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Acknowledgement
In October 1995, Singapore became signatory to the Convention on the Rights of the Child (CRC), pledging its commitment to help children when they are in an environment of abuse and neglect. Under the CRC, every child has a right to protection from abuse and neglect by parents or care givers, and be ensured of appropriate treatment for their recovery and social reintegration.

Similarly, there are also provisions under the Children and Young Persons Act, Women's Charter and the Penal Code to protect our children and families from abuse and maltreatment.
Children deserve a childhood free of abuse where their basic physical, intellectual, emotional and social needs are met. They are unable to protect themselves and cannot go unprotected. Parents should be the best source of protection for their children and the normal resource for meeting their basic needs. Where parents are unwilling or unable to protect their children from neglect and abuse or are themselves the cause of ill-treatment, the community has to step in on behalf of the children.

In March 1996, the Child Abuse Protection Team (CAPT) was introduced by MCDS to institutionalise a multi-disciplinary and multi-agency team approach in the management of child abuse cases in Singapore. CAPT provides a forum for child protection professionals to discuss, develop and follow through a plan of action for child abuse cases, ensuring that the best interest of the child is being met.

The National Standards for Protection of Children, developed by the Child Protection Officers from the Ministry of Community Development and Sports, sets out the framework for the management of child protection in Singapore. This publication is timely with the recent implementation of the amendments to the Children and Young Persons Act in October 2001. Under the amended Act, the scope of child abuse now covers emotional and psychological abuse.

The standards provide us with a common understanding of the roles and responsibilities of the various constituents of the child protection system, and serve to guide child protection professionals in the discharge of their varied functions.

The standards will ensure the adoption of good practice, and enhance public confidence that the management of child protection will be prompt and handled with the child's interest as the main priority. This publication will contribute to the meaningful involvement of every stakeholder in child protection.

ABDULLAH TARMUGI

MINISTER FOR
COMMUNITY DEVELOPMENT AND SPORTS
A publicity project under the *Convention on the Rights of the Child*. 
1.1 Introduction

1.1.1 The National Standards for Protection of Children is issued by the Ministry of Community Development and Sports. It sets the framework for the management of child protection in Singapore and describes the referral standards as required by the different sectors involved.
1.2 Relevance

1.2.1 The National Standards is relevant to:

(i) Judges who can be assured as to the basis on which referrals to court for care and protection are prepared;

(ii) the Child Protection & Welfare Officers (CPWO), to put in place a structure for good practice and greater transparency;

(iii) the Police, to ensure clarity of roles and well-coordinated efforts;

(iv) the Healthcare Services, to liaise with the agencies involved to bring about swift medical action;

(v) the Schools, for clarity on the procedures of handling child protection cases;

(vi) the private and voluntary sector partners, who in dealing with child protection cases will be expected to meet the standards; and

(vii) the general public, who should be assured that protection of children is not compromised.

1.3 Objectives

1.3.1 The National Standards aims to:

(i) set clear requirements for case management which are understood by all concerned;

(ii) enable professional judgement to be exercised within a framework of transparency;

(iii) encourage the adoption of good practice including the development of practice guidelines or manuals; and

(iv) enhance public confidence that the management of child protection will be prompt and handled with the child’s interest as the main priority.
2.1 What is Child Abuse?

2.1.1 Child Abuse is defined as any act by a parent, guardian or caregiver that endangers or impairs the child's physical or emotional well-being. It includes:

- **Physical Abuse**
  Physical abuse occurs when a child is physically injured by non-accidental means (e.g. forceful shaking, burning, slapping, excessive discipline or physical punishment etc.).

- **Sexual Abuse**
  Sexual abuse is the exploitation of a child or young person for sexual gratification or any sexual activity between an adult and a child. It also includes exposing a child to forms of sexual acts or pornographic materials.
- **Neglect**
  Child neglect is the deliberate denial of a child's basic needs. This is where a parent or caregiver fails to provide adequate food, shelter, clothing, medical care and supervision or forces a child to do things inappropriate for his/her age.

