

# Marshlands Family Health Centre

## Policy and Procedures for Management of Suspected or Actual Child Abuse and Neglect

### 1 SUMMARY

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The Vulnerable Children Act (the Act) was passed by Parliament in June 2014. It forms a significant component of comprehensive measures to protect and improve the wellbeing/whaiora of vulnerable children and strengthen New Zealand's child protection system.

This policy recognises the important and sensitive role and responsibility staff have in the accurate detection of suspected child abuse and/or neglect and the early recognition of children at risk from abuse as well as adults at risk of abusing children.

It is underpinned by the legal framework of children's rights and takes into account respect for parents, whānau, the community and people's respective cultures.

### 2 POLICY STATEMENT

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#### 2.1 Purpose

- To provide Marshlands Family Health Centre professionals and contractors of all disciplines with a framework to identify and manage actual and/or suspected cases of abuse and neglect of a child or young person aged under 17 years of age.
- To provide a process for reporting child protection matters to relevant authorities.

#### 2.2 Background

##### 2.2.1 Provision of health care in relation to child rights

Child rights were ratified in the United Nations' Convention on the Rights of the Child (CRC) 1989, which was ratified by New Zealand in 1993. Children and young persons have the same rights as set out in NZ's Code of Health and Disability Services Consumers' Rights Act 1996.

##### 2.2.2 Principles

- The safety of children/tamariki and young persons'/rangatahi is our first and paramount consideration
- Health service providers should contribute to the care, nurturing and protection of children and advocate for them as part of their role to promote and preserve health
- Health services are built on a bicultural partnership in accordance with the Treaty of Waitangi
- Wherever possible the family/whanau should be given the opportunity to participate in making decisions affecting the child/tamariki or young person/rangatahi.

##### 2.2.3 Key responsibilities

- To take notice and take action, being mindful that recognition starts with considering the possibility
- To listen to and take into account the views of the child/young person

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- If child abuse is suspected to consider the possibility of partner abuse
- To consult about concerns – never work in isolation
- If it is deemed that child abuse is a possibility this will be reported directly to the Department of Child, Youth and Family (CYF)

### 2.3 Scope

Included in this policy are all Marshlands family Health Centre employees or contractors interacting with a child or young person within their clinical/professional role.

Included: All staff employed by Marshlands Family Health Centre.

Excluded: No exclusions

### 2.4 Responsibilities

The Practice Manager is responsible for ensuring all safety checks are completed

### 2.5 Definitions & Abbreviations

In this section define terms that are critical to the interpretation and implementation of the policy.

<b>Children and young persons</b>	A 'child' is defined as a person under the age of 14 years and a 'young person' as aged 14 years and over but under 17 years who is not or has never been married or in a civil union (section 2, CYP&F Act)
<b>Child abuse/neglect</b>	The harming, ill-treatment, abuse, neglect or deprivation of any child or young person (section 2, CYP&F Act), including : <ul style="list-style-type: none"> <li>▪ Physical abuse</li> <li>▪ Sexual abuse</li> <li>▪ Emotional/psychological abuse</li> <li>▪ Neglect</li> </ul>
<b>Physical abuse</b>	Any behaviour or action which inflicts physical harm to a child which can include unexplained bruises, welts, cuts and abrasions, unexplained fractures and/or dislocations and burns
<b>Sexual abuse</b>	Any act where an adult or a more powerful person uses a child or young person for a sexual purpose
<b>Emotional/psychological abuse</b>	A pattern of behaviour that results in impaired psychological, social, intellectual and/or emotional functioning of a child or young person
<b>Neglect</b>	Can include: <ul style="list-style-type: none"> <li>▪ Physical neglect – not providing the necessities of life</li> <li>▪ Neglectful supervision – leaving the child/ren alone or without someone safe looking after them</li> <li>▪ Emotional neglect – not providing the comfort, love and attention the child/ren need/s</li> <li>▪ Medical neglect – the failure to ensure health needs are met</li> <li>▪ Educational neglect – allowing chronic truancy, failure to enrol the child/ren in school or inattention to their special education needs</li> </ul>
<b>Caregiver</b>	Any person who has direct supervision of the child or young person for a temporary or extended period of time

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## 2.6 Related Policies

- [Health Information Privacy Code](#)

## 3 POLICY DETAIL AND PROCEDURES

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### 3.1 Identifying and acting on child abuse

This can be either by disclosure or recognition of signs and symptoms.

