

POLICY

CHILD/YOUNG PERSON PROTECTION

Applicable to: **MidCentral Health Staff**

Issued by: **Healthy Women, Children & Youth**

Contact: **Family Violence Intervention Coordinator**

1. PURPOSE

This policy provides MidCentral District Health Board (MDHB) community and hospital based staff with a framework to identify and manage actual and/or suspected child abuse and neglect. It recognises the important role and responsibility staff have in the accurate detection of suspected child abuse/neglect and the early recognition of children at risk of abuse and adults at risk of abusing children.

District Health Boards are designated 'Child Welfare Protection Agencies' and are required to comply with the Oranga Tamariki Act 1989.

2. PRINCIPLES

- The rights, welfare and safety of the child/tamariki, young person/rangatahi are our first and paramount consideration. The Oranga Tamariki Act 1989, contains a principle (s65A) that the wellbeing and best interests of a child or young person are the first and paramount consideration for agencies. In general this takes precedence over any duty of confidentiality owed to the child, young person or person who has a domestic relationship with that child/young person.
- Health services should contribute to the nurturing and protection of children and advocate for them as part of their role to promote and preserve health.
- Health services for the care and protection of children are built on a bi-cultural partnership in accordance with the Treaty of Waitangi.
- Māori tamariki/rangatahi are assessed and managed in a culturally safe environment. Pae Ora Paiaka Whaiora-Māori Health Directorate is available for cultural support. Child, Adolescent and Family (CAF) and Oranga Hinengaro are available for support with mental health issues.
- Wherever possible the family/whanau participate in the decisions for the child/tamariki.
- All staff are to recognise and be sensitive to other cultures.
- MDHB provides an integrated service and works with external agencies to provide an effective and coordinated approach to child protection.
- Staff are competent in the identification and management of actual or potential abuse/neglect through the organisation's policy, procedures and education programme.

3. SCOPE

This policy applies to all cases of actual and/or suspected child/young person abuse and/or neglect, encountered by employees, students and people working at the District Health Board (DHB) under a contract for service.

4. ROLES AND RESPONSIBILITIES

Executive Responsibilities

MDHB is responsible for ensuring it has an organisation wide policy for the management of child abuse and neglect, regular training for staff in the policy, processes to ensure the policy is adhered to, such as clinical audits and adequate support and supervision for staff.

Training

Family Violence Intervention training is to be completed by all MidCentral (MDHB) staff working with children and women.

The training includes:

- Pre-reading.
- One day (eight hours) training session.

Staff will undertake refresher training as requested.
Appropriate specialist training will be offered to designated staff.

Service Responsibilities

All services which provide care for children and young persons will have service level child protection procedures based on this policy and procedure.

All services that send a Report of Concern to, Oranga Tamariki (Oranga Tamariki), formerly known as Child Youth and Family (CYF) will also forward a copy to the Family Violence Intervention Co-ordinator.

Staff Support, Safety and Supervision

Clinical supervision and/or peer support is mandatory for all staff, where child abuse/neglect is suspected or confirmed, as an important requirement to ensure the practice of child protection remains safe for patients and staff. It is available within the service/department. Staff should also seek debriefing from an appropriately trained senior colleague.

The Employee Assistance Programme (EAP) is also available if further assistance is needed. Staff are encouraged to self-refer on 0800 327669.

Employee Responsibilities

All employees of MDHB have a responsibility for the management of actual or suspected abuse and neglect.

Responsibilities are:

- To be conversant with MDHB policy and aware how to access it.
- To know the procedures for actual or suspected abuse and neglect.
- To take action when child abuse is suspected or identified.
- To attend core training and regular updates appropriate to their area of work.
- To include MDHB specialist services as appropriate:

- paediatric assessment;
- diagnostic medical assessments;
- cultural assessments;
- social work assessments, counselling and therapy resources;
- mental health assessments.

This includes situations where child abuse is disclosed but the child may not be present.

Human Resource Responsibilities

MDHB recruitment policies will reflect a commitment to child protection by including pre-employment screening procedures. Where suspicion of child abuse and/or neglect by an employee in MDHB exists, the Code of Conduct Policy will guide processes.