- **Emotional / Psychological Abuse**
  Emotional / psychological abuse refers to the significant impairment of a child's social, emotional, cognitive and intellectual development, and/or disturbances of the child's behaviour resulting from behaviours such as persistent hostility, ignoring, blaming, discriminating or blatant rejection of the child.

### 2.2 Guiding Principles

#### 2.2.1

(i) Children deserve a childhood free from abuse. The rights and welfare of the child must be respected.

(ii) Parents should be the optimal source of protection for their children and the resource for meeting their basic needs.

(iii) When there is a conflict between the interest of parents and children, the welfare of the child is paramount.

(iv) The procedural guidelines are formulated to serve the best interest of the child and to provide protection to the children who are at risk of child abuse.

(v) All professionals should work in collaboration in deciding a welfare and protection plan for the child. While the primary responsibility in child protection lies with the Ministry of Community Development and Sports, all Government and non-government agencies and the community play a part in ensuring that our children are protected from harm.
3.1 Introduction

3.1.1 The management of child protection cases is governed by the following legislation.

3.2 Children and Young Persons Act (CYPA)

3.2.1 This Act provides the basis for protection and intervention by the relevant authorities if a child (below the age of 14 years) or young person (from 14 years to below 16 years of age) is found to be abused or neglected.

3.3 Offences and Penalties in General

3.3.1 (i) Ill-treatment of Child or Young Person
(ii) Contribution to Delinquency of Child or Young Person
(iii) Sexual Exploitation of Child or Young Person
3.4 *Powers of Protector, Courts and Police in General*

3.4.1  
(i) Power to Obtain Information  
(ii) Power to take Child or Young Person to a Place of Safety  
(iii) Power to Search for or Remove Child or Young Person

3.5 *Powers of the Juvenile Court*

3.5.1 The Juvenile Court may make the following orders in respect of any child / young person in need of care and protection:

(i) order the parent or guardian to enter into a recognisance to exercise proper care and guardianship;  
(ii) commit the child / young person to the care of a fit person;  
(iii) order the child / young person to be sent to an approved home or a place of safety; and  
(iv) place the child / young person on statutory supervision.

3.6 *The Women's Charter, Chapter 353*

3.6.1 The relevant provisions in the Women's Charter cover:

(i) protection for children against family violence;  
(ii) parental duties to maintain children; and  
(iii) offences against women and girls.

3.7 *Penal Code, Chapter 224*

3.7.1  
(i) The Penal Code sets out such offences as Culpable Homicide, Murder, Infanticide, Exposure and Abandonment of a child, Causing Hurt or Grievous Hurt and Rape.  
(ii) Public servants are accorded certain protections in the discharge of their duties. For example, it is an offence to obstruct any public servant in the discharge of his public functions. It is also an offence to assault any public servant in the execution of his duty.
4.1  **Making a Referral**

4.1.1 Child protection practice is dependent on inter-agency co-operation. Professionals who are involved with children, such as teachers, child care workers, medical practitioners, social workers, religious workers, grassroots leaders, etc. should be alert to the signs of child abuse.

4.1.2 As much details as possible should be gathered about the victim and family and these include the nature, date and frequency of the abuse and whether there is a need for immediate medical attention. Careful records of events leading up to the referral must be kept if possible.
4.2 Referral timelines from other units within MCDS, Voluntary Welfare Organisations, & Child Care Centres

4.2.1 If the victim is within the MCDS building, the Child Protection and Welfare Service (CPWS) will be informed of the situation. If not, CPWS should be informed by telephone to ascertain whether immediate medical attention is required.

4.2.2 If the victim is in need of immediate medical attention, the informant needs to alert CPWS so that arrangement can be made for the child to receive medical examination. Written referral should be sent to CPWS the following day for documentation.

4.2.3 If there is no need for immediate medical attention, the informant must refer to the CPWS in writing within two working days.

4.2.4 Social workers and child care teachers will be consulted throughout the investigation (depending on who the informant is), and may be required to attend discussions and case conferences on the child’s welfare.

