

Title:	Family Violence – Child Protection
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1. Purpose and Scope:

Waikato District Health Board (DHB) is committed to the prevention and management of suspected child and young person abuse and/or neglect, and to the protection of children/tamaiti and young people/rangatahi.

This policy provides Waikato DHB 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 and appropriate referral of suspected child abuse and/or neglect, and the early recognition of children at risk of abuse and adults at risk of abusing children.

Waikato DHB supports the role of statutory agencies (the NZ Police and Child Youth and Family (CYF)) in the investigation of suspected abuse and/or neglect, and shall report such cases to these agencies.

When any decision is made about a child/tamaiti or young person/rangatahi suspected of being abused or neglected the interests and welfare of the child/tamaiti or young person/ rangatahi will be the prime consideration.

This policy acknowledges the principles of the Treaty of Waitangi in that the Māori child/tamaiti or young person/rangatahi has the right to be and feel empowered as a valued and unique individual, and as an integral member of whānau, hapū, iwi and the society of Aotearoa overall.

A consultative team approach shall embrace the principles of partnership, participation and protection in working together with whānau, hapū, iwi, Māori communities to develop protection strategies for the Māori child and rangatahi. Engagement should be managed within the context of their whānau, hapū links and extensive iwi relationships.

This policy applies to all Waikato DHB staff, volunteers and any other external personnel providing services to Waikato DHB.

The Ministry of Health's Family Violence Intervention Guidelines Child and Partner Abuse 2002 guide this policy.

The scope of this policy includes children/tamaiti and young people/rangatahi from 0 to and including 16 years of age and includes the unborn child.

2. Policy

The Waikato DHB policy for Family Violence – Child Protection is that:

- Waikato DHB is committed to protecting and cherishing children/tamaiti and young people/rangatahi.
- The rights, welfare and safety of the child/tamaiti and young person/rangatahi are our first and paramount consideration.
- Staff must follow the processes set out in this Policy and notify all suspected, witnessed, disclosed cases of child abuse and/or neglect to a statutory agency (CYF and/or Police) even when the child/tamaiti or young person/rangatahi is not their primary client. Any person making a notification about suspected child abuse or neglect in good faith to CYF and Police is protected from any criminal or civil proceedings. (See Sections 15 & 16 Children, Young Persons, and their Families Act 1989.)
- If abuse and/or neglect of a child/tamaiti or young person/rangatahi is identified staff must also always consider assessing the child/tamaiti or young person/rangatahi main caregiver for partner abuse because of the high risk of co-occurrence of partner abuse and child abuse. ([See Family Violence: Partner Abuse Policy 2202](#))
- Wherever possible (and appropriate) the family/whānau, hapū and iwi participate in the making of decisions affecting that child/tamaiti or young person/rangatahi.
- All staff are to recognise and be sensitive to other cultures.
- Waikato DHB provides an integrated service and works with statutory and other community agencies to provide an effective and coordinated approach to child/tamaiti or young person/rangatahi protection.
- Legal requirements for documenting and referring suspected, witnessed, or disclosed cases of child abuse and/or neglect must be met.
- A consultative team approach must be used in child protection because the work can be complex.
- Waikato DHB Child Protection Advisory & Support Service (CPASS) can assist with advice and support for all Waikato DHB staff with child protection concerns.
- Waikato DHB Executive will ensure relevant clinical staff are trained to identify, assess, manage and refer all victims of child abuse and/or neglect.

3. Authorisation

As signed above on behalf of the Chief Executive.

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Appendix A – Responsibilities & Training

1. Responsibilities

1.1 Organisational responsibilities

- Providing and maintaining a specialist child/tamaiti or young person/rangatahi protection service
- Ensuring it has an organisation-wide policy for the management of child abuse and/or neglect
- Regular training for staff in the policy
- Processes to ensure the policy is adhered to - such as clinical audit, and adequate support and supervision for staff

1.2 Staff responsibilities

- Be conversant with and adhere to the processes that are set out in this Family violence: child protection policy.
- Attend training and regular updates appropriate to their area of work.
- Access specialist health services when required.
- These may include:
 - Cultural assessments
 - Interpreters services
 - Mental Health assessments
 - Diagnostic medical assessments
 - Social Work services
 - Paediatric Medical assessment
 - GATEWAY assessment
 - Child Protection Advisory & Support Service (CPASS)
 - CYF/DHB Liaison (sits with the child protection team)
- Staff members have these responsibilities in all cases where child abuse or neglect is suspected or identified even if the child/tamaiti or young person/rangatahi is not their primary client.