- Identify the nature of the suspected abuse, neglect or risk
- Consider the possibility of child abuse and/or neglect when:
  - A child or young person under 17 presents or is observed with an injury during outreach visits
  - A child or young person does not appear to be receiving the care necessary for their physical and/or emotional wellbeing, including concerns for an unborn child/pregnant women
  - It is suspected any child or young person is exposed to partner abuse
  - There are disclosures or other signs which raise concerns about sexual abuse.
- Do not formally interview the child or young person; obtain only the necessary relevant facts or clarification needed
- Collect details of how, what, where, when and who saw the abuse happen
- Identify and record other agencies involved with the family
- Always consult your supervisor; manager or team leader if the possibility of abuse exists

### 3.2 Assessing risk and identifying red flags

Red flags which may increase the risk of abuse are, for example (*tick applicable*):

- Are there safety concerns for the child and other children or young people in the household?
- Are adequate protectors available, e.g an adult who will keep the child safe, or family or other supports involved with child?
- Does the child have the ability to protect themselves?
- Does the suspected perpetrator have access to the child?
- What is the trend – is it (i) increasing, (ii) decreasing or (iii) static? (i)  (ii)  (iii)
- Has there been a story of repeated trauma or delay in seeking medical advice?
- Has there been a sudden change in the child/young person's behaviour?
- Is there an uncorroborated history of suspected abuse?
- Is there a discrepancy between the history and the injury/injuries?
- Has there been a varying/changing history?
- Is it believed the parental/guardian response is inadequate?
- Is there unusual child/parent interaction?

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### 3.3 Managing the child or young person

#### 3.3.1 Consultation/advice

- No decisions or actions in respect of suspected or actual child abuse are to be made by any staff member in isolation unless there are concerns for the immediate safety of the child
- A consultative approach is essential to ensure that safety of the child and the staff member – staff must discuss their concerns with their manager or clinical leader.
- The decision about informing parents or caregivers should be made after consultation with the staff member's manager or clinical leader and/or CYFs.

#### 3.3.2 Safety planning

If the child or young person is in danger or unsafe, act immediately to secure their safety – contact the Police if the child/young person is:

- At home alone and unattended – stay with the child/ren, call the Police and stay until they arrive
- The child/young person has been severely abused
- There is immediate danger of death or harm
- Abuse has occurred and is likely to escalate or recur.

If the child/youth worker feels they are at risk/unsafe they should contact the Police.



If there is an immediate safety issue the Police should be phoned in the first instance.

#### **CYFs should be contacted if:**

- Injuries seem suspicious or are clearly the result of physical abuse
- Interaction between the child/young person and parent/caregiver seems angry, threatening or aggressive
- The child/young person states that they are fearful of parent/s, caregiver/s or have been hurt by the parents/s or caregiver/s
- Multiple risk indicators exist.

### 3.4 Risk of self- harm or suicide risk

Children and young people can be at risk of self-harm and/or suicide in abusive situations. Risk needs to be assessed and followed up when the possibility of self-harm or suicidal thoughts are identified.

One of the main ways to reduce risk of self-harm or suicide is to address the underlying causes and ensure safety from further abuse.

- Refer to CYFs and relevant health services and note abuse issues on the Report of Concern (ROC) form (Appendix A).

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### 3.4.1 Partner abuse

When there are suspicions about child abuse or neglect always ask about partner abuse – do not ask about partner abuse if another adult or child aged over three years is present.

- Encourage and facilitate the “at risk” parent to contact family violence services – the best way to ensure the safety of the parent and/or child is to get them to a place and space of safety
- Inform the parent/caregiver of programmes for children exposed to partner abuse
- Always consult your manager or clinical leader about the assessment and the course of action and if a consultation or notification to CYFs is recommended (refer to Support Agency List, clause 5.4.5).

### 3.4.2 Sexual Abuse

The role of the primary care clinician is to attend to immediate medical needs.

- Always act to ensure that any evidence and physical or disclosure statements are not compromised
- If sexual abuse is suspected, a child makes a disclosure or there is a presenting condition/ complaint, genital injury and/or sexualised behaviour, always consult with a trained Doctor of Sexual Abuse Clinician (DSAC) – contact Cambridge Clinic, 146 Bealey Avenue, ph: 366 0067
- To avoid the intrusion of multiple examinations always consult with a trained DSAC before undertaking an examination
- If sexual abuse is disclosed make a Report of Concern (ROC) to CYFs – refer to ROC Appendix A).

### 3.4.3 Neglect

Examples where the possibility of neglect could be considered are:

- Multiple presentations for illness and injuries which can indicate risk
- Developmental milestones could be delayed and abuse and neglect could exacerbate the effects of chronic disease, behavioural problems and/or illness
- Risk factors exist for a pregnant woman and unborn child.