4.2.5 When one has knowledge that a child is being abused, one should report the suspicion promptly to:

Child Protection and Welfare Service
Ministry of Community Development and Sports
MCDS Building
512 Thomson Road
Singapore 298136
Fax No: 354 8140

Toll-free Hotline:

a) 1800-258 6378
(Office Hours: Mon - Fri, 8.30am to 5pm and Sat, 8.30am to 1pm)

b) 999 or
Neighbourhood Police Posts or Neighbourhood Police Centre
(During or After office hours)
5.1 Introduction

5.1.1 CPWO as case manager, co-ordinates the investigation among all professionals involved, convenes case conferences to facilitate sharing of knowledge and opinions on the case to decide on the follow-up action, and monitors the implementation of the protection and welfare plans for the child.
5.2 **Intake Process**

5.2.1 (i) Referral of the case by medical / para medical professionals, police officers, school authorities, social service professionals, authorities, members of public and self.

(ii) Referral for Medical Examination - the child should be referred for medical examination if he / she has sustained serious marks or injuries that may be non-accidental in nature.

5.3 **Investigation Process**

5.3.1 The objective of investigation is to decide whether the alleged abuse is substantiated and to assess the safety and welfare needs of the child. Where necessary, the case would be referred to the police for criminal investigation. The following steps are carried out in the investigation:

- **Step 1** - Information Gathering
- **Step 2** - Risk Assessment
- **Step 3** - Child Abuse Protection Team Discussion
- **Step 4** - Decision on the Case
- **Step 5** - Implementation of Care and Protection Plans
5.4 Supervision Process

5.4.1 A case may be placed on supervision with the Supervision Unit of the CPWS under Protector's directive or a Care and Protection Order (CPO).

5.4.2 Some of the objectives of the supervision process are to:

(i) prevent recurrence of abuse;
(ii) work with the family on their problems with an aim to reconcile the child with the parents without compromising the safety and interest of the child;
(iii) provide support and assistance to the family so as to improve / enhance the family's functioning in caring for the child;
(iv) tap on relevant resources in assisting the child / family; and
(v) ensure that the parents / significant others maintain regular contact with the child if the child is placed in residential or alternative care.

5.4.3 The supervision process involves:

(i) determining specific goals and directives for change, by working in partnership with parents / caregivers;
(ii) assessing needs and addressing issues of concern;
(iii) planning activities and identifying resources;
(iv) carrying out activities directed toward reaching goals;
(v) evaluating outcome and revising the plan for change; and
(vi) ensuring that all types of contact are recorded promptly and accurately.
5.5 **Satisfactory Supervision**

5.5.1 The CPWO may recommend closure of the case by preparing a report to the Protector if:

(i) the objectives of Protector-directed supervision have been achieved; and

(ii) the objectives of Court-ordered supervision have been achieved.

5.6 **Unsatisfactory Supervision**

5.6.1 When the objectives of Protector-directed supervision cannot be achieved due to the parents' indifferent attitude and / or lack of co-operation from the family, the CPWO may apply for a CPO from the Court. For cases that are already under Court-ordered supervision, the CPWO may apply to Court to vary the existing order.

5.7 **Termination of Supervision Process**

5.7.1 The closure of a case is the point at which the service provision process ends. The case may be closed under the following conditions:

(i) the objectives and tasks of supervision have been achieved;

(ii) the neglectful and / or abusive behaviour has stopped and the risk of recurrence is no longer present or very low; and

(iii) the child is placed in a more permanent and satisfactory care arrangement.
6.1 Introduction

6.1.1 The Police has the primary function of conducting preliminary investigation and to establish if there is any evidence of abuse as reported. They also have to remove the child from the perpetrator to safe custody for medical attention if necessary. The Police will also investigate into established cases of child abuse with a view to prosecute the perpetrator.
6.2 Investigation

6.2.1 Child abuse cases will be investigated thoroughly and comprehensively. The following are some of the general indicative factors to consider in determining whether a child has been abused or neglected:

(i) the case has been reported to MCDS or Voluntary Welfare Organisations (VWO), and the social worker investigating the case is of the view that the child has been abused or neglected;

(ii) there is medical evidence to show that the injuries on the child are grossly excessive and inflicted all over the body or vital parts; and

(iii) the child is malnourished or retarded in growth not consistent with a child of his / her age or whose body has been infested with diseases or wounds.