1.3 Managers Responsibilities. Managers will:

- Ensure staff in their unit are released as appropriate to attend training
- Support their staff and ensure there is access or formal referral to EAP services where appropriate.

1.4 Child Protection, Advisory and Support Service (CPASS)

- CPASS is the Waikato DHB service established to provide child protection education, support and advice to all staff.
- CPASS shall work closely with the Waikato DHB's FV Intervention Coordinator to deliver training and education to all Waikato DHB staff on family violence and care and protection issues in relation to children/tamaiti and young people/rangatahi.
- CPASS shall assist where necessary in the notification process to a statutory agency.
- CPASS is responsible for reviewing and updating Waikato DHB policies, protocols and guidelines in relation to the care and protection of children/tamaiti and young people/rangatahi.
- The CPASS team will undertake annual audits to ensure Waikato DHB staff compliance with this Policy. Audits will be undertaken on:
 - Waikato DHB Emergency Department referrals to child protection
 - Reports of Concern by Waikato DHB staff
 - Waikato DHB staff attendance at Family Violence/Child Protection training

2. Training and education

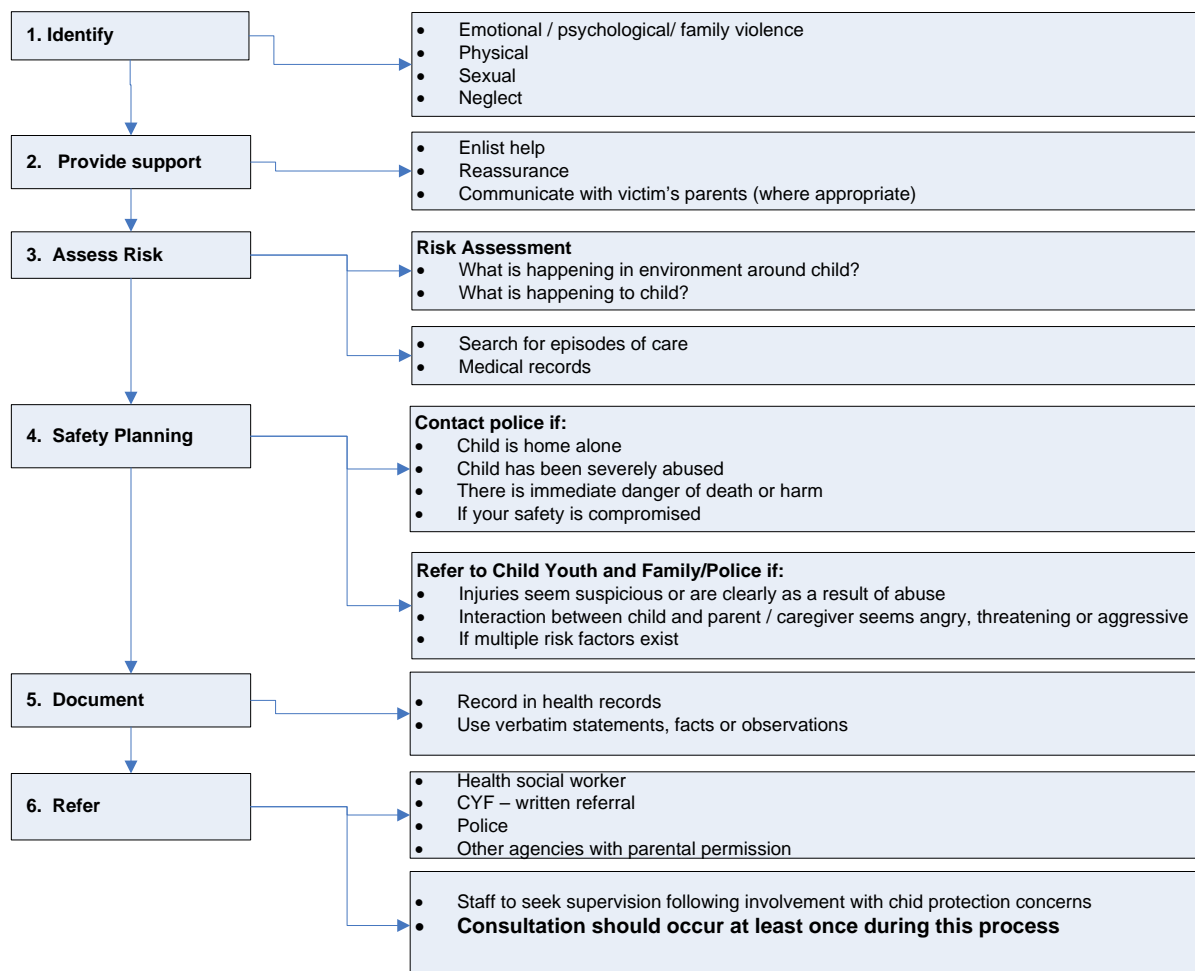
- Staff who have client / patient contact shall receive education in the area of suspected child abuse or neglect.
- Training is mandatory for staff working in identified high risk areas.
- These areas may include but are not limited to:
 - Emergency Department
 - Paediatric wards/clinics or wards where children/tamaiti or young people/rangatahi may be admitted
 - Antenatal units/services
 - Community Health Services
 - Paediatric Community Clinical Nurse Specialist Team
 - Mental Health and Addictions Services
 - New Born Intensive Care
 - Waikato DHB Social Workers
 - Mothercraft
 - Post natal wards
 - Rural Hospital staff working with children

