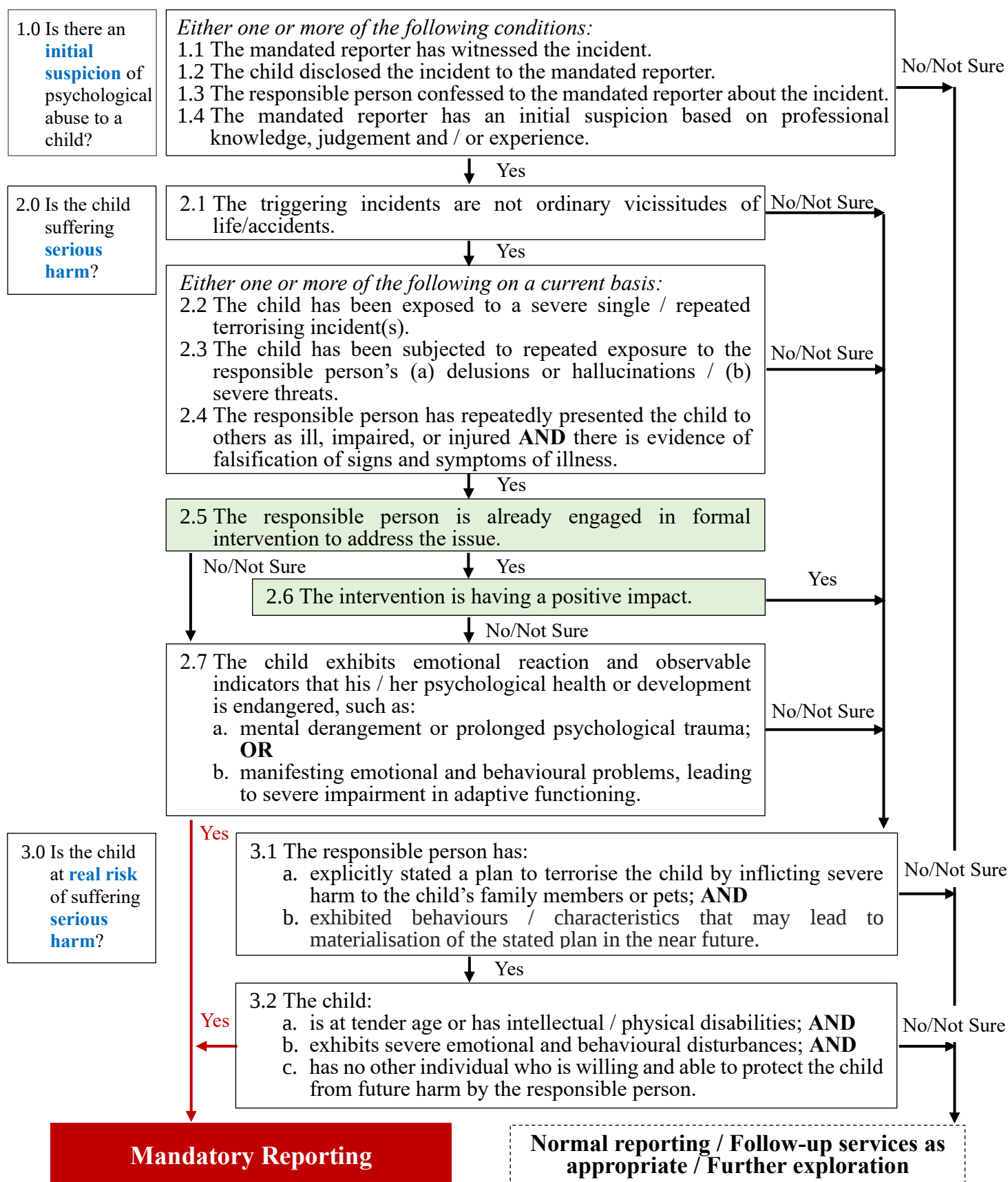
Real Risk

When assessing real risk related to these psychologically abusive behaviours, it is crucial to exclude purely theoretical or fanciful risks. Mandated reporters should apply their professional judgement to evaluate various factors that collectively threaten the child's psychological health or development.

Therefore, it is essential to consider risk factors associated with both the responsible person and the child. For the responsible person, relevant factors include whether he/she has explicitly stated a plan to harm the child and possess characteristics that could facilitate carrying out that plan. Additionally, when evaluating child-related risk factors, considerations may include being of tender age, having intellectual or physical disabilities, exhibiting severe emotional and behavioural disturbances, and lacking protective figures. If both sets of risk factors are present, the case may be considered to pose a real risk of serious harm to the child's psychological health and development.

Nonetheless, if mandated reporters have reasonable ground to suspect that a child has experienced other types of abusive behaviours that have resulted in serious harm or posed a real risk of serious harm to the child, they shall take appropriate actions to report the case to the relevant authorities for child protection and / or related criminal investigation as necessary.

Decision Tree for Guiding Mandatory Reporting of Suspected Psychological Abuse



Note 1: This decision tree should be used in conjuncture with the supplementary analytical framework which provides essential elaborations on the interpretations of the factors for consideration.

Note 2: This decision tree is formulated to complement rather than replace professional judgement and does not prohibit a mandated reporter from any course of actions the mandated reporter believes are appropriate after taking into account the individual case merits.

Note 3: It is desirable to have a clear answer of "Yes" or "No" to the factors for consideration. In cases where the mandated reporters are not sure of the answer, they are advised to collect more information as far as practicable. Attention should be paid to the impact of "Not sure" as an answer on the decision point.

**Supplementary Analytical Framework for Guiding
Mandatory Reporting of Suspected Psychological Abuse**

Factors for Consideration		
1.0	Is there an initial suspicion of psychological abuse to a child?	
☐	If Yes to either one or more of	1.1 to 1.4 Go to 2.1
☐	If No / Not Sure to all of	1.1 to 1.4 Normal reporting / Follow-up service as appropriate / Further exploration
☐	1.1	The mandated reporter has witnessed the incident. The mandated reporter has witnessed a suspected psychological abuse incident(s) to a child. For example, a social worker might witness a parent employing intimidation tactics, such as threats and harsh scolding, during a home visit. The child appeared terrified and tried to hide.
☐	1.2	The child disclosed the incident to the mandated reporter. The child has directly disclosed to the mandated reporter an account of suspected psychological abuse incident(s), although he or she may not label them as such and instead expresses intense emotions during the conversation. For example, a child confided in a teacher that his mother frequently threatened to commit suicide after conflicts with his father. The most recent incident occurred yesterday, and the child expressed feelings of fear and confusion about the situation.
☐	1.3	The responsible person confessed to the mandated reporter about the incident. The responsible person has confessed to the mandated reporter that he / she has used various extreme methods or harboured a clear plan to inflict severe psychological harm on the child, by inflicting harm on his / her loved ones, or pets. For example, during a psychiatric consultation, a mother confided to a psychiatrist that she believed her daughter's beloved pet dog was disturbing her sleep during the day and revealed a plan to harm the dog in front of her daughter.
☐	1.4	The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience. The mandated reporter reasonably suspected that an incident of psychological abuse has occurred involving a child based on his / her professional knowledge, judgement, and / or experience. This suspicion is not based on mere speculation but rather on specific information or observations that, when combined with the reporter's professional knowledge and judgement, lead them to believe that further inquiry is necessary. For example, a school social worker observed a child trembling while discussing her private tutor. The child expressed a strong aversion to attending tutorial sessions, citing a deep fear of making mistakes during the class.–
2.0	Is the child suffering serious harm?	
☐	If Yes to	2.1 Go to 2.2
☐	If No / Not Sure to	2.1 Go to 3.1
☐	2.1	The triggering incidents are not ordinary vicissitudes of life/accidents.

Factors for Consideration			
		When children encounter ordinary fluctuations of life or accidents, their negative emotional reactions—such as distress, grief, fear, and anger—are typically regarded as normal responses to challenging situations. These reactions are a natural part of emotional development. Therefore, they should be excluded from considerations of psychological abuse, as they do not indicate a harmful or abusive environment created by a responsible person who has ignored the children's emotional need. Instead, these responses reflect the child's engagement with typical life experiences and their emotional growth as they navigate these challenges.	
		Examples⁸ of the ordinary vicissitudes of life	
		• Loss of a loved one • Change of school • Illness or injury • Health-related treatment/operation • Poor performance in school • Dispute with peers • Breakup of a romantic relationship • Ordinary conflict with family members • Parental separation or divorce • Investigative procedures related to parental divorce or family disputes • Natural disasters	
		Examples of accidents	
		• Traffic accident • Falls • Burns and scalds • Sports injuries • Choking	
☐	If Yes to either one or more of		2.2 to 2.4 Go to 2.5
☐	If No / Not Sure to all of		2.2 to 2.4 Go to 3.1
☐	2.2	The child has been exposed to a severe single / repeated terrorising incident(s).	
		Answer “Yes” if : The responsible person has compelled the child to witness a severe single incident or repeatedly exposed them to terrorising events, either in person or virtually, involving actions creating serious threats to the child's life, the lives of others, or the safety of the child's beloved pets. (Since a specified professional is not required to make a report if the serious harm is caused solely by any other child, peer bullying incident is excluded.)	
		Examples of exposing the child to a severe single / repeated terrorising incident(s) by the responsible person	
		• Forces the child to watch him violently throw the younger daughter towards the ceiling, resulting in her falling and sustaining multiple severe injuries.	

⁸ All examples in the Supplementary Analytical Framework are by no means exhaustive.

Factors for Consideration		
		• Deliberately frightens the child by pushing her in and out of the highway, putting her in immediate danger of being struck by oncoming cars. • Takes the child to the rooftop and threatens to jump from height. • Opens a window and threatens to jump from height. • Opens a window and urges the child to jump. • Holds the child aloft and threatens to drop the child onto the floor. • Sends photos / videos of severe self-harm injuries to the child. • Takes a bottle of drugs and forces the child to take the drugs together. • Attempts to kill or severely harm family members or beloved pets in the presence of the child.
☐	2.3	The child has been subjected to repeated exposure to the responsible person's: a) delusions or hallucinations; or b) severe threats
	2.3a	Delusions or hallucinations
	◇	Answer "Yes" if : The responsible person experiences delusions or hallucinations and communicates these beliefs to the child, with whom they share a close relationship. Consequently, the child exhibits similar themes of paranoia and delusional beliefs that align with the responsible person's perceptions. However, if a mandated reporter finds that the psychotic symptoms in the child are independent and due to his / her own mental health conditions (such as early psychosis), they should not be classified as having shared delusions or hallucinations.
		Examples of repeated exposure to delusions or hallucinations
		• A mother experiencing psychosis believes she is being monitored by aliens and frequently shares these delusions with her child. As a result, the child develops similar fears, believing he / she is also under surveillance. This situation leads to heightened anxiety, difficulty sleeping at night, and a refusal to play with her peers. • A father believes he has supernatural powers and can communicate with spirits. He often shares his beliefs with his son, describing how they are destined to save the world together. As a result, the child begins to exhibit similar fantastical beliefs, claiming he can hear voices and feels compelled to act on his father's delusions. • A mother, convinced that she is the reincarnation of a famous historical figure, frequently dresses her child in costumes that reflect her delusions and insists that they participate in elaborate role-playing scenarios. She claims they are on a mission to fulfil a grand destiny. As a result, the child becomes increasingly detached from reality, exhibiting signs of confusion and distress, struggling to distinguish between play and real life.
	2.3b	Severe threats

Factors for Consideration		
	◇	Answer “Yes” if : The responsible person induces severe threats through various alarming means that instil intense fear and anxiety in the child. These threats are life-threatening and typically involve concrete methods of inflicting serious harm.
		Examples of repeated exposure to severe threats
		• The stepfather constantly threatens the 5-year-old son with a knife, demanding that he completes numerous academic exercises (e.g. “你仲唔做，信唔信我依家就斬咗你隻手落嚟！”). He even forces the son to kneel for hours in a show of remorse whenever he fails to achieve high marks in his studies. • The grandmother persistently terrorises the 12-year-old girl by burning her treasured belongings, such as clothes, and coercing her to stop using her smartphone. She threatens that if the girl disobeys, she will not only set fire to their home but also commit suicide and homicide alongside the girl (e.g. “既然你淨係鍾意玩手機，我燒晒你啲新衫，下次我一把火燒埋間屋，大家一鑊熟！”). • The mother constantly threatens her 8-year-old son with remarks such as “我教唔好你，等你啲祖宗教你，你自己同你死鬼阿公交待！”. She punishes him by banishing him to a dark room filled with ancestral tablets and incense, forcing him to pray for hours whenever he fails to obey her commands to complete household chores immediately. Moreover, she wakes him in the dead of night, ruthlessly ordering him to wash clothes by hand.
□	2.4	The responsible person has repeatedly presented the child to others as ill, impaired, or injured AND there is evidence of falsification of signs and symptoms of illness.
		Answer “Yes” if : There is falsification of physical or psychological signs or symptoms, or the induction of injury or disease in the child. This condition is associated with identified deception from the responsible person, who presents the child to others as ill, impaired, or injured. The deceptive behaviour persists even in the absence of obvious external rewards. In these scenarios, children often experience severe chronic anxiety and intense fear related to medical procedures, leading to profound low self-esteem and deep feelings of shame. Additionally, they may exhibit extreme emotional dysregulation, characterised by intense mood swings, and face profound social isolation due to frequent medical procedures.
		Examples of presenting the child ill / impaired / injured with evidence of falsification of signs and symptoms of illness
		• A mother frequently takes her 4-year-old child to various doctors, claiming that the child has severe allergies. She provides false medical records and insists on unnecessary tests and treatments. Despite the child showing no actual symptoms, the mother

Factors for Consideration				
		continues to present the child as ill, seeking attention and sympathy from medical professionals. A father invents symptoms of a chronic illness and presents his 12-year-old daughter to multiple healthcare providers as suffering from debilitating conditions, resulting in multiple medical examinations, procedures, and hospitalisations.		
☐	If Yes to	2.5		Go to 2.6
☐	If No / Not Sure to	2.5		Go to 2.7
☐	2.5	The responsible person is already engaged in formal intervention to address the issue. Answer “Yes” if : The responsible person is already engaged in formal intervention, which typically involves seeking professional help or support from a qualified professional, such as a medical practitioner, social worker, therapist, guidance personnel, teacher, etc.		
☐	If Yes to	2.6		Go to 3.1
☐	If No / Not Sure to	2.6		Go to 2.7
☐	2.6	The intervention is having a positive impact. Answer “Yes” if : Following interventions, positive changes in the responsible person's psychologically abusive behaviours and the child's emotional responses have been observed, resulting in the restoration of the child's overall daily functioning to a normal level. Mandated reporters should exercise their professional judgement to assess the responsible person's receptiveness to intervention and evaluate the severity of the abuser's impact on the child. The effectiveness of these interventions is heavily influenced by the responsible person's attitudes and cooperation. If the responsible person adopts an evasive stance, provides misleading information, or ignores the child's suffering, the intervention may not achieve its intended positive outcomes.		
☐	If Yes to either of	2.7a, 2.7b		Mandatory Reporting
☐	If No / Not Sure to all of	2.7a, 2.7b		Go to 3.1
☐	2.7	The child exhibits emotional reaction and observable indicators that his / her psychological health or development is endangered, such as: a) mental derangement or prolonged psychological trauma; OR b) manifesting emotional and behavioural problems, leading to severe impairment in adaptive functioning.		
	2.7a	Mental derangement or prolonged psychological trauma		
	◇	Possible indicators of mental derangement or prolonged psychological trauma		
		Depressive or anxiety disorder (e.g. persistent sadness, loss of interest, irritability, repeated self-harm behaviours, concrete suicidal plans or attempts, feelings of guilt, fatigue, difficulty		

Factors for Consideration		
2.7b	◇	concentrating, sleep problems, appetite changes, physical complaints, excessive worry, restlessness). • Posttraumatic stress disorder (e.g. intrusive thoughts, avoidance, negative changes in mood and cognition, marked alteration in arousal and reactivity). • Feeding and eating disorders (e.g. anorexia nervosa). • Dissociative disorders (e.g. depersonalisation, derealisation, amnesia, identity confusion, emotional numbness). • Psychotic disorders (e.g. hallucinations, delusions, disorganised thinking, negative symptoms). • For shared psychotic disorder (also known as folie à deux) resulting from prolonged exposure to the responsible person's psychosis, the psychotic symptoms are not independent; rather, they align with the delusions of the responsible person. • Significant impairment in cognitive, social or other practical domains of functioning is anticipated.
		Manifesting emotional and behavioural problems, leading to severe impairment in adaptive functioning
		Answer “Yes” if : The emotional or behavioural problems experienced by the child are of such severity that they cause significant distress and substantially impair the child's ability to function in daily life, including cognitive, social, and practical domains. This distinction is essential for differentiating between transient or mild disturbances and severe mental health conditions that necessitate timely intervention. Merely having emotional or behavioural issues does not meet this criterion. Answer “No” if : The emotional and behavioural problems have not resulted in severe impairment in adaptive functioning.
		Examples of emotional and behavioural problems • Frequent expressions of sadness, crying, shouting, or displaying physical signs of distress (e.g., clenched fists for anger, tears for sadness, insomnia or excessive sleeping). • Exhibiting extreme mood fluctuations, including periods of irritability or euphoria followed by sadness. • Anxiety symptoms, including habitual nail-biting, hair-pulling, thumb-sucking and head-banging. • Inability to manage stress or frustration, leading to impulsive reactions such as tantrums or emotional outbursts and fighting. • Regressing to earlier behaviours such as bed-wetting or using “baby talk”, which have been previously outgrown. • Developing unexplained physical complaints, such as stomach-aches, headaches, diarrhoea, vomiting, skin allergy. • Dramatic change in appetite, either a loss of appetite or overeating. In female children, significant weight loss can lead to the loss of menstruation and frailty.

Factors for Consideration		
		- Exhibiting low self-esteem and feelings of worthlessness, often accompanied by extreme self-critical thoughts or self-blame for problems. - Unable to value others or show empathy, lack trust in people.
		Cognitive Impairment: Children who experience severe psychological abuse and are under high levels of stress may struggle to learn new skills or concepts due to impaired memory and learning capabilities. They may also regress, losing previously achieved developmental milestones as a result of their traumatic experiences. Anxiety and fear can hinder concentration, making it difficult to remember instructions and increasing distractibility. Persistent sadness may lead to withdrawal from enjoyable activities, reducing motivation to learn. Emotional distress can manifest as impulsive behaviours, disrupting their own learning and that of others. Additionally, compromised planning, problem-solving, and critical thinking abilities can result in disorganisation and unfinished assignments, ultimately undermining overall cognitive development.
		Examples of severe cognitive impairment in adaptive functioning
		- A 2-year-and-10-month-old toddler, persistently insulted and terrorised by his mother, exhibits heightened stress responses, including persistent crying and poor attention, leading to significant delays in language and cognitive development. - A 4-year-old girl experiencing chronic stress due to ongoing psychological abuse from her father may fail to understand and memorise new material, such as recognising letters and numbers. This difficulty can result in her falling behind her peers in preschool, leading to feelings of frustration and further impeding her cognitive development.
		Social Impairment: Children who endure severe psychological abuse often face significant social difficulties. They may experience intense anxiety, leading to avoidance of eye contact and withdrawal from extra-curricular activities. Some become emotionally numb and show little interest in friendships, resulting in isolation and loneliness. Mood instability can trigger explosive outbursts over minor frustrations, further alienating them from peers.
		Examples of severe social impairment in adaptive functioning
		- A 7-year-old boy adopts his psychotic mother's beliefs that the world is unsafe and he is under constant surveillance of aliens. This paranoia causes him to refuse interaction with teachers and peers, speaking only when necessary. - A 10-year-old girl develops debilitating anxiety, resulting in frequent panic attacks and an intense fear of social situations. This culminates in severe avoidance behaviours, leading to complete withdrawal from all social activities.

Factors for Consideration			
		Practical Impairment: Emotional and behavioural problems resulting from psychological abuse can severely disrupt a child's daily functioning. Feeling unloved and trapped in a depressive mood, they may neglect personal hygiene, such as not bathing or wearing dirty clothes, and struggle with basic self-care tasks. In school, these children often face significant academic challenges, including failing grades and frequent absences due to emotional distress.	
		Examples of severe practical impairment in adaptive functioning	
		- A 9-year-old girl becomes depressed and loses interest in daily activities, going weeks without proper bathing, resulting in noticeable body odour and frequent school absences. - A 13-year-old adolescent diverts most of her energy to staying alert to her surroundings, perceiving others as having malevolent intentions. This heightened anxiety results in a significant loss of appetite and noticeable weight loss, accompanied by physical symptoms such as stomach-aches and headaches.	
3.0	Is the child at real risk of suffering serious harm?		
☐	If Yes to	3.1	Go to 3.2
☐	If No / Not Sure to	3.1	Normal reporting / Follow-up service as appropriate / Further exploration
☐	3.1	Answer “Yes” if statements in both 3.1a, 3.1b are true.	
	3.1a	The responsible person has explicitly stated a plan to terrorise the child by inflicting severe harm to the child’s family members or pets.	
	◇	Terrorising children by threatening severe harm to family members and pets can inflict significant psychological damage by instilling fear and insecurity, as their emotional bonds will immerse the child in an atmosphere of terror. This manipulation fosters feelings of powerlessness, compelling the child to conform to the responsible person’s control while leaving them unable to protect those they care about, resulting in pervasive fear and helplessness. Additionally, threats directed at cherished individuals (e.g. the child’s best friend), might also be recognised by mandated reporters as falling within this condition, as they similarly exploit the child's emotional attachments and contribute to his / her distress.	
		Examples of explicit plan to terrorise the child by inflicting severe harm to the child’s family members or pets	
		- A father tells a friend that he plans to coerce his child into obedience by threatening to kill the family pet if the child misbehaves. - A mother messages the father on WhatsApp, stating her intention to leave a suicidal note and commit suicide in front of the child. - A stepmother informs the teacher that she plans to intimidate the child by claiming she would seriously harm the father if the child does not comply with her academic demands.	

Factors for Consideration			
	3.1b	The responsible person has exhibited behaviours / characteristics that may lead to materialisation of the stated plan in the near future.	
	◇	Expressing a concrete plan to expose a child to a terrorising incident does not necessarily indicate that the plan will be executed in the near future. To necessitate making a mandatory report, the mandated reporter should have a reasonable belief that without timely intervention, the child is at real risk of serious harm from the responsible person. This reasonable belief may be based on specific behaviours and / or characteristics exhibited by the responsible person.	
		Examples of responsible person's behaviours / characteristics leading to materialisation of the stated plan in the near future • Unmanaged mental health problems: Experiencing unmanaged mental health issues with active symptoms, such as significant mood swing, suicidal attempts, delusions or hallucinations. • Substance abuse: Engaging in alcohol or drug use to the extent that it results in heightened agitation, volatility, or violent behaviour. • Refusal of professional intervention: Unwilling to collaborate with professionals tasked with ensuring the child's protection, despite multiple discussions. • History of child abuse: Having a history of abusive behaviours toward children.	
☐	If Yes to	3.2	Mandatory Reporting
☐	If No / Not Sure to	3.2	Normal reporting / Follow-up service as appropriate / Further exploration
☐	3.2	Answer "Yes" if statements 3.2a, 3.2b, 3.2c are true.	
	3.2a	The child is at tender age or has intellectual / physical disabilities.	
	◇	• Children at a tender age are at a higher risk of serious harm due to their physical and emotional immaturity, limited cognitive and language abilities, as they largely depend on caregivers, lack of awareness and education, etc. • While the age of a child is an important reference in assessing his / her self-protection ability, age is only one of the factors to be considered and, from a legal point of view, it is not appropriate to define a tender-aged child as a child below a certain age. Mandated reporters are advised to exercise their professional judgement in deciding whether mandatory reporting is necessary according to actual circumstances of the case. • Intellectual developmental disorder (Intellectual disability) is considered to be two standard deviations or more below the population, which equals to an IQ score of 70 or below. The impairments have significantly affected functioning in the cognitive, social, and practical domains of life.	

Factors for Consideration		
		- Physical disabilities in children include, but are not limited to, conditions such as cerebral palsy, amputation, and visual impairment. - In situations where medical or clinical evidence is not available to confirm the child's intellectual or physical disabilities, the mandated reporter may still determine that the child meets this criterion if there is reason to believe that these disabilities have resulted in difficulties with self-protective movement or an inability to disclose harm caused by the responsible person.
	3.2b	The child exhibits severe emotional and behavioural disturbances.
	◇	A young child may exhibit signs of severe emotional and behavioural disturbances, such as social withdrawal, frequent mood swings, and increased aggression. They might display regressive behaviours like bed-wetting or thumb-sucking, along with excessive fearfulness and low self-esteem. Additionally, the child may intensely struggle to concentrate in school and persistently report physical complaints like stomach-aches or headaches without a clear medical cause.
	3.2c	The child has no other individual who is willing and able to protect the child from future harm by the responsible person.
	◇	There is no other individual who is willing and able to provide the necessary care and supervision for the child. This individual may include a relative, a close family friend, or caretakers in a foster home / small group home / hostel.

Application: Sample Case Scenarios

All the sample case scenarios provided in this Guide are to illustrate how mandated reporters may apply the decision tree and supplementary analytical framework. Different case scenarios are used as examples for demonstration purpose, aiding mandated reporters in understanding child protection principles and fulfilling their statutory obligations. These scenarios are modified from local cases and do not represent actual events or individuals. In practical application, decision varies as merits of individual case differ and professional judgement shall prevail over generic sample case scenarios. The statutory responsibility of mandatory reporting is governed by the Mandatory Reporting of Child Abuse Ordinance.

Case Scenario (1) : Serious Harm

Suspected Child Abuse Incident	• A 13-year-old girl, came from a single parent family, was admitted to a child psychiatric ward. She disclosed to the medical officer that her mother had tried to drag her towards the window. The girl struggled and broke free, but the mother continued to scold her. She displayed three bottles of sleeping pills in front of the girl and threatened to commit both suicide and homicide involving the girl. Distressed, the girl returned to her room, called her father and typed a suicidal note. The father called the police, and both the mother and the girl were subsequently admitted to the hospital. • Upon further investigation, the girl disclosed that she felt terrified by her mother's relentless scolding, which included dehumanising insults such as “你正雜種，死咗都無人可憐，信唔信我「掉」你出街！”. These verbal attacks persisted for hours after she left a small group home to reunite with her mother. She expressed feeling overwhelmed by her mother's cruelty and reported a history of suicide attempts. Perceiving herself as different from her peers, she frequently isolated herself and refused to participate in social activities. At school, she failed to concentrate as she was plagued by intrusive memories of her mother's abusive behaviour, including instances of insults and threats of suicide and homicide. Attempts by a school social worker to contact her mother for support were met with dismissal; the mother claimed the girl exaggerated her suffering and was merely seeking attention. Additionally, the girl struggled with sleep disturbances and suffered from frequent nightmares. In a trembling voice, articulated her belief that she was unworthy and undeserving of care, harbouring a profound sense of hopelessness.
---------------------------------------	---

Factors for consideration	☐ No	1.1	The mandated reporter has witnessed the incident.
	☒ Yes	1.2	The child disclosed the incident to the mandated reporter.
	☒ Yes	2.1	The triggering incidents are not ordinary vicissitudes of life/accidents.
	☒ Yes	2.2	The child has been exposed to a severe single / repeated terrorising incident(s).
	☒ Yes	2.3	The child has been subjected to repeated exposure to the responsible person's (a) delusions or hallucinations / (b) severe threats.
	☐ No	2.5	The responsible person is already engaged in formal intervention to address the issue.
	☒ Yes	2.7	The child exhibits emotional reaction and observable indicators that his / her psychological health or development is endangered, such as: a. mental derangement or prolonged psychological trauma; OR b. manifesting emotional and behavioural problems, leading to severe impairment in adaptive functioning.
Proposed Action to be Taken	☒ Mandatory Reporting is required as the child: ☒ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration		
Guiding Principles	- In this case, mandatory reporting is necessary due to the significant harm experienced by the 13-year-old girl - For factor 2.2, the mother attempted to drag the girl toward a window and talked about taking three bottles of sleeping pills together in front of the girl, which pose a serious threat to the child's safety and mental well-being. - For factor 2.3, the mother subjected the girl to prolonged threats and insults. (i.e. “你正雜種，死咗都無人可憐，信唔信我「掉」你出街！”) - As the mother refused intervention from school social worker and minimised the suffering of the girl, “No” is answered in factor 2.5. - For factor 2.7, the girl exhibited multiple symptoms (i.e. depressive mood, suicidal thoughts and attempts, intrusive images, inability to stay focused during studying, bodily trembling, sleep disturbance, frequent nightmares, strong sense of hopelessness/worthlessness, socially withdrawn) indicative of severe psychological		

	harm, including a pervasive fear of her mother's relentless scolding, which has likely impacted her self-esteem and emotional health. Her history of suicide attempts and feelings of being overwhelmed signal profound emotional distress consistent with depression and anxiety. Furthermore, her withdrawal from peers and refusal to participate in social activities reflect typical responses to emotional maltreatment. She also reported intrusive thoughts about her mother's abusive behaviour, as well as sleep disturbances and nightmares, all of which highlight trauma-related symptoms. Therefore, answer "Yes" to both 2.7a & 2.7b. • Apart from mandatory reporting, these factors collectively emphasise the urgent need for intervention and support to address the psychological damage she has endured.
--	--

Case Scenario (2) : Real Risk of Serious Harm

Suspected Child Abuse Incident	- A mother with depressive symptoms tearfully called the father, expressing her intent to jump from a height with her 4-year-old son. During the call, the father heard his son crying intensely. He immediately contacted a social worker and the police. Upon arrival, they found the mother and son at home. They were crying desperately, and the mother repeatedly told the son that there was no meaning in life. Both were admitted to the hospital. The mother later denied instructing her son to jump with her, stating she only intended to threaten the father. - The boy cried intensely and had frequent nightmares in the hospital, saying he was afraid of his mother and did not want to see her again. The father reported that the mother repeatedly rejected help, isolating herself and their son. She often scolded those around her and mistrusted others, viewing the father as a troublemaker for not contributing enough financially. To prevent further provoking the mother, the father has already moved out.		
Factors for Consideration	☐ No	1.1	The mandated reporter has witnessed the incident.
	☐ No	1.2	The child disclosed the incident to the mandated reporter.
	☐ No	1.3	The responsible person confessed to the mandated reporter about the incident.
	☐ Yes	1.4	The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.
	☐ Yes	2.1	The triggering incidents are not ordinary vicissitudes of life/accidents.
	☐ Not Sure	2.2	The child has been exposed to a severe single / repeated terrorising incident(s).
	☐ Not Sure	2.3	The child has been subjected to repeated exposure to the responsible person's (a) delusions or hallucinations / (b) severe threats.
	☐ No	2.4	The responsible person has repeatedly presented the child to others as ill, impaired, or injured AND there is evidence of falsification of signs and symptoms of illness.

	☒ Yes 3.1 The responsible person has: - explicitly stated a plan to terrorise the child by inflicting severe harm to the child's family members or pets (i.e. phone conversation with the father); AND - exhibited behaviours / characteristics that may lead to materialisation of the stated plan in the near future (i.e. depressive symptoms, highly emotional, and refusal of professional intervention) ☒ Yes 3.2 The child is: - is at tender age (i.e. 4-year-old); AND - exhibits severe emotional and behavioural disturbances (i.e. cried intensely, frequent nightmare and develop intense fear of the mother). AND - has no other individual who is willing and able to protect the child from future harm by the responsible person.
Proposed Action to be Taken	☒ Mandatory Reporting is required as the child: ☐ is suffering serious harm. ☒ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration
Guiding Principles	- In this case, the mother suffering from depressive disorder has expressed intention to jump from height with the son during an emotional phone call. She repeatedly told the son that there is no meaning in life. Though the mother later claimed she was only threatening the father, her tearful and distressed state, further indicates her unstable mental condition. Answer "Yes" to both factors 3.1a and 3.1b. - For factor 3.2a, the boy is at tender age (i.e. 4-year-old). For factor 3.2b, the boy exhibits severe emotional disturbances (i.e. crying, frequent nightmares, fearful of his mother), suggesting his psychological health or development is under threat. For factor 3.2c, the mother's depressive symptoms, refusal to accept help and isolation from others, reveal a concerning lack of insight into her situation and an inability to seek necessary support while there is also lack of other protective individual who is willing and able to protect the child from future harm by the mother (i.e. the father)

	has moved out). Therefore answer “Yes” to factors 3.2a to 3.2c. • Collectively, these factors create a real risk of serious harm to the child, necessitating mandatory reporting.
--	--

Case Scenario (3) : Normal Reporting

Suspected Child Abuse Incident	• In an interview with a social worker, a 10-year-old boy disclosed that his mother's cohabiting boyfriend has consistently rejected him over the past few months, perceiving him as oppositional and lacking moral values. The boyfriend seldom interacts with the boy, often communicating through stern, disapproving glances. Occasionally, he scolds him with degrading remarks, such as “你無用㗎，大咗實乞食！ 蠢過隻豬！”。 He also persistently excludes the boy from family gatherings without any reasons and frequently assigns him household chores just as he is preparing for bed. The mother feels helpless in this situation, as neither her boyfriend nor his child listens to her. • Despite these challenges at home, the boy manages to maintain a largely normal presentation at school. He has a few close friends and is able to keep up with academic demands. However, he articulates feelings of being treated like a "servant" at home and reacts with frustration whenever the boyfriend's name is mentioned. He dreams of living independently once he grows up.		
Factors for Consideration	☐ No	1.1	The mandated reporter has witnessed the incident.
	☐ Yes	1.2	The child disclosed the incident to the mandated reporter (i.e. case social worker).
	☐ Yes	2.1	The triggering incidents are not ordinary vicissitudes of life/accidents.
	☐ No	2.2	The child has been exposed to a severe single / repeated terrorising incident(s).
	☐ No	2.3	The child has been subjected to repeated exposure to the responsible person’s (a) delusions or hallucinations / (b) severe threats.
	☐ No	2.4	The responsible person has repeatedly presented the child to others as ill, impaired, or injured AND there is evidence of falsification of signs and symptoms of illness.
	☐ No	3.1	The responsible person has: a. explicitly stated a plan to terrorise the child by inflicting severe harm to the child’s family members or pets; AND b. exhibited behaviours / characteristics that may lead to materialisation of the stated plan in the near future

Proposed Action to be Taken	☐ Mandatory Reporting is required as the child: ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☒ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration
Guiding Principles	This case can be considered as normal reporting, as the 8-year-old boy's experiences with his mother's cohabiting boyfriend, while troubling, do not pose a real risk of serious harm. The boyfriend's neglect of the boy's emotional needs, coupled with his derogatory remarks, exclusion from family gatherings, and coercion to perform household chores, suggest potential psychological abuse. Nonetheless, the boy displays normal behaviour at school and shows no signs of severe distress. His feelings of anger towards the boyfriend and his desire for independence indicate that he is managing the situation. Therefore, while the case warrants normal reporting, it does not meet the criteria for mandatory reporting.