Family Violence Intervention Co-ordinator Responsibilities

- Coordinate the Family Violence Intervention Programme (FVIP) implementation within services, working with service leaders to ensure supports are available.
- Ensure the DHB-wide policy/procedure remains current and aligned with national standards.
- Ensure quality improvement activities regarding policy/procedure compliance are undertaken and reported on.
- Ensure provision of training about child abuse/neglect is available cyclically.
- To be available to staff for consultation regarding child protection issues and concerns.
- To facilitate communication with Oranga Tamariki and other key community agencies.

MDHB Employees and Family Violence

The MDHB Employee Assistance Programme is available to support employees experiencing or causing family violence. In addition the MDHB Responsive Workplace (Family Violence/Harm) policy incorporates the Domestic Violence-Victims' Protection Act 2018 requirements. These include up to 10 days family violence/harm leave per calendar year, safety plans, support from managers and other staff training to support employees experiencing family violence.

Māori and the Family Violence Intervention Programme

Māori are significantly over-represented as both victims and perpetrators of whānau violence. This should be seen in the context of colonisation and the loss of traditional structures of whānau support. However, violence is not a cultural norm nor is it traditional Māori.

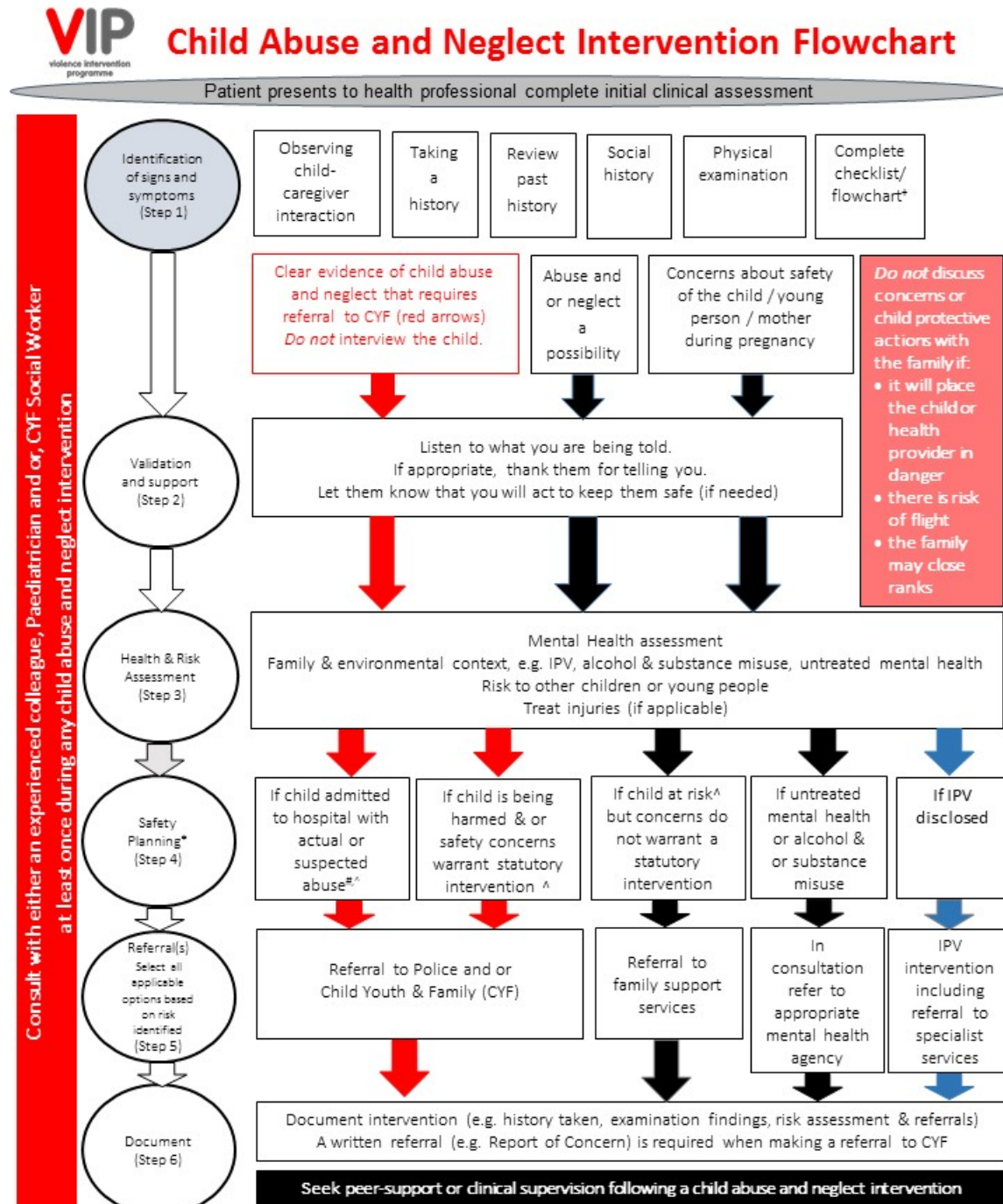
Māori are entitled to interpreting services, if requested, as Maori is an official language. Family violence intervention for Māori is based on victim safety with protection as the paramount principle. Practice needs to be clinically and culturally competent. Affirm with women and children their right to be safe in their home. Staff from Pae Ora Paiaka Whaiora are available to support whānau and address cultural needs. If a request for support by a Māori health practitioner is not made, it is the responsibility of staff to ensure whānau are informed of culturally appropriate services. If whānau nominate a spokesperson, that person is to be consulted about processes and procedures.