Appendix B – Child Protection Processes

1. A SIX-STEP process for responding to actual or suspected abuse and or neglect

- All situations where recent or ongoing child abuse and/or neglect is disclosed, witnessed or suspected must be acted upon and using the following process.
- Further information on each step follows below and CPASS is available for consultation.

Process for responding to actual or suspected abuse



1.1 Identify

- The high number of victims of child abuse who present to health yet who remain undetected indicates that more efforts are required to identify and address the problem so that health and safety needs of victims may be adequately met.
- Abuse may be suspected either by disclosure or recognition of signs and symptoms. This may be concerning injuries, neglect and/or unsafe situations. If you are concerned about a child it is normal to feel uncertain. If you notice a pattern forming or several signs that make you feel worried, this could be an indication that something is wrong.

1.2 Support and empower victims of abuse

- Enlist social work support whenever possible.
- Enlist appropriate supports for mental health clients with Adult Mental Health Service or Infant, Child and Adolescent Mental Health Service (ICAMHS) and Crisis Assessment Treatment Service (CAT).
- Access approved translation services that are approved and are age and gender appropriate.
- Offer appropriate cultural support where possible for other ethnic and cultural groups.
- The family/whānau of a suspected witnessed or disclosed child abuse and/or neglect client must not be isolated or punished.

For those families identifying as Māori a referral to Waikato DHB Kaitiaki Māori (hospital) service or Kaitakawaenga Māori (Mental Health) Henry Rongomau Bennett Centre shall be made.

- Kaitiaki Māori Service, Waikato Hospital, phone 07 839-8899, Thames Hospital – 07 868 0040, Tokoroa Hospital – 07 885 0600, Te Kuiti Hospital – 07 878-7333, Taumarunui Hospital – 07 896 0020 & ask for a Kaitiaki Māori.
- Kaitakawaenga Māori Mental Health, Henry Rongomau Bennett Centre – 07 839 8899 and ask for a Kaitakawaenga Māori.

Note: *if your area is not listed refer to Waikato Hospital contacts*

At all times (subject to the exception listed below) every effort must be made to continue interaction with the family and to ensure that they are supported in a culturally appropriate way. It is important that this does not delay any report of concern to CYF and/or the Police.

There must be an agreed and documented decision on who will be responsible for any communication with the family/whānau. This may vary between services and cases. Ideally communication with family/whānau should not take place before consulting with senior staff within your practice setting: e.g. paediatrician, paediatric medical registrar, social worker, a duty social worker at CYF and/or CPASS.

If the decision is to discuss concerns or child protective actions with a victim's parents or caregiver, the delegated staff member must understand and acknowledge the sensitivity of the situation.

NOTE: Concerns or child protection actions DO NOT need to be discussed with a victim's parents or caregivers where it is believed that:

- it will place either the child/tamaiti, young person/rangatahi or you in danger.
- the family may close ranks and reduce the possibility of being able to help a child.

1.3 Assess Risk

The following list includes but is not limited to all risk indicators

i) Risk Indicators

- any history of previous abuse or suspected abuse
- family violence
- disabilities, physical and mental
- parent indifferent, intolerant – view child/tamaiti as particularly troublesome
- severe social stress
- severe isolation and lack of support
- parents abused as children
- alcohol and drug abuse
- mental illness including post natal depression