Case Scenario (4) : Follow-up Services as Appropriate

Suspected Child Abuse Incident	• The father of a 7-year-old boy insisted that his son complete a lot of supplementary exercises due to his underperformance at school. Whenever the boy failed a test or examination, his father would scold him with derogatory remarks, such as calling him "死蠢", "狗都聰明過你!". To enforce discipline, he would place a baseball bat next to the boy while he studied, threatening to beat him heavily if he didn't perform well. Taking aside the academic issues, the father would take the son out for fun activities and meals. • The boy tearfully and tremblingly told his teacher about his father's strict discipline and blamed himself for not doing well academically. He was afraid that one day his father would actually hit him with the baseball bat. In response, the school social worker conducted a home visit to address the father's parenting style. During the visit, the father expressed his stress about being a single parent and the responsibility of overseeing the boy's academic progress. Following school social worker's advice, the father agreed to enrol the boy in after-school tutoring at school and ceased his close supervision of the boy's homework. This change was accompanied by an improvement in the father's attitude towards the boy. As a result, the boy felt more relieved because his father no longer closely monitored his studying. However, he still remained a bit anxious whenever test results were released.		
Factors for Consideration	☐ No	1.1	The mandated reporter has witnessed the incident.
	☐ Yes	1.2	The child disclosed the incident to the mandated reporter (i.e. teacher and social worker).
	☐ Yes	2.1	The triggering incidents are not ordinary vicissitudes of life/accidents.
	☐ No	2.2	The child has been exposed to a severe single / repeated terrorising incident(s).
	☐ Yes	2.3	The child has been subjected to repeated exposure to the responsible person's (a) delusions or hallucinations / (b) severe threats.
	☐ No	2.4	The responsible person has repeatedly presented the child to others as ill, impaired, or injured AND there is evidence of falsification of signs and symptoms of illness.

	☒ Yes	2.5	The responsible person is already engaged in formal intervention to address the issue.
	☒ Yes	2.6	The intervention is having a positive impact.
	☐ No	3.1	The responsible person has: a. explicitly stated a plan to terrorise the child by inflicting severe harm to the child's family members or pets. AND b. exhibited behaviours / characteristics that may lead to materialisation of the stated plan in the near future.
Proposed Action to be Taken	☐ Mandatory Reporting is required as the child: ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☐ Normal reporting ☒ Follow-up services as appropriate ☐ Further exploration		
Guiding Principles	Mandatory reporting is not required in this case, as the boy's distress level does not indicate immediate danger or abuse. The father has not expressed any intent to harm the boy, and there are no signs that the child's psychological health or development is at risk. Moreover, the father has been receptive to intervention from the school social worker, and positive changes in his parenting style and the boy's distress level have been observed. However, follow-up services are essential to ensure continued support. It is recommended that the family continue to receive services from the school social worker or be referred to the Integrated Family Service Centre (IFSC) to further enhance the father's parenting skills, support him in his role as a single parent, and provide ongoing support for the boy. This will help maintain their well-being and emotional stability.		

Case Scenario (5) : Further Exploration

Suspected Child Abuse Incident	During a routine medical check-up at the hospital, a 6-year-old girl disclosed to the nurse that her parents frequently referred to her as "rubbish," "useless," and "pig's brain" due to her poor academic performance. She expressed that, despite her elder sister also failing exams, their parents treated her sister well and often singled her out for punishment. The girl appeared upset while sharing this information; however, her parents denied the allegations.
Factors for Consideration	No 1.1The mandated reporter has witnessed the incident.
	Yes 1.2The child disclosed the incident to the mandated reporter (nurse).
	Yes 2.1The triggering incidents are not ordinary vicissitudes of life/accidents.
	No 2.2The child has been exposed to a severe single / repeated terrorising incident(s).
	No 2.3The child has been subjected to repeated exposure to the responsible person’s (a) delusions or hallucinations / (b) severe threats.
	No 2.4The responsible person has repeatedly presented the child to others as ill, impaired, or injured AND there is evidence of falsification of signs and symptoms of illness.
	No 3.1The responsible person has: a. explicitly stated a plan to terrorise the child by inflicting severe harm to the child’s family members or pets; AND b. exhibited behaviours / characteristics that may lead to materialisation of the stated plan in the near future
Proposed Action to be Taken	☐ Mandatory Reporting is required as the child: ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☒ Further exploration
Guiding Principles	The girl made brief complaints about her parents' verbally degrading remarks behaviours, but the information provided is insufficient to conclusively suggest potential psychological abuse. Given the potential psychological harm suffered by the 6-year-old girl, who appears visibly distressed despite her parents' denial of the allegations, further exploration of the parenting practices and the home environment is necessary.

	Understanding the dynamics and interaction between the girl and her parents is also essential to assess any underlying issues affecting her mental health and possible psychological abuse. Therefore, additional information is required to fully evaluate the situation before considering mandatory reporting.
--	--

2.4 Sexual abuse

Serious Harm

As stipulated in Schedule 2 to the Ordinance, serious harm includes any harm caused by coercing or enticing a child to take part in –

- (i) rape;
- (ii) incest;
- (iii) buggery;
- (iv) sexual intercourse; or
- (v) any act of gross indecency.

It should be noted that non-consensual sexual intercourse should be regarded as rape when applying the decision tree.

It is a commonly held view that a clear distinction should be made between child sexual abuse causing serious harm and consensual sexual behaviour between young people (including teenage lovers) which does not involve sexual exploitation. Depending on the actual circumstances of the case, the latter may not constitute child abuse and thus does not necessitate reporting under the Ordinance. In determining whether to make a report, a mandated reporter may consider the following directions in greater detail:

- Some scenarios involve consensual sexual intercourse between young persons. References of the prevailing societal standards on the permissible age for consensual sexual intercourse between a boy and a girl at the age of 16 or above can be drawn to the Crimes Ordinance (Cap. 200).
- Consensual sexual activity between a child and another person may still involve sexual exploitation if the child is not mature enough to fully understand / comprehend the sexual activity that occurs to him / her (such as the child having intellectual disability). Therefore, mandated reporters should take note of the child's level of maturity and ability to fully understand / comprehend the sexual activity that occurs to him / her, particularly in cases involving children with intellectual disabilities.
- Children grow at different rates, but generally, younger children for instance, children under the age of 13, may not have a sufficient level of cognitive or emotional maturity to fully understand the implications of sexual behaviour.

Real Risk

When assessing what constitutes a real risk, one must exclude risks that are purely theoretical or fanciful. Mandated reporters should always, based on their professional judgement, consider alongside factors, including the child's situation, the suspected abuser, family dynamics and environmental conditions, which collectively place the child at real risk of serious harm. Especially when the suspected abuser has

frequent access to the child (such as living together or a close relatives) or has positional power over the child (such as a teacher, private tutor, coach), the child may view the coercion or enticement behaviour of the suspected abuser as normal. In such situations, even seemingly minor indecent acts may pose a high risk to the child. Therefore, when assessing the real risk of serious harm, especially in cases involving acts of molestation involving intentional touching of the child's private parts, mandated reporters should pay special attention to the nature of the relationship between the suspected abuser and the child, and the circumstances in which the suspected abuser has contact with the child, in order to conduct a more precise risk assessment.

The factors listed from 3.0 onwards are not exhaustive but serve as crucial points of reference in the analytical process. If there is a reasonable ground to suspect that a child has experienced other types of abusive behaviours that have resulted in serious harm or posed a real risk of serious harm to the child, mandated reporters shall take appropriate actions to report the case to the Authority for child protection and / or related criminal investigation as appropriate.

Relevant Ordinances in Hong Kong for Reference

Rape

- Under section 118(3) of the Crimes Ordinance, Cap. 200, a man commits rape if he has unlawful sexual intercourse with a woman who at the time of the intercourse does not consent to it; and at that time he knows that she does not consent to the intercourse or he is reckless as to whether she consents to it.
- Under the laws of Hong Kong, rape can only be committed by a male upon a female. "Sexual intercourse" means penetration of the vagina by the penis.

Incest by men

- An offence under section 47 of the Crimes Ordinance, Cap. 200 (i.e. incest by men) is committed where a man has sexual intercourse with a woman, who is to his knowledge his granddaughter, daughter, sister or mother, attempts to commit any such offence, or incites a girl under the age of 16, who is to his knowledge his granddaughter, daughter or sister, to have sexual intercourse with him.

Incest by women of or over 16

- An offence under section 48 of the Crimes Ordinance, Cap. 200 (incest by women of or over 16) is committed where a woman of or above the age of 16 who with consent permits her grandfather, father, brother or son to have sexual intercourse with her (knowing him to be her grandfather, father, brother or son, as the case may be).

Buggery

- An offence under section 118A, B, C & D of the Crimes Ordinance, Cap. 200
- Buggery occurs where there is penetration of the anus by the penis (i.e. anal intercourse, whether heterosexual or homosexual). The act of buggery itself is not illegal in Hong Kong. A person who commits an act of

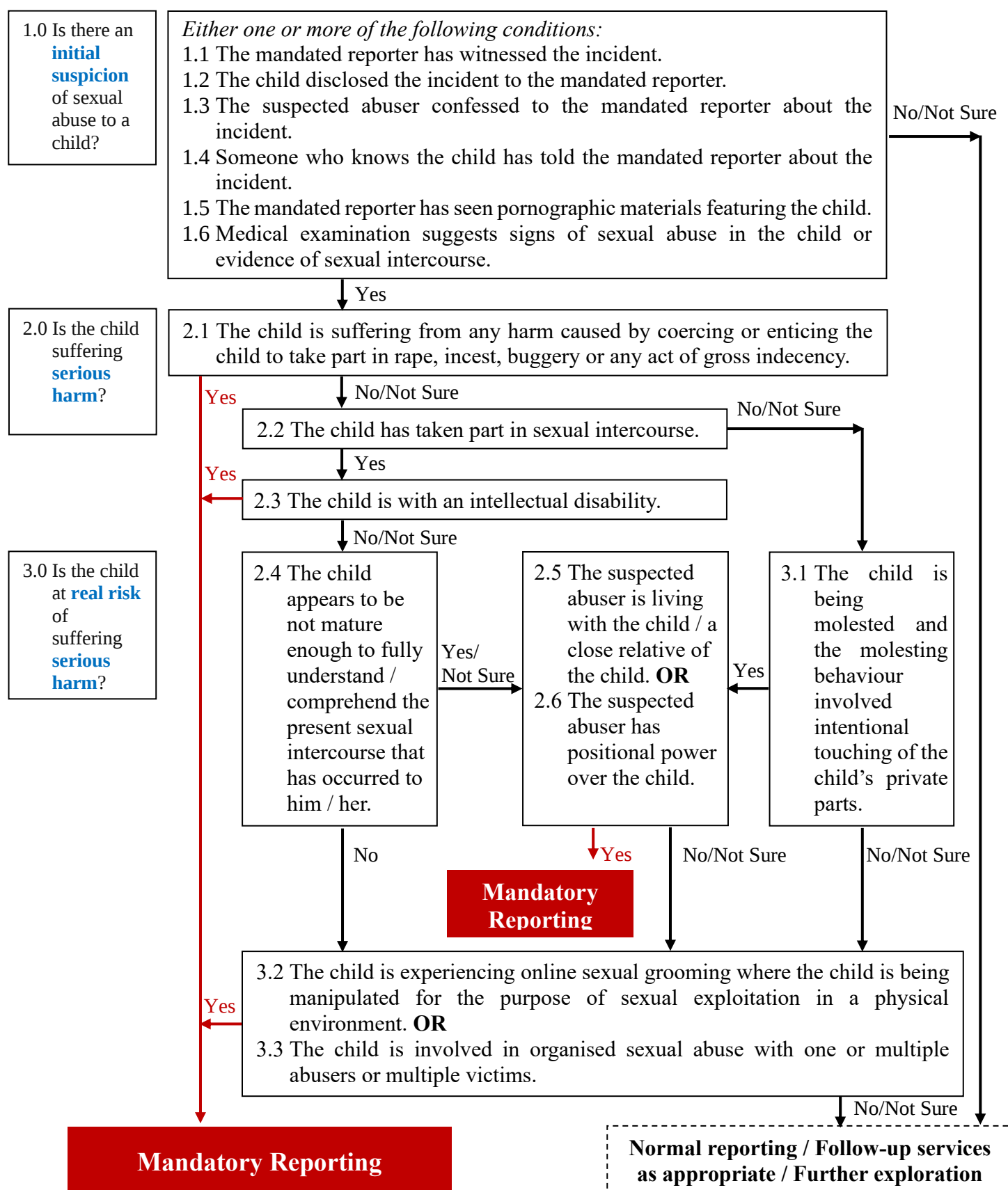
buggery is not punishable unless he has committed buggery in a prohibited circumstance, e.g. without the consent of the other party or buggery committed with a boy under the age of 16.

Gross indecency

An offence under section 118H, J & K of the Crimes Ordinance, Cap. 200

- “Gross indecency” is more than merely indecent. It may be defined as a marked departure from decent conduct expected of the average. The act is one which, under the customs and morals of our times, would be considered grossly indecent by any right-thinking member of the public.
- Whether an act is grossly indecent will depend upon the circumstances of the particular case, such as the nature of the act, the relationship between the child and the suspected abuser, the context in which the act was committed, and the time and place in which the act was committed.
- Acts of gross indecency can be committed both by a man and by a woman.
- An “indecent assault”, depending upon its nature, can also be an act of “gross indecency”. An act can be one of “gross indecency” though not being at the same time an “indecent assault” (for example, a child performs masturbation on the suspected abuser by touching the suspected abuser’s private parts. In this example, the element of “assault” is missing (i.e. no assault was committed by the suspected abuser), as the touching was carried out by the child on the suspected abuser).

Decision Tree for Guiding Mandatory Reporting of Suspected Sexual Abuse



Note 1: This decision tree should be used in conjunction with the supplementary analytical framework which provides essential elaborations on the interpretations of the factors for consideration.

Note 2: This decision tree is formulated to complement rather than replace professional judgement and does not prohibit a mandated reporter from any course of actions the mandated reporter believes are appropriate after taking into account the individual case merits.

Note 3: It is desirable to have a clear answer of "Yes" or "No" to the factors for consideration. In cases where the mandated reporters are not sure of the answer, they are advised to collect more information as far as practicable. Attention should be paid to the impact of "Not sure" as an answer on the decision point.

**Supplementary Analytical Framework for Guiding
Mandatory Reporting of Suspected Sexual abuse**

Factors for Consideration			
1.0	Is there an initial suspicion of sexual abuse to a child?		
☐	If Yes to either one of	1.1 to 1.6	Go to 2.1
☐	If No / Not Sure to all of	1.1 to 1.6	Normal reporting / Follow-up service as appropriate / Further exploration
☐	1.1	The mandated reporter has witnessed the incident. The mandated reporter has witnessed a sexual abuse incident(s) to a child. For example, the mandated reporter witnessed a staff member of the same organisation molesting the child when the mandated reporter passed by the dormitory / classroom.	
☐	1.2	The child disclosed the incident to the mandated reporter. The child has disclosed directly to the mandated reporter a clear account of sexual abuse incident(s), including the nature of the sexual activities and the brief process, though he / she may not give an accurate description on the identity of the suspected abuser, the timing and location of the incident(s).	
☐	1.3	The suspected abuser confessed to the mandated reporter about the incident. The suspected abuser has confessed to the mandated reporter that he / she has sexually abused the child and has given a clear account of the sexual abuse incident(s) committed, including the identity of the child victim, the nature of the sexual activities and the timing / period of such act(s).	
☐	1.4	Someone who knows the child has told the mandated reporter about the incident. The mandated reporter has obtained concrete information from the child's parent / carer or any individual who comes to know the child and the information is considered reliable though the mandated reporter has not directly contacted the child to verify the information.	
☐	1.5	The mandated reporter has seen pornographic materials featuring the child. The mandated reporter has seen pornographic material(s) exhibiting the child's naked body / private part or sexual act with recognisable faces / features of the child in the child's communication with other person(s) via mobile phone / social media, shown by the child's peer / family member or on the internet, etc.	
☐	1.6	Medical examination suggests signs of sexual abuse in the child or evidence of sexual intercourse. Medical findings highly suggestive of sexual abuse in the child are available.	
		Examples⁹ of medical findings suggestive of sexual abuse	
		Acute abrasions, lacerations or bruising of the labia, perihymenal tissues, penis, scrotum or perineum Hymenal notch / cleft extending through more than 50% of the width of the hymenal rim	

⁹ All examples in the Supplementary Analytical Framework are by no means exhaustive.

Factors for Consideration				
		- Scarring or fresh laceration of the posterior fourchette not involving the hymen (but unintentional trauma e.g. straddle injuries must be ruled out) - sperm or seminal fluid in or on the child's body - Intentional, blunt penetrating injury to the vaginal or anal orifice - Significant anal dilatation or scarring of sexual organ		
		Examples of evidence of sexual intercourse		
		- Pregnancy - Sexually transmitted disease, including but not limited to: ■ Trichomaniasis 滴蟲 ■ Genital Warts 性病疣 ■ Genital Herpes 生殖器疱疹 ■ Gonorrhoea 淋病 ■ Syphilis 梅毒 ■ Chlamydia 衣原體感染 ■ Human Immunodeficiency Virus (HIV) infection 愛滋病		
2.0	Is the child suffering serious harm?			
☐	If Yes to	2.1		Mandatory Reporting
☐	If No / Not Sure to	2.1		Go to 2.2
☐	2.1	The child is suffering from any harm caused by coercing or enticing the child to take part in rape, incest, buggery or any act of gross indecency.		
		Coercion relies on force or threat to achieve compliance, while enticement uses rewards / incentives to invite or persuade the child to accept sexual requests.		
		Answer "Yes" if: The child is seriously harmed by rape, incest, buggery or any act of gross indecency.		
		Answer "No" if : - A disclosure of an incident of rape, incest, buggery or any act of gross indecency is made by an adult (i.e. over the age of 18 years) prior to his / her 18th birthday. - The sexual act took place in the past and does not cause current serious harm to the child, despite the child being under 18 years of age at the time of disclosure. - The mandated reporter lacks sufficient information to determine if rape, incest, buggery or any act of gross indecency has actually occurred. This may occur if the child refuses to disclose the true identity of the suspected abuser or honestly admits to the occurrence of rape, incest, buggery or any act of gross indecency.		
		General understanding of terms of sexual acts		
		- Rape is committed by a man having non-consensual sexual intercourse with a woman. Involuntary sexual intercourse should be considered as rape. - Incest refers to sexual relations between relatives with a certain degree of kinship, for example, between a child and his / her parent,		

Factors for Consideration				
		sibling, grandparent. - Buggery occurs where there is penetration of the anus by the penis. - Acts of gross indecency refer to morally offensive or extremely inappropriate sexual behaviours. These behaviours are often considered to be obscenely immoral, and they may violate social norms, ethical standards, or even legal provisions.		
		Examples of gross indecency		
		- Inciting / Forcing a young child to touch the suspected abuser's private parts (e.g. masturbation for the suspected abuser) or to perform oral sex on the suspected abuser - Inciting / Forcing a young child to expose his / her private parts and the suspected abuser performs masturbation on the child - Inserting tongue or finger(s) into a young child 's vagina / anus for sexual gratification		
☐	If Yes to	2.2		Go to 2.3
☐	If No / Not Sure to	2.2		Go to 3.1
☐	2.2	The child has taken part in sexual intercourse.		
		It should be noted that non-consensual sexual intercourse should be regarded as rape when applying the decision tree. Please go back to 2.1 above.		
		Answer “Yes” if : - A girl has indicated that she has sexual intercourse with a boy. Sexual intercourse means penetration of the vagina by the penis. It is not necessary that the girl describes in detail or provide information regarding time and place of the incident or identity of the person involved. - If the girl is visibly pregnant, it indicates that she has had sexual intercourse, and there is no need for a formal medical pregnancy test.		
☐	If Yes to	2.3		Mandatory Reporting
☐	If No / Not Sure to	2.3		Go to 2.4
☐	2.3	The child is with an intellectual disability.		
		“Intellectual disability” is a term used to describe a significant limitation in intellectual functioning and adaptive behaviour, which is present from childhood and impacts multiple areas of life. It is typically characterised by two standard deviations or more below the population, which equals to an IQ score of 70 or below. The impairments have significantly affected functioning in the cognitive, social, and practical domains of life.		
		Having “borderline intelligence” is not equivalent to having “intellectual disability”. Borderline intelligence refers to a level of cognitive functioning that falls slightly below average but still within the normal range of intelligence. Though individuals with borderline intelligence may experience some difficulties in certain cognitive areas, such as problem-solving, memory, or abstract reasoning, they typically possess enough cognitive abilities to function independently in daily life, engage in social interactions, and perform basic tasks required for		

Factors for Consideration				
		daily living.		
		Answer “Yes” if the child has an IQ score under 70, he / she is classified as a child with intellectual disability. In case formal medical / clinical evidence is not available to confirm the child’s intellectual disability but the child appears to be suffering from developmental delay, the mandated reporter can answer “Not Sure” and proceed to factor 2.4 for further exploration on the child’s maturity to fully comprehend the sexual intercourse that has occurred to him / her.		
☐	If Yes / Not Sure to	2.4		Go to 2.5
☐	If No to	2.4		Go to 3.2
☐	2.4	The child appears to be not mature enough to fully understand / comprehend the present sexual intercourse that has occurred to him / her.		
		Answer “Yes” if the mandated reporter has information to believe that the child is not mature enough to fully understand the sexual intercourse that has occurred to him / her. Answer “Not Sure” if the mandated reporter is not sure of the child’s maturity level in this aspect.		
		Whether a child is mature enough to fully understand or comprehend sexual intercourse is a complex and sensitive issue. It is important to note that no single factor can definitively determine whether a child is mature enough to fully understand or comprehend sexual intercourse. Here are some factors suggested to be considered when assessing a child's maturity level in relation to understanding sexual intercourse -		
		• Age: While age is not the sole determinant of a child's maturity, it can be a useful starting point. Children grow at different rates, but generally, younger children may not have the cognitive or emotional maturity to fully understand the implications of sexual intercourse, say children under the age of 13. • Emotional maturity: A child's emotional maturity can also play a role in their ability to understand sexual intercourse. Children who are emotionally stable and have a good sense of self-awareness may be better equipped to handle the emotions and complexities associated with sexual experiences. • Knowledge and education: Children who have received age-appropriate education about sexuality and relationships may be better equipped to understand the implications of sexual intercourse. This can include information about consent, boundaries, and the physical and emotional aspects of sexual relationships. • Communication skills: Children who are able to communicate openly and honestly about their feelings and experiences may be better at expressing their understanding of sexual intercourse. This can include discussing their feelings about the experience, asking questions, and seeking support from trusted adults. • Family dynamics: The dynamics within a child's family can also influence their understanding of sexuality and relationships. For		

Factors for Consideration			
		example, if a child grows up in a home where sexuality is not discussed openly or where there are issues related to trust or abuse, it may have an adverse impact on their ability to understand and process sexual experiences.	
☐	If Yes to either one of	2.5, 2.6	Mandatory Reporting
☐	If No / Not Sure to all of	2.5, 2.6	Go to 3.2
☐	2.5	The suspected abuser is living with the child / a close relative of the child.	
		The child’s current sexual harm is inflicted by an individual with frequent access to the child where the child may be facing acute difficulties in self-protection.	
		Examples of live-in individuals / close relatives of the child	
		• The individual is living in the child’s household. • The individual is a close relative of the child (e.g. grandparents, aunts and uncles). • The individual is in an intimate relationship with the child’s parent / carer / siblings or other household member (e.g. mother’s boyfriend).	
☐	2.6	The suspected abuser has positional power over the child.	
		The child is considered particularly vulnerable to the reoccurrence of sexual activities (including sexual intercourse, molesting behaviour) if there is a positional power difference between the suspected abuser and the child where the child is coerced / enticed into sexual activities and unable to disclose the harm inflicted by the suspected abuser.	
		Examples of individuals with positional power over the child	
		• The individual is given the responsibility to supervise the child (e.g. teacher, tutor of a tuition class, coach, foster parent, etc.) • The individual is in a position of authority in an institutional framework (e.g. staff member in a residential / medical / school / social service / church setting.)	
3.0 Is the child at real risk of suffering serious harm?			
☐	If Yes to	3.1	Go to 2.5
☐	If No / Not Sure to	3.1	Go to 3.2
☐	3.1	The child is being molested and the molesting behaviour involved intentional touching of the child’s private parts.	
		Answer “Yes” if : The suspected abuser's molesting behaviour involved intentional touching of a child's private parts, either under or over clothing. Molesting behaviour can progressively escalate into more intimate sexual activities. It is important to distinguish sexual touching of private parts from behaviours that can be reasonably explained as normal caregiving acts (such as necessary physical contact while bathing a toddler).	
		Examples of private parts	
		• Breast • Genital area	• Anal area • Inner thigh

Factors for Consideration			
☐	If Yes to either of	3.2, 3.3	Mandatory Reporting
☐	If No / Not Sure to all of	3.2, 3.3	Normal reporting / Follow-up services as appropriate / Further exploration
☐	3.2	The child is experiencing online sexual grooming where the child is being manipulated for the purpose of sexual exploitation in a physical environment.	
		Online Sexual Grooming ¹⁰ means that suspected abusers use the Internet to systematically deploy methods for sexual exploitation of children. The suspected abusers build trust with the children, with the intent to sexually assault them, and intimidate them to remain silent. Some online sexual grooming activities will extend to the physical (offline) environment and that would cause real risk of serious harm to the child. The suspected abuser will use different excuses to meet with the child in order to sexually exploit the child. Sexual exploitation includes forced prostitution, child pornography, or other verbal or physical conduct of a sexual nature that is unwelcome and offensive to the child.	
		Children and young people may engage in online chats or form friendships with individuals on social media platforms or within online gaming environments, even if they have no prior knowledge or personal interaction with those individuals. When children and young people form friendships or engage in chats online with others they do not know personally, it is not necessarily indicative of grooming unless there are clear signs of manipulation or deception. The natural process of making connection online should be differentiated from the deliberate manipulation of online sexual grooming.	
		Purely taking / exchanging of pornographic photos / videos between teenage lovers when one of the parties subsequently has fear of the photos / videos taken being reproduced or released on social media does not involve in-person meeting in an offline physical setting. Generally speaking, this may not cause real risk of serious harm to the child.	
		Answer “Yes” if both of the following two conditions are met - (i) A child is being targeted and manipulated online for the purpose of sexual exploitation; and (ii) The predator has moved the interactions from an online setting to a physical location where the child can be more easily exploited.	
		Examples of online sexual grooming activities	
		Not extended to physical environment - Manipulating a child to take photos / videos of naked body or sexual organ and send it to the suspected abuser - Exposing the child to pornographic photos / videos	Extended to physical environment - The child has been enticing into producing more sexual materials in person with obscene body postures (e.g. photos, videos). - The child has voluntarily

¹⁰ Information from the Cyber Security and Technology Crime Bureau of the Hong Kong Police Force: https://cyberdefender.hk/en-us/child_grooming/

Factors for Consideration			
		online Engaging a child in sexually explicit dialogues or messages online	arranged onsite meetings with the suspected abuser and molesting behaviour has actually taken place during the onsite meetings. The suspected abuser has been persuading the child to meet at private places (e.g. the living place of the suspected abuser, hotel) for sexual activities in exchange for some materialistic rewards and prevented the child from telling others about the meeting.
☐	3.3	The child is involved in organised sexual abuse with one or multiple abusers or multiple victims.	
		Answer “Yes” if the mandated reporter has a reason to believe that the child is involved in an organised sexual abuse involving one or more abusers, or a number of related or non-related abused children.	
		Examples of organised sexual abuse	
		- Three girls have been taken to a party room and given “free” alcohol and drugs, then told that they have to “pay” for them by providing “waitress service” to six adult males in special costume provided by the party room. During the process, the girls were sexually harassed. - Several residents of a children’s home reported that their private parts have been touched by a home staff in the dormitory at night.	

Application: Sample Case Scenarios

All the sample case scenarios provided in this Guide are to illustrate how mandated reporters may apply the decision tree and supplementary analytical framework. Different case scenarios are used as examples for demonstration purpose, aiding mandated reporters in understanding child protection principles and fulfilling their statutory obligations. These scenarios are modified from local cases and do not represent actual events or individuals. In practical application, decision varies as merits of individual case differ and professional judgement shall prevail over generic sample case scenarios. The statutory responsibility of mandatory reporting is governed by the Mandatory Reporting of Child Abuse Ordinance.

Case Scenario (1): Serious Harm

Suspected Child Abuse Incident	• A girl, aged 12, resumed schooling after she went missing for a few days last week. • She revealed to School Social Worker that during her missing period, she got acquaintance with a male friend, aged 17, through introduction of her friend when she stayed overnight at her friend’s place. • She involuntarily had unsafe sex with the male friend, aged 17, and later reported abnormal vaginal discharge. She was worried and dared not tell her mother about her physical discomfort. • School Social Worker accompanied the girl for medical examination which confirmed that the girl was infected with sexually transmitted disease.
Factors for Consideration	No 1.1 The mandated reporter has witnessed the incident.
	Yes 1.2 The child disclosed the incident to the mandated reporter.
	Yes 2.1 The child is suffering from any harm caused by coercing or enticing the child to take part in rape, incest, buggery or any act of gross indecency.
Proposed Action to be Taken	☒ Mandatory reporting is required as the child: ☒ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration
Guiding Principles	• For factor 2.1, the involuntarily unsafe sex, i.e. non-consensual sexual intercourse should be regarded as rape. • Mandatory reporting is required.

Case Scenario (2): Serious Harm

Suspected Child Abuse Incident	• A student informed the class teacher that he had noticed his 14-year-old classmate, a member of the school's swimming team, suddenly withdrawing from friends and swimming activities in recent weeks. Concerned about his classmate's distress, he sought the teacher's assistance. • Upon initial exploration, the boy disclosed to the class teacher that he had been attending the school's swimming training sessions since last school year. About two months ago, his coach began dedicating extra time with him after practices, providing one-on-one coaching. Over time, the coach started making inappropriate comments on the boy's body shape and touched his back and buttock in ways that made him feel very uncomfortable. • On one occasion, after the team's training session, the coach isolated the boy in a locker room in changing room. The coach grabbed the boy's hand and coerced him into masturbating and oral sex for him, despite the boy's strong refusal. • This incident left the boy feeling confused, frightened, and ashamed. He was reluctant to disclose the incident to anyone, as he was concerned that others would not believe what had happened to him due to the coach's popularity among the other team members.									
Factors for Consideration	<table><tr><td>☐ No</td><td>1.1</td><td>The mandated reporter has witnessed the incident.</td></tr><tr><td>☐ Yes</td><td>1.2</td><td>The child disclosed the incident to the mandated reporter.</td></tr><tr><td>☐ Yes</td><td>2.1</td><td>The child is suffering from any harm caused by coercing or enticing the child to take part in rape, incest, buggery or any act of gross indecency.</td></tr></table>	☐ No	1.1	The mandated reporter has witnessed the incident.	☐ Yes	1.2	The child disclosed the incident to the mandated reporter.	☐ Yes	2.1	The child is suffering from any harm caused by coercing or enticing the child to take part in rape, incest, buggery or any act of gross indecency.
☐ No	1.1	The mandated reporter has witnessed the incident.								
☐ Yes	1.2	The child disclosed the incident to the mandated reporter.								
☐ Yes	2.1	The child is suffering from any harm caused by coercing or enticing the child to take part in rape, incest, buggery or any act of gross indecency.								
Proposed Action to be Taken	☒ Mandatory reporting is required as the child: ☒ is suffering serious harm.☐ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐ Normal reporting☐ Follow-up services as appropriate☐ Further exploration									
Guiding Principles	• For factor 2.1, the boy has been coerced into committing act of gross indecency, including performing masturbation and oral sex for the coach, which constitutes serious harm under Schedule 2 to the Ordinance. • Mandatory reporting is required.									

Case Scenario (3): Real Risk of Serious Harm

Suspected Child Abuse Incident	- The girl, aged 16, disclosed to the class teacher after a sex education lesson that her mother’s live-in boyfriend had fondled her breast last Sunday when she was sleeping at her bedroom. The mother is working on night shift and the girl was alone with the mother’s boyfriend when her mother is at work. - This was not the first time the mother’s boyfriend molested the girl. The first incident happened about 3 months ago. The girl was deeply frightened and dared not call for help at the time of incidents. She recalled that she had once told her mother but the mother adopted mistrusting attitude towards her.
Factors for Consideration	☐ No 1.1The mandated reporter has witnessed the incident.
	☐ Yes 1.2The child disclosed the incident to the mandated reporter.
	☐ No 2.1The child is suffering from any harm caused by coercing or enticing the child to take part in rape, incest, buggery or any act of gross indecency.
	☐ No 2.2The child has taken part in sexual intercourse.
	☐ Yes 3.1The child is being molested and the molesting behaviour involved intentional touching of the child’s private parts.
	☐ Yes 2.5The suspected abuser is living with the child / a close relative of the child.
Proposed Action to be Taken	☒ Mandatory reporting is required as the child: ☐ is suffering serious harm. ☒ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration
Guiding Principles	- Generally speaking, cases of indecent assault or molestation have not reached a level that poses real risk of suffering serious harm. This category of cases is typically handled under normal reporting, akin to cases of suspected sexual abuse cases in which the perpetrator is a stranger to the child. - In this case, factor 3.1 functions in pair with factor 2.5. The frequent access of the mother’s boyfriend to the girl is of concern. The mother’s boyfriend has fondled the girl’s breast on more than one occasion when he was alone with her at home. There is a reasonable ground to suspect that the girl is at real risk of suffering serious harm. Mandatory reporting is required.

Case Scenario (4) : Real Risk of Serious Harm

Suspected Child Abuse Incident	• A 16-year-old girl disclosed to a youth outreaching social worker that she had known an online friend through mobile games. She knew little about the background of this online friend, who had been hiding his face online, but the online friend keeps convincing her that they were in a loving relationship as boyfriend or girlfriend. Having established an emotional connection, she was invited to engage in some erotic dialogues and induced to share her naked body photos to him. • The online friend later disclosed that he was at an age of 25 and suggested a face-to-face meeting with the girl at a hotel if the girl would like to maintain the courtship. The girl agreed to meet the online friend face-to-face and was convinced that it was normal to let her boyfriend take some photos for her. She met the online friend at a hotel and agreed to pose sexually explicit under his instructions, and molesting behaviour involving touching of her private parts had occurred in the process. • Currently, the girl had very mixed feelings about it. She hoped to break up with her boyfriend. However, her boyfriend had threatened her to remain silent about what had happened in the hotel or her photos would be uploaded to social media platforms.
Factors for Consideration	☐ No 1.1The mandated reporter has witnessed the incident.
	☐ Yes 1.2The child disclosed the incident to the mandated reporter
	☐ No 2.1The child is suffering from any harm caused by coercing or enticing the child to take part in rape, incest, buggery or any act of gross indecency.
	☐ No 2.2The child has taken part in sexual intercourse.
	☐ Yes 3.1The child is being molested and the molesting behaviour involved intentional touching of the child’s private parts.
	☐ No 2.5The suspected abuser is living with the child or
	2.6The suspected abuser has positional power over the child.
☐ Yes 3.2The child is experiencing online sexual grooming where the child is being manipulated for the purpose of sexual exploitation in a physical environment.	