6.2.2 Once sufficient facts have been established from the complainant, the police will have to take immediate action. At the scene, the officer will:

(i) examine the extent of injuries by checking the child;

(ii) observe the home environment to see if there is any indication of neglect;

(iii) find out if there are other strangers living with the child who may pose a danger to his / her moral safety; and

(iv) interview the child in the absence of his / her parents, if possible, and get his / her version of how he / she sustained the injuries (if any).
6.2.3 Upon confirmation of the case, officers from the Child Protection and Welfare Service, MCDS will be informed so that they can follow-up with the necessary action, and provide advice and assistance to all parties for the protection of the child.

6.2.4 At the same time, the police will investigate into cases where there is evidence of abuse. The perpetrator may be produced in Court under the relevant sections of the CYPA, the Women's Charter or the Penal Code, in consultation with the Attorney-General's Chambers.

6.3 Classification of Police Report

6.3.1 All police reports of child abuse will be classified under Section 5 of the CYPA, Ill Treatment of Child or Young Person for purposes of police investigation.
6.4 Medical Examination, Treatment and Photography

6.4.1 If the preliminary assessment of the police is a case of child abuse and no medical treatment has been given, the Investigation Officers (IOs) will arrange for the child to be medically examined at KK Women's and Children's Hospital (KKH) or National University Hospital (NUH) as soon as possible.

6.4.2 A woman police officer in plain clothes trained in victim counselling will be assigned to escort the child for the medical examination.

6.4.3 Photography of the injuries and the physical appearance of the child should be taken within 4 hours after the case is reported, for purpose of police investigation. If there is no female photographer available to take photographs of a female child, a female officer will be present. The hospital will provide a suitable room if the photographs are to be taken there.

6.5 Interview

6.5.1 During the interview, the IO will interview the child in the presence of a woman police officer in a room. The female police officer will also act as the victim's counsellor and confidante whom the child can relate to and confide in throughout the police investigation and any subsequent court appearances.

6.5.2 Generally, unless otherwise requested by the child, no family members or relatives should be present during the interview. This is to avoid embarrassment, shame, or pressure on the child.
Management of Child Protection Cases by the Healthcare Services

7.1 Designated Hospitals

7.1.1 All government and restructured hospitals are designated as Places of Safety. KKH and NUH are the designated hospitals for the management of child protection cases.
7.2 **Referrals**

7.2.1 When there is suspicion that a child may have been abused, the child should preferably be brought to the Accident & Emergency (A&E) Department of the two designated hospitals for preliminary examination. Wherever possible, the parents should be present with the child at the A&E Department.

7.3 **Medical Treatment**

7.3.1 The child will be examined at the A&E Department for proper documentation of the injuries. Photography may be conducted to document the injuries as well. The Police and / or CPWO will also interview the child.

7.3.2 Children with mild injuries may be discharged after the necessary medical treatment and followed-up by the original agency involved. A date may be given for follow-up and review of the medical conditions at the specialist outpatient clinic of the hospital.

7.3.3 Doctors at the hospitals may admit the child for further investigations or treatment. Doctors may seek assistance from MCDS or the police in issuing a protection order to detain the child in the hospital if the initial assessment suggests that injuries are severe or the child’s safety is in danger.

7.3.4 Children who are admitted will be under the care of a paediatrician. A referral will also be made to the Medical Social Worker (MSW) who will also act as a liaison between MCDS and the doctors. Hospitals will work with MCDS on the discharge of children who are admitted.
7.4 **Medical Social Worker (MSW)**

7.4.1 The role of the MSW is to see to all alleged child abuse cases that are referred to the Medical Social Work Department. The MSW has to conduct a preliminary investigation to determine if the allegation of child abuse can be substantiated.