- parent very young
- frequent changes of address, more than two over last year
- an “at risk” family may actively avoid contact with health care providers or family support agencies

ii) Assess Risk

- screen all episodes of care to identify current or previous contact with Waikato DHB services
- severity of abuse neglect or risk
- details of: how, what, where, when, who saw what happen
- what is the trend? Increasing, decreasing, static
- assess safety of other children/tamaiti or young people/rangatahi within the household
- document names and ages of other children/tamaiti or young people/rangatahi within the household
- screen mother for family violence
- are adequate protectors available e.g. an adult who will keep the child/tamaiti or young person/rangatahi safe, family, other support people involved with child/tamaiti or young person/rangatahi
- consider the child/tamaiti or young person/rangatahi’s level of vulnerability e.g. child/tamaiti or young person/rangatahi’s ability to protect self, access of perpetrator to child/tamaiti or young person/rangatahi
- identify other agencies involved with the family

iii) Red Flags

- uncorroborated history
- a discrepancy between the history and injury (especially in children/tamaiti under one year of age)
- varying or changing history
- history of repeated trauma
- delay in seeking medical advice
- inappropriate parental response
- sudden change in child/tamaiti or young person/rangatahi behaviour
- unusual child/tamaiti or young person/rangatahi and parent interaction
- unwitnessed injury
- failure to thrive or poor growth

iv) Consult

- Consultation can occur at any point during the assessment and referral process if concerns exist. When interviewing a child/tamaiti or young person/rangatahi it is acceptable to take a general medical and HEADSS assessment (see <http://www.starship.org.nz/assets/Uploads/Starship-Hospital-Content/Health-Professionals/Clinical-Guidelines/Adolescent-Consultation.pdf>)
- Take care not to ask leading questions when accessing information.

Staff must email/fax CPASS a copy of their CYF report of concern within 48 hours.

- All Waikato DHB staff may access any of the following people / statutory agencies for advice and support regarding the SIX-STEP process.
 - CPASS available 8 – 4.30 pm, Mon - Fri. DDI: 07 858-0965, Fax: 07 858-0964.
 - CYF/DHB Liaison sits with the CPASS team and is available for consultation, Monday – Friday, 8-4.30pm

- Waikato DHB paediatrician / paediatric medical registrar on call. Phone 07 839-8899 and ask for them to be paged (24 hour cover).
- All Waikato DHB social workers (8 – 4.30 pm, Mon – Fri). Contact in the usual manner for your area.
- Colleagues experienced in the recognition and referral of child abuse.
- CYF National Call Centre (available 24 hours a day, 7 days a week). Phone 0508 326 459 or 0508 FAMILY
- Hamilton Police Child Protection Team (available Mon – Fri 8 - 4.00p.m. and will give advice to all areas) phone 027 4410587
- Hamilton Police 24 hour number 07 858-6200 (will give advice to all areas)
- Waikato DHB Legal Service, Corporate Solicitor DDI: (07) 834 3676 or Solicitor DDI: (07) 834 3654. After hours - contact via the hospital operator.
- If no abuse or neglect is identified but there are concerns about aspects of care, referrals can be made to a Waikato DHB social worker or obtain parents' permission to refer them to an appropriate community agency for:
 - parenting skills
 - social support
 - well-child/tamaiti ora services
 - Māori/Iwi provider agency
 - Pacific Island services
 - Other culturally appropriate agency.

1.4 Safety planning

i) **When a child/tamaiti or young person/rangatahi presents to a Waikato DHB facility with suspected abuse and/or neglect and no perpetrator has been identified**

- If a child/tamaiti or young person/rangatahi presents to a Waikato DHB Emergency Department or is admitted to hospital with suspected, witnessed or disclosed abuse and/or neglect paediatric services must be consulted. (This includes young babies of very stressed and tired parents.)
- Until an assessment of the child/tamaiti or young person's/rangatahi safety is completed by appropriate person/s, they and their families who cannot go home or cannot be placed in a community-based shelter should be admitted to hospital.
- When abuse and/or neglect is suspected, witnessed or identified, CYF and/or Police must be contacted at the earliest opportunity.
- If there are serious and imminent risks about a child/tamaiti or young person's/rangatahi safety contact Police immediately, but also make an urgent report of concern to CYF.
- The Waikato DHB is responsible for keeping the child/tamaiti or young person/rangatahi safe in hospital. Once CYF is notified then responsibility for the child's/tamaiti or young person's/rangatahi safety is shared between Waikato DHB and CYF.
- If a child/tamaiti, young person/rangatahi or their family identified as being victims of child abuse and/or neglect or family violence requires an immediate place of safety or transport to a place of safety, Waikato DHB staff are responsible for ensuring this is carried out.
- Keep the child/tamaiti or young person/rangatahi safe and report immediately to Police if:
 - there is immediate danger of death or harm
 - abuse has occurred and is likely to escalate or recur
 - the child/tamaiti or young person/rangatahi is at home alone, call the Police and stay with the child/tamaiti or young person/rangatahi until the Police arrive
 - there is immediate risk to the child/tamaiti or young person/rangatahi, or the

environment to which the child/tamaiti or young person/rangatahi is returning is unsafe