Proposed Action to be Taken	☒ Mandatory reporting is required as the child: ☐ is suffering serious harm. ☒ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration
Guiding Principles	• In considering the risk level of a molesting incident, it is suggested take note of whether the suspected abuser has easy access to the child and is living with the child (factor 2.5) or is having positional power over the child (factor 2.6) in the first instance. • In this case, the suspected abuser is neither living with the child nor having positional power over the child. Real risk of serious harm should further be examined in the context of online sexual grooming. The 25-year-old online friend took advantage of the girl's vulnerability by establishing emotional connection with her and “courtship”. The suspected abuser induced the girl to take photos and there was molesting behaviour during the face-to-face meeting at a hotel. • The suspected abuser has used the Internet to systematically deploy methods including trust building for sexual exploitation of the girl, with the intent to sexually assault her. The online sexual grooming activities have extended to the offline world and the online friend has intimidated her to remain silent about the molesting behaviours happened in a physical environment. • There is a reasonable ground to suspect that the girl is at real risk of suffering serious harm as she is experiencing sexual grooming and being manipulated for the purpose of sexual exploitation.

Case Scenario (5): Normal Reporting

Suspected Child Abuse Incident	• A 15-year-old girl and a 30-year-old man met while playing an online multiplayer game. They built a rapport over weeks, chatting about game and sharing tips. The man offered to team up with her regularly and provide in-game benefits, such as rare items, to enhance her gameplay power. • During a private chat, the man suggested to provide additional weapons to girl but asked her to wear revealing clothing, like bikini or tight outfit, on camera while they played to make it “more fun”. The girl agreed as she thought it was not a request for full nudity. • A few weeks later, the man escalated his demands, asking her to appear fully nude on camera in exchange for an even more powerful weapon, which she could not earned independently. Eager to obtain the weapon, the girl complied and appeared nude for 3 times. • Subsequently, the girl felt uneasy about the situation and refused to be naked again. In retaliation, the online friend posted the girl’s indecent photos in the chatgroup of the online game. The girl was so disturbed that she sought help from the school social worker.
Factors for Consideration	☐ No 1.1 The mandated reporter has witnessed the incident.
	☐ Yes 1.2 The child disclosed the incident to the mandated reporter.
	☐ No 2.1 The child is suffering from any harm caused by coercing or enticing the child to take part in rape, incest, buggery or any act of gross indecency.
	☐ No 2.2 The child has taken part in sexual intercourse.
	☐ No 3.1 The child is being molested and the molesting behaviour involved intentional touching of the child’s private parts.
	☐ No 3.2 The child is experiencing online sexual grooming where the child is being manipulated for the purpose of sexual exploitation in a physical environment.
	☐ No 3.3 The child is involved in organised sexual abuse with one or multiple abusers or multiple victims.

Proposed Action to be Taken	☐ Mandatory reporting is required as the child: ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☒ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration
Guiding Principles	• The 30-year-old online friend took advantage of the girl's eagerness to get the rare items or additional weapons of the online game and enticed the girl to show her naked body on the camera in exchange for those advantages. They do not have face-to-face meeting in physical environment. So, factor 3.2 is answered “No”. It is not considered a case of real risk of suffering serious harm. • The behaviours of the adult online friend constitute online sexual grooming. Normal reporting can be considered.

Case Scenario (6): Normal Reporting

Suspected Child Abuse Incident	• A 14-year-old girl is living with her single mother in a public housing unit. The girl's mother is a full-time housewife. Feeling bored at home, she would go to her classmate's home for fun after school. • She acquainted with her classmate's elder brother, aged 25. He volunteered to teach the girl mathematics and the girl had made steady progress in the subject under his private tuition. • On several occasions, her classmate needed to run errands for her mother, leaving the girl alone with her elder brother at home. Out of impulsion, the classmate's elder brother kissed and touched her breast over clothing that made her feel very uncomfortable and embarrassed. The classmate's elder brother asked the girl not to tell anyone, in exchange for his free private tuition to her. • The girl was annoyed by the classmate's elder brother's molesting behaviour but she did not want to offend him by openly rejecting him. She told one of her classmates and the incident was eventually disclosed to her class teacher.
Factors for Consideration	☐ No 1.1 The mandated reporter has witnessed the incident.
	☐ Yes 1.2 The child disclosed the incident to the mandated reporter.
	☐ No 2.1 The child is suffering from any harm caused by coercing or enticing the child to take part in rape, incest, buggery or any act of gross indecency.
	☐ No 2.2 The child has taken part in sexual intercourse.
	☐ Yes 3.1 The child is being molested and the molesting behaviour involved intentional touching of the child's private parts.
	☐ No 2.5 The suspected abuser is living with the child or 2.6 The suspected abuser has positional power over the child.
	☐ No 3.2 The child is experiencing online sexual grooming where the child is being manipulated for the purpose of sexual exploitation in a physical environment.
	☐ No 3.3 The child is involved in organised sexual abuse with one or multiple abusers or multiple victims.

Proposed Action to be Taken	☐ Mandatory reporting is required as the child: ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☒ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration
Guiding Principles	• The mandated reporter has made reference to the examples of the gross indecency for factor 2.1. The case involved the act of touching the private part of the girl over clothing is considered indecent. To further explore whether the girl is suffering real risk of serious harm, various factors have been considered, including the suspected abuser is not living with or a close relative of the child, do not have positional power over the girl. • Normal reporting may be considered to look into the girl's welfare and for prevention from possible harm.

Case Scenario (7) : Follow-up Service As Appropriate

Suspected Child Abuse Incident	• A girl, aged 17 with borderline intelligence, disclosed to her social worker that she has voluntarily engaged in sexual intercourse with her 17-year-old boyfriend. • The girl reported that she met her boyfriend through common friends three weeks ago and had recently started dating him. • Although the girl's learning ability is a bit slow, she demonstrated a reasonable level of understanding regarding the sexual activity that had occurred. She was able to articulate her feelings and thoughts about the relationship and the sexual activities involved, and she even mentioned the contraceptive measures she had taken. • Despite her maturity in understanding the situation, the girl was tearful when recalling the incident, as her boyfriend had subsequently broken up with her.		
Factors for Consideration	☐ No	1.1	The mandated reporter has witnessed the incident.
	☐ Yes	1.2	The child disclosed the incident to the mandated reporter.
	☐ No	2.1	The child is suffering from any harm caused by coercing or enticing the child to take part in rape, incest, buggery or any act of gross indecency.
	☐ Yes	2.2	The child has taken part in sexual intercourse.
	☐ No	2.3	The child is with an intellectual disability.
	☐ Not Sure	2.4	The child appears to be not mature enough to fully understand / comprehend the present sexual intercourse that has occurred to him / her.
	☐ No	2.5 or 2.6	The suspected abuser is living with the child / a close relative of the child. OR The suspected abuser has positional power over the child.
	☐ No	3.2	The child is experiencing online sexual grooming where the child is being manipulated for the purpose of sexual exploitation in a physical environment.
	☐ No	3.3	The child is involved in organised sexual abuse with one or multiple abusers or multiple victims.

Proposed Action to be Taken	☐ Mandatory reporting is required as the child: ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☐ Normal reporting ☒ Follow-up services as appropriate ☐ Further exploration
Guiding Principles	• Borderline intelligence is not equivalent to having intellectual disability. In this case, the answer for factor 2.3 is “No”. • In considering factor 2.4, the mandated reporter’s assessment on the child’s level of maturity and comprehensibility to the sexual intercourse is pivotal. In case of difficulties in making an accurate assessment, mandated reporters may answer “Not Sure” to go through factor 2.5 and 2.6 to further evaluate the level of real risk by examining whether the suspected abuser is living with the girl or having positional power over the girl. • The need for normal reporting depends on whether the girl can reaffirm that the sexual intercourse is voluntary and occurs within the context of a teenage lover relationship. • In this case, if the girl’s consent can be obtained, it is appropriate to refer her for counselling services. Suggested follow-up areas may include – (i) Help the girl process negative emotions such as sadness, anger, and loss stemming from the breakup with her boyfriend; (ii) Confirm whether the contraceptives she has taken are appropriate and provide necessary guidance and advice; (iii) Emphasize the responsibilities and consequences of sexual behaviour to help her establish correct sexual attitudes.

Case Scenario (8) : Further Exploration

Suspected Child Abuse Incident	- The parents of a 5-year-old girl work in mainland China, and her daily life and meals are taken care of by her elderly grandfather in Hong Kong. - One day, the girl said in class, “Grandpa rubs my pat pat and my chest (「祖父擦我 pat pat 同心口」) ”.		
Factors for Consideration	No	1.1	The mandated reporter has witnessed the incident.
	Not Sure	1.2	The child disclosed the incident to the mandated reporter.
	No	1.3	The suspected abuser confessed to the mandated reporter about the incident.
	No	1.4	Someone who knows the child has told the mandated reporter about the incident.
	No	1.5	The mandated reporter has seen pornographic materials featuring the child.
	No	1.6	Medical examination suggests signs of sexual abuse in the child or evidence of sexual intercourse.
Proposed Action to be Taken	☐ Mandatory reporting is required as the child: ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☒ Further exploration		
Guiding Principles	"擦我 pat pat 同心口" can be a normal form of personal care during bathing assistance to the child. Based on the available information, there is no reasonable ground to suspect that the child is suffering serious harm or at real risk of suffering serious harm. Further exploration is necessary to clarify the actual context and meaning of the statement "擦我 pat pat 同心口" before a reasonable ground of suspected sexual abuse can be substantiated. - Should concerns continue / increase or when additional information is available, the mandated reporters should re-apply the decision tree to review the reporting decision, as appropriate.		

2.5 Neglect

Serious Harm

As stipulated in Schedule 2 to the Ordinance, serious harm refers to any harm caused by the neglect of a responsible person¹¹ of a child that endangers the child's life or health, including –

- (i) by failing to provide the child with necessities for maintaining the child's life or health; and
- (ii) by exposing the child to a situation (such as allowing the child to access or take any dangerous drug or substance) or environment that endangers the child's life or health.

In general, there are three forms of neglect, namely physical neglect, medical neglect and educational neglect. In considering mandatory reporting, the broad classification into three forms of neglect is not specific enough to identify those neglectful behaviours that may cause serious harm to a child. Four decision trees, incorporating essential elements of the three forms of neglect, are developed to provide more specific yardsticks for consideration of mandatory reporting according to the four aspects, namely (i) supervision / care; (ii) living conditions / environment; (iii) personal hygiene / clothing; and (iv) diet.

Real Risk

Decision trees of neglect are distinct from those for other types of abuse, where protective factors play a crucial role in assessing the level of real risk of causing serious harm to a child. The rationale behind is that neglect often manifests as acts of omission by the responsible person of the child, which can hardly be identified directly through observation of their outward behaviours as to whether it involves situations of serious harm. However, mandated reporters can still come up with reasonable ground of suspicion by examining a list of protective factors closely related to the caregiving capabilities of the responsible person. These protective factors are thus indicative of the extent and severity of suspected neglect. Generally speaking, if there are more protective factors, the real risk of serious harm due to the responsible person's acts of omission is relatively lower.

To achieve greater coherence and consistency, the list of protective factors is applicable to all the four decision trees of neglect. The list of protective factors includes (i) the child's self-protection ability; (ii) the responsible person's engagement in formal intervention bringing about a positive impact; (iii) the presence of a protective responsible person who is willing and able to protect the child from future harm; and (iv) the child's school attendance and emotional and behavioural performance.

¹¹ In accordance with Section 2 of the Ordinance, a responsible person, in relation to a child, means a person who has attained the age of 18 years and has the custody, charge or care of the child.

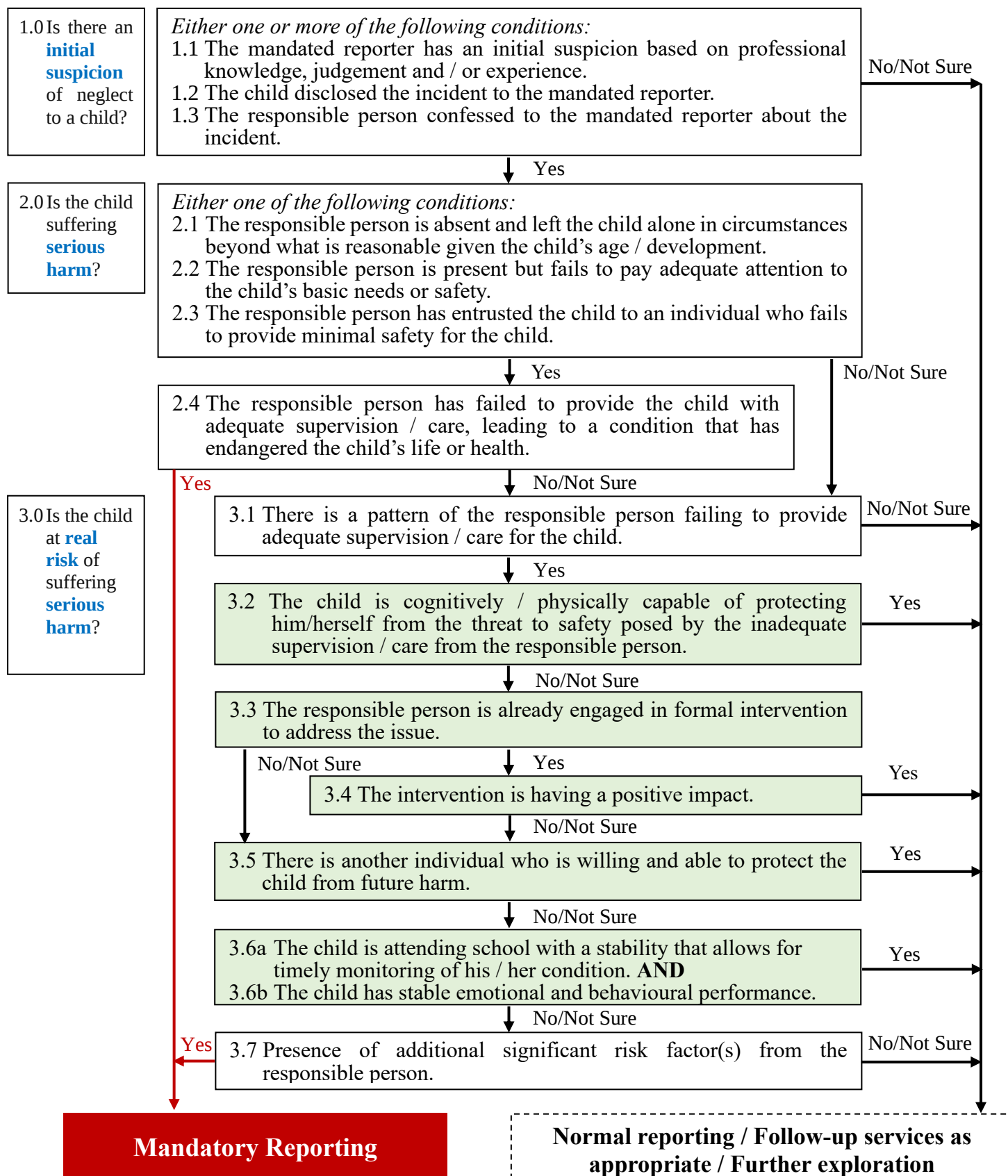
When assessing what constitutes a real risk, one must exclude risks that are purely theoretical or fanciful. Mandated reporters should always, based on their professional judgement, consider alongside factors, including the child's situation, the suspected abuser, family dynamics, and environmental conditions, which collectively place the child's life or health at real risk.

The factors listed from 3.0 onwards are not exhaustive but serve as crucial points of reference in the analytical process. If there is a reasonable ground to suspect that a child has experienced other types of abusive behaviours that have resulted in serious harm or posed a real risk of serious harm to the child, mandated reporters shall take appropriate actions to report the case to the Authority for child protection and / or related criminal investigation as appropriate.

Medical Neglect

Medical neglect rarely occurs in isolation; it often signals deeper familial dysfunction, where a child's physical, emotional, and developmental needs are chronically deprioritized. In view that medical neglect frequently intersects with other forms of abuse or neglect patterns, mandated reporters are reminded to remain vigilant about it, though no standalone decision tree has been specifically developed to address medical neglect in the Guide.

Decision Tree for Guiding Mandatory Reporting of Suspected Neglect for Supervision / Care



Note 1: This decision tree should be used in conjuncture with the supplementary analytical framework which provides essential elaborations on the interpretations of the factors for consideration.

Note 2: This decision tree is formulated to complement rather than replace professional judgement and does not prohibit a mandated reporter from any course of actions the mandated reporter believes are appropriate after taking into account the individual case merits.

Note 3: It is desirable to have a clear answer of "Yes" or "No" to the factors for consideration. In cases where the mandated reporters are not sure of the answer, they are advised to collect more information as far as practicable. Attention should be paid to the impact of "Not sure" as an answer on the decision point.

**Supplementary Analytical Framework for Guiding
Mandatory Reporting of Suspected Neglect for Supervision / Care**

Factors for Consideration			
1.0 Is there an initial suspicion of neglect to a child?			
☐	If Yes to either one or more of	<u>1.1 to 1.3</u>	Go to 2.1
☐	If No / Not Sure to all of	<u>1.1 to 1.3</u>	Normal reporting / Follow-up services as appropriate / Further exploration
☐	1.1	The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience. The mandated reporter has a justified basis for suspecting that a child neglect incident has occurred based on their professional knowledge, judgement, and/or experience. This suspicion is not based on mere speculation but rather on specific information or observations that, when combined with the reporter's professional knowledge and judgement, lead them to believe that further enquiry is necessary.	
☐	1.2	The child disclosed the incident to the mandated reporter. The child has voluntarily shared information about an incident of child neglect with a mandated reporter. This could mean that the child has described the specific actions or behaviours that constitute neglect, such as a responsible person failing to provide adequate supervision / care. It could also involve the child expressing feelings of fear, neglect, or abuse in a way that leads the mandated reporter to suspect that neglect has occurred.	
☐	1.3	The responsible person confessed to the mandated reporter about the incident. The responsible person has confessed to the mandated reporter about a specific incident of neglect or a pattern of neglectful behaviour that suggests that the child is at risk.	
2.0 Is the child suffering serious harm?			
☐	If Yes to either one of	<u>2.1 to 2.3</u>	Go to 2.4
☐	If No / Not Sure to all of	<u>2.1 to 2.3</u>	Go to 3.1
☐	2.1	The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child's age / development. Answer "Yes" if : The child is in a state of solitude or isolation without the responsible person's supervision / care which goes beyond what would be considered normal or acceptable for a child of that age or developmental level. Determining whether it is reasonable to leave a child alone involves considering multiple factors, in addition to the child's actual age. In general, infants and pre-school children should never be left unattended. For children studying in primary or secondary school, depending on their mental development. The following factors should be considered in determining whether their being left unattended at home or elsewhere constitutes neglect: (i) duration, location and frequency of being left unattended; (ii) any prior arrangements on childcare made by the parents;	

Factors for Consideration		
		(iii) whether the children left unattended can contact their parents or other adults in a position to help; (iv) whether and how assistance is available from others; and (v) feelings of the children left unattended.
		Examples¹² of leaving the child alone beyond what is reasonable given the child's age / development
		• Leaving a toddler unsupervised in the kitchen: A toddler, who is still learning to walk and explore their environment, may not understand the dangers associated with kitchen appliances, hot surfaces, or sharp objects. Leaving them alone in the kitchen could result in burns, cuts, or other injuries. • Leaving a child alone in a swimming pool or near water: Children, especially those who are not swimmers, can drown in water without supervision / care. Leaving them particularly young children alone near a swimming pool, bathtub, or any other water source is extremely dangerous. • Leaving a child alone in a public place: Allowing young children having access to public places (such as streets, malls, parks, etc.) freely without supervision / care can be overwhelming and dangerous. They may be subject to exposure to dangerous situations, getting lost, or being approached by strangers. • Leaving a child with hyperactivity to play alone near a busy street: The busy street may have heavy traffic, increasing the risk of being hit by a car. • Leaving a child with mental retardation alone at home: The child may not understand basic safety concepts or how to respond to an emergency.
☐	2.2	The responsible person is present but fails to pay adequate attention to the child's basic needs or safety.
		Answer "Yes" if : It involves a situation where the responsible person is physically present in the same vicinity of the child. The responsible person is not just momentarily distracted but is consistently failing to paying adequate attention to the child's basic needs or safety.
		Examples of inadequate attention • The responsible person despite physical presence, fails to provide the child with meals or snacks at appropriate times, leading to hunger or malnutrition. • The responsible person allows or has laissez-faire attitude on young child's safety exposing the child to dangerous situation, climbing on unprotected window ledge or playing with dangerous objects (e.g. sharp knife, scissors or lighters). • In case of newborns tested positive for dangerous drugs, the mother is considered having failed to pay adequate attention to the infant's basic needs or safety during her pregnancy.

¹² All examples in the Supplementary Analytical Framework are by no means exhaustive.

Factors for Consideration			
☐	2.3	The responsible person has entrusted the child to an individual who fails to provide minimal safety for the child. Answer “Yes” if : It involves a situation where the responsible person has placed the child in the care of an individual who is unable or unwilling to ensure the child's basic safety and well-being. The entrusted individual may lack the necessary skills, awareness, or resources to protect the child from harm. As a result, the child is left vulnerable to potential risks or dangers that could endanger their physical or emotional health. Examples of entrusting the child to an individual providing unsafe environment for the child • The responsible person leaves the child with a family friend who has a history of substance abuse and unstable behaviour. The friend does not provide a safe and supervised environment for the child, and the child may be exposed to dangerous situations or behaviours. • A parent relies on an elder sibling to care for the younger child, but the sibling is not mature enough or responsible enough to handle the responsibilities of babysitting. The younger child may be neglected or injured due to the elder sibling's unawareness of the younger sibling's routines, allergies, dietary restrictions or medical conditions, or other important information. • A parent leaves the child with a neighbour who explicitly refuses to take up the child care responsibility or expresses clearly that he / she is unable to provide proper care for the child.	
☐	If Yes to	2.4	Mandatory Reporting
☐	If No / Not Sure to	2.4	Go to 3.1
☐	2.4	The responsible person has failed to provide the child with adequate supervision / care, leading to a condition that has endangered the child's life or health. Answer “Yes” if: The mandated reporter possesses specific medical information indicating that the child's physical condition has suffered serious harm, which was either caused or worsened by inadequate supervision / care, to the extent that hospitalisation for medical treatment is necessary. Answer “No” if: It is only necessary to send the child to hospital for routine medical examination but no hospitalisation is required for treatment. For cases where the newborns are tested positive for dangerous drugs, it is a standing practice in the public hospitals to handle this type of cases under normal reporting in accordance with the Procedural Guide. In considering whether mandatory reporting is required, the newborn has already suffered actual harm of testing positive to drugs, subject to such harm having endangered the child's life or health (e.g. based on medical officers' expert opinion), it will have amounted to serious harm.	

Factors for Consideration		
3.0	Is the child at real risk of suffering serious harm?	
☐	If Yes to 3.1	Go to 3.2
☐	If No / Not Sure to 3.1	Normal reporting / Follow-up services as appropriate / Further exploration
☐	3.1	There is a pattern of the responsible person failing to provide adequate supervision / care for the child. Answer “Yes” if: It has become a norm that the responsible person has consistently failed to provide the necessary level of supervision / care for the child to sustain his / her health or life. Answer “No” if: It is a case concerning a newborn tested positive for dangerous drugs because it is not meaningful to assess the pattern of supervision / care before the birth of the newborn.
☐	If Yes to 3.2	Normal reporting / Follow-up services as appropriate / Further exploration
☐	If No / Not Sure to 3.2	Go to 3.3
☐	3.2	The child is cognitively / physically capable of protecting him/herself from the threat to safety posed by the inadequate supervision / care from the responsible person. Answer “Yes” if : - It involves a situation where a child demonstrates the cognitive or physical ability to take actions necessary to safeguard themselves from the safety hazard posed by inadequate supervision / care from responsible person. Children at a tender age are at a higher risk of serious harm due to their physical and emotional immaturity, limited cognitive and language abilities, as they largely depend on caregivers, lack of awareness and education, etc. - While the age of a child is an important reference in assessing his / her self-protection ability, from a legal point of view, it is not appropriate to define a child below a certain age as vulnerable. Mandated reporters are advised to exercise their professional judgement in deciding whether mandatory reporting is necessary according to actual circumstances of the case. In the event that medical / clinical evidence is not available to confirm the child’s intellectual or physical disabilities, mandated reporters can still consider the child meets this criterion if there is a reason to believe that the child is disabled to the extent that he/she is unable to tell someone or protect him/herself from the neglectful environment.
☐	If Yes to 3.3	Go to 3.4
☐	If No / Not Sure to 3.3	Go to 3.5
☐	3.3	The responsible person is already engaged in formal intervention to address the issue. Answer “Yes” if : The responsible person is already engaged in formal intervention, which typically involves seeking professional help or support from a qualified

Factors for Consideration		
		professional, such as a medical practitioner, social worker, therapist, guidance personnel, teacher, etc.
☐	If Yes to 3.4	Normal reporting / Follow-up services as appropriate / Further exploration
☐	If No / Not Sure to 3.4	Go to 3.5
☐	3.4	The intervention is having a positive impact. Answer “Yes” if : Positive changes in the family situation as a result of interventions, such as community resources, imply adjustments or improvements to the existing situation. The attitude and co-operation of the responsible person can often influence whether or not the intervention will bring about improvements. If the responsible person is evasive or provides untruthful information, the intervention may not have the desired positive impact.
☐	If Yes to 3.5	Normal reporting / Follow-up services as appropriate / Further exploration
☐	If No / Not Sure to 3.5	Go to 3.6
☐	3.5	There is another individual who is willing and able to protect the child from future harm. Answer “Yes” if : There is another individual who is willing and able to help provide the necessary care and supervision for the child. This individual may include a relative, a close family friend, or caretakers in a children residential service unit, such as foster home, small group home, hostel, etc.
☐	If Yes to 3.6	Normal reporting / Follow-up services as appropriate / Further exploration
☐	If No / Not Sure to 3.6	Go to 3.7
☐	3.6	Answer “Yes” if statements in both 3.6a and 3.6b are true. Stable school attendance and emotional and behavioural performance can work together to provide a stronger protective factor against the risk of child neglect. This is because both factors provide important indicators of the child's well-being and can help identify potential issues of abuse or neglect. Mandated reporters can use these indicators to monitor the child's well-being and take appropriate action if necessary.
	3.6a	The child is attending school with a stability that allows for timely monitoring of his / her condition.
	◇	When “stable school attendance” is considered a protective factor against the real risk of child abuse, the “stability” need not be a quantitative standard, but rather an indicator that is sufficient for mandated reporters to detect early signs of neglect and follow up on them in a timely manner. Therefore, if the child's attendance is sufficient to allow “stable school attendance” to function as a protective factor, please answer “Yes”.
		However, if a child is missing a significant number of days or has a pattern of unexplained absences, this could be a red flag that warrants attention. As stipulated in the Education Ordinance (Cap. 279), parents have the

Factors for Consideration			
		legal responsibility to ensure that their children aged between 6 and 15 attend schools regularly. All primary and secondary schools are required by the Education Bureau (EDB) to report student non-attendance cases without delay to the EDB on the 7th school day of students' continuous absence, regardless of the reasons for absence. For kindergartens, kindergarten-cum-child care centres and schools with kindergarten classes (collectively referred to as "KGs"), KGs are required to report to the EDB on students' absence for 7 consecutive school days without reasons or under doubtful circumstances.	
	3.6b	The child has stable emotional and behavioural performance.	
	◇	Exposure to neglect causing serious harm can profoundly affect a child's emotional and behavioural responses. For this factor, describing the child as stable emotional behavioural performance does not mean that the child does not have any emotional or behavioural problems. Rather, it only denotes a situation where the child's emotional and behavioural problem is not directly related to neglect. Hence, please answer "Yes" if the child: (i) is indeed having a stable emotional and behavioural performance with no particular emotional / behavioural problem; or (ii) is exhibiting emotional / behavioural problems that are not directly related to neglect.	
		Examples of emotional / behavioural problems not directly related to neglect • Neurodevelopmental disorders: Conditions like Intellectual Disabilities, Communication Disorders, Autism Spectrum Disorder (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD), Specific Learning Disorders (e.g., dyslexia), and Motor Disorders can significantly impact a child's emotional regulation and / or behavioural performance but are typically not associated with neglect. • Mental health disorders: Issues like depression, anxiety, bipolar disorder, and oppositional defiant disorder can also lead to emotional and behavioural problems. While neglect can exacerbate mental health issues, these disorders often have complex and multifaceted causes that are beyond parental care. • Peer influence and social factors: The influence of peers, school environment, and broader social factors can also contribute to emotional and behavioural issues. These factors are generally external to the family dynamic and should be considered separately when assessing neglect.	
☐	If Yes to	3.7	Mandatory Reporting
☐	If No / Not Sure to	3.7	Normal reporting / Follow-up services as appropriate / Further exploration
☐	3.7	Presence of additional significant risk factor(s) from the responsible person. Answer "Yes" if : The responsible person has <u>any one</u> of the following significant risk factors that impacted their parenting capacity significantly: unmanaged	

Factors for Consideration		
		mental health problem, substance abuse, or intellectual or physical disability. (i) Unmanaged mental health problem: Experiencing unmanaged mental health issues with active symptoms, such as significant mood swing, suicidal attempts, hallucinations or paranoid delusions. (ii) Substance abuse: Engaging in alcohol or drug use to the extent that it results in heightened agitation, volatility, violent behaviours or significant impairment in parenting capacity. (iii) Intellectual or physical disability: The responsible person has a severe, chronic impairment that creates substantial functional limitations in parenting capacity (e.g. self-care, language, learning, mobility, etc.)

Application: Sample Case Scenarios – Suspected Neglect for Supervision / Care

All the sample case scenarios provided in this Guide are to illustrate how mandated reporters may apply the decision tree and supplementary analytical framework. Different case scenarios are used as examples for demonstration purpose, aiding mandated reporters in understanding child protection principles and fulfilling their statutory obligations. These scenarios are modified from local cases and do not represent actual events or individuals. In practical application, decision varies as merits of individual case differ and professional judgement shall prevail over generic sample case scenarios. The statutory responsibility of mandatory reporting is governed by the Mandatory Reporting of Child Abuse Ordinance.

Case Scenario (1): Serious Harm

Suspected Child Abuse Incident	• The 4-year-old girl being left alone by her mother, who had left the house to run a quick errand. • The child reached out to a boiling water pot and the hot water was spilled over her arms and legs. • The child with burns was lying on the kitchen floor and crying in agony. The mother called for emergency medical assistance when she returned home. • The Medical Officer of the A&E department of the hospital diagnosed the child with severe burns and in-patient medical treatment was required.									
Factors for Consideration	<table><tr><td>☒</td><td>1.1</td><td>The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.</td></tr><tr><td>☒</td><td>2.1</td><td>The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child's age / development.</td></tr><tr><td>☒</td><td>2.4</td><td>The responsible person has failed to provide the child with adequate supervision / care, leading to a condition that has endangered the child's life or health.</td></tr></table>	☒	1.1	The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.	☒	2.1	The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child's age / development.	☒	2.4	The responsible person has failed to provide the child with adequate supervision / care, leading to a condition that has endangered the child's life or health.
☒	1.1	The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.								
☒	2.1	The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child's age / development.								
☒	2.4	The responsible person has failed to provide the child with adequate supervision / care, leading to a condition that has endangered the child's life or health.								
Proposed Action to be Taken	☒ Mandatory Reporting is required as the child: ☒ is suffering serious harm.☐ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐ Normal reporting☐ Follow-up services as appropriate☐ Further exploration									
Guiding Principles	• When considering whether leaving a child unattended is beyond what is reasonable, the mandated reporters may look into a number of factors in addition to the child's age. Please refer to examples of factor 2.1 for reference. As a general guideline, infants and pre-school children should never be left alone. • For factor 2.1, the 4-year-old girl has been exposed to									

	danger due to the absence of supervision by the responsible person. • For factor 2.4, the extent of harm caused to the child is serious and has led to urgent medical treatment in hospital. There is a reasonable ground to suspect that the child is suffering serious harm.
--	---

Case Scenario (2): Serious Harm

Suspected Child Abuse Incident	• The single-father, being the sole care giver of his 5-year-old son, has drinking problem and presents child care problem. The family is known to IFSC. • The father was exhausted in child care as the child was very active and suspected to be suffering from ADHD. Since last month, the father started to seek emotional relief by going to clubbing in Shenzhen during weekends and entrusted the child to the care of his friend when he was away from home. • The friend, who lived in a village house, kept a dog [a fully grown mongrel (唐狗)] which was known to be watchful and aggressive towards strangers. The father was well aware that the child was afraid of the dog as it had once tried to bite the child who eventually escaped from the attack. • The father, with weak social support, was unable to secure an alternative child care arrangement for the child from his relatives. The IFSC caseworker drew the father's attention to the potential risks associated with his current child care arrangement, which was deemed to be highly undesirable. The father was strongly advised to seek proper child care assistance during his absence but he adopted a carefree attitude towards the caseworker's advice. • Last weekend, the father left the boy with his friend again. The dog not being kept on leash, attacked and severely bit the boy. The child required immediate medical attention and was hospitalised for surgery and wound care.										
Factors for Consideration	<table border="1"> <tr> <td data-bbox="528 1373 638 1496">Yes</td><td data-bbox="638 1373 1396 1496">1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.</td></tr> <tr> <td data-bbox="528 1496 638 1653">No</td><td data-bbox="638 1496 1396 1653">2.1 The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child's age / development.</td></tr> <tr> <td data-bbox="528 1653 638 1776">No</td><td data-bbox="638 1653 1396 1776">2.2 The responsible person is present but fails to pay adequate attention to the child's basic needs or safety.</td></tr> <tr> <td data-bbox="528 1776 638 1899">Yes</td><td data-bbox="638 1776 1396 1899">2.3 The responsible person has entrusted the child to an individual who fails to provide minimal safety for the child.</td></tr> <tr> <td data-bbox="528 1899 638 2058">Yes</td><td data-bbox="638 1899 1396 2058">2.4 The responsible person has failed to provide the child with adequate supervision / care, leading to a condition that has endangered the child's life or health.</td></tr> </table>	Yes	1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.	No	2.1 The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child's age / development.	No	2.2 The responsible person is present but fails to pay adequate attention to the child's basic needs or safety.	Yes	2.3 The responsible person has entrusted the child to an individual who fails to provide minimal safety for the child.	Yes	2.4 The responsible person has failed to provide the child with adequate supervision / care, leading to a condition that has endangered the child's life or health.
Yes	1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.										
No	2.1 The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child's age / development.										
No	2.2 The responsible person is present but fails to pay adequate attention to the child's basic needs or safety.										
Yes	2.3 The responsible person has entrusted the child to an individual who fails to provide minimal safety for the child.										
Yes	2.4 The responsible person has failed to provide the child with adequate supervision / care, leading to a condition that has endangered the child's life or health.										