7.4.2 The MSW also acts as a liaison between MCDS and the paediatrician in-charge for the management of child abuse cases.

7.4.3 As the paediatrician will refer all alleged abuse cases to the Medical Social Work Department, the protocol which the MSW follows depends on who brings the child to the hospital:

(i) **Protocol for Cases brought in by MCDS officers**

   The role of the MSW is primarily that of a liaison. The MSW will liaise with the CPWO on the social aspect of the case while liaising with the doctor on the medical aspect. A discharge plan will be worked out and finalised with the CPWO as soon as the child is assessed to be medically fit for discharge.

(ii) **Protocol for Cases Brought in by Other Agencies / Persons**

   The role of the MSW is to ascertain if the allegation of child abuse can be substantiated and to work out an intervention plan for the child.

   All relevant parties, including the child (where possible), will be interviewed. If there is a suspicion or confirmation of child abuse, a referral will be made to CPWS of MCDS. The referral will comprise a full social report and an interim medical report.
7.4.4 The following categories of children can be referred to MCDS by the MSW:

(i) all cases admitted and diagnosed as non-accidental injuries;
(ii) cases where a definitive diagnosis cannot be ascertained but non-accidental injury and neglect cannot be totally excluded after medical and social investigation at the hospital;
(iii) cases of neglect where close supervision of the family is required;
(iv) cases admitted to the hospital for some other medical conditions but found to have evidence of child abuse; and
(v) cases of alleged abuse by one parent against another and they are not able to resolve the issues between themselves.

7.4.5 After the case is referred to MCDS, the MSW should provide a social report to the doctor and request for a medical report to be furnished by the Registrar or doctor in charge of the case.

7.4.6 The MSW will work out a safe discharge plan with the CPWO as soon as the child is assessed to be medically fit for discharge. Only upon clearance from MCDS should the child be discharged. However, discharge is allowed if the MSW is able to formulate a safe care plan for the child, while awaiting MCDS' intervention.

7.4.7 If child abuse is not established, the MSW may either close the case or refer it to a family service centre for further counselling or follow-up services.
Management of Child Protection Cases by Schools

8.1 Introduction

8.1.1 Teachers who work closely with their pupils will notice bruises or behavioural changes in the pupils. As a caring and significant adult to the pupil, the teacher is often perceived as a person whom the child can confide in.

8.2 Responding to Detection / Disclosure

8.2.1 There are occasions when a teacher detects that a pupil is experiencing abuse and at other times, the child may self-disclose that he is being abused. When this happens, the teacher should:

(i) treat the matter seriously and the child with respect, keeping confidentiality;

(ii) find out more about the nature and frequency of the abuse (the teacher need not probe in depth);
(iv) assure confidentiality but not guarantee non-inclusion of the relevant authorities;
(v) allow the child to disclose at his own pace; and
(vi) inform the Principal who would then himself or through a designated staff member, take the matter up with the CPWS, MCDS.

8.3 Contributing to Investigations

8.3.1 For investigative purposes, the CPWO may interview and / or physically examine the child in school if it is deemed to be the most expedient. The interview / examination may be convened in a private room to ensure privacy. The presence of a teacher whom the child is comfortable with, may be requested to provide the child with support and encouragement.

8.3.2 It is imperative that accurate recording is made of all communication that takes place between the Principal / Designated Person / Teacher and the child. Important information would include: how the child was behaving and feeling, what the child said and how. There may be circumstances when court attendance is necessary. Documentation such as the initial referral data, programme of observation and other useful information may be called for.

8.3.3 The Principal / Designated Person may be consulted in the course of investigations, e.g. to provide feedback on the child, his progress and other observations, and to attend case discussions.

8.4 Monitoring

8.4.1 When the need arises, the teacher provides the necessary follow-up or referral to the Teacher-Counsellor for counselling.