- your safety is compromised.
- These concerns should also be reported to CYF.
- The level of supervision required to keep the child/tamaiti or young person/rangatahi safe will be decided following a comprehensive risk assessment which should be completed at the earliest opportunity.
- The final decision about the level of supervision required will be decided in consultation between Clinical Nurse Manager (out of hours- ward co-ordinator & duty manager), the paediatrician on call and the CYF social worker.
- Multiagency safety planning (MASP), led by CYF, in collaboration with health is essential. This is a continuous process but must be completed by discharge.
- A clear plan must be documented in the clinical records including:
 - any strategies used to protect the child/tamaiti or young person/rangatahi (e.g. a name change, being put in a single room, being near the office, name not being up on the notice board, security guard present etc.). *Note: If video surveillance is used this must be in accordance with the Waikato DHB [Surveillance](#) policy (0124).*
 - specific responsibilities for any parties
 - visiting rights and any specific requirements for supervision or exclusion of visitors (consider the impact on the child/tamaiti or young person/rangatahi when making this decision) see *Waikato DHB Visitors to Patients policy*.
 - supervision options for a child/tamaiti or young person/rangatahi with care and protection concerns, e.g.:
 - place the child/tamaiti or young person/rangatahi in a site visible to staff
 - engage a “watch” for the child/tamaiti or young person/rangatahi
 - security staff may be required
 - transport to a safe discharge will be provided by Waikato DHB
- Duty managers and security staff can be called to assist as required when concerns regarding child safety are identified. **For emergency response ring 99777.**
- CYF or the Police can obtain a Place of Safety Warrant. This means the child/tamaiti or young person/rangatahi must remain in a named safe location and only persons named by the CYF social worker may visit the child/tamaiti or young person/rangatahi.
- If necessary trespass orders are instigated by contacting the duty manager.
- Access to the paediatric wards is limited at all times through locked doors except during visiting hours. Following the risk assessment staff may further limit access throughout the visiting period if required.
- A child protection alert must be discussed by the multidisciplinary team that includes a paediatrician and then placed on the computer system as well as noted in all relevant documentation. (see Child Protection Alert Management Policy (2862))
- Whenever possible collaborate with representatives of the child/tamaiti or young person's/rangatahi cultural group on safety planning.

ii) Death of a child/tamaiti or young person/rangatahi and assessment of other children/tamaiti or young people/rangatahi in the household

- In the event that a child/tamaiti or young person/rangatahi is brought in to the Waikato DHB and is deceased on arrival or the child/tamaiti or young person/rangatahi dies in the hospital and the cause of death is suspicious, then an assessment of the safety of any child/tamaiti or young person/rangatahi in the household should be urgently undertaken

- The paediatrician on-call should determine if there are any other siblings and if so CYF must be notified
- If a child/tamaiti or young person/rangatahi identified as having care & protection concerns is admitted to hospital and subsequently dies the Coroner must be notified. (See [Care of the Deceased/Tūpāpaku](#) Policy 0133).

1.5 Documentation

Document all observation, process and assessment thoroughly

- Staff must fully document all cases of suspected, witnessed or disclosed child abuse or neglect in the child/tamaiti or young person's/rangatahi clinical record. If the child/tamaiti or young person/rangatahi is not the primary client, as much information as possible must be documented on a clinical notes sheet and sent to CPASS who will create a clinical record for the child/tamaiti or young person/rangatahi or ensure the information is incorporated into the current clinical record. A child protection alert must be discussed by the multidisciplinary team that includes a paediatrician and then placed on the computer system as well as noted in all relevant documentation. (see Child Protection Alert Management Policy (2862))
- All documentation of an injury or an event needs to be accurate and objective and should contain as much information as the recipient needs to act in the best interests of the child/tamaiti or young person's/rangatahi health and safety. The date, time, name, signature and designation of the person completing the documentation must also be included (see *Waikato DHB [Clinical Records management](#) policy 0182*).
- Document facts and observations as soon as possible after the event or discussion.
- Record facts and/or observations and concerns.
- Clearly differentiate between what was seen and heard and what was reported or suspected and by whom.
- Detail who was present at the time of the injury.
- Include date and time of the event.
- Where there has been a disclosure, write what was said in quotation marks (verbatim).
- A body diagram can be used to record bruises, cuts and other injuries. (see child protection intranet site for further information)
- If evidence is required to be given in court a deposition statement will usually be obtained from the client's documentation and/or medical report/s. If you are asked to provide evidence you must discuss this with your manager and/or the Waikato DHB legal counsel.
- If obtaining clinical images, written consent must be obtained where from the patient (where the patient is competent to give consent) or from their guardian. If it is not possible to get appropriate consent or consent is declined, assistance can be obtained from CYF and/or Police. After hours a paediatrician must formally request images to be taken. Viscom staff's after hours contact details are held with the Duty Managers and Communications staff. Staff are also required to notify and seek advice from their manager and/or the DHB legal counsel.
- All medical reports sent to Police or CYF from Waikato DHB must be counter-signed by the clinical director, or consultant paediatrician under whose supervision the child was seen.