Proposed Action to be Taken	☒ Mandatory reporting is required as the child: ☒ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration
Guiding Principles	• For factor 2.3, the father as the responsible person placed the child to his “friend” who fails to provide minimal safety for the child. • The unsafe environment is evidenced by a previous attack on the child by the friend’s dog and the lack of adequate measure to safeguard the child’s safety when keeping the “big” dog. • For factor 2.4, the extent of harm caused to the child is serious and has led to medical treatment in hospital. There is a reasonable ground to suspect that the child is suffering serious harm.

Case Scenario (3): Real Risk of Serious Harm

Suspected Child Abuse Incident	• The 6-year-old girl was brought to A&E by her mother after she experienced a severe asthma attack. • The Medical Officer learned that the child lived with her mother at a small rented flat. The child disclosed that the mother often got drunk to the point of passing out and was often not able to care for her. • The child recalled that, in an episode of severe asthmatic exacerbation last week, the mother was asleep and unresponsive to her requests for help after drinking. It was fortunate that the inhaler had just been put on the table and she managed to use the inhaler to control the asthma attack on her own. In her panic, she could not see the inhaler anywhere in the house in the current asthma attack. • Upon further enquiry, the mother admitted that her friends always came over and drank until they were drunk at odd hours. Despite her physical presence, the mother could not cook proper meals for the girl from time to time. • The mother occasionally applied sick leaves for the child due to sickness for one or two days. The child appeared to be hungry and tired in school at times. She sometimes asked for food from her classmates. Class teacher also observed that the girl had language delay and did not learn age-appropriate self-care such as brushing teeth. • The family relied on CSSA without other family support. • The family has been an active case at IFSC for one year. There was no improvement on the mother's condition, despite repeated advice.										
Factors for Consideration	<table border="1"> <tr> <td data-bbox="528 1406 638 1534">Yes</td><td data-bbox="638 1406 1396 1534">1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and/or experience.</td></tr> <tr> <td data-bbox="528 1534 638 1691">No</td><td data-bbox="638 1534 1396 1691">2.1 The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child's age / development.</td></tr> <tr> <td data-bbox="528 1691 638 1814">Yes</td><td data-bbox="638 1691 1396 1814">2.2 The responsible person is present but fails to pay adequate attention to the child's basic needs or safety.</td></tr> <tr> <td data-bbox="528 1814 638 1982">No</td><td data-bbox="638 1814 1396 1982">2.4 The responsible person has failed to provide the child with adequate supervision / care, leading to a condition that has endangered the child's life or health.</td></tr> <tr> <td data-bbox="528 1982 638 2096">Yes</td><td data-bbox="638 1982 1396 2096">3.1 There is a pattern of the responsible person failing to provide adequate supervision / care for the child</td></tr> </table>	Yes	1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and/or experience.	No	2.1 The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child's age / development.	Yes	2.2 The responsible person is present but fails to pay adequate attention to the child's basic needs or safety.	No	2.4 The responsible person has failed to provide the child with adequate supervision / care, leading to a condition that has endangered the child's life or health.	Yes	3.1 There is a pattern of the responsible person failing to provide adequate supervision / care for the child
Yes	1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and/or experience.										
No	2.1 The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child's age / development.										
Yes	2.2 The responsible person is present but fails to pay adequate attention to the child's basic needs or safety.										
No	2.4 The responsible person has failed to provide the child with adequate supervision / care, leading to a condition that has endangered the child's life or health.										
Yes	3.1 There is a pattern of the responsible person failing to provide adequate supervision / care for the child										

	☐ No	3.2	The child is cognitively / physically capable of protecting him/herself from the threat to safety posed by the inadequate supervision / care from the responsible person.
	☐ Yes	3.3	The responsible person is already engaged in formal intervention to address the issue.
	☐ No	3.4	The intervention is having a positive impact.
	☐ No	3.5	There is another individual who is willing and able to protect the child from future harm.
	☐ No	3.6a & 3.6b	The child is attending school with a stability that allows for timely monitoring of his / her condition. AND The child has stable emotional and behavioural performance.
	☐ Yes	3.7	Presence of additional significant risk factor(s) from the responsible person.
Proposed Action to be Taken	☒ Mandatory reporting is required as the child: ☐ is suffering serious harm. ☒ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration		
Guiding Principles	• For factor 2.2 and 3.1, the mother though physically present at home, lacks adequate attention to the child's basic need, including using the inhaler to manage asthma attack and provision of food. • For factor 3.2, the child had once used her inhaler and managed her attack on her own, at her tender age, she is not cognitively / physically capable of protecting herself from the threat to safety while the mother does not pay adequate care for the child's medical need. • Considering factors 3.3 & 3.4, the mother's alcoholism and no motivation to receive social work intervention are of concern. • For factor 3.5, the family is isolated with no significant others to render support for protecting the child from future harm. • In answering factors 3.6a and 3.6b, while the child only has occasional school absences, the child cannot be considered as having stable emotional and behavioural performance. The mother's inattentive child care practice has adverse impacts on the child, such as hunger and tiredness, suspected language delay, not learning age-appropriate self-care, etc. • Coupled with the additional significant risk factor that the mother's drinking problem has adversely affected		

	her parenting capacity, and in view of above factors, there is a reasonable ground to suspect that the child is suffering from real risk of suffering from serious harm.
--	--

Case Scenario (4): Normal Reporting

Suspected Child Abuse Incident	• A 24-year-old single mother had a history of drug abuse. Three years ago, she had an elder son who was tested positive for dangerous drugs at birth. Case was a known case of IFSC. The elder son was currently placed under the care of his grandmother due to the mother’s failure to prove her abstinence from drugs. • Later, the single mother began a relationship with her current boyfriend and a second baby girl was born in hospital. The baby was tested positive for marijuana. • No signs of poisoning and withdrawal symptoms were found on the baby girl upon further observation in hospital. The medical officer assessed that the harm has not endangered the child’s life or health. No life-saving medical treatment had been given. • The mother denied of consuming any dangerous drugs but admitted that she had once gone to a party where someone took marijuana cigarette. • The mother was living with her boyfriend’s family. Her boyfriend engaged in a causal work while she was unemployed. The boyfriend’s family was ready to provide support and the “grandmother” would take care of the baby while the young couple prepared to work.															
Factors for Consideration	<table><tr><td>☒</td><td>1.1</td><td>The mandated reporter has an initial suspicion based on professional knowledge, judgement and/or experience.</td></tr><tr><td>☐</td><td>2.1</td><td>The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child’s age / development.</td></tr><tr><td>☒</td><td>2.2</td><td>The responsible person is present but fails to pay adequate attention to the child’s basic needs or safety.</td></tr><tr><td>☐</td><td>2.4</td><td>The responsible person has failed to provide the child with adequate supervision / care, leading to a condition that has endangered the child’s life or health.</td></tr><tr><td>☐</td><td>3.1</td><td>There is a pattern of the responsible person failing to provide adequate supervision / care for the child.</td></tr></table>	☒	1.1	The mandated reporter has an initial suspicion based on professional knowledge, judgement and/or experience.	☐	2.1	The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child’s age / development.	☒	2.2	The responsible person is present but fails to pay adequate attention to the child’s basic needs or safety.	☐	2.4	The responsible person has failed to provide the child with adequate supervision / care, leading to a condition that has endangered the child’s life or health.	☐	3.1	There is a pattern of the responsible person failing to provide adequate supervision / care for the child.
☒	1.1	The mandated reporter has an initial suspicion based on professional knowledge, judgement and/or experience.														
☐	2.1	The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child’s age / development.														
☒	2.2	The responsible person is present but fails to pay adequate attention to the child’s basic needs or safety.														
☐	2.4	The responsible person has failed to provide the child with adequate supervision / care, leading to a condition that has endangered the child’s life or health.														
☐	3.1	There is a pattern of the responsible person failing to provide adequate supervision / care for the child.														
Proposed Action to be Taken	☐ Mandatory reporting is required as the child: ☐ is suffering serious harm.☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☒ Normal reporting☐ Follow-up services as appropriate☐ Further exploration															

Guiding Principles	• The mother has failed to provide adequate care for the infant during her pregnancy. The mother's denial of using drugs and her explanation on causing the positive result of urine test of the baby girl is doubtful. Factor 2.2 is answered "Yes". • For factor 2.4, subject to the medical officers' expert opinion to assess if the harm has endangered the child's life or health and amounted to serious harm. In this case, the medical officer has assessed that the harm caused to the newborn had not endangered the child's life or health, say in need of urgent medical treatment or hospital care. Factor 2.4 is answered "No". • As factor 3.1 is not applicable to evaluate the situation before the newborn was given birth, factor 3.1 is answered "No" • It is a standard practice to handle this type of case through normal reporting in public hospital.
---------------------------	--

Case Scenario (5): Follow-up Services as Appropriate

Suspected Child Abuse Incident	• The 8-year-old boy with normal intelligence, lived with his parents who are diagnosed as mild intellectual disability. He used to be looked after by his grandmother before her passing away about 6 months ago. • The parents could manage household tasks and perform basic parental roles in a general acceptable way, including accompanying the child for attending school, reminding the child to follow daily routine, going to market, etc. The child appears to be outgoing and cheerful. He enjoys going to school and playing with his classmates. No emotional or behavioural problems in school were reported. • The boy was sent to the A&E department due to a mild burn on his hands, where small blisters had formed. According to the boy, he was frying eggs and ham on a gas stove by himself at the time. The parents, who were watching television in the living room at the material time, expressed their confidence in the boy's ability to prepare basic meals. The boy had previously been taught to fry eggs and ham by the parents, who frequently allowed him to cook independently. The parents attributed the boy's current injuries to his use of a mobile phone while cooking, which they considered to be an accident. • The parents were a bit worried and upset by the child's injuries. Upon the medical officer and medical social worker's advice, the parents were willing to accept service referral for continuous supportive service at IFSC. • The family relied on CSSA without any supportive network.								
Factors for Consideration	<table border="1"> <tr> <td data-bbox="528 1487 638 1608">Yes</td><td data-bbox="638 1487 1394 1608">1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and/or experience.</td></tr> <tr> <td data-bbox="528 1608 638 1767">No</td><td data-bbox="638 1608 1394 1767">2.1 The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child's age / development.</td></tr> <tr> <td data-bbox="528 1767 638 1888">Yes</td><td data-bbox="638 1767 1394 1888">2.2 The responsible person is present but fails to pay adequate attention to the child's basic needs or safety.</td></tr> <tr> <td data-bbox="528 1888 638 2045">No</td><td data-bbox="638 1888 1394 2045">2.4 The responsible person has failed to provide the child with adequate supervision / care, leading to a condition that has endangered the child's life or health.</td></tr> </table>	Yes	1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and/or experience.	No	2.1 The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child's age / development.	Yes	2.2 The responsible person is present but fails to pay adequate attention to the child's basic needs or safety.	No	2.4 The responsible person has failed to provide the child with adequate supervision / care, leading to a condition that has endangered the child's life or health.
Yes	1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and/or experience.								
No	2.1 The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child's age / development.								
Yes	2.2 The responsible person is present but fails to pay adequate attention to the child's basic needs or safety.								
No	2.4 The responsible person has failed to provide the child with adequate supervision / care, leading to a condition that has endangered the child's life or health.								

	☒ Yes	3.1	There is a pattern of the responsible person failing to provide adequate supervision / care for the child.
	☐ No	3.2	The child is cognitively / physically capable of protecting him/herself from the threat to safety posed by the inadequate supervision / care from the responsible person.
	☐ No	3.3	The responsible person is already engaged in formal intervention to address the issue.
	☐ No	3.5	There is another individual who is willing and able to protect the child from future harm.
	☒ Yes	3.6a & 3.6b	The child is attending school with a stability that allows for timely monitoring of his / her condition. AND The child has stable emotional and behavioural performance.
Proposed Action to be Taken	☐ Mandatory reporting is required as the child: ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☐ Normal reporting ☒ Follow-up services as appropriate ☐ Further exploration		
Guiding Principles	• The 8-year-old boy is considered too young to involve in cooking by using gas stove alone. • The parents, despite their mild intellectual disability, have been managing well in other aspects of parenting. However, they may need additional guidance and support in ensuring the safety of their child, especially when it comes to cooking and using potentially hazardous appliances. • The willingness of the parents to accept advice on home safety is a positive sign and indicates their openness to learning and improving their parenting practices. • The lack of a supportive network may limit the family's ability to cope with challenges and the family may require additional support from social services or community organisations. Follow up services can be considered in the following areas – (i) providing home visit to monitor and advise on any home safety issues; (ii) demonstrating safe cooking practices and emphasize the importance of supervision and attention while cooking; (iii) offering guidance on setting boundaries and rules for the child, especially when it comes to using potentially dangerous appliances.		

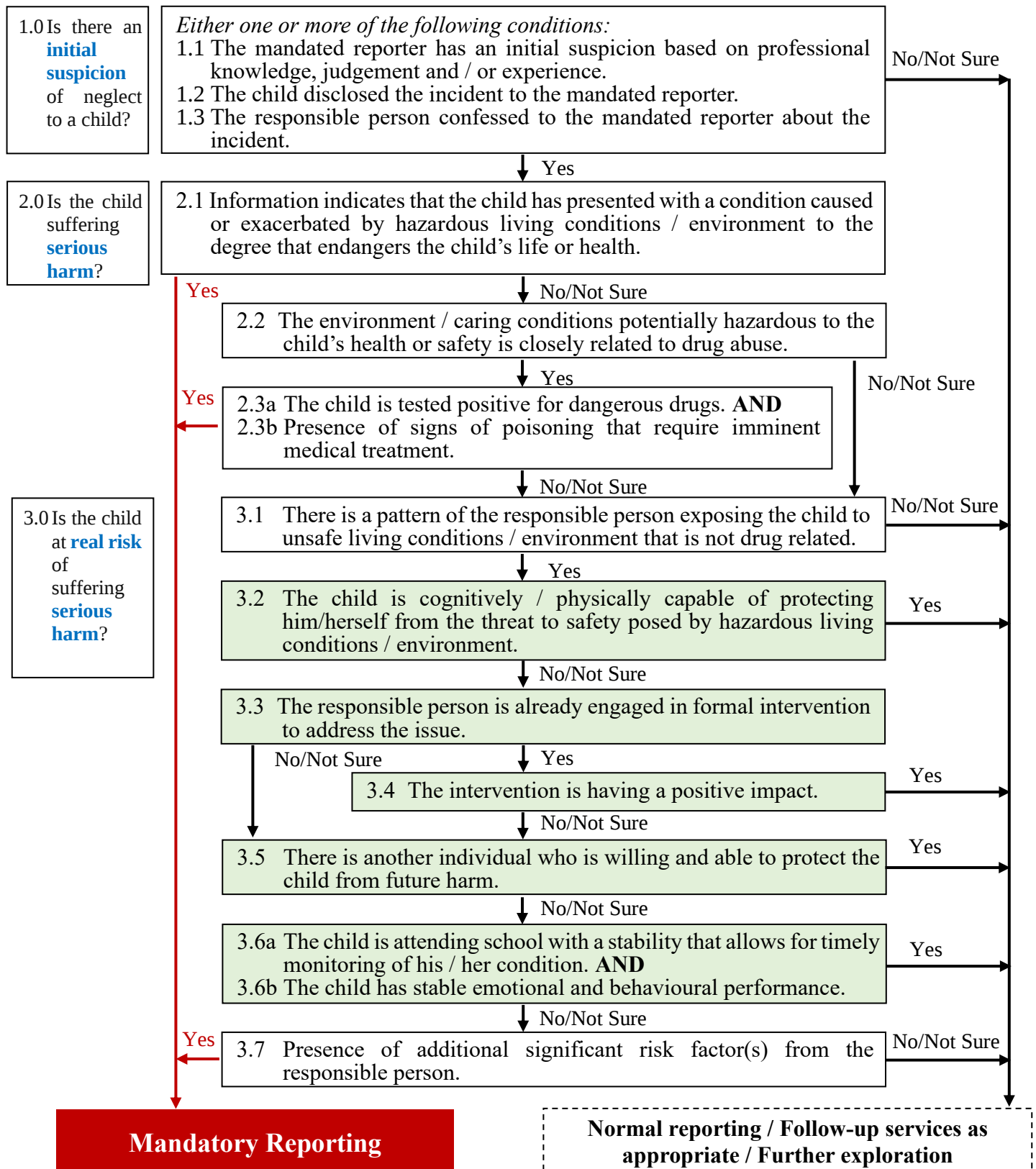
	(iv) engaging the family in suitable group and programme activities to strengthen informal support.
--	---

Case Scenario (6): Further Exploration

Suspected Child Abuse Incident	• A 16-year-old boy disclosed to his school teacher that his mother had returned to the Mainland to handle an urgent matter with his 10-year-old younger brother for 3 days and left only some money. In a rush, the mother has only left a brief note to the boy, asking him to take care of himself, while she was away from home for a few days. His father had passed away and the boy had no one to turn to. • The mother's mobile phone was not working during her absence from home. He had no other means to reach his mother and worried about her safety. He borrowed money from classmates for buying food after having exhausted money. • He further told that his mother was a casual worker and he had all along assisted in taking care of the younger brother, such as buying food or preparing meals when his mother needed to work overtime. • The boy performed well at school without any emotional or behaviour problems. • The mother and the younger brother eventually returned home with a broken phone a day later, and regret for causing the boy's helpless experience.																		
Factors for Consideration	<table border="1"> <tr> <td data-bbox="537 1088 592 1211">No</td><td data-bbox="592 1088 646 1211">1.1</td><td data-bbox="646 1088 1396 1211">The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.</td></tr> <tr> <td data-bbox="537 1211 592 1294">Yes</td><td data-bbox="592 1211 646 1294">1.2</td><td data-bbox="646 1211 1396 1294">The child disclosed the incident to the mandated reporter.</td></tr> <tr> <td data-bbox="537 1294 592 1458">No</td><td data-bbox="592 1294 646 1458">2.1</td><td data-bbox="646 1294 1396 1458">The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child's age / development.</td></tr> <tr> <td data-bbox="537 1458 592 1581">No</td><td data-bbox="592 1458 646 1581">2.2</td><td data-bbox="646 1458 1396 1581">The responsible person is present but fails to pay adequate attention to the child's basic needs or safety.</td></tr> <tr> <td data-bbox="537 1581 592 1704">No</td><td data-bbox="592 1581 646 1704">2.3</td><td data-bbox="646 1581 1396 1704">The responsible person has entrusted the child to an individual who fails to provide minimal safety for the child.</td></tr> <tr> <td data-bbox="537 1704 592 1823">No</td><td data-bbox="592 1704 646 1823">3.1</td><td data-bbox="646 1704 1396 1823">There is a pattern of the responsible person failing to provide adequate supervision / care for the child.</td></tr> </table>	No	1.1	The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.	Yes	1.2	The child disclosed the incident to the mandated reporter.	No	2.1	The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child's age / development.	No	2.2	The responsible person is present but fails to pay adequate attention to the child's basic needs or safety.	No	2.3	The responsible person has entrusted the child to an individual who fails to provide minimal safety for the child.	No	3.1	There is a pattern of the responsible person failing to provide adequate supervision / care for the child.
No	1.1	The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.																	
Yes	1.2	The child disclosed the incident to the mandated reporter.																	
No	2.1	The responsible person is absent and left the child alone in circumstances beyond what is reasonable given the child's age / development.																	
No	2.2	The responsible person is present but fails to pay adequate attention to the child's basic needs or safety.																	
No	2.3	The responsible person has entrusted the child to an individual who fails to provide minimal safety for the child.																	
No	3.1	There is a pattern of the responsible person failing to provide adequate supervision / care for the child.																	
Proposed Action to be Taken	☐ Mandatory reporting is required as the child: ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☒ Further exploration																		

Guiding Principles	• The 16-year-old boy was left unattended while his mother was absent. In considering the reasonableness of leaving the boy alone, factors such as his age and maturity as well as adequate problem-solving skills indicate that he was able to cope with self-care to some extent. • There is no pattern that the mother left the boy unattended. • It does not necessarily constitute clear cut child neglect but concerns are raised over the appropriateness of the caring arrangement, particularly the 16-year-old boy assists in taking care of the younger brother while his mother is at work. The mandated reporter may consider referring the case for suggested follow-up service areas including – (i) Enhancing support for this single-parent family; (ii) Giving advice on providing proper alternative caring arrangement when the mother is away from home; (iii) Introducing community services as appropriate.
---------------------------	---

Decision Tree for Guiding Mandatory Reporting of Suspected Neglect for Living Conditions / Environment



Note 1: This decision tree should be used in conjunction with the supplementary analytical framework which provides essential elaborations on the interpretations of the factors for consideration.

Note 2: This decision tree is formulated to complement rather than replace professional judgement and does not prohibit a mandated reporter from any course of actions the mandated reporter believes are appropriate after taking into account the individual case merits.

Note 3: It is desirable to have a clear answer of "Yes" or "No" to the factors for consideration. In cases where the mandated reporters are not sure of the answer, they are advised to collect more information as far as practicable. Attention should be paid to the impact of "Not sure" as an answer on the decision point.

**Supplementary Analytical Framework for Guiding
Mandatory Reporting of Suspected Neglect for Living Conditions / Environment
Factors for Consideration**

1.0 Is there an initial suspicion of neglect to a child?			
☐	If Yes to either one or more of	<u>1.1 to 1.3</u>	Go to 2.1
☐	If No / Not Sure to all of	<u>1.1 to 1.3</u>	Normal reporting / Follow-up services as appropriate / Further exploration
☐	1.1	The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience. The mandated reporter has a justified basis for suspecting that a child neglect incident has occurred based on their professional knowledge, judgement, and / or experience. This suspicion is not based on mere speculation but rather on specific information or observations that, when combined with the reporter's professional knowledge and judgement, lead them to believe that further enquiry is necessary.	
☐	1.2	The child disclosed the incident to the mandated reporter. The child has voluntarily shared information about an incident of child neglect with a mandated reporter. This could mean that the child has described the specific actions or behaviours that constitute neglect, such as the responsible person failing to provide adequate accommodation or environment where is safe to the child. It could also involve the child expressing feelings of fear, neglect, or abuse in a way that leads the mandated reporter to suspect that neglect has occurred.	
☐	1.3	The responsible person confessed to the mandated reporter about the incident. The responsible person has confessed to the mandated reporter about a specific incident of neglect or a pattern of neglectful behaviour that suggests that the child is at risk.	
2.0 Is the child suffering serious harm?			
☐	If Yes to	<u>2.1</u>	Mandatory Reporting
☐	If No / Not Sure to	<u>2.1</u>	Go to 2.2
☐	2.1	Information indicates that the child has presented with a condition caused or exacerbated by hazardous living conditions / environment to the degree that endangers the child's life or health. Answer "Yes" if : The mandated reporter possesses specific medical information indicating that the child's physical condition has suffered serious harm, which was either caused or worsened by hazardous living conditions / environment, to the extent that hospitalisation for medical treatment is necessary. Mandated reporters should distinguish hazardous living conditions / environment from undesirable living environment, such as conditions of home being unkept, disorganised, lacking furniture, etc. Answer "No" if : It is only necessary to send the child to hospital for routine medical examination but no hospitalisation is required for treatment.	

Factors for Consideration			
		Examples¹³ of hazardous living conditions / environment and possible harms	
		<u>Exposed Electrical Wires:</u> • Electric Shock: Touching exposed wires can cause an electric shock, which can range from mild discomfort to severe injury, including cardiac arrest. • Electrical Burns: Electric current passing through the body can cause burns, which may be internal as well as external. • Fire Hazard: Exposed wires can spark and ignite, causing fires. Burns from fire can be severe and may require extensive medical treatment. <u>Human or animal waste throughout the living apartment:</u> • Infection and Disease: Exposure to human or animal waste can lead to the transmission of infectious diseases, such as salmonella (沙門氏菌感染), E. coli (大腸桿菌), and parasites. Symptoms may include diarrhoea, vomiting, fever, and abdominal pain. • Skin Irritation and Rashes: Waste can contain chemicals and bacteria that can irritate the skin, causing rashes, redness, and itching. • Respiratory Problems: Inhaling dust or particles from dried waste can irritate the respiratory tract, leading to symptoms such as coughing, wheezing, and shortness of breath. • Fall Hazards: Wet waste can create slippery surfaces, increasing the risk of falls and related injuries.	
☐	If Yes to	2.2	Go to 2.3
☐	If No / Not Sure to	2.2	Go to 3.1
☐	2.2	The environment / caring conditions potentially hazardous to the child's health or safety is closely related to drug abuse. Answer "Yes" if : It involves situations where the child is exposed to or come into contacts with dangerous drugs due to drug abuse. Examples of drug-related hazardous environment • Improper storage of dangerous drugs resulting in accidental ingestion by the child • Drug-taking environment resulting in inhalation of the dangerous drugs by the child • Exposing the child to suspected illicit drug or drug paraphernalia for using illicit drugs • Illegal drug production in the home • Exposing the child to dangerous criminal activities, e.g. drug taking or selling	
☐	If Yes to	2.3	Mandatory Reporting
☐	If No / Not Sure to	2.3	Go to 3.1
☐	2.3	Answer "Yes" if statements in both 2.3a, 2.3b are true.	

¹³ All examples in the Supplementary Analytical Framework are by no means exhaustive.

Factors for Consideration		
	2.3a	The child is tested positive for dangerous drugs.
	◇	Answer “Yes” if : A toxicology screen has been conducted to confirm that dangerous drugs are detected in the child’s biological sample such as blood, urine, hair, or saliva.
		Answer “No” if: The circumstances fall into either one of the following categories - (i) The responsible person deliberately feed the child with dangerous drugs, which is covered in factor 3.1 of the decision tree of suspected physical abuse. (ii) The child is a newborn tested positive for dangerous drugs, which is covered in factor 2.4 of the decision tree of suspected neglect for supervision.
	2.3b	Presence of signs of poisoning that require imminent medical treatment.
	◇	The presence of signs of poisoning that require imminent medical treatment is a serious situation that can have life-threatening consequences if not addressed promptly. Signs of poisoning can vary depending on the type of dangerous drugs. Common signs of poisoning include nausea and vomiting, dizziness and confusion, changes in vital signs, seizures, etc.
3.0 Is the child at real risk of suffering serious harm?		
☐	If Yes to	<u>3.1</u> Go to 3.2
☐	If No / Not Sure to	<u>3.1</u> Normal reporting / Follow-up services as appropriate / Further exploration
☐	3.1	There is a pattern of the responsible person exposing the child to unsafe living conditions / environment that is not drug related. Answer “Yes” if: The responsible person is not taking the necessary steps to ensure that the child's living conditions / environment is free from dangers. Examples of not drug related but unsafe environment - No stable shelter: e.g. living on the streets, residing in parks, beaches, void decks, car park, etc. - The child’s home has no electricity but the child requires power for medical reasons, such as using insulin that requires refrigeration or relying on medical equipment that requires electrical power.
☐	If Yes to	<u>3.2</u> Normal reporting / Follow-up services as appropriate / Further exploration
☐	If No / Not Sure to	<u>3.2</u> Go to 3.3
☐	3.2	The child is cognitively / physically capable of protecting him/herself from the threat to safety posed by hazardous living conditions / environment. Answer “Yes” if : It involves a situation where a child demonstrates the cognitive or physical ability to take actions necessary to safeguard themselves

Factors for Consideration		
		from the safety hazard posed by inadequate accommodation / hazardous environment. Children at a tender age are at a higher risk of serious harm due to their physical and emotional immaturity, limited cognitive and language abilities, as they largely depend on caregivers, lack of awareness and education, etc. While the age of a child is an important reference in assessing his / her self-protection ability, from a legal point of view, it is not appropriate to define a child below a certain age as vulnerable. Mandated reporters are advised to exercise their professional judgement in deciding whether mandatory reporting is necessary according to actual circumstances of the case. In the event that medical / clinical evidence is not available to confirm the child's intellectual or physical disabilities, mandated reporters can still consider the child meets this criterion if there is a reason to believe that the intellectual or physical disabilities such that the child would be unable to tell someone about being harmed or to self-protect in the neglectful environment.
☐	If Yes to	3.3 Go to 3.4
☐	If No / Not Sure to	3.3 Go to 3.5
☐	3.3	The responsible person is already engaged in formal intervention to address the issue. Answer "Yes" if : The responsible person is already engaged in formal intervention, which typically involves seeking professional help or support from a qualified professional, such as a medical practitioner, social worker, therapist, guidance personnel, teacher, etc.
☐	If Yes to	3.4 Normal reporting / Follow-up services as appropriate / Further exploration
☐	If No / Not Sure to	3.4 Go to 3.5
☐	3.4	The intervention is having a positive impact. Answer "Yes" if : Positive changes in the family situation as a result of interventions, such as community resources, imply adjustments or improvements to the existing situation. The attitude and co-operation of the responsible person can often influence whether or not the intervention will bring about improvements. If the responsible person is evasive or provides untruthful information, the intervention may not have the desired positive impact.
☐	If Yes to	3.5 Normal reporting / Follow-up services as appropriate / Further exploration
☐	If No / Not Sure to	3.5 Go to 3.6
☐	3.5	There is another individual who is willing and able to protect the child from future harm.

Factors for Consideration		
		Answer “Yes” if : There is another individual who is willing and able to help provide the necessary safe living conditions / environment for the child. This individual may include a relative, a close family friend, or caretakers in a children residential service unit, such as foster home, small group home, hostel, etc.
☐	If Yes to <u>3.6</u>	Normal reporting / Follow-up services as appropriate / Further exploration
☐	If No / Not Sure to <u>3.6</u>	Go to 3.7
☐	3.6	Answer “Yes” if statements in both <u>3.6a, 3.6b</u> are true. Stable school attendance and emotional and behavioural performance can work together to provide a stronger protective factor against the risk of child neglect. This is because both factors provide important indicators of the child's well-being and can help identify potential issues of abuse or neglect. Mandated reporters can use these indicators to monitor the child's well-being and take appropriate action if necessary. 3.6a The child is attending school with a stability that allows for timely monitoring of his / her condition. ◇ When “stable school attendance” is considered a protective factor against the real risk of child abuse, the “stability” need not be a quantitative standard, but rather an indicator that is sufficient for mandated reporters to detect early signs of neglect and follow up on them in a timely manner. Therefore, if the child's attendance is sufficient to allow “stable school attendance” to function as a protective factor, please answer “Yes”. However, if a child is missing a significant number of days or has a pattern of unexplained absences, this could be a red flag that warrants attention. As stipulated in the Education Ordinance (Cap. 279), parents have the legal responsibility to ensure that their children aged between 6 and 15 attend schools regularly. All primary and secondary schools are required by the Education Bureau (EDB) to report student non-attendance cases without delay to the EDB on the 7th school day of students’ continuous absence, regardless of the reasons for absence. For kindergartens, kindergarten-cum-child care centres and schools with kindergarten classes (collectively referred to as “KGs”), KGs are required to report to the EDB on students’ absence for 7 consecutive school days without reasons or under doubtful circumstances. 3.6b The child has stable emotional and behavioural performance. ◇ Exposure to neglect causing serious harm can profoundly affect a child's emotional and behavioural responses. For this factor, describing the child as stable emotional behavioural performance does not mean that the child does not have any emotional or behavioural problems. Rather, it only denotes a situation where the child’s emotional and behavioural problem is not directly related to neglect. Hence, please answer “Yes” if the child:

Factors for Consideration			
	(i) is indeed having a stable emotional and behavioural performance with no particular emotional / behavioural problem; or (ii) is exhibiting emotional / behavioural problems that are not directly related to neglect.		
	Examples of emotional / behavioural problems not directly related to neglect		
	• Neurodevelopmental disorders: Conditions like Intellectual Disabilities, Communication Disorders, Autism Spectrum Disorder (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD), Specific Learning Disorders (e.g., dyslexia), and Motor Disorders can significantly impact a child's emotional regulation and/or behavioural performance but are typically not associated with neglect. • Mental health disorders: Issues like depression, anxiety, bipolar disorder, and oppositional defiant disorder can also lead to emotional and behavioural problems. While neglect can exacerbate mental health issues, these disorders often have complex and multifaceted causes that are beyond parental care. • Peer influence and social factors: The influence of peers, school environment, and broader social factors can also contribute to emotional and behavioural issues. These factors are generally external to the family dynamic and should be considered separately when assessing neglect.		
☐	If Yes to	3.7	Mandatory Reporting
☐	If No / Not Sure to	3.7	Normal reporting / Follow-up services as appropriate / Further exploration
☐	3.7	Presence of additional significant risk factor(s) from the responsible person. Answer “Yes” if : The responsible person has <u>any one</u> of the following significant risk factors that impacted their parenting capacity significantly: unmanaged mental health problem, substance abuse, or intellectual or physical disability. (i) Unmanaged mental health problem: Experiencing unmanaged mental health issues with active symptoms, such as significant mood swing, suicidal attempts, hallucinations or paranoid delusions. (ii) Substance abuse: Engaging in alcohol or drug use to the extent that it results in heightened agitation, volatility, violent behaviours or significant impairment in parenting capacity. (iii) Intellectual or physical disability: The responsible person has a severe, chronic impairment that creates substantial functional limitations in parenting capacity (e.g. self-care, language, learning, mobility, etc.)	

Application: Sample Case Scenarios – Suspected Neglect for Living Conditions / Environment

All the sample case scenarios provided in this Guide are to illustrate how mandated reporters may apply the decision tree and supplementary analytical framework. Different case scenarios are used as examples for demonstration purpose, aiding mandated reporters in understanding child protection principles and fulfilling their statutory obligations. These scenarios are modified from local cases and do not represent actual events or individuals. In practical application, decision varies as merits of individual case differ and professional judgement shall prevail over generic sample case scenarios. The statutory responsibility of mandatory reporting is governed by the Mandatory Reporting of Child Abuse Ordinance.