8.4.2 The Principal / Designated Person would continue to monitor the child for signs of injuries and for exhibition of unnatural behaviours and revert to CPWS when necessary.
9.1 Introduction

9.1.1 Multi-disciplinary case conference is one of the essential procedures in the management of child protection cases whereby the professionals directly involved in the case could share their professional opinions on the nature of abuse, assess the degree of risk, and work together to decide on the follow-up actions and inter-agency plan to protect the child. Through this, the child's interest can be best safeguarded by the concerted efforts of all professionals and agencies who are involved in the case.
9.2  Child Abuse Protection Team Discussion

9.2.1  The Child Abuse Protection Team (CAPT) was introduced by MCDS in March 1996 to institutionalise a multi-disciplinary team approach in the management of child protection cases referred to CPWS.

9.2.2  The CAPT is to provide a forum for the CPWO, who is the manager of child protection cases, to discuss the approach and management of child protection cases with a team of senior CPWOs, Psychologist, Consultant Paediatricians and other professionals. The discussion of cases by the CAPT is a necessary process for the investigation and management of child protection cases.

OBJECTIVES

9.2.3  The objectives of the CAPT are:

(i)  to enhance the investigation and management of child protection cases for the better protection of children;

(ii) to assess protective and risk factors for the children;

(iii) to discuss and develop care and protection plans for the children; and

(iv) to provide a platform for consultation and guidance for CPWOs handling child protection cases.
MEMBERSHIP

9.2.4 The membership of the CAPT are those with professional knowledge in the management of child protection cases and those with relevant knowledge of the child and family. Other professionals who may likely be involved in the follow-up action could also be invited. The composition includes:

(i) Protector of children and young persons
(ii) Supervisors of Child Protection Service
(iii) CPWO in charge of the case
(iv) Psychologist(s) of the Ministry
(v) Consultant Paediatricians

9.2.5 Relevant professionals such as the police, doctors, psychiatrist, medical social workers, teachers, school counsellors, child care workers, social workers from VWOs etc. who are directly involved in the case would be invited as and when necessary.

9.2.6 The Protector or Supervisor of Child Protection Service will assume the role of Chairperson.

MEETINGS

9.2.7 The CAPT meets every Wednesday afternoon at 2.30pm at MCDS Building. Every referral of child protection is brought up to the attention of the CAPT within 14 days of receipt of the case. This would include cases of children who have been removed or are in a Place of Safety.
A separate or urgent meeting can be called for by the Protector of Children and Young Persons to discuss emergencies or cases which are complicated and require the involvement of related professionals. Such meetings may also be held in hospitals or any other suitable venue as and when necessary. This will not preclude the cases from being discussed at the CAPT.

**PRESENTATION**

The CPWO handling the case to be discussed should provide all available information gathered from the preliminary investigation. The information should as far as possible, include:

(i) the nature and date of the allegation;

(ii) information on the victim (i.e. name, date of birth or age, any disability or special needs and child's whereabouts);

(iii) information on the family (i.e. parents' age, employment status, whether he/she is the alleged perpetrator, primary caregiver, siblings etc.);

(iv) preliminary investigation of the CPWO from interviews and discussions with the victim, parents, alleged perpetrator, police, doctors, medical social workers, teachers and significant others, where relevant;

(v) preliminary medical findings or reports from the hospitals and/or police;

(vi) information on the alleged perpetrator, if not one of the parents;

(vii) CPWO's assessment of the case; and

(viii) CPWO's proposed care and protection plan.
9.2.10 The format for the presentation and discussion of cases at the CAPT is described in the table below:

<table>
<thead>
<tr>
<th>Role</th>
<th>Sequence / Task</th>
<th>Chairperson</th>
<th>CPWO</th>
<th>CAPT Members</th>
<th>Other Professionals / agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Introduction of members</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Presentation on brief background of family set-up</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|      | Presentation on reported incident:  
|      |   - Source of referral  
|      |   - Preliminary findings  
|      |   - Information from other agencies if respective professionals are not present to report | | ✓ | | |
|      | Presentation on information from other professionals / agencies* | | | ✓ | |
|      | Clarification of issues regarding the reported incident and CPWO's findings | ✓ | ✓ | ✓ | ✓ |
|      | Presentation on other relevant information regarding the family | | ✓ | | |
|      | Clarification of other relevant information | ✓ | ✓ | ✓ | ✓ |
|      | Summary of investigation findings | ✓ | | | |
|      | Presentation on assessment | | | ✓ | |
|      | Discussion of assessment of protective and risk factors | ✓ | ✓ | ✓ | ✓ |
|      | Presentation on care and protection plan | | ✓ | | |
|      | Discussion of care and protection plan | ✓ | ✓ | ✓ | ✓ |
|      | Clarification of outstanding issues (if applicable) | | ✓ | | |
|      | Set date for review | ✓ | | | |

*Note: Related professionals who have relevant knowledge of the child and the family or are directly involved in the case are required to prepare a report on the child for the reference of the meeting. In accordance with their knowledge of the child and the family, they should share openly their opinions and observations with other members.
DECISIONS OF THE CAPT MEETING

9.2.11 The CAPT meeting should decide on:

(i) the outcome of the investigation;
(ii) the assessment of risk and protective factors;
(iii) the care and protection plan; and
(iv) the review date.

Post Meeting Action

9.2.12 The CPWO should document the outcome of the investigation, risk assessment and the care and protection plan discussed at the CAPT. A copy of this must be sent out to the agencies who attended the CAPT, along with the minutes to note the follow-up actions required by the respective agencies. The CPWO is responsible for overseeing and co-ordinating the implementation of the decisions of the CAPT meeting. The CPWO should complete the investigation as soon as possible if it is still incomplete at the time of presentation at the CAPT.

9.2.13 Alternative care arrangement, if it is recommended at the CAPT meeting, should be secured as soon as possible.

9.2.14 The CPWO will prepare the case for review on the stipulated date using the Review Summary.

9.2.15 If a Care and Protection Order is required, the CPWO should initiate the proceedings under the provisions of the CYPA. Relevant information, e.g. social report, medical / psychological report and conclusions of the CAPT meeting, should be compiled for the information of the Magistrate at the Juvenile Court.
Acknowledgement

The Ministry of Community Development and Sports would like to extend its heartfelt appreciation to the members of the Inter-Ministry Work Group (IMWG) on the Management of Child Abuse in Singapore for their contribution towards making this publication successful:

Ms Ang Bee Lian
Chairperson, IMWG
Director, Rehabilitation & Protection Division
Ministry of Community Development and Sports

Mrs Corinne Koh
Deputy Director
Family and Child Protection & Welfare Branch
Rehabilitation & Protection Division
Ministry of Community Development and Sports

Ms Ngo Lee Yian
Assistant Director, Child Protection
Family and Child Protection & Welfare Branch
Rehabilitation & Protection Division
Ministry of Community Development and Sports

Associate Professor Ho Lai Yun
Head, Neonatology, SGH
Chairman, Ministry of Health Committee on Child Abuse and Neglect
Singapore General Hospital

ASP Evon Ng
Head, Operations
Criminal Investigation Department
Ministry of Home Affairs

Mr Jeffrey Radjam
Guidance Specialist / Educational Counsellor
Psychological and Guidance Services Branch
Ministry of Education

Mrs Jamaliah Salim
Guidance Specialist / Guidance Officer
Psychological and Guidance Services Branch
Ministry of Education

Mrs Sylvia Moh
Chief Medical Social Worker
KK Women's and Children's Hospital
For more information on Child Protection & Welfare (MCDS), you can contact us at:

**Child Protection & Welfare**
**Toll-free Line:**
**1800-258-6378**

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**Ministry of Community Development and Sports**
**Child Protection & Welfare Services**

512 Thomson Road  MCDS Building  Singapore 298136

Website: http://www.gov.sg/mcds

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