The presence of signs, symptoms and risk factors requires consultation and further consideration. Process:

- Discuss concerns with parents/caregivers, leave the door open for further contact
- Consult with your manager or clinical leader or other child protection professional including CYFs
- Consider whether referral to a support agency could mitigate risk
- Make a Report of Concern (ROC) following consultation if advised
- Provide information and referrals to appropriate parenting and other support agencies
- Consider issues at future consultations
- Develop a clear process for follow up
- Document concerns/steps taken.

### 3.4.4 Notification procedure

Note that there is no issue of breach of confidentiality, where staff report valid child protection concerns to the Police or CYFs.

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- Notifications should be made to the Police or the CYF contact centre, ph: 0508 FAMILY/0508 326 459; fax (09) 914 1211 or email [cyfcallcentre@cyf.govt.nz](mailto:cyfcallcentre@cyf.govt.nz)
- Follow with a written report on a CYFs referral form (refer ROC in appendix A)
- During the notification obtain an indication of likely action and their timeframes; seek advice from CYFs on what to tell the child or young person in relation to arrangements being made and parent/s being notified by the Police or social workers
- Get support/supervision for yourself from your manager or clinical leader
- Follow up with a call to CYFs to check that the notification has been received - confirm that you will be given feedback about the notification by CYF as it progresses.

### 3.4.5 Other referrals post-notification to CYF

Service	Organisation	Phone
Counselling for children/whanau for sexual abuse	START	355 4414
Sexual abuse treatment/counselling for males	STOP	374 5010
	Male Survivors of Sexual Abuse Trust	377 6747
Physical abuse counselling	Stopping Violence	0800 178 778
Refugee services & counselling for women and whanau	AVIVA	379 0575
	Otautahi Women's Refuge	379 0575
	Battered Women's Trust	332 4122
	SHAKTI Ethnic Women's Support	0800 742 584
Other whanau supports	Right Service Right Time Coordinator	027 654 778
Family Court information	Domestic Violence Providers Network	Public register of providers: <a href="http://www.iustice.govt.nz/family-justice/domestic-violence">www.iustice.govt.nz/family-justice/domestic-violence</a>
Consultation/Advice	CDHB Child Safety Team	3640905

### 3.5 Involvement of family

- Reporting should ideally occur with the knowledge of the family
- The approval of the parents/caregivers may not be appropriate if this presents a risk to the child or young person
- Do not discuss with the child or young person's parents or caregivers where it is believed that:
  - it will place the child, you or the health care provider in danger;
  - the family may close ranks and reduce the possibility of being able to help a child; or
  - the family may seek to avoid protection agency staff.



Do not inform the caregivers unless it is safe to do so – consult your manager or clinical leader

### 3.6 Documentation

- Write down what the child says, check that comments and events surrounding the

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- concern are also recorded – use verbatim statements, facts or observations
- Document you have done so on the client's personal file
  - When a notification is made to Child Youth and Family the health professional needs to provide the following information:
    - Name of child/children (also known as/nickname)
    - Date of birth (if known)
    - Ethnicity (if known)
    - Name of parents, caregivers and other family members
    - The current living situation
    - Contact details for members of the family
    - Current legal custodians
    - Reasons why it is believed that the child or young person is at risk
    - Other significant background information
    - History of previous CYFs or other agency involvement
    - The name of the contact person at CYFs.

#### 4 REFERENCES

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- United Nations Convention on the Rights of the Child (UNCROC) (1989)
- Care of Children Act (2004)
- Children Young Persons and their Families Act (1989) and Amendments (1994/95) S15 Reporting of ill treatment or neglect of child or young person:  
“Any person who believes that any child or young person has been or is likely to be harmed  
(whether physically, emotionally, or sexually), ill-treated, abused, neglected, or deprived may report the matter to a social worker or a member of the police.”

S16 Protection of person reporting ill treatment or neglect of child or young person:

“No civil, criminal, or disciplinary proceedings shall lie against any person in respect of the disclosure or supply, or the manner of the disclosure or supply, by that person pursuant to section 15 of this act of information concerning a child or young person (whether or not that information also concerns any other person) unless the information was disclosed or supplied in bad faith.”

- Crimes Act (1961)
- Domestic Violence Act (1995)
- Guardianship Act (1968)
- Health Act (1956)

Section 22 (2) (c) Disclosure of Health Information:

“Any person being an agency that provides health services or disability services.. may disclose health information... to a social worker or a Care and Protection Coordinator within the meaning of the Children Young Person and their Families Act (1989) for the purposes of exercising or performing any of that person's powers under that Act.”

Always seek advice prior to release of information (refer to Privacy policies in the Policy Manual)

- The Health and Disability Commissioner Act (1994) and Code of Health and Disability Services Consumers' Rights
- Health Information

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Privacy Code Rule 11

subsection 2 (d) (ii)

“An agency that holds personal information must not disclose the information to a person or

body or agency unless the disclosure of that information is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or another individual.”