Case Scenario (1): Serious Harm

Suspected Child Abuse Incident	- A 2-year-old girl was brought to hospital due to fever and coryzal symptoms(傷風感冒症狀) by the mother and the latter's new boyfriend. The girl was noted to have decrease in general conditions with coma on arrival to A&E Department. She regained consciousness and confirmed to have acute encephalopathy(急性腦病). - The girl was later confirmed to have Cocaine in her urine sample upon the urine toxicology test. The mother has given her consent for the urgent medical treatment. - The mother told that she had taken the girl with her to a party room as nobody could help her with childcare the day before. While the mother denied of any drug-taking behaviour, she suspected that the girl had accidentally inhaled her friends' dangerous drugs which were placed within reach of the girl.
Factors for Consideration	Yes 1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and/or experience
	Yes 2.1 Information indicates that the child has presented with a condition caused or exacerbated by hazardous living conditions / environment to the degree that endangers the child's life or health.
Proposed Action to be Taken	☒ Mandatory reporting is required as the child: ☒ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration

Guiding Principles	• For factor 2.1, the girl presented with a condition (i.e. acute encephalopathy) directly caused by hazardous environment and required urgent in-patient treatment. Mandatory reporting is made as serious harm is identified.
---------------------------	---

Case Scenario (2): Real Risk of Serious Harm

Suspected Child Abuse Incident	• An 10-year-boy is living with his mother in a subdivided flat and relied on CSSA. • The mother was diagnosed with bipolar disorder but did not receive any psychiatric treatment. In recent months, she develops addictive behaviour of gambling, resulting in default of her rental payments. She borrowed money from various finance companies to support her living expenses and eventually faced harassments from the finance companies. • In order to escape from harassments from the debt collectors, the mother initially took shelter at her friends' abodes. As the boy was naughty, her friends could no longer accommodate them. Since then, the family has no stable accommodation. They started sleeping in public recreation grounds. The mother occasionally managed to rent room at guest house for short stays after receiving CSSA payment or win some money at mahjong parlour. This unstable living arrangement continued for about three months. • The boy's school attendance became irregular during this period. He did not report any physical discomfort but appeared to be very tired in the class. The class teacher referred the boy for school social work services. He was evasive to disclose his recent family condition. • The school social worker repeatedly contacted the mother for further exploration but in vain. Surprise home visits were paid but the school social worker could not locate the boy at the address of the subdivided unit. • After being absent from school for two weeks, the boy returned to class. His school uniform was wrinkled and he fell asleep in class. The boy eventually disclosed to the school social worker about his unstable living condition. He was very scared to sleep in recreation park. He was also anxious about his mother's condition. He suspected that his mother had involved in illegal gambling at some of the guest houses in order to find money to support their living expenses.
Factors for Consideration	Yes 1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.
	No 2.1 Information indicates that the child has presented with a condition caused or exacerbated by hazardous living conditions / environment to the degree that endangers the child's life or health.

	☐ No	2.2	The environment / caring conditions potentially hazardous to the child's health or safety is closely related to drug abuse.
	☒ Yes	3.1	There is a pattern of the responsible person exposing the child to unsafe living conditions / environment that is not drug related.
	☐ No	3.2	The child is cognitively / physically capable of protecting him/herself from the threat to safety posed by hazardous living conditions / environment.
	☐ No	3.3	The responsible person is already engaged in formal intervention to address the issue.
	☐ No	3.5	There is another individual who is willing and able to protect the child from future harm.
	☐ No	3.6a & 3.6b	The child is attending school with a stability that allows for timely monitoring of his / her condition. AND The child has stable emotional and behavioural performance.
	☒ Yes	3.7	Presence of additional significant risk factor(s) from the responsible person.
Proposed Action to be Taken	☒ Mandatory Reporting is required as the child: ☐ is suffering serious harm. ☒ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration		
Guiding Principles	• This case does not involve environment / caring conditions that are closely related to drug abuse but there is pattern of neglectful behaviours that has exposed the boy to real risk of suffering serious harm in view of the following risk factors – • The boy appeared tired in class and even fell asleep during lessons, which is likely a consequence of his unstable living condition. He has expressed fear about sleeping in parks but no physical injuries / discomfort are observed. This situation has not endangered the boy's life. Factor 2.1 is answered "No". • There is a pattern of the mother exposing the boy to unsafe living conditions. She fails to secure a stable and safe place of residence. Sleeping in public recreation grounds and occasionally renting rooms at guesthouses reflects the extreme housing instability, resulting from the mother's financial problem. Factor 3.1 is answered "Yes".		

	• The 8-year-old boy is not mature enough to take appropriate safety measures in different situations, such as harassment from debt collectors, encounters with dangerous individuals in public spaces, or threats related to his mother's illegal gambling activities. Factor 3.2 is answered “No”. • The mother is not engaged in formal intervention to address the issue. Factor 3.3 is answered “No”. • The mother does not have any trusted adults or resources to turn to for protection. Factor 3.5 is answered “No”. • Although the school social worker has attempted to understand the boy's situation through home visits, due to the boy's irregular school attendance, timely monitoring and follow-up on his situation have not been possible. The answers for both factors 3.6a and 3.6b are "No." • Bipolar disorder is a mental health condition that can significantly impact a person's daily functioning. The mother's unmanaged bipolar disorder can lead to impulsive and risky behaviours (e.g. gambling). Factor 3.7 is answered “Yes”. • Mandatory reporting is required.
--	--

Case Scenario (3): Normal Reporting

Suspected Child Abuse Incident	• A boy, aged 11, disclosed to his teacher that he sometimes felt worried at home because his mother and her boyfriend frequently took dangerous drugs that made them act strangely afterwards. • The boy mentioned that some of mother's friends stayed at his home overnight and there were often needles and bottles scattering around the sitting room. He said that he would hide himself in the bedroom but their loud noises and bizarre behaviours had made it difficult for him to sleep. • The boy was well aware of the potential dangers of dangerous drugs and told that he had never sniffed the bottles that had been used for drug taking. • Although he did not express any physical discomfort, a urine test was arranged for the boy for safety sake. The result was found positive but he exhibited no signs of poisoning. His condition was considered mild that did not require imminent medical treatment.																					
Factors for Consideration	<table border="1"> <tr> <td data-bbox="537 931 592 981">☐ No</td><td data-bbox="592 931 646 981">1.1</td><td data-bbox="646 931 1412 1055">The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.</td></tr> <tr> <td data-bbox="537 1055 592 1104">☐ Yes</td><td data-bbox="592 1055 646 1104">1.2</td><td data-bbox="646 1055 1412 1133">The child disclosed the incident to the mandated reporter.</td></tr> <tr> <td data-bbox="537 1133 592 1182">☐ No</td><td data-bbox="592 1133 646 1182">2.1</td><td data-bbox="646 1133 1412 1335">Information indicates that the child has presented with a condition caused or exacerbated by hazardous living conditions / environment to the degree that endangers the child's life or health.</td></tr> <tr> <td data-bbox="537 1335 592 1384">☐ Yes</td><td data-bbox="592 1335 646 1384">2.2</td><td data-bbox="646 1335 1412 1458">The environment / caring conditions potentially hazardous to the child's health or safety is closely related to drug abuse.</td></tr> <tr> <td data-bbox="537 1458 592 1507">☐ No</td><td data-bbox="592 1458 646 1507">2.3a</td><td data-bbox="646 1458 1412 1536">The child is tested positive for dangerous drugs. AND</td></tr> <tr> <td data-bbox="537 1536 592 1585"></td><td data-bbox="592 1536 646 1585">2.3b</td><td data-bbox="646 1536 1412 1615">Presence of signs of poisoning that require imminent medical treatment.</td></tr> <tr> <td data-bbox="537 1615 592 1664">☐ No</td><td data-bbox="592 1615 646 1664">3.1</td><td data-bbox="646 1615 1412 1738">There is a pattern of the responsible person exposing the child to unsafe living conditions / environment that is not drug related.</td></tr> </table>	☐ No	1.1	The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.	☐ Yes	1.2	The child disclosed the incident to the mandated reporter.	☐ No	2.1	Information indicates that the child has presented with a condition caused or exacerbated by hazardous living conditions / environment to the degree that endangers the child's life or health.	☐ Yes	2.2	The environment / caring conditions potentially hazardous to the child's health or safety is closely related to drug abuse.	☐ No	2.3a	The child is tested positive for dangerous drugs. AND		2.3b	Presence of signs of poisoning that require imminent medical treatment.	☐ No	3.1	There is a pattern of the responsible person exposing the child to unsafe living conditions / environment that is not drug related.
☐ No	1.1	The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.																				
☐ Yes	1.2	The child disclosed the incident to the mandated reporter.																				
☐ No	2.1	Information indicates that the child has presented with a condition caused or exacerbated by hazardous living conditions / environment to the degree that endangers the child's life or health.																				
☐ Yes	2.2	The environment / caring conditions potentially hazardous to the child's health or safety is closely related to drug abuse.																				
☐ No	2.3a	The child is tested positive for dangerous drugs. AND																				
	2.3b	Presence of signs of poisoning that require imminent medical treatment.																				
☐ No	3.1	There is a pattern of the responsible person exposing the child to unsafe living conditions / environment that is not drug related.																				
Proposed Action to be Taken	<table border="1"> <tr> <td data-bbox="537 1738 592 1787">☐</td><td data-bbox="592 1738 1412 1816">Mandatory reporting is required as the child:</td></tr> <tr> <td data-bbox="537 1816 592 1865"></td><td data-bbox="592 1816 1412 1895"> ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. </td></tr> <tr> <td data-bbox="537 1895 592 1944">☒</td><td data-bbox="592 1895 1412 1944">Mandatory reporting is not required:</td></tr> <tr> <td data-bbox="537 1944 592 1993"></td><td data-bbox="592 1944 1412 1993"> ☒ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration </td></tr> </table>	☐	Mandatory reporting is required as the child:		☐ is suffering serious harm. ☐ is at real risk of suffering serious harm.	☒	Mandatory reporting is not required:		☒ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration													
☐	Mandatory reporting is required as the child:																					
	☐ is suffering serious harm. ☐ is at real risk of suffering serious harm.																					
☒	Mandatory reporting is not required:																					
	☒ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration																					

Guiding Principles	• For factor 2.1, the boy does not present with a condition that his life or health is endangered due to hazardous living conditions / environment, say in need of urgent medical treatment or hospital care. It is answered “No”. • For factor 2.2, the mother and her boy-friend’s abusing use of drug at home during the boy’s presence at home is potentially hazardous to boy’s health or safety. It is answered “Yes”. • For factor 2.3a & 2.3b, the boy is exposed to drug paraphernalia and even residue of dangerous drugs indicated by the urine test result. The absence of signs of poisoning indicates relatively mild impact on the boy and the medical officer assessed the harm has not endangered the boy’s life or health, say in need of urgent medical treatment or hospital care. Therefore, the answer is “No”. • For factor 3.1, there is no other information indicating a pattern of the mother and her boy-friend exposing the child to unsafe living conditions / environment that is not drug related. • While the boy is not in the situation that endangers his life or health, the risk of occurrence of ingesting dangerous drugs in the home environment is still a concern, consideration may be given to normal reporting of this suspected neglect case.
---------------------------	--

Case Scenario (4): Follow-up Services As Appropriate

Suspected Child Abuse Incident	• It is a single parent family involving a mother suffering from depression and a 6-year-old daughter. The family is living in a sub-divided unit. • The school teacher noticed that the girl had some minor injuries in different areas on the knee and palm, as well as wounds from insect bites over a period of period. Upon enquiry, the girl disclosed that her living environment was rather disorganised and poorly ventilated with flea infestation. On several occasions, she was tripped up by the clutter and bitten by the insects. • The mother is cooperative with the school teacher. Her drug compliance was reported stable and her mental condition is stable. However, due to the side-effects of medication, she lacks the energy to stay awake and finds it hard to perform daily cleansing tasks. Apart from Comprehensive Social Security Assistance (CSSA), the mother is not receiving any welfare services. • The girl's grandmother sometimes cooks for the family and assists the mother with basic household chores. However, the grandmother is still working as a cleansing worker, she cannot provide stable support for the family to improve the living environment. • The girl is attending regular schooling and can keep up with her studies. She is observed to be sociable and outgoing without any behavioural problem.																		
Factors for Consideration	<table><tr><td>☐ No</td><td>1.1</td><td>The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.</td></tr><tr><td>☒ Yes</td><td>1.2</td><td>The child disclosed the incident to the mandated reporter.</td></tr><tr><td>☐ No</td><td>2.1</td><td>Information indicates that the child has presented with a condition caused or exacerbated by hazardous living conditions / environment to the degree that endangers the child's life or health.</td></tr><tr><td>☐ No</td><td>2.2</td><td>The environment / caring conditions potentially hazardous to the child's health or safety is closely related to drug abuse.</td></tr><tr><td>☒ Yes</td><td>3.1</td><td>There is a pattern of the responsible person exposing the child to unsafe living conditions / environment that is not drug related.</td></tr><tr><td>☐ No</td><td>3.2</td><td>The child is cognitively / physically capable of protecting him/herself from the threat to safety posed by hazardous living conditions / environment.</td></tr></table>	☐ No	1.1	The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.	☒ Yes	1.2	The child disclosed the incident to the mandated reporter.	☐ No	2.1	Information indicates that the child has presented with a condition caused or exacerbated by hazardous living conditions / environment to the degree that endangers the child's life or health.	☐ No	2.2	The environment / caring conditions potentially hazardous to the child's health or safety is closely related to drug abuse.	☒ Yes	3.1	There is a pattern of the responsible person exposing the child to unsafe living conditions / environment that is not drug related.	☐ No	3.2	The child is cognitively / physically capable of protecting him/herself from the threat to safety posed by hazardous living conditions / environment.
☐ No	1.1	The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.																	
☒ Yes	1.2	The child disclosed the incident to the mandated reporter.																	
☐ No	2.1	Information indicates that the child has presented with a condition caused or exacerbated by hazardous living conditions / environment to the degree that endangers the child's life or health.																	
☐ No	2.2	The environment / caring conditions potentially hazardous to the child's health or safety is closely related to drug abuse.																	
☒ Yes	3.1	There is a pattern of the responsible person exposing the child to unsafe living conditions / environment that is not drug related.																	
☐ No	3.2	The child is cognitively / physically capable of protecting him/herself from the threat to safety posed by hazardous living conditions / environment.																	

	☐ No	3.3	The responsible person is already engaged in formal intervention to address the issue.
	☐ No	3.5	There is another individual who is willing and able to protect the child from future harm.
	☒ Yes	3.6a & 3.6b	The child is attending school with a stability that allows for timely monitoring of his / her condition. AND The child has stable emotional and behavioural performance.
Proposed Action to be Taken	☐ Mandatory reporting is required as the child: ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☐ Normal reporting ☒ Follow-up services as appropriate ☐ Further exploration		
Guiding Principles	• For factor 2.1, the girl does not present with a condition that has endangered her life or health due to inadequate accommodation/hazardous environment, say in need of urgent medical treatment or hospital care. • For factor 2.2, the undesirable condition of sub-divided unit, home environment being unkept, disorganised and poorly ventilated are not related to drug use. • For 3.1, there is a pattern of the mother exposing the child to unsafe living conditions / environment that is not drug related (e.g. flea infestation, cluttering environment, insect bite, etc.). It is answered “Yes”. • For factor 3.2, although the girl has age-appropriate communication, she is considered physically not capable of protecting herself from the threat to safety posed by the undesirable living environment as she has been tripped up by the clutter leading to some injuries over her knee and palm. • For factor 3.3, the family is receiving CSSA but no other support from social services. • For factor 3.5, the grandmother sometimes provide support for the family, which reduces the risk of serious harm to the child; however, due to work engagement, the grandmother is not able to provide stable support to the family, and it is not recommended that she be considered as an alternative protective carer who can protect the child from harm in the future. • For factor 3.6a & 3.6b, the girl has regular school attendance with stable emotional and behavioural performance are considered protective factors that her condition is being monitored. • Follow-up services can be considered in the following areas - (i) address the issues of flea infestation by seeking pest		

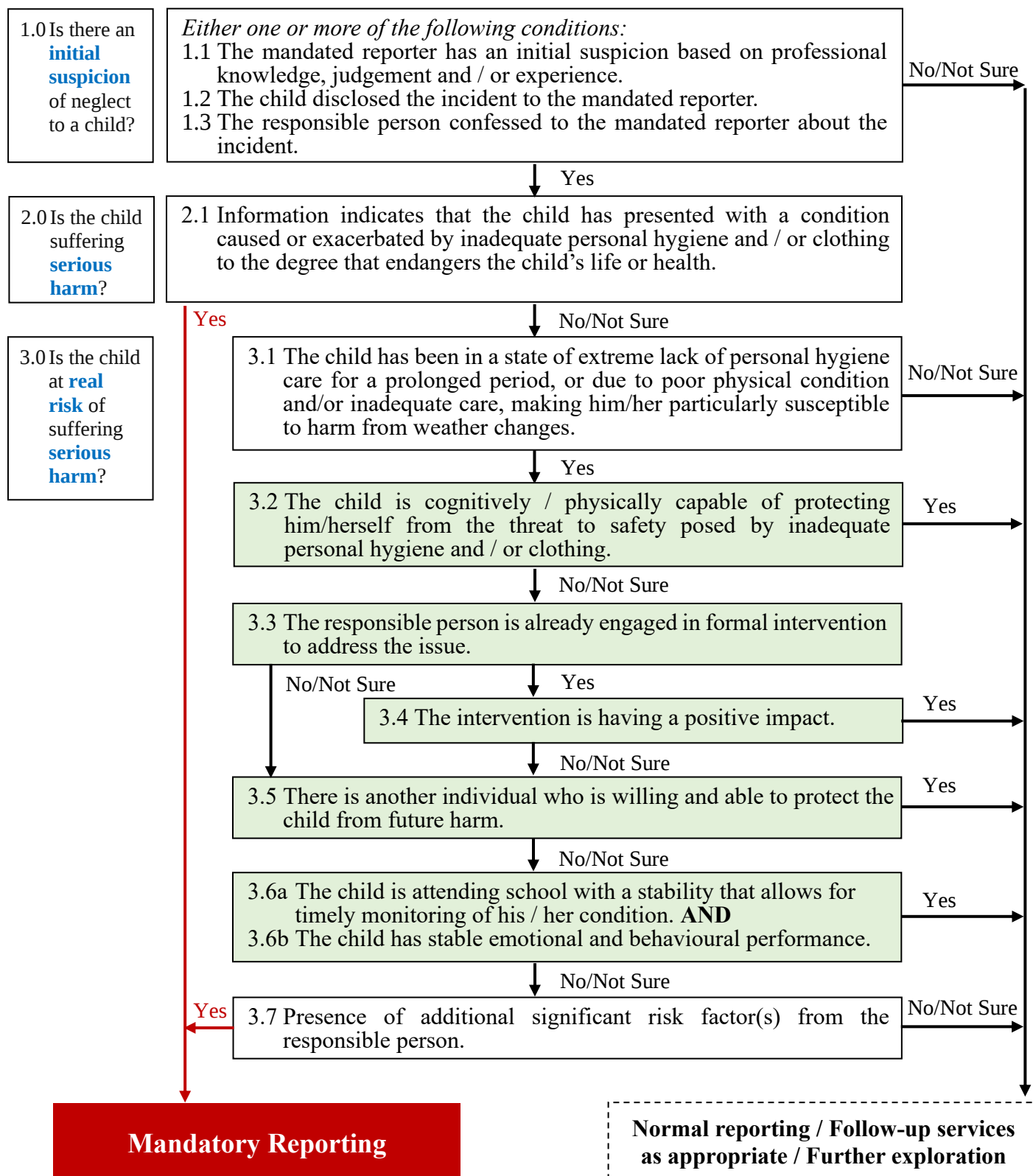
	control services and cleaning the home thoroughly, as well as remove clutter and dangerous objects to prevent injuries; (ii) consult with the Case Psychiatrist about adjusting medication to minimize side effects, and ensure the mother can access to the welfare services as appropriate; (iii) explore other housing options to improve the living environment in the long-run.
--	---

Case Scenario (5): Further Exploration

Suspected Child Abuse Incident	• It is a single parent family. The 10-year-old girl is living with her mother. The family is receiving Comprehensive Social Security Assistance (CSSA). • The girl disclosed to her teacher that her home was cluttered, with items piled up in various corners leaving limited space for her to play or do her homework. The clutter did not pose a safety hazard, but it did make it a bit challenging for the girl to find things and keep her personal space organised. • The girl mentioned to the school social worker that she wished the house was a bit more organised, but she did not express any major concerns about her living condition. She said that her mother provided her with meals and took care of her basic needs, but she wished the house could be cleaner and tidier. • The teacher noticed that the girl's clothes and personal hygiene were generally well-maintained, but she did sometimes appear tired or distracted in class. The teacher also learned that the girl's mother had been struggling financially and did not have the resources to hire someone to declutter the home. The family also has weak social support network. As a single mother, she might be facing difficulties in sorting things out.										
Factors for Consideration	<table border="1"> <tr> <td>☐ No</td><td>1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.</td></tr> <tr> <td>☐ Yes</td><td>1.2 The child disclosed the incident to the mandated reporter.</td></tr> <tr> <td>☐ No</td><td>2.1 Information indicates that the child has presented with a condition caused or exacerbated by hazardous living conditions / environment to the degree that endangers the child's life or health.</td></tr> <tr> <td>☐ No</td><td>2.2 The environment / caring conditions potentially hazardous to the child's health or safety is closely related to drug abuse.</td></tr> <tr> <td>☐ No</td><td>3.1 There is a pattern of the responsible person exposing the child to unsafe living conditions / environment that is not drug related.</td></tr> </table>	☐ No	1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.	☐ Yes	1.2 The child disclosed the incident to the mandated reporter.	☐ No	2.1 Information indicates that the child has presented with a condition caused or exacerbated by hazardous living conditions / environment to the degree that endangers the child's life or health.	☐ No	2.2 The environment / caring conditions potentially hazardous to the child's health or safety is closely related to drug abuse.	☐ No	3.1 There is a pattern of the responsible person exposing the child to unsafe living conditions / environment that is not drug related.
☐ No	1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.										
☐ Yes	1.2 The child disclosed the incident to the mandated reporter.										
☐ No	2.1 Information indicates that the child has presented with a condition caused or exacerbated by hazardous living conditions / environment to the degree that endangers the child's life or health.										
☐ No	2.2 The environment / caring conditions potentially hazardous to the child's health or safety is closely related to drug abuse.										
☐ No	3.1 There is a pattern of the responsible person exposing the child to unsafe living conditions / environment that is not drug related.										
Proposed Action to be Taken	☐ Mandatory reporting is required as the child: ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☒ Further exploration										

Guiding Principles	• Based on the available information, it cannot confirm at this stage if there is a reasonable ground to suspect neglect for living conditions / environment, though the clutter in the home could have been impacting the girl's ability to focus and feel comfortable in her living space. • Here are some areas for further exploration to confirm if there is a reasonable ground to suspect neglect for living conditions / environment – (i) Conduct a home visit: The social worker could visit the girl's home to observe the living conditions and assess whether they pose a safety hazard or significantly impact the girl's well-being; (ii) Talk with the mother: The social worker could have a conversation with the mother to understand her financial situation, any challenges she faces in maintaining the home, and her willingness and ability to improve the living conditions. (iii) Evaluate the girl's overall well-being: The social worker could continue to monitor the girl's behaviour, school performance, and social interactions to see if there are any signs of distress that are related to inadequate living conditions. • The mandated reporter may re-apply the decision tree if required when more information is gathered.
---------------------------	--

Decision Tree for Guiding Mandatory Reporting of Suspected Neglect for Personal Hygiene and / or Clothing



Note1: This decision tree should be used in conjuncture with the supplementary analytical framework which provides essential elaborations on the interpretations of the factors for consideration.

Note 2: This decision tree is formulated to complement rather than replace professional judgement and does not prohibit a mandated reporter from any course of actions the mandated reporter believes are appropriate after taking into account the individual case merits.

Note 3: It is desirable to have a clear answer of “Yes” or “No” to the factors for consideration. In cases where the mandated reporters are not sure of the answer, they are advised to collect more information as far as practicable. Attention should be paid to the impact of “Not sure” as an answer on the decision point.

**Supplementary Analytical Framework for Guiding
Mandatory Reporting of Suspected Neglect for Personal Hygiene and / or Clothing
Factors for Consideration**

1.0 Is there an initial suspicion of neglect to a child?		
☐	If Yes to either one or more of	<u>1.1 to 1.3</u> Go to 2.1
☐	If No / Not Sure to all of	<u>1.1 to 1.3</u> Normal reporting / Follow-up services as appropriate / Further exploration
☐	1.1	The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience. The mandated reporter has a justified basis for suspecting that a child neglect incident has occurred based on their professional knowledge, judgement, and/or experience. This suspicion is not based on mere speculation but rather on specific information or observations that, when combined with the reporter's professional knowledge and judgement, lead them to believe that further enquiry is necessary.
☐	1.2	The child disclosed the incident to the mandated reporter. The child has voluntarily shared information about an incident of child neglect with a mandated reporter. This could mean that the child has described the specific actions or behaviours that constitute neglect, such as the responsible person failing to provide adequate hygiene or clothing. It could also involve the child expressing feelings of fear, neglect, or abuse in a way that leads the mandated reporter to suspect that neglect has occurred.
☐	1.3	The responsible person confessed to the mandated reporter about the incident. The responsible person has confessed to the mandated reporter about a specific incident of neglect or a pattern of neglectful behaviour that suggests that the child is at risk.
2.0 Is the child suffering serious harm?		
☐	If Yes to	<u>2.1</u> Mandatory Reporting
☐	If No / Not Sure to	<u>2.1</u> Go to 3.1
☐	2.1	Information indicates that the child has presented with a condition caused or exacerbated by inadequate personal hygiene and / or clothing to the degree that endangers the child's life or health. Answer "Yes" if : The mandated reporter possesses specific medical information indicating that the child's physical condition has suffered serious harm, which was either caused or worsened by inadequate personal hygiene and / or clothing, to the extent that hospitalisation for medical treatment is necessary. Answer "No" if : It is only necessary to send the child to hospital for routine medical examination but no hospitalisation is required for treatment.

Factors for Consideration			
		Examples¹⁴ of condition caused or exacerbated by inadequate hygiene or clothing	
		• Infection caused by unclean wounds or unmanaged skin conditions, e.g. scabies（疥瘡） • Hypothermia（體溫過低） caused by inadequate clothing • Severe asthma（嚴重哮喘） attack caused by inadequate clothing under cold weather • Diarrheal diseases(腹瀉疾病)caused by poor sanitation and hygiene practices, such as inadequate handwashing facilities or unsafe water supplies, can lead to the spread of infectious diseases like diarrhoea. • Head lice（頭蝨）	
3.0 Is the child at real risk of suffering serious harm?			
☐	If Yes to	3.1	Go to 3.2
☐	If No / Not Sure to	3.1	Normal reporting / Follow-up services as appropriate / Further exploration
☐	3.1	The child has been in a state of extreme lack of personal hygiene care for a prolonged period, or due to poor physical condition and / or inadequate care, making him/her particularly susceptible to harm from weather changes.	
		Answer “Yes” if : The child was facing significant neglect in his/her personal hygiene and overall care. This is not a temporary or isolated incident, but has been going on for a considerable period of time. ‘Poor physical condition’ means that the child's health has been impaired by the neglect. This impairment may manifest itself in a number of ways, such as frequent illness. In addition, because the child is not receiving enough care, he / she becomes “particularly susceptible to harm from weather changes”. This means that a child may not be able to get the right clothing to protect him/herself, making him/her more vulnerable to weather-related injuries or illnesses.	
		Examples of extremely dirty or unhygienic conditions	
		<i>Yes</i>	<i>No</i>
		• The child is dirty to a point where their skin has been stained, e.g. obvious discolouration has occurred due to the skin not being bathed / washed. • The child has significant nappy rash which may be causing bleeding and / or red raw skin and responsible person is not changing the child adequately	• Concerning conditions occur occasionally and no pattern of neglectful behaviour is observed. • Conditions do not require medical treatment, for example - (i) a nappy rash that can be treated with over-the-counter remedies; (ii) one-off head lice

¹⁴ All examples in the Supplementary Analytical Framework are by no means exhaustive.

Factors for Consideration			
		so that the child is left in a soiled nappy for long periods of time (excluding nappy rash that can be treated with over-the-counter remedies). The child has uncleanliness that can be contributed to untreated medical conditions, e.g. impetigo (膿疱病) or scabies.	infestations that are treated routinely.
		Examples of dangerously exposed to weather	
		<i>Yes</i>	<i>No</i>
		- The child is inappropriately dressed for the weather and appears to be physically affected, e.g. wearing only a nappy in cold weather without a reasonable explanation. - The child's current clothing could possibly lead to medical conditions if not addressed immediately, e.g. hypothermia, heatstroke or development of an infection. - The child appears to be significantly cold to the point of constant shivering / shaking with pale skin colour.	- Concerning conditions occur occasionally and no pattern of neglectful behaviour is observed. - The child inappropriately clothed but does not appear to be suffering ill effects.
☐	If Yes to	3.2	Normal reporting / Follow-up services as appropriate / Further exploration
☐	If No / Not Sure to	3.2	Go to 3.3
☐	3.2	The child is cognitively / physically capable of protecting him/herself from the threat to safety posed by inadequate personal hygiene and / or clothing.	
		Answer "Yes" if : - It involves a situation where a child demonstrates the cognitive or physical ability to take actions necessary to safeguard him/herself from the safety hazard posed by inadequate hygiene and / or clothing. Children at a tender age are at a higher risk of serious harm due to their physical and emotional immaturity, limited cognitive and language abilities, as they largely depend on caregivers, lack of awareness and education, etc. - While the age of a child is an important reference in assessing his / her self-protection ability, from a legal point of view, it is not appropriate to define a child below a certain age as vulnerable. Mandated reporters are advised to exercise their professional judgement in deciding whether mandatory reporting is necessary according to actual circumstances of the case.	

Factors for Consideration		
		In the event that medical / clinical evidence is not available to confirm the child's intellectual or physical disabilities, mandated reporters can still consider the child meets this criterion if there is a reason to believe that the intellectual or physical disabilities such that the child would be unable to tell someone about being harmed or to self-protect in the neglectful environment.
☐	If Yes to	3.3 Go to 3.4
☐	If No / Not Sure to	3.3 Go to 3.5
☐	3.3	The responsible person is already engaged in formal intervention to address the issue. Answer "Yes" if : The responsible person is already engaged in formal intervention, which typically involves seeking professional help or support from a qualified professional, such as a medical practitioner, social worker, therapist, guidance personnel, teacher, etc.
☐	If Yes to	3.4 Normal reporting / Follow-up services as appropriate / Further exploration
☐	If No / Not Sure to	3.4 Go to 3.5
☐	3.4	The intervention is having a positive impact. Answer "Yes" if : Positive changes in the family situation as a result of interventions, such as community resources, imply adjustments or improvements to the existing situation. The attitude and co-operation of the responsible person can often influence whether or not the intervention will bring about improvements. If the responsible person is evasive or provides untruthful information, the intervention may not have the desired positive impact.
☐	If Yes to	3.5 Normal reporting / Follow-up services as appropriate / Further exploration
☐	If No / Not Sure to	3.5 Go to 3.6
☐	3.5	There is another individual who is willing and able to protect the child from future harm. Answer "Yes" if : There is another individual who is willing and able to help provide the necessary personal hygiene and / or clothing for the child. This individual may include a relative, a close family friend, or caretakers in a children residential service unit, such as foster home, small group home, hostel, etc.
☐	If Yes to	3.6 Normal reporting / Follow-up services as appropriate / Further exploration
☐	If No / Not Sure to	3.6 Go to 3.7
☐	3.6	Answer "Yes" if statements in both 3.6a, 3.6b are true. Stable school attendance and emotional and behavioural performance can work together to provide a stronger protective factor against the risk of child neglect. This is because both factors provide important indicators of the child's well-being and can help identify potential issues of abuse or

Factors for Consideration		
		neglect. Mandated reporters can use these indicators to monitor the child's well-being and take appropriate action if necessary.
3.6a		The child is attending school with a stability that allows for timely monitoring of his / her condition.
	◇	When “stable school attendance” is considered a protective factor against the real risk of child abuse, the “stability” need not be a quantitative standard, but rather an indicator that is sufficient for mandated reporters to detect early signs of neglect and follow up on them in a timely manner. Therefore, if the child's attendance is sufficient to allow “stable school attendance” to function as a protective factor, please answer “Yes”.
		However, if a child is missing a significant number of days or has a pattern of unexplained absences, this could be a red flag that warrants attention. As stipulated in the Education Ordinance (Cap. 279), parents have the legal responsibility to ensure that their children aged between 6 and 15 attend schools regularly. All primary and secondary schools are required by the Education Bureau (EDB) to report student non-attendance cases without delay to the EDB on the 7th school day of students’ continuous absence, regardless of the reasons for absence. For kindergartens, kindergarten-cum-child care centres and schools with kindergarten classes (collectively referred to as “KGs”), KGs are required to report to the EDB on students’ absence for 7 consecutive school days without reasons or under doubtful circumstances.
3.6b		The child has stable emotional and behavioural performance.
	◇	Exposure to neglect causing serious harm can profoundly affect a child's emotional and behavioural responses. For this factor, describing the child as stable emotional behavioural performance does not mean that the child does not have any emotional or behavioural problems. Rather, it only denotes a situation where the child’s emotional and behavioural problem is not directly related to neglect. Hence, please answer “Yes” if the child:
		(i) is indeed having a stable emotional and behavioural performance with no particular emotional / behavioural problem; or
		(ii) is exhibiting emotional / behavioural problems that are not directly related to neglect.
		Examples of emotional / behavioural problems not directly related to neglect
		• Neurodevelopmental disorders: Conditions like Intellectual Disabilities, Communication Disorders, Autism Spectrum Disorder (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD), Specific Learning Disorders (e.g. dyslexia), and Motor Disorders can significantly impact a child's emotional regulation and / or behavioural performance but are typically not associated with neglect. • Mental health disorders: Issues like depression, anxiety, bipolar disorder, and oppositional defiant disorder can also lead to emotional and behavioural problems. While neglect can exacerbate mental health issues, these disorders often have complex and multifaceted causes that are beyond parental care.

Factors for Consideration			
		Peer influence and social factors: The influence of peers, school environment, and broader social factors can also contribute to emotional and behavioural issues. These factors are generally external to the family dynamic and should be considered separately when assessing neglect.	
☐	If Yes to	3.7	Mandatory Reporting
☐	If No / Not Sure to	3.7	Normal reporting / Follow-up services as appropriate / Further exploration
☐	3.7	Presence of additional significant risk factor(s) from the responsible person. Answer “Yes” if : The responsible person has <u>any one</u> of the following significant risk factors that impacted their parenting capacity significantly: unmanaged mental health problem, substance abuse, or intellectual or physical disability. (i) Unmanaged mental health problem: Experiencing unmanaged mental health issues with active symptoms, such as significant mood swing, suicidal attempts, hallucinations or paranoid delusions. (ii) Substance abuse: Engaging in alcohol or drug use to the extent that it results in heightened agitation, volatility, violent behaviours or significant impairment in parenting capacity. (iii) Intellectual or physical disability: The responsible person has a severe, chronic impairment that creates substantial functional limitations in parenting capacity (e.g. self-care, language, learning, mobility, etc.)	