Note: *A medical report must be written by a registered medical practitioner.*

- Forensic evidence e.g. specimens must be processed according to legal requirements. This involves maintaining a chain of evidence that is done following discussion with the laboratory. Maintaining the chain of evidence includes:
 - the hand delivery of specimen/s by the examining doctor to the laboratory and the signing of a form by each specimen handler in the lab

- blood taken for a coagulation screen must be labelled and countersigned at the lab by the collecting doctor
- following the Sexual Abuse Procedure Form that is available from Microbiology for obtaining laboratory specimens
- ensuring drug testing samples are legally valid by being placed in a Toxicology Kit (available from the Emergency Department or the Police) and handed to Police. Staff must work with Police at all steps of the process of collecting drug testing samples.
- If a client / family / whānau or caregiver wishes to access the child/tamaiti or young person's/rangatahi clinical records staff must follow the procedures in the [Privacy](#) manual. Client/family/whānau does not necessarily have an automatic right to immediate access to clinical records.
- Other allied health professionals involved with the child/tamaiti or young person/rangatahi that has an alert placed on their written and electronic file will be notified of the alert by CPASS or the client's key worker.

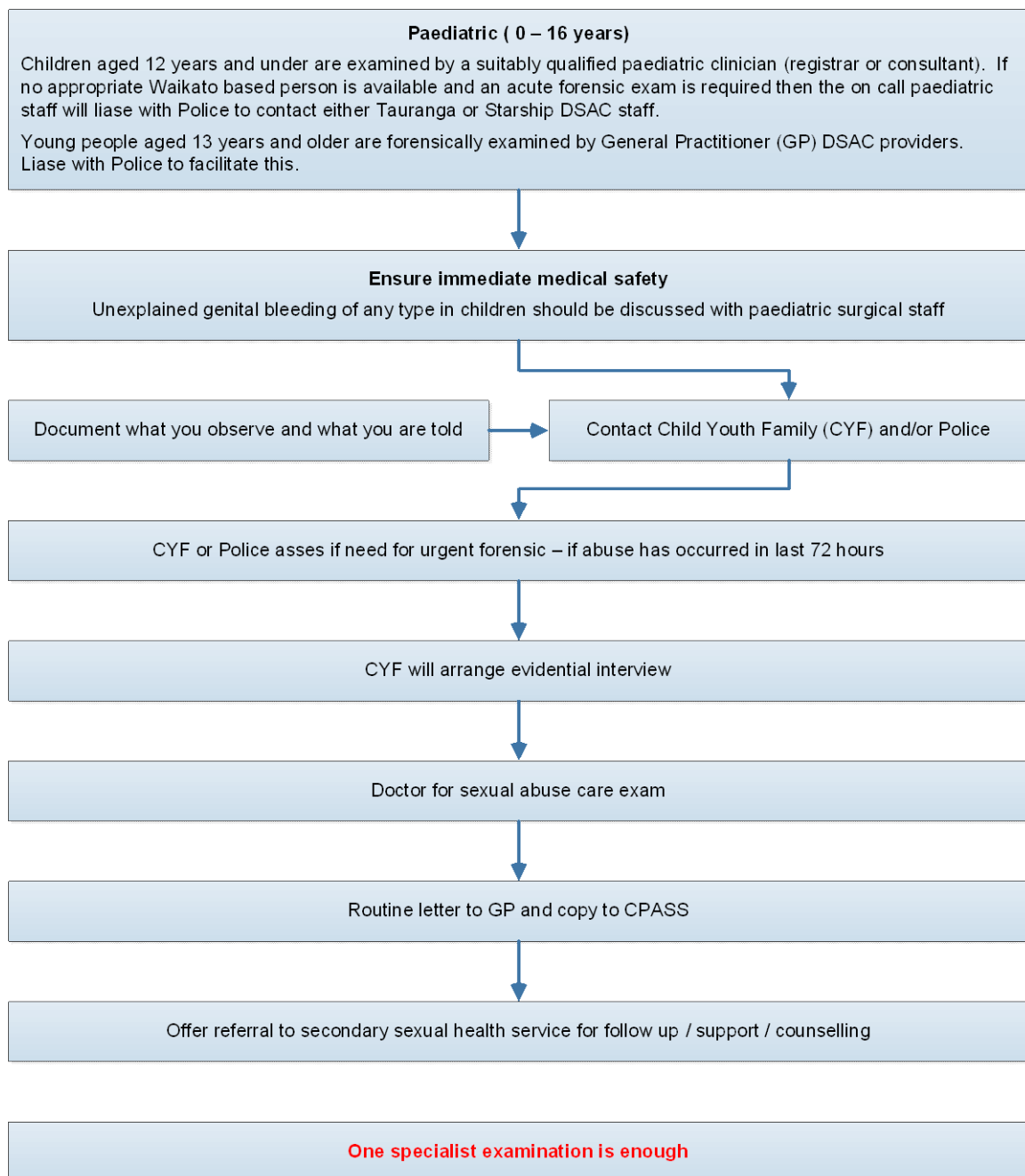
1.6 Referral

- If following initial risk assessment and appropriate consultation abuse or neglect is identified or suspected then a report of concern should be made to CYF and/or police. The report of concern to CYF can be by phone but a written report of concern is best practice. If a report of concern is made by phone staff must ensure they document the details of their phone call and should follow up with a written report of concern. Contact details for the CYF National Call Centre are on the CYF notification template available on the Waikato DHB child protection site on the intranet or from CPASS.
- A copy of the report of concern and documented details of any phoned report of concern should be filed into the clinical record.
- CPASS must be faxed/emailed a copy of all reports of concern made to CYF within 48 hours.
- Other Health Professionals working with the child/tamaiti or young person/rangatahi should also be advised of staff concerns of care and protection issues (e.g. GP/LMC/Tamariki Ora provider).
- When you are concerned about aspects of the child/tamaiti or young person's/ rangatahi care, but not to the extent requiring a notification to CYF then refer to an appropriate community agency to enlist support for the family, e.g. Barnardos, Parentline, Open Home Foundation, Women's Refuge, – and document in the child/tamaiti or young person's/rangatahi clinical record. (Areas throughout the Waikato DHB will have their own community agencies to refer to - enlist the support of local Waikato DHB social workers for this information)
- For those families identifying as Pacific consider a referral to K'aute Pasifika Services or the South Waikato Pacific Island Health Committee as both these services have social and well child/Tamariki Ora programmes.
- Ensure that this information is also included in correspondence (discharge summary, clinic letter etc.) to the primary health provider.

2. Sexual Abuse