Refer to **Appendix 2** in Child Protection Intervention Procedure MDHB-7417

Pacific Peoples and the Family Violence Intervention Programme.

The complexity of family violence is also evident with Pacific people's culture. Intervention is based on victim safety with protection as the paramount principle.

Refer to **Appendix 3** in Child Protection Intervention Procedure MDHB-7417



*Red pathway for statutory intervention
 ^Black pathway for non-statutory intervention
 #Blue pathway specialist service, e.g. FV, MHAS
 ^ Tool for use in Emergency Departments for child up to 2 years age
 # Standard interagency protocol, Memorandum of understanding between DHB, CYF and Police and associated schedule 1
 ^consult with experienced colleague and/or Multidisciplinary team prior to a referral

5. PROCEDURES FOR RESPONDING TO ACTUAL/SUSPECTED ABUSE/NEGLECT

All situations where child abuse/neglect is disclosed, detected or suspected must be acted upon using the **Child/Young Person Protection Procedure**. MDHB-7417. The following outlines the standard process for assessment and response.

Service level procedures will detail specific actions for your service.

Consultation NEEDS to occur throughout the process as Child Protection is carried out by a multi-disciplinary team. Generally no one person would complete all six steps and even then consultation needs to occur. Training is essential before working with abused children/youth.

Six Step Child Protection Intervention Process

Step 1 - Identify

Step 2 - Validation and Support

Step 3 - Health and Risk Assessment

Step 4 - Safety Planning and Intervention

Step 5 - Referral and Follow-up

Step 6 - Documentation

An expanded outline of these steps is contained in the Child Protection Intervention Procedure MDHB-7417

6. RELATED MDHB DOCUMENTS

- Child/Young Person Protection –Procedure- MDHB-7417.
- Family/Intimate Partner Abuse –Policy- MDHB-4801.
- Family/Intimate Partner Abuse –Procedure- MDHB-7418.
- National Child Protection Alert Management –Policy- MDHB-6755.
- Report of Concern to Oranga Tamariki Ministry for Children – Form- MDHB-5420.
- Child Safety Intervention Planning –Guideline- MDHB-6625

7. FURTHER INFORMATION/ASSISTANCE

- Health Act (1956).
- Oranga Tamariki Act (1989)
- Family Violence Act 2018
- Domestic Violence-Victims' Protection Act 2018
- Privacy Act (1993) and Health Information Privacy Code (1994).
- Code of Health and Disability Services Consumers' Rights (1996).
- New Zealand Bill of Rights (1990).
- Crimes Act (1961).
- Guardianship Act (1968).
- Summary Offences Act (1981).

- Care of Children Act (2004).
- Children's Act (2014).

8. REFERENCES

Fanslow J, Kelly P & Ministry of Health. *Family Violence Assessment and Intervention Guideline; Child Abuse and Intimate Partner Violence (2016)*.

9. KEYWORDS

Child abuse, child protection, family violence, family harm, intimate partner violence, physical abuse, emotional abuse, psychological abuse, sexual abuse, neglect, child in need, Multi Agency Safety Plans (MASP), brief intervention - six step model, Oranga Tamariki, Child Youth and Family (CYF), Child Safety Intervention Plan (CSI), Doctors for Sexual Abuse Care (DSAC).