Application: Sample Case Scenarios – Suspected Neglect for Personal Hygiene and / or Clothing

All the sample case scenarios provided in this Guide are to illustrate how mandated reporters may apply the decision tree and supplementary analytical framework. Different case scenarios are used as examples for demonstration purpose, aiding mandated reporters in understanding child protection principles and fulfilling their statutory obligations. These scenarios are modified from local cases and do not represent actual events or individuals. In practical application, decision varies as merits of individual case differ and professional judgement shall prevail over generic sample case scenarios. The statutory responsibility of mandatory reporting is governed by the Mandatory Reporting of Child Abuse Ordinance.

Case Scenario (1): Serious Harm

Suspected Child Abuse Incident	• A 4-year-old girl diagnosed with asthma, lived with her single mother in a sub-divided unit. No information indicated that the child's condition has been exacerbated by inadequate clothing. However, she always dressed in a thin jacket and her school uniform in winter time. • Despite the class teacher's repeated advice, the mother failed to provide adequate clothing to keep the girl warm. • The class teacher talked to the child who was too young and unable to protect herself from the associated threats to safety. • One day, a teacher noticed that the child was shivering, had a pale complexion, and complained of persistent numbness in her fingers and toes. She appeared to be drowsy and had shortness of breath. The child was urgently sent to hospital for medical treatment. • Medical check-up found that the child's coughing and chest tightness as well as symptoms of asthma had become severe. She was hospitalised for medical treatment.
Factors for Consideration	Yes 1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.
	Yes 2.1 Information indicates that the child has presented with a condition caused or exacerbated by inadequate personal hygiene and / or clothing to the degree that endangers the child's life or health.

Proposed Action to be Taken	☒ Mandatory Reporting is required as the child: ☒ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration
Guiding Principles	• Exposing the 4-year-old girl with asthma to cold weather conditions with inadequate clothing is considered neglect. Prime concern is the mother putting the child on thin clothes repeatedly, despite the child's medical condition and the teacher's repeated advice. • For factor 2.1, the child is in need of medical treatment and is sent to hospital urgently. Medical information indicated that the child has presented with severe symptoms caused by the mother's failure to provide girl with adequate clothing, leading to the need of hospitalisation for medical treatment. • There is a reasonable ground to suspect the child is suffering from serious harm. Mandatory reporting is suggested.

Case Scenario (2): Real Risk of Serious Harm

Suspected Child Abuse Incident	• It is a case involving a 7-year-old boy and his mother, a single mother who is addicted in gambling. She spent a lot of time playing mahjong with her friends and entrusted the boy under the care of the maternal grandfather, aged 70. • Financially, the family is on Comprehensive Social Security Assistance (CSSA). The financial condition is tight as the mother often loses money in mahjong parlour. • Case was referred to the school social worker for potential concerns regarding the boy's personal hygiene and overall health condition. • During initial assessment, the school social worker reviewed the boy's medical records and found no indication that the boy had been suffering from any personal hygiene or weather-related injuries or illnesses caused by inadequate hygiene or clothing. • Upon meeting the boy, the school social worker observed that the boy appeared healthy and alert, but his clothes were visibly dirty and worn, as well as undersized. The shoes were torn and not replaced in time. • As the school social worker spends more time with the boy, she notices a pattern of unhygienic behaviour. The boy often goes to school without washing his face or brushing his teeth, and his clothes are frequently stained and smell of sweat, which has resulted in recurrent heat rash and small blisters over back, chest and elbow creases. • The school social worker learns that the boy is not cognitively or physically capable of protecting himself from the threats posed by inadequate hygiene. He is too young to understand the importance of personal cleanliness and appropriate attire, and he relies on the maternal grandfather to provide these basic needs but the grandfather, who is suffering from heart disease, often feels tired and needs bed rest. This fatigue had significantly impacted his capacity to consistently provide the necessary care for the boy, especially when it comes to daily hygiene tasks such as bathing, dressing and grooming. • Despite the boy's ongoing needs, the maternal grandfather has not engaged in any formal intervention to address his child care problem. • The maternal aunt lives nearby and is willing and able to help care for the boy. She has expressed concern about the boy's hygiene and well-being and has offered to assist the maternal grandfather with the boy's daily
---------------------------------------	---

	routines. However, the maternal grandfather has been resistant to the maternal aunt's offers of help, fearing that it would make him look like a failure as a caregiver. Under the maternal grandfather's escort, the boy can attend regular schooling. However, the boy started exhibiting emotional disturbances several months ago as the family has been disturbed by the loan shark, from whom the mother had borrowed money from. The mother felt overwhelmed and developed suicidal ideations. The boy began to display signs of emotional distress. He said that he felt really insecure staying at home.	
Factors for Consideration	☒ Yes	1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.
	☐ No	2.1 Information indicates that the child has presented with a condition caused or exacerbated by inadequate personal hygiene and / or clothing to the degree that endangers the child's life or health.
	☒ Yes	3.1 The child has been in a state of extreme lack of personal hygiene care for a prolonged period, or due to poor physical condition and/or inadequate care, making him/her particularly susceptible to harm from weather changes.
	☐ No	3.2 The child is cognitively / physically capable of protecting him/herself from the threat to safety posed by inadequate personal hygiene and / or clothing.
	☐ No	3.3 The responsible person is already engaged in formal intervention to address the issue.
	☐ No	3.5 There is another individual who is willing and able to protect the child from future harm.
	☐ No	3.6a The child is attending school with a stability that allows for timely monitoring of his / her condition. AND 3.6b The child has stable emotional and behavioural performance.
	☒ Yes	3.7 Presence of additional significant risk factor(s) from the responsible person.

Proposed Action to be Taken	☒ Mandatory Reporting is required as the child: ☐ is suffering serious harm. ☒ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration
Guiding Principles	• For factor 2.1, the boy does not present a condition that endangers his life and health, say in need of medical treatment at hospital. • In considering a reporting decision for suspected neglect case, the school social worker has to collect comprehensive information about the child's daily routines, caregiving arrangements and any observable patterns of neglect. This may involve talking with the child, his caregiver, and other relevant parties, such as school staff or extended family members. • For factor 3.1, the boy is noticed to have a pattern of unhygienic behaviour that he fails to wash his face or brush his teeth properly before going to school while his clothes are also frequently found to have stain and smell of sweat, which has resulted in the recurrent heat rash or small blisters over different body parts (e.g. back, chest, elbow creases). • Despite the availability of a protective carer, an evaluation on whether the protective carer is indeed able to provide the necessary support for the child is crucial. For instance, in this case, the maternal aunt cannot be regarded as an alternative protective carer due to the resistance of the maternal grandfather to receive the assistance due to his sense of pride. Factor 3.5 is answered "No". • The boy's emotional disturbances cannot not be excluded in factor 3.6b because his emotional disturbances are directly related to the mother's debt problem. Answer 3.6b is answered "No". • For factor 3.7, the mother's gambling addiction and any other additional risk factors such as the maternal grandfather's deteriorating health condition contributing to real risk, should be taken note. • Considering the pattern of unhygienic behaviour, lack of an able protective carer, no positive engagement in formal intervention and the aggregate factor of the mother's gambling addiction, it is a real risk of serious harm of neglect. Mandatory reporting is required.

Case Scenario (3): Normal Reporting

Suspected Child Abuse Incident	• The 9-year-old boy with mild grade mental disability lived with parents suffering from mild grade mental retardation. The family has been an active case of IFSC for follow up on inadequate parenting. Family aide service has also been arranged for the parents to strengthen their personal hygiene and homemaking skills. • During a routine check-up at the Student Health Service Centre, the nurse noticed that the child was suffering from head lice which was the third time since the past year. His current condition was exacerbated by the development of secondary bacterial infections. • Upon exploration, the boy told the nurse that the parents did not provide him with clean clothing nor basic hygiene supplies such as soap and shampoo. His school uniform was often unwashed and carried a lingering smell of sweat and dirt. • The parents adopted lenient parenting and gave quite a lot of pocket money to the child to satisfy his materialistic wants. They were cooperative in giving their consent to the boy for receiving all the medical treatment required. • A maternal aunt living quite far away, showed care and concern for the family but was helpless to improve the child's daily personal hygiene due to the parent's intellectual disability. She was only able to visit the family once a month to assist them with basic domestic tasks. She stated that the parents lacked knowledge about hygiene. She suspected that they were also had head lice, which had led to the boy's repeated infections. • The boy kept satisfactory school attendance in a special school and went to school by school bus. With training, he was able to take school bus on his own punctually. He was well accepted by classmates and offered generous treat of snacks for them during recess. His overall emotional and behavioural performance are considered stable.						
Factors for Consideration	<table border="1"> <tr> <td data-bbox="537 1686 603 1805">Yes</td><td data-bbox="603 1686 1409 1805">1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.</td></tr> <tr> <td data-bbox="537 1805 603 1888">Yes</td><td data-bbox="603 1805 1409 1888">1.2 The child disclosed the incident to the mandated reporter.</td></tr> <tr> <td data-bbox="537 1888 603 2085">No</td><td data-bbox="603 1888 1409 2085">2.1 Information indicates that the child has presented with a condition caused or exacerbated by inadequate personal hygiene and / or clothing to the degree that endangers the child's life or health.</td></tr> </table>	Yes	1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.	Yes	1.2 The child disclosed the incident to the mandated reporter.	No	2.1 Information indicates that the child has presented with a condition caused or exacerbated by inadequate personal hygiene and / or clothing to the degree that endangers the child's life or health.
Yes	1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.						
Yes	1.2 The child disclosed the incident to the mandated reporter.						
No	2.1 Information indicates that the child has presented with a condition caused or exacerbated by inadequate personal hygiene and / or clothing to the degree that endangers the child's life or health.						

	☒ Yes	3.1	The child has been in a state of extreme lack of personal hygiene care for a prolonged period, or due to poor physical condition and/or inadequate care, making him/her particularly susceptible to harm from weather changes.
	☐ No	3.2	The child is cognitively / physically capable of protecting him/herself from the threat to safety posed by inadequate personal hygiene and / or clothing.
	☒ Yes	3.3	The responsible person is already engaged in formal intervention to address the issue.
	☐ No	3.4	The intervention is having a positive impact.
	☐ No	3.5	There is another individual who is willing and able to protect the child from future harm.
	☒ Yes	3.6a & 3.6b	The child is attending school with a stability that allows for timely monitoring of his / her condition. AND The child has stable emotional and behavioural performance.
Proposed Action to be Taken	☐ Mandatory Reporting is required as the child: ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☒ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration		
Guiding Principles	• Factor 2.1 is to consider whether the condition endangers the child's life or health, say in need of medical treatment at hospital. It is answered "No". • For factor 3.1, the child's repeated infestation with head lice, lack of clean clothing and basic hygiene supplies, and inadequate parenting due to the parents' mental retardation indicates a lack of proper care and attention to his personal hygiene needs. • For factor 3.2, the child's cognitive impairment may limit his ability to communicate his needs or seek help for protecting from the threat of safety. • For factors 3.3 and 3.4, the parents' mild intellectual disability and inadequate parenting skills pose a significant challenge to their ability to provide for the child's basic needs. The IFSC intervention with assistance of family aide services to strengthen their personal hygiene and homemaking skills, did not result in positive impact on addressing the child's hygiene needs fully. • As the maternal aunt's care and support is only limited, it cannot be regarded as a protective factor. "No" is answered in factor 3.5.		

	• For factors 3.6a & 3.6b, the child has mixed well with his classmates and had stable emotional and behavioural performance at school. • The child's personal hygiene problem and repeated infection are of concern. Normal reporting can be considered.
--	--

Case Scenario (4): Follow-up Services as Appropriate

Suspected Child Abuse Incident	• The 10-year-old boy living with his single mother, who has difficulty caring for him due to her long working hours. The family is a known case of Integrated Family Service Centre (IFSC). The caseworker has arranged for the child to receive residential service of a small group home (SGH) with regular home leaves during weekends and long school holidays. The maternal grandmother has been assisting the mother in looking after the boy during home leaves. • The staff of the SGH observed that the boy always returned to SGH in dirty clothing with a noticeable odour after home leaves. Reminders were given and the boy had no difficulties in understanding the importance of personal hygiene and could perform basic self-care tasks in SGH under supervision. • After one long school holidays, the boy had long and dirty nails, and even developed skin infections due to poor personal hygiene. Medical treatment was arranged to the boy by SGH and the skin infections were cured subsequently. • The IFSC caseworker and SGH social worker approached the mother and maternal grandmother to understand the situation. It was noted that the mother had recently moved away from home to cohabite with her boyfriend. The mother had enlisted child care assistance from the aged maternal grandmother during the boy's home leaves. The maternal grandmother complained that the child did not listen to her instruction while the mother only met the boy occasionally. The grandmother disclosed that she was physically unable to keep up with the boy's needs due to her advanced age and was reluctant to look after the boy continuously. • Upon discussion, the mother accepted IFSC caseworker's advice and had worked out a feasible child care arrangement during the home leaves to meet the boy's caring needs (including taking care of the boy by herself during his home leaves).				
Factors for Consideration	<table> <tr> <td data-bbox="537 1686 600 1733">Yes</td><td data-bbox="600 1686 1412 1816">1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.</td></tr> <tr> <td data-bbox="537 1816 600 1863">No</td><td data-bbox="600 1816 1412 2029">2.1 Information indicates that the child has presented with a condition caused or exacerbated by inadequate personal hygiene and / or clothing to the degree that endangers the child's life or health.</td></tr> </table>	Yes	1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.	No	2.1 Information indicates that the child has presented with a condition caused or exacerbated by inadequate personal hygiene and / or clothing to the degree that endangers the child's life or health.
Yes	1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.				
No	2.1 Information indicates that the child has presented with a condition caused or exacerbated by inadequate personal hygiene and / or clothing to the degree that endangers the child's life or health.				

	☒ Yes	3.1	The child has been in a state of extreme lack of personal hygiene care for a prolonged period, or due to poor physical condition and/or inadequate care, making him/her particularly susceptible to harm from weather changes.
	☐ No	3.2	The child is cognitively / physically capable of protecting him/herself from the threat to safety posed by inadequate personal hygiene and / or clothing.
	☒ Yes	3.3	The responsible person is already engaged in formal intervention to address the issue
	☒ Yes	3.4	The intervention is having a positive impact.
Proposed Action to be Taken	☐ Mandatory Reporting is required as the child: ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☐ Normal reporting ☒ Follow-up services as appropriate ☐ Further exploration		
Guiding Principles	• Factor 2.1 is to consider whether the condition endangers the child's life or health, say in need of medical treatment at hospital. It is answered "No". • For factor 3.2, age alone is not a definitive factor in assessing a child's capacity for maintaining personal hygiene. The 10-year-old boy of this case, is rebellious and resist his grandmother's advice, thereby impairing his ability to uphold proper personal hygiene practices. It is answered "No". • For factors 3.3 and 3.4, the intervention is generally considered effective. The boy has been receiving residential care at SGH, where the boy is provided with a stable living condition. • In addition, the mother showed willingness to cooperate with social worker and had worked out a feasible child care arrangement during the home leaves to meet the boy's caring needs. • It is not considered a suspected child neglect case, while the child's hygiene and child arrangement are in need of continuous monitoring. • Follow up areas can be considered- (i) The IFSC and SGH social worker could continue to collaborate with the mother and grandmother to find practical solutions for improving the boy's personal hygiene, such as establishing a routine for the boy to observe at home. (ii) Social services or community organisations could be involved to provide additional support and		

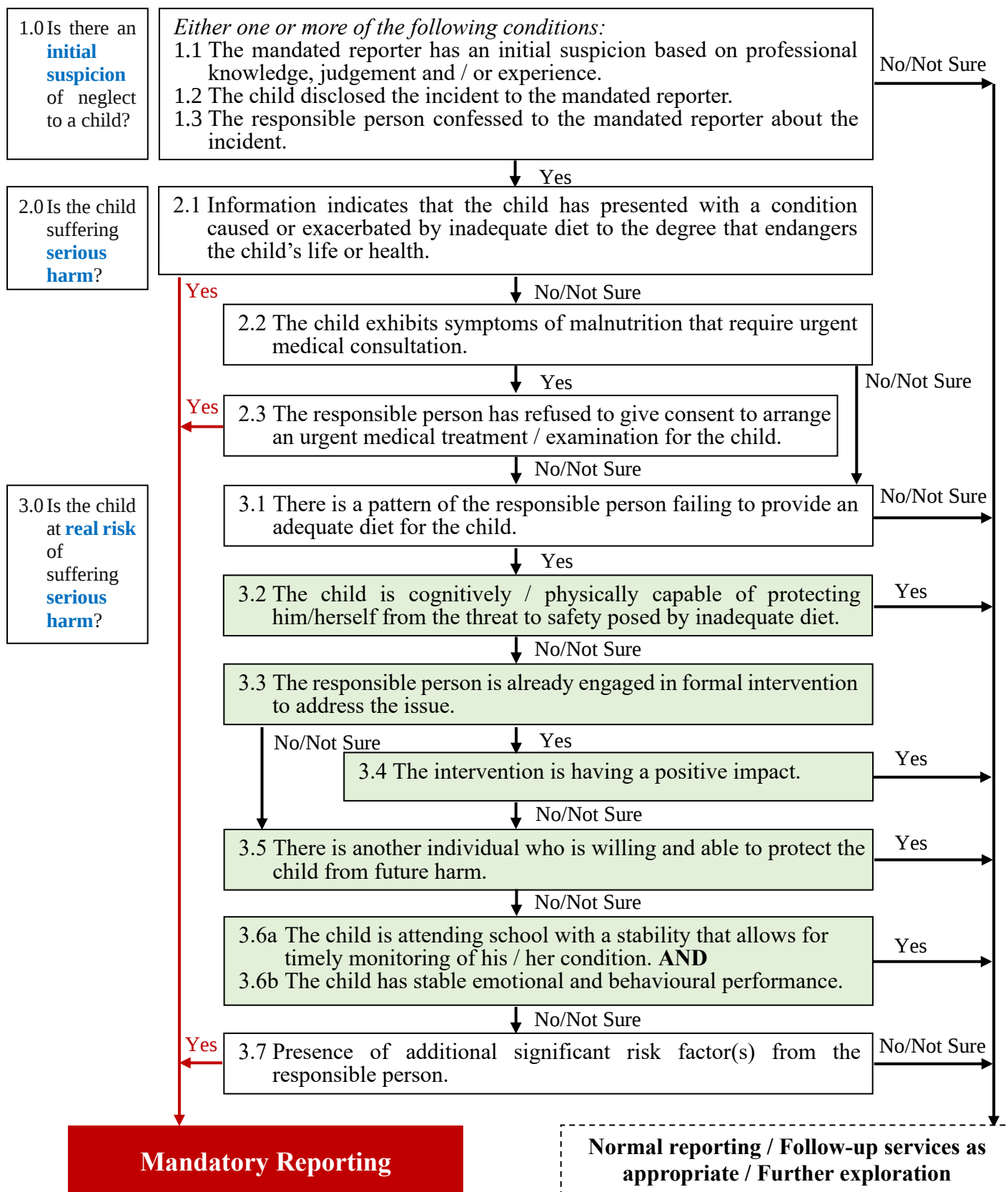
	resources for the family such as family aide service or other child protective support service during the boy's home leaves. (iii) The mother may need to reassess her cohabitating relationship to ensure that she can provide adequate care for her son. (iv) Potential alternative care arrangements may be explored during the boy's home leaves, if the current home leaves arrangement is not conducive to his health and well-being.
--	--

Case Scenario (5): Further Exploration

Suspected Child Abuse Incident	A social worker received a phone call from a neighbour regarding a 7-year-old girl, who lives in a public housing unit. The neighbour mentioned that she had occasionally seen the child playing in a recreation ground in summer school uniform in winter time with an untidy appearance. The neighbour expressed her concern over the child's caring condition at home and wondered if there are elements of child neglect. The neighbour, recognising the child's school from her school uniform, approached the child's primary school to express her concerns. Case is referred to the school social worker for further enquiry.						
Factors for Consideration	<table border="1"> <tr> <td>☐ No</td><td>1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.</td></tr> <tr> <td>☐ No</td><td>1.2 The child disclosed the incident to the mandated reporter.</td></tr> <tr> <td>☐ No</td><td>1.3 The responsible person confessed to the mandated reporter about the incident.</td></tr> </table>	☐ No	1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.	☐ No	1.2 The child disclosed the incident to the mandated reporter.	☐ No	1.3 The responsible person confessed to the mandated reporter about the incident.
☐ No	1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.						
☐ No	1.2 The child disclosed the incident to the mandated reporter.						
☐ No	1.3 The responsible person confessed to the mandated reporter about the incident.						
Proposed Action to be Taken	☐ Mandatory Reporting is required as the child: ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☒ Further exploration						
Guiding Principles	- The neighbour observed that the 7-year-old girl playing in a summer school uniform during wintertime was unusual and raised questions about her clothing appropriateness and care. This could suggest that the child might not have access to seasonal clothing or that there might be neglect in terms of her basic needs, including appropriate attire for different weather conditions. - The description of the girl having an untidy appearance adds to the concerns about her health condition. This could indicate a lack of personal hygiene and grooming, which was often indicative of neglect. - In determining whether this case requires mandatory reporting, the school social worker needs to explore further information and assess all information available to him/her, including those provided by the neighbour. - The school social worker may further explore the situation by - (i) conducting a thorough assessment of the child's situation, including home visits to observe her living environment; and						

	(ii) interviewing the child's caregivers to understand their perspective and gathering more information about the child's daily routines, hygiene practices, and access to essential resources.
--	---

Decision Tree for Guiding Mandatory Reporting of Suspected Neglect for Diet



Note 1: This decision tree should be used in conjuncture with the supplementary analytical framework which provides essential elaborations on the interpretations of the factors for consideration.

Note 2: This decision tree is formulated to complement rather than replace professional judgement and does not prohibit a mandated reporter from any course of actions the mandated reporter believes are appropriate after taking into account the individual case merits.

Note 3: It is desirable to have a clear answer of "Yes" or "No" to the factors for consideration. In cases where the mandated reporters are not sure of the answer, they are advised to collect more information as far as practicable. Attention should be paid to the impact of "Not sure" as an answer on the decision point.

**Supplementary Analytical Framework for Guiding
Mandatory Reporting of Suspected Neglect for Diet**

Factors for Consideration			
1.0	Is there an initial suspicion of neglect to a child?		
☐	If Yes to either one or more of	1.1 to 1.3	Go to 2.1
☐	If No / Not Sure to all of	1.1 to 1.3	Normal reporting / Follow-up service as appropriate / Further exploration
☐	1.1	The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience. The mandated reporter has a justified basis for suspecting that a child neglect incident has occurred based on their professional knowledge, judgement, and / or experience. This initial suspicion is not based on mere speculation but rather on specific information or observations that, when combined with the reporter's professional knowledge and judgement, lead them to believe that further enquiry is necessary.	
☐	1.2	The child disclosed the incident to the mandated reporter. The child has voluntarily shared information about an incident of child neglect with a mandated reporter. This could mean that the child has described the specific actions or behaviours that constitute neglect, such as the responsible person failing to provide adequate food. It could also involve the child expressing feelings of fear, neglect, or abuse in a way that leads the mandated reporter to suspect that neglect has occurred.	
☐	1.3	The responsible person confessed to the mandated reporter about the incident. The responsible person has confessed to the mandated reporter about a specific incident of neglect or a pattern of neglectful behaviour that suggests that the child is at risk.	
2.0	Is the child suffering serious harm?		
☐	If Yes to	2.1	Mandatory Reporting
☐	If No / Not Sure to	2.1	Go to 2.2
☐	2.1	Information indicates that the child has presented with a condition caused or exacerbated by inadequate diet to the degree that endangers the child's life or health. Answer "Yes" if : The mandated reporter possesses specific medical information indicating that the child's physical condition has suffered serious harm, which was either caused or worsened by an inadequate diet, to the extent that hospitalisation for medical treatment is necessary. Inadequate diet refers to the child's daily food / liquid intake that fails to provide sufficient nutrition potentially having adverse effects on long-term health. Answer "No" if : It is only necessary to send the child to hospital for routine medical examination but no hospitalisation is required for treatment. Examples¹⁵ of condition caused or exacerbated by inadequate diet	

¹⁵ All examples in the Supplementary Analytical Framework are by no means exhaustive.

Factors for Consideration			
		- Severe under nutrition such as marasmus(wasting) 消瘦症（營養不良性消瘦） or Kwashiorkor (edematous malnutrition)（浮腫型營養不良） - Under nutrition with complications such as severe dehydration（嚴重脫水）, hypoglycaemia（低血糖）, severe electrolyte disturbance（嚴重電解質紊亂）, sepsis（敗血症） and significant skin breakdown with ulceration（嚴重皮膚破損與潰瘍）	
☐	If Yes to	2.2	Go to 2.3
☐	If No / Not Sure to	2.2	Go to 3.1
☐	2.2	The child exhibits symptoms of malnutrition that require urgent medical consultation. For non-medical mandated reporters, evaluating the malnourished condition of children can be challenging, especially for those who have not sought medical attention and lack follow-up medical appointments. Despite the absence of comprehensive medical information, mandated reporters can reasonably deduce that certain malnutrition symptoms, if left untreated, may worsen and potentially pose a threat to the child's health or even life. Some of these symptoms include severe underweight, lack of muscle mass, sunken eyes or hollow cheeks, brittle and falling hair, dry and flaky skin or slow-healing wounds, a swollen abdomen, fatigue, low energy levels, and pale skin or gums, etc.	
☐	If Yes to	2.3	Mandatory Reporting
☐	If No / Not Sure to	2.3	Go to 3.1
☐	2.3	The responsible person has refused to give consent to arrange an urgent medical treatment / examination for the child. Answer “Yes” if: Under circumstances where the child's health condition obviously requires medical intervention, the responsible person still refuses to consent to arranging urgent medical treatment / examination for the child. This action may indicate that the responsible person has failed to fulfill their duty to ensure the child's health and safety. Answer “No” if: The responsible person has already sought the required medical attention but there are situations like deviating from the treatment plan in ways that cannot be demonstrated to significantly compromise the child’s recovery, missing a dose of medication without negative results, or defaulting a medical follow-up appointment when all indications are that the child has normal progress.	
3.0 Is the child at real risk of suffering serious harm?			
☐	If Yes to	3.1	Go to 3.2
☐	If No / Not Sure to	3.1	Normal reporting / Follow-up services as appropriate / Further exploration
☐	3.1	There is a pattern of the responsible person failing to provide an adequate diet for the child.	

Factors for Consideration			
		Answer “Yes” if : The responsible person has failed to feed the child adequately with appropriate frequency, type and amount of food that will cause a nutrition-related concern. The mandated reporter should first verify if there is a pattern of neglectful behaviours over an extended period of time.	
		Examples of inadequate diet	
		Yes	No
		- There have been many missed feedings that infant would likely develop failure to thrive. The responsible person feeds the infant with wrong dilution of infant formula milk (FM) / use wrong FM, despite advice. - The responsible person feeds adult snacks / drinks (e.g. condensed milk, soymilk) to replace milk feeding to the infant. - The responsible person withholds full meals or limits meals to nutritionally inadequate amounts / types of food, such as only bread and water, or limits fluid intake which is practised routinely as a standard form of discipline in the family.	- The child reports feeling hungry between adequate meals or mentions being hungry but shows no signs of effects of inadequate diet. - The child appears thin but has always been so, and there are no other signs of malnutrition. - Snacks, sweets or desserts were withheld as a form of discipline. - The child is asking for or stealing food when the purpose is unrelated to alleviating hunger.
☐	If Yes to	3.2	Normal reporting / Follow-up services as appropriate / Further exploration
☐	If No / Not Sure to	3.2	Go to 3.3
☐	3.2	The child is cognitively / physically capable of protecting him/herself from the threat to safety posed by inadequate diet.	
		Answer “Yes” if : - It involves a situation where a child demonstrates the cognitive or physical ability to take actions necessary to safeguard him/herself from the hazard posed by insufficient food and / or drink. Children at a tender age are at a higher risk of serious harm due to their physical and emotional immaturity, limited cognitive and language abilities, as they largely depend on caregivers, lack of awareness and education, etc. - While the age of a child is an important reference in assessing his / her self-protection ability, from a legal point of view, it is not appropriate to define a child below a certain age as vulnerable. Mandated reporters are advised to exercise their professional judgement in deciding whether mandatory reporting is necessary according to actual circumstances of the case.	

Factors for Consideration		
		In the event that medical / clinical evidence is not available to confirm the child's intellectual or physical disabilities, mandated reporters can still consider the child meets this criterion if there is a reason to believe that the intellectual or physical disabilities such that the child would be unable to tell someone about being harmed or to self-protect in the neglectful environment.
☐	If Yes to	3.3 Go to 3.4
☐	If No / Not Sure to	3.3 Go to 3.5
☐	3.3	The responsible person is already engaged in formal intervention to address the issue. Answer "Yes" if : The responsible person is already engaged in formal intervention, which typically involves seeking professional help or support from a qualified professional, such as a medical practitioner, social worker, therapist, guidance personnel, teacher, etc.
☐	If Yes to	3.4 Normal reporting / Follow-up services as appropriate / Further exploration
☐	If No / Not Sure to	3.4 Go to 3.5
☐	3.4	The intervention is having a positive impact. Answer "Yes" if : Positive changes in the family situation as a result of interventions, such as community resources, imply adjustments or improvements to the existing situation. The attitude and co-operation of the responsible person can often influence whether or not the intervention will bring about improvements. If the responsible person is evasive or provides untruthful information, the intervention may not have the desired positive impact.
☐	If Yes to	3.5 Normal reporting / Follow-up services as appropriate / Further exploration
☐	If No / Not Sure to	3.5 Go to 3.6
☐	3.5	There is another individual who is willing and able to protect the child from future harm. Answer "Yes" if : There is another individual who is willing and able to help provide adequate diet for the child. This individual may include a relative, a close family friend, or caretakers in a children residential service unit, such as foster home, small group home, hostel, etc.
☐	If Yes to	3.6 Normal reporting / Follow-up services as appropriate / Further exploration
☐	If No / Not Sure to	3.6 Go to 3.7
☐	3.6	Answer "Yes" if statements in both 3.6a, 3.6b are true. Stable school attendance and emotional and behavioural performance can work together to provide a stronger protective factor against the risk of child neglect. This is because both factors provide important indicators of the child's well-being and can help identify potential issues of abuse or neglect. Mandated reporters can use these indicators to monitor the

Factors for Consideration			
		Peer influence and social factors: The influence of peers, school environment, and broader social factors can also contribute to emotional and behavioural issues. These factors are generally external to the family dynamic and should be considered separately when assessing neglect.	
☐	If Yes to	3.7	Mandatory Reporting
☐	If No / Not Sure to	3.7	Normal reporting / Follow-up services as appropriate / Further exploration
☐	3.7	Presence of additional significant risk factor(s) from the responsible person. Answer "Yes" if : The responsible person has <u>any one</u> of the following significant risk factors that impacted their parenting capacity significantly: unmanaged mental health problem, substance abuse, or intellectual or physical disability. (i) Unmanaged mental health problem: Experiencing unmanaged mental health issues with active symptoms, such as significant mood swing, suicidal attempts, hallucinations or paranoid delusions. (ii) Substance abuse: Engaging in alcohol or drug use to the extent that it results in heightened agitation, volatility, violent behaviours or significant impairment in parenting capacity. (iii) Intellectual or physical disability: The responsible person has a severe, chronic impairment that creates substantial functional limitations in parenting capacity (e.g. self-care, language, learning, mobility, etc.)	

Application: Sample Case Scenarios – Suspected Neglect for Diet

All the sample case scenarios provided in this Guide are to illustrate how mandated reporters may apply the decision tree and supplementary analytical framework. Different case scenarios are used as examples for demonstration purpose, aiding mandated reporters in understanding child protection principles and fulfilling their statutory obligations. These scenarios are modified from local cases and do not represent actual events or individuals. In practical application, decision varies as merits of individual case differ and professional judgement shall prevail over generic sample case scenarios. The statutory responsibility of mandatory reporting is governed by the Mandatory Reporting of Child Abuse Ordinance.

Case Scenario (1): Serious Harm

Suspected Child Abuse Incident	- A 4-month-old baby lives with his mother who is suffering from general anxiety disorder. She is forgetful after taking psychiatric medication and struggled to feed milk to the boy as a routine. - During a routine check-up at MCHC, the baby was observed to be fatigue, lethargic and significantly underweight. He showed signs of anaemia and abdominal swelling. The baby was diagnosed with malnutrition and dehydration. - The baby required hospitalisation for receiving treatment on his serious dehydration. Upon medical assessment, intravenous (IV) fluid was necessary to ensure rapid and effective replenishment of fluids and electrolytes.
Factors for Consideration	Yes 1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.
	Yes 2.1 Information indicates that the child has presented with a condition caused or exacerbated by inadequate diet to the degree that endangers the child’s life or health.
Proposed Action to be Taken	☒ Mandatory Reporting is required as the child: ☒ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration
Guiding Principles	For factor 2.1, the mother’s poor feeding practice has caused a condition of malnutrition and dehydration that requires urgent medical treatment at hospital. The neglect of a responsible person is to the extent that endangers the child’s life or health. It is answered “yes”. Mandatory reporting is required.