- In cases of suspected sexual abuse of children/young people, staff must follow the sexual abuse referral flow chart set out below. Referral must also be made to the paediatrician on call who will liaise with a Doctor for Sexual Abuse Care (DSAC) trained doctor, CYF and/or Police.
- If a medical examination is required, staff must ensure they obtain and document the appropriate informed consent either from the child/tamaiti or young person/rangatahi themselves (if they are competent) or from the child/tamaiti or young person's/rangatahi legal guardian **before** any examination is undertaken (see [Informed Consent policy 1969](#)).

2.1 Sexual abuse referral flowchart



Appendix C – Associated Information**1. Definitions**

child abuse	<i>“Child Abuse means the harming (whether physically, emotionally or sexually) ill treatment, abuse, neglect or deprivation of any child or young person”, and applies to any person under the age of seventeen years. (Children, Young Persons and Their Families’ Act 1989)</i>
child emotional and psychological abuse	<ul style="list-style-type: none"> • the lack of provision of emotional, physical and social support so that a child/tamaiti or young person’s/rangatahi development is seriously affected e.g. failure to provide with adequate food, clothing and health care.
Child Protection Advisory and Support Service (CPASS)	<ul style="list-style-type: none"> • Waikato DHB service that provides education, advice & support for all Waikato DHB staff and other allied health professionals. <ul style="list-style-type: none"> - Phone: 07 858 0965 - Fax: 07 858 0964 - Private Bag 3200, Hamilton - e-mail individual team members (listed on intranet/clinical services/child protection)
Child Protection Alert Management Policy (2862)	<ul style="list-style-type: none"> • describes the steps to be followed when Waikato DHB staff consider a national child protection alert should be placed and the steps to follow when a national alert is identified from another DHB • when nationally approved - Waikato DHB will upload child protection alerts onto the Medical Warning System (MWS), linked to the National Health Index (NHI) number • the national alert system informs staff that clinical records relevant to child protection are held by the Waikato DHB • health professionals in other DHBs will also be aware of the national child protection alert if the child/tamaiti or young person/rangatahi attends another DHB in NZ. The system will allow Waikato DHB health professionals to see a national alert lodged in other DHBs as they would in Waikato DHB. • this policy also describes the process for removing a child protection alert
child sexual abuse (CSA)	<ul style="list-style-type: none"> • This is any act or acts that result in the sexual exploitation of a child/tamaiti or young person/rangatahi, whether consensual or not.
Child Youth and Family (CYF)	<ul style="list-style-type: none"> • A national statutory agency responsible for the investigation of suspected child abuse and/or neglect. • Call Centre contact details for advice and for making Reports of Concern (RoC): <ul style="list-style-type: none"> - Phone: Toll free 0508 FAMILY or 0508 326 459 - Fax: 09 914 1211 - e-mail: CyfCallCentre@cyf.govt.nz
child/tamaiti	<ul style="list-style-type: none"> • for the purpose of this Policy a child is a person aged from 0 – 12 years old. • Includes unborn child.