- New Zealand Bill of Rights (1990)
- Privacy Act (1993) and Health Information Privacy Code

(1994) Principle 11 (f) (ii)

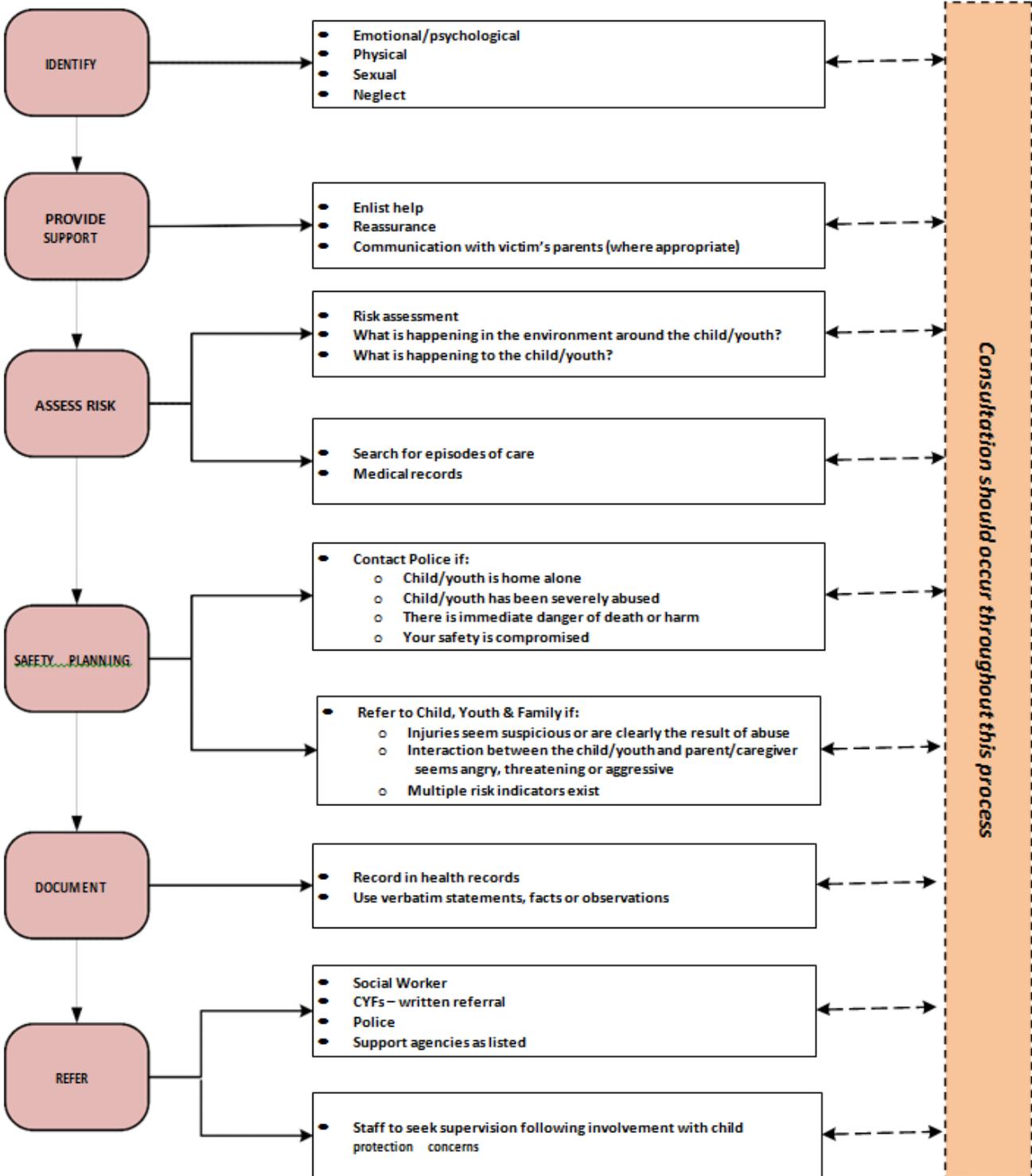
“Any agency may disclose information if that agency believes, on reasonable grounds that

the disclosure of the information is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or another individual.”

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## Procedure for responding to actual or suspected abuse in children and young persons



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## APPENDIX ONE

### Report of Concern Template

The Report of Concern form for reporting to Child, Youth & Family is available in Word format from the following link:

<http://rtlb.tki.org.nz/content/download/6729/62696/file/CYF%20Report%20of%20Concern%20Template.docx>

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