Case Scenario (2): Serious Harm

Suspected Child Abuse Incident	• A 12-month-old baby lives with her parents who are suffering from mental illness. The family is living in a sub-divided unit and relied on CSSA. The parents are receiving service from IFSC on their family relationship and child care arrangement. • As the parents had defaulted the health check up of the baby for several times, a home visit was conducted by the social worker. The social worker suspected the baby exhibited symptoms of malnutrition. The baby appeared visibly underweight, with pale skin and muscle weakness. She also has little response to social interaction. • Home visit was conducted and the child was reported having irregular feeds. The parents only provided 2 feeds per day and gave plain congee without any meat/vegetables as a routine. They also sometimes provided water to replace a feed. • The social worker promptly suggested an urgent medical consultation to assess the child’s condition and provide appropriate medical care. However, the parents strongly refused to provide consent for the child to receive the recommended medical attention.												
Factors for Consideration	<table><tr><td>☒</td><td>1.1</td><td>The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.</td></tr><tr><td>☐</td><td>2.1</td><td>Information indicates that the child has presented with a condition caused or exacerbated by inadequate diet to the degree that endangers the child’s life or health.</td></tr><tr><td>☒</td><td>2.2</td><td>The child exhibits symptoms of malnutrition that require urgent medical consultation.</td></tr><tr><td>☒</td><td>2.3</td><td>The responsible person has refused to give consent to arrange an urgent medical treatment / examination for the child.</td></tr></table>	☒	1.1	The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.	☐	2.1	Information indicates that the child has presented with a condition caused or exacerbated by inadequate diet to the degree that endangers the child’s life or health.	☒	2.2	The child exhibits symptoms of malnutrition that require urgent medical consultation.	☒	2.3	The responsible person has refused to give consent to arrange an urgent medical treatment / examination for the child.
☒	1.1	The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.											
☐	2.1	Information indicates that the child has presented with a condition caused or exacerbated by inadequate diet to the degree that endangers the child’s life or health.											
☒	2.2	The child exhibits symptoms of malnutrition that require urgent medical consultation.											
☒	2.3	The responsible person has refused to give consent to arrange an urgent medical treatment / examination for the child.											
Proposed Action to be Taken	☒ Mandatory Reporting is required as the child: ☒ is suffering serious harm.☐ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐ Normal reporting☐ Follow-up services as appropriate☐ Further exploration												
Guiding Principles	• For factor 2.1, the parents defaulted the health check-ups for the child. However, no information about the child’s malnutrition is available or indicates the child’s life or health is endangered. It is answered “No”. • For factor 2.2, there were some symptoms of malnutrition that the social worker considered												

	necessitating an urgent medical consultation to evaluate the child's nutritional status and provide necessary treatment. It is answered "Yes". • For 2.3, the parents refused to give consent for the medical consultation and neglected the child's need for necessary medical attention. It is answered "Yes". • The child is suffering serious harm, as untreated malnutrition at her age can result in irreversible developmental delays and potentially life-threatening complications that endangers the child's life or health. Mandatory reporting is recommended.
--	--

Case Scenario (3): Real Risk of Serious Harm

Suspected Child Abuse Incident	• A 6-month-old baby girl lives with her parents who claimed themselves to have abstained from dangerous drugs after the birth of the baby girl. • During a home visit, the social worker noticed that there were cans of condensed milk kept beside the milk bottles instead of any infant formula powder. Upon further exploration, the parents admitted having fed the baby with diluted condensed milk for about 3 to 4 feeds a day in recent three months instead of appropriate infant formula as they did not have money to buy infant formula powder. They had missed to feed the baby before due to oversleeping, and also had not washed and sterilised the milk bottles before feeding. The family has poor social support as the parents often borrowed money from their extended families due to budgeting problem. • The baby girl appeared a bit skinny and mild underweight, but not to the extent that required urgent medical treatment at hospital. • The parents had volatile mood and there was a very strong odor similar to chemicals or ammonia during the home visit. They were evasive in discussing the strong odor as well as their budgeting problem. They denied having used their CSSA payment to buy illicit drugs. Their attendance to the drug prevention treatment programme provided by CCPSA was not stable and they refused to receive the urine tests as they promised.																					
Factors for Consideration	<table><tr><td> Yes </td><td>1.1</td><td>The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.</td></tr><tr><td> No </td><td>2.1</td><td>Information indicates that the child has presented with a condition caused or exacerbated by inadequate diet to the degree that endangers the child's life or health.</td></tr><tr><td> No </td><td>2.2</td><td>The child exhibits symptoms of malnutrition that require urgent medical consultation.</td></tr><tr><td> Yes </td><td>3.1</td><td>There is a pattern of the responsible person failing to provide an adequate diet for the child.</td></tr><tr><td> No </td><td>3.2</td><td>The child is cognitively / physically capable of protecting him/herself from the threat to safety posed by inadequate diet.</td></tr><tr><td> Yes </td><td>3.3</td><td>The responsible person is already engaged in formal intervention to address the issue.</td></tr><tr><td> No </td><td>3.4</td><td>The intervention is having a positive impact.</td></tr></table>	Yes	1.1	The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.	No	2.1	Information indicates that the child has presented with a condition caused or exacerbated by inadequate diet to the degree that endangers the child's life or health.	No	2.2	The child exhibits symptoms of malnutrition that require urgent medical consultation.	Yes	3.1	There is a pattern of the responsible person failing to provide an adequate diet for the child.	No	3.2	The child is cognitively / physically capable of protecting him/herself from the threat to safety posed by inadequate diet.	Yes	3.3	The responsible person is already engaged in formal intervention to address the issue.	No	3.4	The intervention is having a positive impact.
Yes	1.1	The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.																				
No	2.1	Information indicates that the child has presented with a condition caused or exacerbated by inadequate diet to the degree that endangers the child's life or health.																				
No	2.2	The child exhibits symptoms of malnutrition that require urgent medical consultation.																				
Yes	3.1	There is a pattern of the responsible person failing to provide an adequate diet for the child.																				
No	3.2	The child is cognitively / physically capable of protecting him/herself from the threat to safety posed by inadequate diet.																				
Yes	3.3	The responsible person is already engaged in formal intervention to address the issue.																				
No	3.4	The intervention is having a positive impact.																				

	☐ No	3.5	There is another individual who is willing and able to protect the child from future harm.
	☐ No	3.6a & 3.6b	The child is attending school with a stability that allows for timely monitoring of his / her condition. AND The child has stable emotional and behavioural performance.
	☒ Yes	3.7	Presence of additional significant risk factor(s) from the responsible person.
Proposed Action to be Taken	☒ Mandatory Reporting is required as the child: ☐ is suffering serious harm. ☒ is at real risk of suffering serious harm. ☐ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration		
Guiding Principles	• For factors 2.1 and 2.2, the baby girl appeared to be a bit skinny and mild underweight. However, there is no information showing that her life or health is endangered as caused or exacerbated by an inadequate diet, say requiring her to receive urgent medical treatment or hospital care. Both are answered “No”. • For factor 3.1, there is a pattern of the parents failing to provide an adequate diet for the child. It is answered “Yes”. • For infant / young children who do not need to attend schooling, “No” is answered in factor 3.6a & 3.6b. • The parents have denied that they have a drug abuse problem, but their lack of money to buy infant formula powder in the recent three months indicates that they may have prioritised spending on drugs over essential needs. Indications like the great mood swing, evasive attitude and unexplained chemical or ammonia odor similar to smoking of drugs are highly suggestive of the parents’ relapse into drug-taking behaviour, which has greatly undermined their parenting capacity and has posed real risk of serious harm to the baby girl. “Yes” is answered in factor 3.7. Mandatory reporting is suggested.		

Case Scenario (4): Normal Reporting

Suspected Child Abuse Incident	• An 8-year-old boy lives with his single father who has unstable emotions after he has lost his job since several months ago. The father failed to find another job and had become increasingly withdrawn socially. • Class teacher observed that the boy had recently appeared to be hungry. He appeared unusually tired, sluggish in school activities especially in physical education lessons. The boy revealed that the father sometimes got drunk and could not prepare lunch box for him. • Despite the class teacher's reminders, the father still failed to prepare the lunch box for the boy. Owing to financial constraint, he was also resistant to order lunch box from the school caterer. On many occasions, the class teacher had given the boy the extra lunch boxes to eat as a remedy for the situation. Reports were also received that the boy frequently asked his classmates for drinks or snacks to alleviate hunger. As told, the father did not give any pocket money to the boy to school. • Later on, the father failed to escort the boy for regular schooling in order to evade from meeting the school teacher / school social worker. The boy's school non-attendance problem was becoming more serious. The longest period of school absence lasted for consecutive two weeks. The boy had also become more reticent about his family condition when he was in school. • As explored, the boy had approached his mother for assistance. However, she is engaged in full-time employment and remarried with her own family responsibilities. She can only take the boy to eat out during weekends. • The family has not received any welfare services and the father was in lack of the knowledge of different community resources to help him tide over the financial hardship.
Factors for Consideration	Yes 1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.
	No 2.1 Information indicates that the child has presented with a condition caused or exacerbated by inadequate diet to the degree that endangers the child's life or health.
	No 2.2 The child exhibits symptoms of malnutrition that require urgent medical consultation.

	☐ Yes	3.1	There is a pattern of the responsible person failing to provide an adequate diet for the child.
	☐ No	3.2	The child is cognitively / physically capable of protecting him/herself from the threat to safety posed by inadequate diet.
	☐ No	3.3	The responsible person is already engaged in formal intervention to address the issue.
	☐ No	3.5	There is another individual who is willing and able to protect the child from future harm.
	☐ No	3.6a & 3.6b	The child is attending school with a stability that allows for timely monitoring of his / her condition. AND The child has stable emotional and behavioural performance.
	☐ Not Sure	3.7	Presence of additional significant risk factor(s) from the responsible person.
Proposed Action to be Taken	☐ Mandatory Reporting is required as the child: ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☒ Normal reporting ☐ Follow-up services as appropriate ☐ Further exploration		
Guiding Principles	• For factors 2.1 and 2.2, the boy appears to be hungry, unusually tired and sluggish in school activities. There is no information showing that his life or health is endangered as caused or exacerbated by inadequate diet, say in need of urgent medical treatment or hospital care. Both factors are answered “No”. • For factor 3.1, the father’s failure to provide adequate food for the boy originates from his sudden unemployment and the resulting financial stress. His alcohol use would be an issue of concern as he fails to properly manage the boy’s diet and rely on the school or the mother’s assistance. • It is quite typical for neglect case that some time is needed to explore the child’s caring condition as neglect often involves a pattern of behaviour, particularly in face of the uncooperative attitude of the father as well as the child’s reticence in disclosing the latest family condition. The school teacher / social worker may consider paying home visits to explore further information and assess all information available to him/her for understanding more about the boy’s caring condition and the father’s caregiving abilities.		

	• Additionally, according to the boy, his father sometimes gets drunk. However, since it cannot be confirmed whether his father's consumption of alcohol has reached the level of alcoholism, the answer to factor 3.7 is " Not Sure". Normal reporting can be considered.
--	--

Case Scenario (5): Follow-up Services As Appropriate

Suspected Child Abuse Incident	• The boy is a 7-year-old child with Type 1 diabetes, living with his parents and a 4-month-old sister. The father is the sole breadwinner and often works in the Mainland, while the mother is a full-time housewife responsible for taking care of the children. • The boy is receiving regular out-patient medical treatment. The mother was preoccupied with childcare and consequently unable to follow the boy's insulin regimen and monitor the boy's sugar intake, resulting in poor monitoring of his blood sugar level. • With repeated medical and nursing advice, the mother gradually learned to administer insulin injection as prescribed by the medical officer and took proper measure to avoid intake of sugary drinks and snacks by the boy. However, the mother finds it difficult to keep up the efforts in following the dietary instructions given by the doctor due to her heavy child care burden. The mother also complains about the boy's refusal to follow her dietary advice as the boy fails to understand the negative impacts of taking excessive sugary food. As a result, there are fluctuations in the boy's blood sugar level that has caused further concerns for the boy's health. • The mother is exhausted at looking after the two young children. She is easily irritable, anxious, or angry over trivial matters. She has not received professional support for her emotional regulation. • The boy maintains regular school attendance but has been reported as being inattentive in class due to dyslexia. The father is busily engaged at work and expressed difficulties in re-arranging his work schedule to share out the mother's childcare responsibilities.								
Factors for Consideration	<table border="1"> <tr> <td data-bbox="537 1487 600 1630">Yes</td><td data-bbox="600 1487 1409 1630">1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.</td></tr> <tr> <td data-bbox="537 1630 600 1809">No</td><td data-bbox="600 1630 1409 1809">2.1 Information indicates that the child has presented with a condition caused or exacerbated by inadequate diet to the degree that endangers the child's life or health.</td></tr> <tr> <td data-bbox="537 1809 600 1928">No</td><td data-bbox="600 1809 1409 1928">2.2 The child exhibits symptoms of malnutrition that require urgent medical consultation.</td></tr> <tr> <td data-bbox="537 1928 600 2051">Yes</td><td data-bbox="600 1928 1409 2051">3.1 There is a pattern of the responsible person failing to provide an adequate diet for the child.</td></tr> </table>	Yes	1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.	No	2.1 Information indicates that the child has presented with a condition caused or exacerbated by inadequate diet to the degree that endangers the child's life or health.	No	2.2 The child exhibits symptoms of malnutrition that require urgent medical consultation.	Yes	3.1 There is a pattern of the responsible person failing to provide an adequate diet for the child.
Yes	1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience.								
No	2.1 Information indicates that the child has presented with a condition caused or exacerbated by inadequate diet to the degree that endangers the child's life or health.								
No	2.2 The child exhibits symptoms of malnutrition that require urgent medical consultation.								
Yes	3.1 There is a pattern of the responsible person failing to provide an adequate diet for the child.								

	☐ No	3.2	The child is cognitively / physically capable of protecting him/herself from the threat to safety posed by inadequate diet.
	☐ No	3.3	The responsible person is already engaged in formal intervention to address the issue.
	☐ No	3.5	There is another individual who is willing and able to protect the child from future harm.
	☒ Yes	3.6a & 3.6b	The child is attending school with a stability that allows for timely monitoring of his / her condition. AND The child has stable emotional and behavioural performance.
Proposed Action to be Taken	☐ Mandatory Reporting is required as the child: ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☐ Normal reporting ☒ Follow-up services as appropriate ☐ Further exploration		
Guiding Principles	• The boy has Type 1 diabetes, which requires strict management of insulin injections and monitoring of blood sugar levels. The mother, due to her full-time childcare responsibilities, struggled initially to adhere to the boy's insulin regimen and monitor his sugar intake, leading to poor blood sugar control. It is considered that the boy is not in a condition that his life or health is endangered, say requiring urgent medical treatment or hospital care. Factor 2.1 is answered “No”. • For factor 2.2, there is no indication that the boy had exhibited symptoms of malnutrition suggesting a need for medical treatment /examination. It is answered “No”. • With repeated advice, the mother learned to administer insulin injection and took steps to limit the boy's sugar intake. However, the ongoing challenge of childcare made it difficult for her to consistently follow the dietary instructions, causing fluctuations in the boy's blood sugar levels. Factor 3.1 is answered “Yes”. • The boy's age and developmental stage only allows him to understand some basic concepts related to his health, but may not have the full understanding or ability to manage complex medical conditions like diabetes independently, as indicated in his inability to adhere to the dietary restrictions. Factor 3.2 is answered “No”. • The mother is caring for two young children, including a newborn, while her husband is often away for work. The mother is not receiving professional support for		

	managing her emotions. The absence of these protective factors has limited her ability to provide the level of care that would be ideal for her son's diabetes management. Factors 3.3 and 3.5 are answered “No”. • It should be noted that for factor 3.6, it is to consider whether the boy has emotional or behavioural problems typically associated with neglect. In this case, the boy’s behavioural problem of being inattentive in class is mainly caused by his developmental disability (i.e. dyslexia), which is not associated with his caring condition and thus should be ruled out in this factor for consideration. “Yes” is answered in factor 3.6a & 3.6b. • It is considered not a suspected child abuse case. With the mother’s consent, case may be referred to supportive services for suggested follow up actions on – (i) providing comprehensive diabetes education for the mother and the boy, emphasizing the importance of adhering to the insulin regimen, monitoring blood sugar levels, and following a healthy diet; (ii) involving the mother and the boy in meal planning and preparation to help make the dietary changes more sustainable; (iii) providing counselling for the mother to help her manage her stress and emotional well-being; and (iv) encouraging the father to take up more childcare responsibilities and explore if additional childcare support can be obtained from their social network.
--	---

Case Scenario (6): Further Exploration

Suspected Child Abuse Incident	• It is a case involving a divorcing couple with intense argument over their 2-year-old son's custodial issues. • Currently, the mother is the son's primary carer. The father has regular weekly staying access with the son. • The father called the social worker complaining about the mother's suspected neglect for diet. The father reported that, as revealed by the son, the mother did not cook proper meal to the son in the past week. He was only fed with bread and congee for several meals in last week. He requested that the son should be restored under his care to ensure proper meal and nutrition for the son.
Factors for Consideration	☐ No 1.1 The mandated reporter has an initial suspicion based on professional knowledge, judgement and / or experience. ☐ No 1.2 The child disclosed the incident to the mandated reporter. ☐ No 1.3 The responsible person confessed to the mandated reporter about the incident.
Proposed Action to be Taken	☐ Mandatory Reporting is required as the child: ☐ is suffering serious harm. ☐ is at real risk of suffering serious harm. ☒ Mandatory reporting is not required: ☐ Normal reporting ☐ Follow-up services as appropriate ☒ Further exploration
Guiding Principles	• Bread and congee may constitute neglect for food if the child's nutritional needs cannot be met because they are served too frequently or in excessive quantities, are of poor quality or not prepared hygienically, or do not meet medical or dietary restrictions. • In this case, the social worker should gather all information available to him/her, including the boy's overall diet and health condition, to assess if there is a suspicion that the boy is suffering from inadequate diet. Hence, "No" is answered in factor 1.1. • Mandatory reporter may re-apply the decision tree when more substantiate information is collected.

CHAPTER 3 REPORTING, FOLLOW-UP ACTIONS & SERVICE PROVISION

3.1 How to Make a Report and Necessary Information to be Reported

In accordance with the Ordinance, the mandated reporters, must report as soon as practicable, if a reasonable ground to suspect that a child “is suffering serious harm” or “is at real risk of suffering serious harm” comes to his/her notice during the course of his/her work. According to section 6 of the Ordinance, a report must be made to an Authority which means the Director of Social Welfare (DSW) or the Commissioner of Police. It also specifies that a report must contain the following information –

- (i) sufficient information for an Authority to identify the child concerned;
- (ii) the ground to suspect that the child is suffering from serious harm or is at real risk of suffering serious harm; and
- (iii) the contact information of the specified professional making the report.

A report must be made in the way specified by the DSW.

3.1.1 Specified Way

The objective of setting up MRR for suspected child abuse cases is to ensure early identification and intervention in specified categories of serious child abuse/neglect cases stipulated in Schedule 2 to the Ordinance. Mandated reporters, who carry their legal obligations, shall make a report to the Authority in the following ways –

- (i) for emergency situations such as the child victim is in need of rescue, urgent medical treatment and/or law enforcement, the mandated reporters should call 999 Emergency Call Centre of Hong Kong Police Force (the Police) to make an **emergency report**; or
- (ii) for non-emergency situations requiring to report, the mandated reporter shall contact a police station or a Family and Child Protective Services Unit¹⁶ (FCPSU) of SWD by phone or in person; **AND**
- (iii) submit a report in writing through the Reporting Platform as soon as practicable.¹⁷

¹⁶ Please refer to Annex 5 and 6 of this Guide for the lists of district/divisional police stations and FCPSUs respectively.

¹⁷ Both the Police and FCPSU will receive the written report after the mandated reporter has submitted a report to the Reporting Platform – Mandatory Reporting of Child Abuse.

3.1.2 Information to be Collected

For the sake of child protection, particularly for the suspected serious child abuse cases which immediate child protection actions may be warranted and/or appropriate follow-up action has to be taken, it is helpful, though not strictly necessary for the mandated reporter to have every detail when making a call to the Authority, the below information¹⁸, subject to case circumstances would be gathered –

- (a) *Regarding the incident of serious harm/real risk of serious harm*
 - nature and brief account of the incident;
 - frequency of similar incident(s);
 - identity and number of the alleged perpetrator(s);
 - date/time of the incident, e.g. the earliest, the most recent and the most severe incident;
 - location of the incident; and
 - any other person present at the scene or aware of the incident; if yes, his/her/their response(s) and action(s) taken
- (b) *Regarding the child*
 - name, date of birth/age;
 - any disability or special needs;
 - current whereabouts;
 - any physical injury currently sustained;
 - behavioural/emotional conditions of the child;
 - whether the child is in immediate danger; and
 - name of school/child care centre
- (c) *Regarding the family*
 - name and Hong Kong Identity Card number of parents/carers and other relevant parties;
 - name and age of other children in the same family, and whether they are at risk or potentially at risk of maltreatment;
 - significant persons who can help the child or family concerned (e.g. family members, relatives);
 - whether the family concerned has previously been involved in or suspected of child maltreatment; and
 - social service that the child and/or the family currently received
- (d) *Regarding the mandated reporter*
 - name, contact telephone number and profession;
 - how the mandated reporter found out about the incident and actions taken; and
 - whether this is an individual reporting or team reporting.

¹⁸ Please refer to paragraph 4.13 of “Protecting Children from Maltreatment – Procedural Guide for Multi-disciplinary Co-operation.”

3.1.3 Reporting Platform – Mandatory Reporting of Child Abuse

The Reporting Platform – Mandatory Reporting of Child Abuse (the Reporting Platform), a mobile responsive web application, is jointly developed by the Police and SWD for mandated reporters to make reports in writing.

Mandated reporter will, upon contacting the Authority and providing necessary information, be given an authenticating code (Access code) to access the Reporting Platform. The mandated reporter can fill in the required information in the report template to make a report directly on the Reporting Platform¹⁹. On receipt of the report, the Reporting Platform will generate an acknowledgement of receipt with the date of submission and send to the reporter for his/her own record. The Reporting Platform has the following distinct design features –

- (i) a safe and secure channel for submitting information;
- (ii) simple data entry for the mandated reporter;
- (iii) template to complete the report by providing only the essential information required by the law (**Annex 1**);
- (iv) a function to download the report for the mandated reporter's own record;
- (v) an acknowledgement of receipt of the report to the mandated reporter; and
- (vi) an interactive e-version of Decision Tree and Supplementary Analytical Framework for different types of abuse for quick reference.

The workflow of making and receiving a report through the Reporting Platform is set out at **Appendix to Chapter 3**.

3.1.4 Team Reporting

To facilitate mandated reporters who work in teams to make a report in respect of the same case²⁰, or to avoid reporting same case repeatedly, a report template is designed for team reporting. The designated team member as agreed among the mandated reporters by making reference to the guidelines of respective organisation/institutions shall make a call to the Authority or contact in person and complete the report in writing on behalf of other team members, in accordance with the specified way set out in paragraphs 3.1.1 to 3.1.3 above. According to section 9 of the Ordinance, a person must not wilfully inhibit or obstruct a specified professional from making a report or impose any guideline or requirement that has such an effect. Relevant organisations/institutions should draw up respective guidelines, including the arrangement of team reporting to ensure that the reporting procedures are in compliance with the requirements. Mandated reporters should also note that they are personally liable under the Ordinance to make a report, which does not rest with the team they work for.

¹⁹ If the mandated reporter has provided statement or is being informed by the Police that a statement will be taken, the police officer will generate an acknowledgement of receipt from the Reporting Platform to the mandated reporter. The mandated reporter is no longer required to make the report in writing on the Reporting Platform.

²⁰ In accordance with section 4 of the Ordinance, it refers to the same, or substantially the same, serious harm suffered by the child; or the same, or substantially the same, real risk of the child suffering serious harm.

3.2 Follow-up Actions after Report

3.2.1 Initial screening and enquiry

Upon receiving the mandatory report, the Police and/or FCPSU will conduct initial screening, jointly or separately; and take actions to protect the child(ren) as appropriate²¹. Thus, police officer (s) and/or social worker(s) of the respective FCPSU may contact the mandated reporter to gather additional information.

The Police will proceed with criminal investigation for the reported child harm/abuse involving criminal elements. The police officer(s) will approach the mandated reporter for an initial enquiry into the report and draw up set of actions for investigation depending on the circumstances and urgency of the case. The safety of child(ren) being abused or at risk of abuse shall be accorded with paramount importance.

Social worker(s) of FCPSU will collect supplementary information or seek clarifications with the mandated reporter in order to facilitate the subsequent initial assessment and follow-up actions. When there is/are reason(s) to suspect the child has been abused irrespective of whether it is serious harm in nature, the social worker of FCPSU will follow up, or notify the social worker in charge of the reported case (i.e. the social worker responsible for the “known case”²²) to follow-up on the case in accordance with the existing mechanism under the “Protecting Children from Maltreatment – Procedural Guide for Multi-disciplinary Co-operation” (the Procedural Guide).

3.2.2 Immediate Child Protection Actions and Joint Investigation

When imminent risk/danger of the child(ren) is/are detected, or in case of emergency where the child victim(s) is/are in need of rescue, urgent medical treatment and/or law enforcement, mandated reporters should make emergency call by dialling 999 to help the child obtain immediate protection and urgent assistance. Depending on the circumstances of the child suffering serious harm, for intervention, the Police and/or FCPSU will jointly take immediate child protection action(s) to safeguard the safety and well-being of the child(ren). To formulate the strategies, the Police may contact the mandated reporter to take his/her statement and seek information to conduct initial contact/meeting with the child(ren) victim or relevant persons in the case. Cooperation of the mandated reporter to provide additional information is required.

²¹ For example, the Police may draw up set of actions for investigation to ensure that the abused child(ren) or the child(ren) possibly at risk of abuse can be necessarily protected; FCPSU may take the child(ren) to a place of refuge for safety reason.

²² Please refer to Annex 5 to the “Protecting Children from Maltreatment — Procedural Guide for Multi-disciplinary Co-operation” for the definition of known case.

The Police/Child Abuse Investigation Unit²³ (CAIU) and FCPSU, subject to the harm of the child(ren) victim and/or actual case circumstances, may take the following action(s) and solicit assistance from relevant professionals to address the needs of child(ren) victim –

- (i) Admission of the injured child(ren) victim to the hospital under the Hospital Authority (HA) for medical examination or treatment;
- (ii) Assessment of the temporary accommodation of the child(ren) victim in the home of his/her relative or friend of the family as to whether the relative or the friend is capable of providing appropriate care so as to ensure the child(ren) victim's safety be protected;
- (iii) If temporary accommodation in the home of a relative or friend of the family cannot be arranged, consideration has to be given to arrange removal of the child(ren) victim to the emergency residential service or place of refuge for protection of his/her safety;
- (iv) If it is also necessary for other family member(s) to leave the home environment, admission of the child together with the family member(s) to appropriate emergency residential services, such as shelters and crisis support centres, etc. will be arranged.

Subject to case circumstances, under the standing practice as stipulated in the Procedural Guide, the case under Charter of CAIU of the Police will be jointly investigated by an FCPSU and CAIU, which is a police unit designated to investigate and handle child abuse/maltreatment cases of more complicated nature. For more details of criminal investigation of the Police or CAIU, please refer to Chapter 10 of the Procedural Guide.

3.2.3 Child Protection Plan

A Multi-disciplinary Case Conference on Protection of Child with Suspected Maltreatment (MDCC) will be convened by the officer-in-charge/supervisor/senior social worker of the unit providing casework service and conducting the social enquiry/assessment for child protection to discuss the follow-up plan for the child(ren) involved in the suspected child abuse/maltreatment incident. The responsible social worker will formulate initial follow-up plan on child protection, with reference to the conditions and views of the child and his/her parents/carers, or the opinions of significant person(s) of the child for MDCC members' consideration. MDCC members comprise different professionals of various disciplines and include the following personnel:

- (i) those who have direct knowledge on the child and his/her family and have a major role in the handling and investigation of the suspected child abuse/maltreatment case;
- (ii) those not involved in the investigation but may give particular information on the child or his/her family or professional advice; or

²³ Child Abuse Investigation Unit (CAIU) is a police unit designated to investigate child maltreatment cases.

- (iii) those not involved in the investigation but will follow up on the case afterwards, to facilitate the discussion of the nature of the incident, risk and need assessment and formulation of follow-up plan.

Mandated reporter who falls into the above three categories will be invited to attend the MDCC. After the MDCC, the mandated reporter, if he/she is one of the parties providing follow-up services to the child victim and his/her family, would collaborate with other professionals concerned through multi-disciplinary co-operation to implement the follow-up plan formulated in the MDCC.

The police officer responsible for the investigation of the reported case will adopt a neutral role to attend the MDCC. The discussion in the MDCC bears no binding effect on the outcome of the Police's criminal investigation or whether any prosecution action is pursued.

3.3 Service Provision

Mandated reporters are obliged to identify and report suspected serious child abuse cases to the Authority. Some specified professionals or public officers, together with the health-care professionals, school personnel and social workers, etc., may take up key roles to provide assistance or continuous services for the child abuse victims and/or their families in different stages. An overview of the key services provision for the child abuse victims and their families is provided below for reference. It is by no means indicating the division of work or responsibilities set for the professionals. If deemed appropriate, the mandated reporters may approach the respective parties for enquiry.

3.3.1 Immediate Protection and Crisis Intervention

✧ ***Hong Kong Police Force***

- Under emergency situations where the child victim(s) is/are in need of rescue, such as he/she has been seriously harmed with life-threatening risk or a crime has occurred that requires immediate law enforcement, the mandated reporter should seek emergency service or assistance from the Police by dialling 999.
- When the safety of the child victim(s) is at risk, urgent police's assistance should be enlisted, e.g. providing escort for them to attend medical examination at Accident and Emergency Department (A&ED) or admit to emergency residential service as appropriate.

✧ ***Social Welfare Department***

- Emergency placements such as place of refuge, foster care, residential care homes or temporary shelters operated by non-governmental organisations (NGOs) will be arranged for the child victim(s) in need of immediate protection.
- For the child victim(s) in need of statutory care or protection, social workers of the SWD or police officers may apply for a Care or Protection Order under the Protection of Children and Juvenile Ordinance (Cap. 213).

✧ ***Hospital Authority***

- If urgent medical attention is required for child victim(s), medical examination/treatment at the A&ED of a public hospital will be arranged.
- For cases that the parent(s)/guardian(s) of the child victim(s) is/are reached, the Medical Co-ordinator on Child Abuse or the Medical Officer On-duty of the Paediatric Department will be consulted to arrange direct admission of the child to paediatric ward for medical examination/treatment.

3.3.2 Multi-disciplinary Support

Where necessary, MDCC and/or welfare meeting(s) will be conducted to make recommendations in relation to the follow-up plan of the child and his/her family. The participating professionals of various disciplines, including social workers, medical professionals, school personnel and police officers, etc., will contribute to the multi-disciplinary co-operation through sharing of their professional knowledge, information and concern on the child health, development, function and parents/carers' ability as well as the follow up action individually or collectively.

3.3.3 Social Work Services

Social workers of various service settings will provide continuous support, including counselling services, case management, collaboration with other helping professionals, making referrals to social services and enlisting suitable community resources for the child victims and their families. They include –

- ✧ *Family and Child Protective Services Units*: the specialised units operated by the SWD to provide casework services, including risk assessment, counselling, and family support for the victims of child abuse and domestic violence.
- ✧ *Integrated Family Service Centres*: operated by the SWD or subvented NGOs to provide welfare services and counselling on parent-child relationship, problem-solving, stress coping, etc.
- ✧ *School Social Work and Student Guidance Services*: operated by subvented NGOs or provided by schools to help the students of pre-primary institutions, primary and secondary schools in various aspects, e.g. emotional problems, developmental needs, relationship with family members, welfare issues, etc.
- ✧ *Medical Social Services*: medical social workers work at the hospitals to collaborate with other medical and allied health professionals to assist persons who are in need of treatment or rehabilitation services, and to provide necessary assistance, e.g. counselling, making referrals for rehabilitation and community resources, etc.

3.3.4 Clinical Psychological Services

Child victims and their families having emotional, cognitive or behavioural difficulties may require clinical psychological services including psychological assessments and psychotherapy services. These specialised services are provided by the SWD, HA and some of the NGOs.

3.3.5 Support during Legal Process

- ✧ *Legal Aid* provides legal representation to eligible applicants including families involved in child abuse cases.

- ✧ *Witness Support Programme* operated by NGOs, with support of the Police and the SWD, offer emotional support by the trained Support Person to help child victims testify in court.

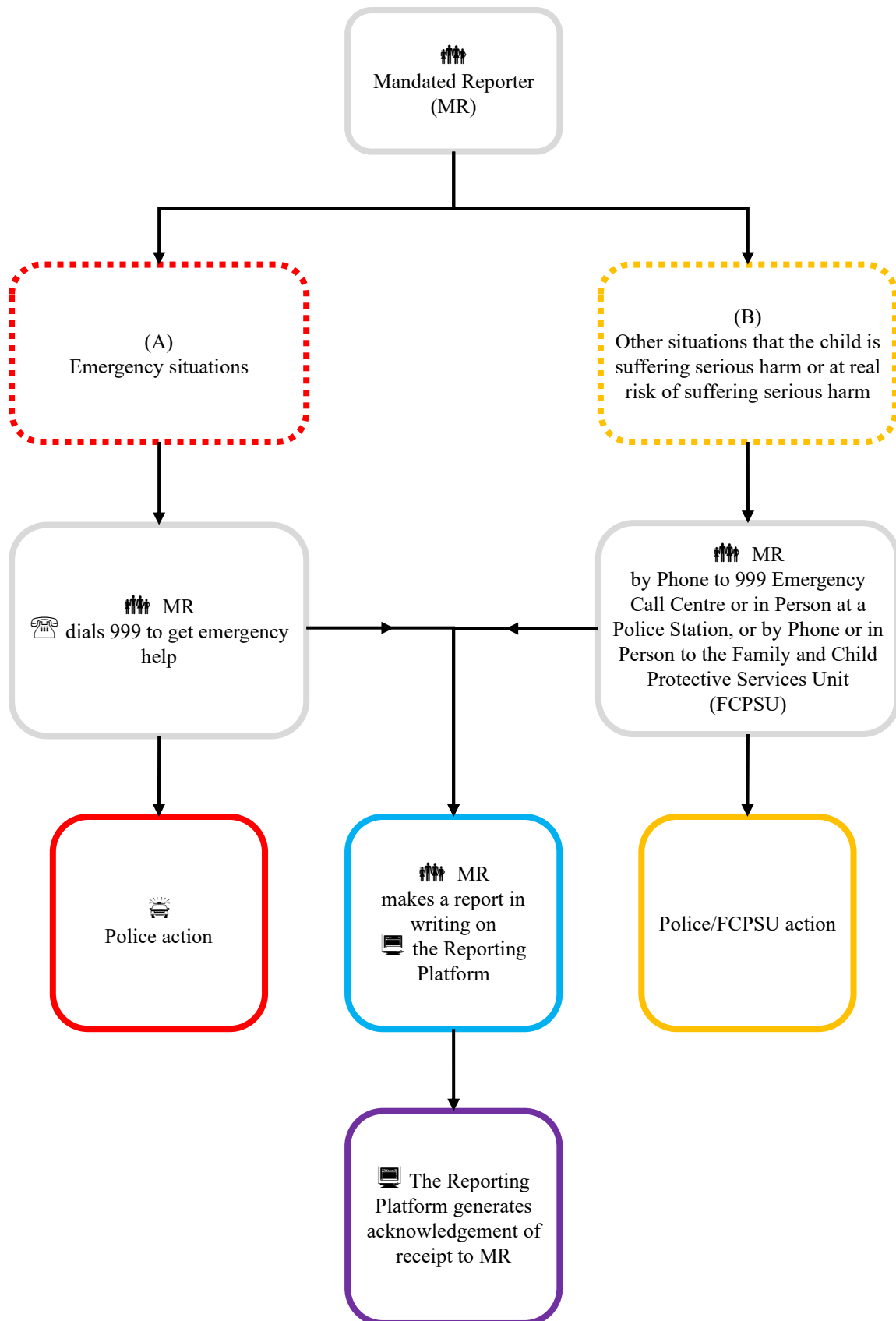
3.3.6 Other Support Services

Apart from the social work services mentioned in 3.3.3, the school personnel, para-healthcare professionals and social workers from various subvented NGOs such as Counselling Centre for Psychotropic Substance Abusers and Integrated Community Centre for Mental Wellness, refuge centres and residential child care units, always work collaboratively, through counselling, healthcare support, therapeutic groups and educational programmes, etc. , to provide necessary assistance to the abused child(ren) and their parents/carers.

3.3.7 Conclusion

The service provision summarised above is by no means exhaustive. It only provides a quick reference for mandated reporters, after making reports of child abuse, to join hands through multi-disciplinary co-operation and provide relevant assistance, follow-up and services for the child victims or vulnerable children and their families, if and when required.

Workflow



Remarks

1. Emergency situations refer to threats of personal safety, life-saving operation, rescue or the needs for urgent medical treatment or law enforcement, etc.
2. To ensure early detection and intervention in specified categories of serious child abuse/neglect cases, mandated reporters shall make a call or report in person to the Police and/or FCPSU before making the report in writing. The Police or FCPSU would collect necessary information for taking immediate actions if so required.
3. Immediate child protection actions include arrangement of urgent medical attention/treatment, arrangement of alternative residential placement or criminal investigation by the Police, etc.
4. After making a call or report in person, the mandated reporter shall complete the report in writing as soon as practicable. Both the Police and FCPSU will receive the written report after the mandated reporter has made a report on the Reporting Platform.
5. If the mandated reporter has provided statement or is being informed by the Police that a statement will be taken, the police officer will generate an acknowledgement of receipt from the Reporting Platform to the mandated reporter. The mandated reporter is no longer required to make the report in writing on the Reporting Platform.

CHAPTER 4 FREQUENTLY ASKED QUESTIONS

Mandated reporters are provided with information below on frequently asked questions or concerns shared among the specified professionals. The questions and answers mainly cover the general principles of making decision on a mandatory report, the specified way of reporting and handling team reporting and professional training matters.

General Principles of Mandatory Reporting	
Q 1:	Why does the Mandatory Reporting of Child Abuse Ordinance (the Ordinance) only cover serious child abuse cases as specified in Schedule 2 to the Ordinance?
A 1:	The Government has noted that, in overseas jurisdictions, the implementation of mandatory reporting regime has led to a surge in reported cases and even over-reporting, putting a strain on the limited public resources which are unable to attend to cases with sufficient evidence or urgency. To ensure that public resources are accorded priority in addressing serious child abuse and neglect cases, the Ordinance requires specified professionals to report serious child abuse cases as stipulated to fulfil their legal obligations, thereby facilitating early detection and intervention in these cases. The mandatory reporting regime does not affect the existing child protection mechanism. Professionals should continue to report and take follow-up actions on child abuse/neglect cases of varying degrees of harm or risk in accordance with the "Protection of Children from Maltreatment - Procedural Guide for Multi-disciplinary Co-operation" (the Procedural Guide) to protect children in need.
Q 2:	Are specified professionals who become aware of an act of serious harm to a child outside their professional duties required to make a report under the mandatory reporting requirements?
A 2:	If a specified professional, who is not in the course of his/her work as a specified professional, comes to the notice of a child suffering serious harm or at real risk of suffering serious harm, he/she is not subject to the regulation of the Ordinance. However, guided by the principle of safeguarding children's safety and best interests, any person who suspects that a child has suffered serious harm or is in immediate danger should report the matter to the Hong Kong Police Force (the Police) or the Family and Child Protective Services Unit (FCPSU) of the Social Welfare Department (SWD) as soon as possible.
Q 3:	What does the defence of "making a report as soon as practicable" mentioned in section 5 of Part 2 of the Ordinance refer to?
A 3:	Section 5 of Part 2 of the Ordinance provides that it is a defence for the specified professional to establish that, at the time of the alleged offence, the professional has reasonable excuse for failing to make a report of serious

	harm case by the law. It is the defence that the specified professional “honestly and reasonably believed that the delay was in the best interests of the child” and “has, during the delay, taken actions that are reasonably necessary in the circumstances to protect the interests of the child”. [Reference case scenario (1): Upon discovering a child with physical injuries, considering their location and severity, the specified professional considers that safeguarding the immediate safety of the child is of paramount importance and therefore decides to arrange medical examination and treatment for the child by calling 999 first, and thereafter making a report in accordance with the requirements stipulated in the Ordinance as soon as practicable.] [Reference case scenario (2): In handling a child sexual abuse case where the child may be emotionally unstable or refuse to disclose further details, the specified professional considers that the first priority should be stabilising the child’s emotions and ensuring the child’s safety by placing the child in a safe place to avoid further contact with the suspected abuser, and thereafter making a report in accordance with the requirements stipulated in the Ordinance as soon as practicable.]
Q 4:	Can specified professionals discuss potential serious child abuse cases with their supervisors or managers?
A 4:	In practical work settings, when a specified professional discovers a suspected child abuse case, particularly for complex natures, it may be necessary to report to or consult his/her supervisor/manager before taking forward further actions. The Ordinance requires specified professionals to report to the Authority (i.e. the Police or SWD) if they have a reasonable ground to suspect that a child is suffering serious harm or is at real risk of suffering serious harm, without requiring consent from others, including supervisors/managers. This requirement affects neither the existing case follow-up arrangements within service units nor the multi-disciplinary approach in handling suspected child abuse cases. Reporting serious child abuse cases is a personal legal obligation of a mandated reporter, and reporting to or consulting supervisors/managers does not substitute the legal requirement to report to the Authority.
Q 5:	If a child is found to have sustained minor injuries which are considered not a serious harm set out in Schedule 2 to the Ordinance, is a report still required?
A 5:	If a specified professional identifies a child’s minor injury which is not a serious harm stipulated in Schedule 2 to the Ordinance, and at the same time, there is no reasonable ground to suspect the child is suffering serious harm or is at real risk of suffering serious harm, the case is not subject to regulation under the mandatory reporting regime. Specified professionals should, in accordance with the existing child protection mechanism and making reference to the Procedural Guide, report to relevant service units for follow-

	up and support. If the incident involves criminal element, the Police will enforce the law according to existing provisions and implement child protection measures.
Q 6:	If a specified professional is aware that a child, who is suffering serious harm, is already known to the FCPSU of SWD, is a mandatory report still required?
A 6:	As the responsible social worker of FCPSU of SWD may not be immediately aware of serious child abuse happening to the case he/she is handling, to safeguard the child's safety, the specified professional should comply with legal obligation to report the identified serious child abuse case as soon as practicable, even if the case is a known case to the FCPSU. However, if the specified professional is informed by the Authority of the same (or substantially the same) serious harm suffering by the child or real risk of the child suffering serious harm, the specified professional is not required to make a report on the incident. [Reference case scenario (1): If the Police, upon receiving a report of neglect from a public member, sends the child to hospital for examination and clearly informs the healthcare professional of the serious case nature, the healthcare professional, is not required to make a separate report in this situation.] [Reference case scenario (2): If a social worker of FCPSU takes the initiative to inform the school social worker and teacher about a child abuse and enquires about the situation of child's schooling, the school social worker and teacher do not need to make a separate report in this situation.]
Q 7:	Do specified professionals need to obtain consent of or inform the parents/carers before making a mandatory report?
A 7:	Under the Ordinance, if a specified professional has reasonable ground to suspect that a child is suffering serious harm or is at real risk of suffering serious harm, he/she must report to the Authority as soon as practicable to fulfil his/her personal legal obligation. The Ordinance does not require the specified professional to obtain prior consent from or notify the parents/carers. In practical settings, the specified professionals may make appropriate arrangements based on the specific circumstances and needs of the case.
Q 8:	If a child who is capable of making an informed consent decision requests a specified professional not to report his/her case, can the specified professional refrain from reporting in accordance with the child's wishes?

A 8:	Specified professionals should clearly explain to the child concerned the purpose and procedures of referring the matter to the Authority for follow-up and should not promise the child confidentiality regarding the suspected abuse. If the child disagrees and displays emotional distress, the professional should make a report as soon as practicable after addressing the child's emotions. The Ordinance provides a defence for the specified professional who honestly and reasonably believed that a delay is in the child's best interests and has, during the delay, taken actions that are reasonably necessary in the circumstances to protect the child's interests (e.g. arranging appropriate accommodation to prevent further sexual abuse and addressing the child's emotional distress).
Q 9:	Are specified professionals required to report child abuse cases having happened in the past which are considered serious harm as specified in the Ordinance?
A 9:	The specified professional should assess whether the child is still suffering serious harm or is at real risk of suffering serious harm to decide whether a mandatory reporting is required to protect the child's safety and best interests. If so, the specified professional must make a mandatory report. If the child is no longer suffering serious harm or at real risk of suffering serious harm at present, the specified professional may take appropriate follow-up actions based on the child's condition, such as reporting to the Police or arranging/referring the child and family for counselling and other services, etc.
Q 10:	Do specified professionals need to report serious harm suffered by adults during their childhood?
A 10:	If a specified professional learns that an adult has suffered serious harm during childhood, it is not subject to the regulation of the Ordinance. Professionals may provide support based on the individual's needs, such as reporting to the Police or referring for counseling and other support services.
General Procedures / Ways of Mandatory Reporting	
Q 11:	Can specified professionals make a report if they cannot provide all details about the child concerned?
A 11:	According to Section 6(2) of Part 2 of the Ordinance, "A report must contain sufficient information for an Authority to identify the child concerned". Specified professionals must provide sufficient information to enable the Authority to identify the child to facilitate early intervention, and prevent or minimise harm caused to the child. Information such as the child's name, age, location, address, school or contact persons is useful for the Authority to identify the child. Failure to provide accurate or sufficient information as required by the Ordinance may delay intervention and follow-up.

Q 12:	Can a specified professional make a report in writing directly without contacting the Authority by phone?
A 12:	If a child is suffering serious harm or is at real risk of suffering serious harm, he/she may be in an urgent situation requiring immediate rescue, medical treatment or law enforcement, by making emergency call through 999 can enable the child to obtain immediate protection and urgent assistance. Under any circumstances, the safety and best interests of the child should be of paramount importance, the specified professional must contact the Police or SWD as soon as practicable to provide case details to assist the Authority in conducting initial screening, assessing the child's current conditions and implementing protective action accordingly. Submitting a report solely in writing may delay intervention and follow-up, as the Authority requires time to process documents and seek clarification from the specified professional to assess the child's condition.
Q 13:	Will the Authority automatically issue written confirmation of receipt after receiving a report from a specified professional?
A 13:	Under the mandatory reporting regime, a specified professional after contacting the Authority by phone or in person must submit report in writing in the specified way. Upon receiving the written report, an acknowledgement of receipt will be generated through the Reporting Platform to the specified professional to confirm receipt.
Q 14:	What are the follow-up actions taken by the Authority after a report has been made by a specified professional?
A 14:	Upon receiving a report, the Police and SWD will jointly or independently conduct an initial screening, and according to the case situation, pursue criminal investigations and implement child protection measures respectively as needed. The Police and SWD have different foci and work areas in handling cases involving children who are suffering serious harm or are at real risk of suffering serious harm. The Police draws up a set of actions for investigation based on the case nature and urgency, ensures protection for children possibly at risk of abuse, stops the abuser's acts, e.g. arresting suspected abusers to prevent the children from further harm, and arrange medical examinations or treatment, or secure a safe accommodation for the children. Based on the relevant information and evidence, the Police will proceed with criminal investigation. The SWD, after receiving reports, conducts risk assessments to safeguard the children's welfare, identifies their immediate needs including care arrangement, emotional support and statutory protection, etc. Through convening multi-disciplinary case conferences, the SWD collaborates, exchanges views and formulates follow-up plans with relevant professionals to assist the abused child and his/her family.

Q 15:	After submitting a report in writing via the Reporting Platform, can the content of the report be revised or accessed by the specified professional?
A 15:	When submitting a report in writing through the Reporting Platform, the specified professional may download a copy of the report for his/her own record. Once the report was submitted, the specified professional can no longer enter the Reporting Platform to revise or access the report. The reporting professionals can contact the Authority directly if they want to provide additional or supplementary information.
Q 16:	What can the specified professional do if he/she cannot submit a report in writing through the reporting platform?
A 16:	The reporting platform provides a secure and convenient way for specified professionals to submit reports in writing which contain the information required by the Ordinance, and receive an acknowledgement of receipt through the Reporting Platform which confirms the report has been received by the Authority. If a specified professional cannot make the report in writing through the Reporting Platform due to individual reasons, he/she may submit the report in writing to the Authority by filling in the report template attached in the Annex. Besides, if the mandated reporter has given formal statement on the MRR report to the Police and is provided an acknowledgement of receipt of the report via the Reporting Platform, he/she is not required to make the report in writing on the Reporting Platform again.
Q 17:	What should a specified professional do if he/she needs to make a report outside his/her office hours?
A 17:	Specified professionals who need to make reports outside office hours may report to the Police by dialing 999 or call SWD hotline ²⁴ (2343 2255). Through SWD hotline, the After Office Hours Outreaching Team for Child Maltreatment Cases of SWD will be notified. The Police and/or the Outreaching Team will make initial assessment and depending on needs, to determine if immediate protective actions or other follow-up work are required.
Q 18:	Can a specified professional cancel a mandatory report if he/she later finds that the case does not belong to a child suffering serious harm or at real risk of suffering serious harm (e.g. the incident is later found to be accidental or the child's injuries are not serious)?
A 18:	A specified professional cannot cancel a mandatory report once initiated. Upon receipt of a mandatory report, the Authority will conduct screening, investigate and follow up as needed, and the specified professional must

²⁴ The SWD hotline service operates 24 hours a day. Calls received by the hotline from 9:00 a.m. to 5:00 p.m. from Mondays to Fridays and from 9:00 a.m. to 12:00 noon on Saturdays (except public holidays) are handled by the Departmental Hotline Service Unit, whereas calls received outside the abovementioned hours are handled by the Hotline and Outreaching Service Teams (HOSTs) operated by the Tung Wah Group of Hospitals (TWGHs).

	cooperate in the process. If the specified professional later believes the case does not fall within the scope of mandatory reporting, he/she may inform the Authority, who will consider appropriate follow-up actions.
Team Reporting Matters	
Q 19:	In the same unit/organisation (e.g. a hospital), if the first specified professional (e.g. a nurse) identifies a child suffering serious harm and another specified professional (e.g. a doctor) confirms it after examination, who should make the report?
A 19:	Within the same unit/organisation, any specified professional who has reasonable ground to suspect a child suffering serious harm has a legal obligation to report as soon as practicable. If the specified professional is aware that another specified professional will report, he/she may fulfill legal obligation by providing his/her relevant information in the “Other Reporters” section of the written report submitted by another specified professional (generally speaking, team reporting can be applicable to the specified professionals working in the same unit/team), or he/she may choose to report separately.
Q 20:	Who should make a report when more than one specified professional in the same unit/organisation are simultaneously providing services to a child?
A 20:	If a specified professional honestly and reasonably believes another specified professional has reported the same (or substantially the same) serious harm or real risk of serious harm, he/she is not required to make a report. If there are more than one specified professional working with the child in the same organisation/unit simultaneously, the organisation/unit may, having regard to its own service and operational circumstances, establish suitable reporting procedures to facilitate coordinated reporting for the same case. The SWD and Police also designed a report template for team reporting to facilitate specified professionals who work in the same team to make a report in respect of the same case to avoid reporting the same case repeatedly.
Q 21:	What should be done if the specified professionals in the same unit/organisation have different opinions on whether it is required to report a suspected child abuse case?
A 21:	Specified professionals have personal legal obligations to report suspected child abuse cases under the scope specified in the Ordinance. A specified professional has a duty to report if there is a reasonable ground to suspect the child's condition falls within the scope of serious harm, regardless of different opinions held by other specified professionals within the same unit/organisation. Any person, including the employer or supervisor, must not impose policies, rules or other requirements inhibiting or obstructing a specified professional from making report according to the mandatory requirements. Otherwise the person will be liable for the same penalty as failing to report.

	[Reference case scenario: If a teacher believes it is required to report a child's situation according to the mandatory requirements, he/she must report as soon as practicable in order to fulfill his/her legal obligation. At the same time, the teacher may also report the case to supervisor/school authority in accordance with the established procedures of the school and refer the case to the school social worker or caseworker for necessary support to the child. It must be noted that, notifying the school authority cannot substitute one's legal obligation to make mandatory report. The teacher is not required to obtain consent of the school authority before making report. The school authority must not inhibit or obstruct the teacher from making a report; otherwise the relevant person will be liable for the same penalty as not reporting].
Professional Training Matters	
Q 22:	What are the contents of relevant training courses?
A 22:	To dovetail with the implementation of the Ordinance, the Government has set up a e-learning platform to provide appropriate training and information on child protection for relevant professionals. The "Child Protection Online Training" offers online self-learning courses. "Module 1" provides training on the basic knowledge of child protection. "Module 2" covers the basic knowledge on the legal and reporting matters related to the Ordinance. Apart from the specified professionals, professionals working with children can also participate in the "Child Protection Online Training" for enhancing their knowledge on child protection. In addition, relevant bureaux/departments/organisations have been providing trainings relating to child protection and tailoring to the needs of professionals, including talks, seminars, workshops and online trainings, etc.
Q 23:	How can organisations/units enhance staff training?
A 23:	Organisations/units can encourage their staff to participate in the online self-learning modules and webinars of the "Child Protection Online Training", through the e-learning platform set up by the Government to learn about child protection. The organisations/units can, through disseminating relevant information on training (e.g. talks, seminars, workshops or online training) provided by different government departments and organisations for professionals in relation to child protection and their professional needs, also support staff's attendance in order to enhance their knowledge and skills in handling suspected child abuse cases. In addition, the organisations/units may also arrange trainings for their staff on a regular basis.
Other Matters	
Q 24:	What is the difference between the "Guide for Mandated Reporters" and the "Protecting Children from Maltreatment - Procedural Guide for Multi-disciplinary Co-operation"?

A 24:	The "Guide for Mandated Reporters" provides practical guidance for the mandated reports in reporting suspected serious child abuse cases as governed by the Ordinance. It includes the decision trees, supplementary analytical frameworks, sample case scenarios and the ways of reporting, etc., for reference of the specified professionals in making reporting decisions. The “Protecting Children from Maltreatment - Procedural Guide for Multi-disciplinary Co-operation” aims to detail the roles of relevant professionals in handling suspected child abuse cases, the handling procedures and how they can collaborate in child protection.
Q 25:	Should the specified professionals consult or deliberate the case with the Authority before deciding whether to report or who to make the report?
A 25:	Under the Ordinance, a specified professional must report to the Authority as soon as practicable during the course of his/her work as a specified professional, if he/she has reasonable ground to suspect that a child is suffering serious harm or is at real risk of suffering serious harm. Consultation or discussion with the Authority is not required before making the report. Consultation or discussion with the Authority <i>cannot replace the personal legal obligation to make a mandatory report.</i>

Annex 1 Report Template

Specified Professional(s)	Reporting Type	☐ Individual Reporting		☐ Team Reporting (Please fill in the Main Reporter's contact information below)		
	Name	(Chi / Eng)		Organisation	Service Unit Post	
	Contacts	Mobile phone number: Email:				
		Contact number (if different from the mobile phone number):				
		Office address:				
	Sector / Profession of the Main Reporter	☐ (A) Social Welfare		☐ (B) Health Care	☐ (C) Education	
		Profession:		Profession:	Profession:	
	Other Reporter's information (for Team Reporting)	Name		Organisation (if different from the organisation of the Main Reporter above)	Post	Sector / Profession (if different from the Sector / Profession of the Main Reporter above)
		(Chinese)	(English)			

The child(ren) suspected suffering/at real risk of suffering serious harm	Name		(Chi) / (Eng)		Sex	☐ Male ☐ Female	Date of Birth or Age	_____ (DD / MM / YY) or (_____yr.) [if D.O.B. is unknown]		
	Type of Identity document						Document Number (if available)			
	Residential Address		☐ Address of parent/legal guardian _____ _____ ☐ Address of the child (if different) _____ _____					☐ Unknown		
	School Address		School Address _____ _____					☐ Unknown		
	Telephone No.		Parent/legal guardian				Child			
	Co-residing sibling(s) suffering from the same (or substantially the same) degree and risk of serious harm (if applicable)							(Please provide details below)		☐ Unknown
	Name (Chi / Eng)		Sex		Date of Birth / Age			Identity Document No.		
Sibling(s)	(Chi)	(Eng)	☐ Male ☐ Female	_____ (DD / MM / YY) or (_____yr.) [if D.O.B. is unknown]						
	(Chi)	(Eng)	☐ Male ☐ Female	_____ (DD / MM / YY) or (_____yr.) [if D.O.B. is unknown]						
	(Chi)	(Eng)	☐ Male ☐ Female	_____ (DD / MM / YY) or (_____yr.) [if D.O.B. is unknown]						
	(Chi)	(Eng)	☐ Male ☐ Female	_____ (DD / MM / YY) or (_____yr.) [if D.O.B. is unknown]						
[PLEASE ADD NEW PAGE(S) FOR OTHER NON-CO-RESIDING CHILD(REN), IF NECESSARY]										

Reasonable Ground for Making a Report	Type of Serious Harm (if in doubt, please refer to the Ordinance for reference) (may choose more than ONE)		
	☐	Physical Abuse: Any harm that endangers a child's life, or harm that endangers a child's physical health and requires urgent medical treatment.	
	☐	Psychological Abuse: Any harm that endangers a child's psychological health or development including mental derangement and prolonged psychological trauma but does not include any emotional reaction (such as distress, grief, fear and anger) that is a response to the ordinary vicissitudes of life.	
	☐	Sexual Abuse: Any harm that caused by coercing or enticing a child to take part in rape, incest, buggery, sexual intercourse or any act of gross indecency.	
	☐	Neglect: Any harm caused by the neglect of a responsible person of a child that endangers the child's life or health.	
	Location of Incident	Location of incident: 	☐ Unknown
Information about the incident:			

- ☐ I have already made a phone call / reported in person [delete as appropriate] to ☐ the Police ☐ Social Welfare Department
- ☐ The concerned child(ren) is/are known case(s) of _____ (Name of Social Service Unit) [if applicable]
- ☐ This case is already known to the Police, and the Police's Report Number (RN) is _____ [if applicable]

According to Personal Data (Privacy) Ordinance, the provision of personal data in this form is on a voluntary basis. The information you provide will be used to process your report or other directly related purpose.

(signature)
(_____)
(Name of Mandated Reporter / Title / Organisation)

For Official Use Only

Registration Date	:	/ (DD/MM/YYYY)
MRR Code	:	
Name of Officer	:	
Office	:	
Telephone Number	:	

Annex 2 Mandatory Reporting of Child Abuse Ordinance

Schedule 1 – Specified Professionals

Professionals

1. A registered pharmacist within the meaning of the Pharmacy and Poisons Ordinance (Cap. 138).
2. A registered dentist within the meaning of the Dentists Registration Ordinance (Cap. 156).
3. An enrolled dental hygienist within the meaning of the Ancillary Dental Workers (Dental Hygienists) Regulations (Cap. 156 sub. leg. B).
4. A registered medical practitioner within the meaning of the Medical Registration Ordinance (Cap. 161).
5. A registered midwife within the meaning of the Midwives Registration Ordinance (Cap. 161).
6. A registered nurse or enrolled nurse within the meaning of the Nurse Registration Ordinance (Cap. 164).
7. A child care worker or supervisor within the meaning of the Child Care Services Regulations (Cap. 243 sub. leg. A).
8. A registered teacher or permitted teacher (within the meaning of the Education Ordinance (Cap. 279)) who is working in a specified school²⁵.
9. A person approved to be appointed under regulation 56(6) and (7) of the Education Regulations (Cap. 279 sub. leg. A) as a warden of a boarding school within the meaning of those Regulations that is a specified school¹.
10. A registered medical laboratory technologist within the meaning of the Medical Laboratory Technologists (Regulations and Disciplinary Procedure) Regulations (Cap. 359 sub. leg. A).

²⁵ **Specified school**（指明學校）means a school within the meaning of the Education Ordinance (Cap. 279), but does not include –

- (a) a Government school;
- (b) a school that only provides post secondary education within the meaning of that Ordinance; or
- (c) an exempted school within the meaning of the Education (Exemption) (Private Schools Offering Non-Formal Curriculum) Order (Cap. 279 sub. leg. F).

Professionals

11. A registered occupational therapist within the meaning of the Occupational Therapists (Registration and Disciplinary Procedure) Regulations (Cap. sub. leg. B).
12. A registered optometrist within the meaning of the Optometrists (Registration and Disciplinary Procedure) Regulation (Cap. 359 sub. leg. F).
13. A registered radiographer within the meaning of the Radiographers (Registration and Disciplinary Procedure) Regulation (Cap. 359 sub. leg. H).
14. A registered physiotherapist within the meaning of the Physiotherapists (Registration and Disciplinary Procedure) Regulation (Cap. 359 sub. leg. J).
15. A registered chiropractor within the meaning of the Chiropractors Registration Ordinance (Cap. 428).
16. A registered social worker within the meaning of the Social Workers Registration Ordinance (Cap. 505).
17. A listed Chinese medicine practitioner or registered Chinese medicine practitioner within the meaning of the Chinese Medicine Ordinance (Cap. 549).
18. A person employed as a member of the teaching staff or a principal of the Youth College of the Vocational Training Council established under the Vocational Training Council Ordinance (Cap. 1130).
19. A person employed by the Government as a teacher or a principal who is working in a Government school²⁶.
20. A person registered by the Director as a superintendent of a residential child care service unit.

²⁶ **Government school** (官立學校) means a school entirely maintained and controlled by the Government.

Professionals

21. A person whose name is listed on the accredited register²⁷ for audiologists, or a person who provides substantially the same services as a person whose name is listed on that register.
22. A person whose name is listed on the accredited register³ for clinical psychologists, or a person who provides substantially the same services as a person whose name is listed on that register.
23. A person whose name is listed on the accredited register³ for dietitians, or a person who provides substantially the same services as a person whose name is listed on that register.
24. A person whose name is listed on the accredited register³ for educational psychologists, or a person who provides substantially the same services as a person whose name is listed on that register.
25. A person whose name is listed on the accredited register³ for speech therapists, or a person who provides substantially the same services as a person whose name is listed on that register.

²⁷ **Accredited register** (認可名冊), in relation to a healthcare profession, means the register maintained –

- (a) under The Accredited Registers Scheme for Healthcare Professions (***Scheme***) established by the Government; and
- (b) by the professional body that is accredited for the profession under the Scheme.

Annex 3 Mandatory Reporting of Child Abuse Ordinance

Schedule 2 – Serious Harm

1. Any harm that endangers a child's life, or harm that endangers a child's physical health and requires urgent medical treatment, including—
 - (a) loss of any limb or the function of any limb;
 - (b) loss of sight or hearing;
 - (c) injury to any internal organ;
 - (d) fracture of any bone;
 - (e) burn on body surface;
 - (f) wound that causes nerve, muscle or tendon damage or severe haemorrhage; and
 - (g) loss of consciousness or impaired consciousness.
2. Any harm that endangers a child's psychological health or development, including—
 - (a) mental derangement; and
 - (b) prolonged psychological trauma,but does not include any emotional reaction (such as distress, grief, fear and anger) that is a response to the ordinary vicissitudes of life.
3. Any harm caused by coercing or enticing a child to take part in—
 - (a) rape;
 - (b) incest;
 - (c) buggery;
 - (d) sexual intercourse; or
 - (e) any act of gross indecency.
4. Any harm caused by the neglect of a responsible person of a child that endangers the child's life or health, including—
 - (a) by failing to provide the child with necessities for maintaining the child's life or health; and
 - (b) by exposing the child to a situation (such as allowing the child to access or take any dangerous drug or substance) or environment that endangers the child's life or health.

Annex 4 List of Other Related Ordinances

Criminal investigation by the Police is required in most incidents relating to children being harmed / abused in which commission of criminal offences is suspected. On criminal offences, specific abusive acts are dealt with under a number of Ordinances of which the upper age limit of the child concerned varies according to the objectives of the respective legal provisions. If it is believed that a criminal abusive act has been or is about to be committed against a child, the Police should be notified as soon as possible.

Below is the list of Ordinances related to child abuse:

(a) Offences of Sexual Abuse

- ***Crimes Ordinance, Cap 200***

Part VI Incest

Part XII Sexual and Related Offences

- ***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

(b) 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

(c) **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 |

Annex 5 List of District / Divisional Police Stations

Emergency Call

999

Report Room		Tel. No.
<i>Hong Kong Island</i>		
1.	Central District	3661 1600
2.	Peak Sub-Division	3661 1604
3.	Western Division	3661 1618
4.	Aberdeen Division	3661 1614
5.	Stanley Sub-Division	3661 1616
6.	Wan Chai Division	3661 1612
7.	Happy Valley Division	3661 1610
8.	North Point Division	3661 1608
9.	Chai Wan Division	3661 1606
<i>Kowloon East</i>		
10.	Wong Tai Sin District	3661 1632
11.	Sai Kung Division	3661 1630
12.	Kwun Tong District	3661 1622
13.	Tseung Kwan O District	3661 1624
14.	Sau Mau Ping Division	3661 1628
15.	Ngau Tau Kok Division	3661 1626
<i>Kowloon West</i>		
16.	Tsim Sha Tsui Division	3661 1650
17.	Yau Ma Tei Division	3661 1652
18.	Sham Shui Po Division	3661 1646
19.	Cheung Sha Wan Division	3661 1644
20.	Mong Kok District	3661 1642

Report Room		Tel. No.
21.	Kowloon City Division	3661 1640
22.	Hung Hom Division	3661 1638
<i>New Territories South</i>		
23.	Kwai Chung Division	3661 1690
24.	Tsing Yi Division	3661 1692
25.	Tsuen Wan District	3661 1708
26.	Sha Tin Division	3661 1702
27.	Tin Sum Division	3661 1706
28.	Ma On Shan Division	3661 1700
29.	Lantau North Division	3661 1694
30.	Lantau South (Mui Wo) Division	3661 1696
31.	Airport District	3661 1688
<i>New Territories North</i>		
32.	Tai Po Division	3661 1674
33.	Sheung Shui Division	3661 1672
34.	Tuen Mun Division	3661 1670
35.	Castle Peak Division	3661 1668
36.	Yuen Long Division	3661 1680
37.	Tin Shui Wai Division	3661 1678
38.	Pat Heung Division	3661 1676
39.	Sha Tau Kok Division	3661 1664
40.	Lok Ma Chau Division	3661 1658
41.	Ta Kwu Ling Division	3661 1666
<i>Marine</i>		
42.	Marine Harbour Division	3661 1720
43.	Marine East Division	3661 1718

Report Room		Tel. No.
44.	Marine South Division	3661 1724
45.	Marine West Division	3661 1726
46.	Marine North Division	3661 1722
47.	Cheung Chau Division	3661 1712
48.	Lamma Island Police Post	3661 1714
49.	Peng Chau Police Post	3661 1716
50.	Sok Kwu Wan Police Post	3661 1736

Annex 6 List of Family and Child Protective Services Units

SWD Hotline 2343 2255

Family and Child Protective Services Units (“FCPSUs”)

FCPSUs	Address	Tel. No.*
1. FCPSU (Central Western, Southern and Islands)	Room 2313, 23/F, Southorn Centre, 130 Hennessy Road, Wan Chai, Hong Kong.	2835 2733
2. FCPSU (Eastern and Wan Chai)	Room 229, 2/F, North Point Government Offices, 333 Java Road, North Point, H.K.	2231 5859
3. FCPSU (Sham Shui Po)	G/F, Cheung Shan Wan Community Centre, 55 Fat Tseung Street, Kowloon	2247 5373
4. FCPSU (Kowloon City and Yau Tsim Mong)	Room 803, 8/F, Kowloon Government Offices, 405 Nathan Road, Kowloon	3583 3254
5. FCPSU (Kwun Tong)	Unit 2101, 21/F, Kwun Tong View, 410 Kwun Tong Road, Kowloon	3586 3741
6. FCPSU (Wong Tai Sin and Sai Kung)	3/F, Wong Tai Sin Community Centre, 104 Ching Tak Street, Wong Tai Sin, Kowloon	3188 3563
7. FCPSU (Shatin)	Room 716, 7/F, Shatin Government Offices, 1 Sheung Wo Che Road, Shatin, New Territories	2158 6680
8. FCPSU (Tai Po and North)	4/F, Tai Po Complex, 8 Heung Sze Wui Street, Tai Po Market, New Territories	3183 9323

FCPSUs	Address	Tel. No.*
9. FCPSU (Tsuen Wan and Kwai Tsing)	21/F, Tsuen Wan Government Offices, 38 Sai Lau Kok Road, Tsuen Wan, New Territories	2940 7350
10. FCPSU (Tuen Mun)	4/F, On Ting / Yau Oi Community Centre, On Ting Estate, Tuen Mun, New Territories	2618 5710
11. FCPSU (Yuen Long)	G/F, Wah Yuet House, Tin Wah Estate, Tin Shui Wai, Yuen Long, New Territories	2445 4224

*The telephone numbers will be updated before the Ordinance takes effect.

Annex 7 List of Abbreviations

The Ordinance	The Mandatory Reporting of Child Abuse Ordinance
The Guide	Guide for Mandated Reporters
MRR	The mandatory reporting regime for suspected child abuse case
SWD	Social Welfare Department
Mandated Reporters	25 categories of specified professionals as set out in Part 1 of Schedule 1 to the Ordinance
Authority	The Director of Social Welfare or the Commissioner of Police
Child	A person below the age of 18 years
Report	A report made under Section 4(1) of the Ordinance
Responsible Person	A person, in relation to a child, who has attained the age of 18 years and has the custody, charge or care of the child
Procedural Guide	Protecting Children from Maltreatment – Procedural Guide for Multi-disciplinary Co-operation
FCPSU	Family and Child Protective Services Unit

Published by: Social Welfare Department, the Government of the Hong Kong Special Administrative Region

Copyright © Social Welfare Department, the Government of the Hong Kong Special Administrative Region

Date of Publishing : July 2025

Copyright Notice:

Unless otherwise indicated, the materials found in this Guide are subject to copyright owned by the Social Welfare Department (SWD) of the Government of the Hong Kong Special Administrative Region (the Government). The information available in this Guide may be re-disseminated or reproduced free of charge in any format or medium for personal or internal use within an organisation, provided that SWD, as the source of information, is acknowledged. The materials must be reproduced accurately and must not be used in a manner adversely affecting the moral rights of the Government. Any other reproduction, adaptation, distribution, dissemination or making available of the information available in this Guide for commercial use is strictly prohibited unless prior written authorization is obtained from the SWD.

Disclaimer:

The information compiled in this Guide is to provide the specified professionals with reference serving as practical guidance for the purposes of Part 2 of the Mandatory Reporting of Child Abuse Ordinance (the Ordinance)(Cap. 650). It does not provide an exhaustive guide to the application of the Ordinance. For a complete and definitive statement of law, direct reference should be made to the Ordinance itself. The SWD and the Government of the Hong Kong Special Administrative Region will not have or accept any liability, obligation or responsibilities whatsoever for any loss, destruction or damage however arising from or in respect of any use or misuse of the information, or reproduction or re-dissemination of the information in this Guide.