**CYF/DHB Liaison
CYF/Hospital Liaison**

- Senior CYF colleague who promotes collaborative practise between CYF and the Waikato DHB to ensure children/tamaiti or young person/rangatahi at risk and/or suffering from inflicted injury have their safety needs addressed.
- They also assist with child protection education.
- Every DHB in NZ has a CYF/DHB Liaison currently

**Doctors for Sexual
Abuse Care (DSAC)**

- A national professional organisation of doctors from many disciplines whose prime focus is education and support of medical practitioners to ensure maintenance of internationally recognised standards of best practice in the medical and forensic management of sexual assault.
- Police hold a list of DSAC trained doctors.

**failure to thrive (FTT)
or poor growth**

- Failure to thrive describes an infant who shows a decline from a previously established growth pattern or who falls well below the expected weight gain for their age.
- If there is no medical reason, then either the parents have a poor understanding of feeding requirements or it is highly likely that neglect is the cause.
- Sometimes a child/tamaiti or young person/rangatahi that is not wanted or is rejected fails to thrive.

family violence

- Violence or abuse of any type that occurs between those persons connected by relationships (non–strangers).
- It includes child abuse, partner abuse, parent abuse and older person or dependent adult abuse.
- It can be physical, psychological/emotional, sexual, financial, material.
- Includes acts of violence that may result in pain, injury, impairment of disease. This may include hitting, choking or in any way assaulting another person, and also under/over medication.
- There is usually visible evidence of physical abuse (bruising, fractures, burns, lacerations, etc.) though the differences between accidental injury and abuse can be slight and require a consultative approach and expert investigation.

home alone

- Parents/guardians/caregivers are liable if they leave children/tamaiti under the age of 14 years unsupervised, without making reasonable provision for the supervision and care of the child/tamaiti, for a time that is unreasonable or under conditions that are unreasonable.

inflicted injury

- This is any act or acts that may result in inflicted injury to a child/tamaiti or young person/rangatahi. Has been referred to in the past as a non- accidental injury (NAI).

**multi agency safety
plan (MASP)**

- CYF leads this process in collaboration with health.
- Multi agency safety plans ensure the safety of the child/tamaiti or young person/rangatahi, but also provide for the child/tamaiti or young person's/rangatahi ongoing health and recovery and the wellbeing needs of the family.
 - who will care for the child/tamaiti or young person/rangatahi
 - how safety issues will be addressed
 - how health needs of the child/tamaiti or young person/rangatahi will be responded to

- what and how support will be provided to the child/tamaiti or young person/rangatahi and family
- the roles and responsibilities of family and professionals
- how monitoring and review will occur.
- If the child/tamaiti or young person/rangatahi is the subject of court orders, a copy of the safety plan should be filed with the court plan or review of the child/tamaiti or young person/rangatahi.

Police

- A New Zealand national statutory agency whose responsibilities include:
 - working cooperatively with CYF in investigating child/tamaiti ora and young person/rangatahi abuse and/or neglect
 - investigating cases of abuse and/or neglect where an offence has or may have been committed
 - prosecuting offenders where an offence has been committed
 - accept reports of suspected abuse and/or neglect and refer these to CYF.

primary client

- This is the client or patient for whom Waikato DHB staff is directly responsible for.

report of concern (RoC)

- Sometimes called a “notification to CYF”.
- Sent to the CYF National Contact Centre when staff have serious concerns about the care and protection of a child/tamaiti or young person/rangatahi.

statutory agency

- For the context of our Family violence: child protection policy we refer to 2 statutory agencies Child Youth & Family (CYF) and Police.

youth/rangatahi

- For the purposes of this policy a youth is a young person aged 13 – 16 years old.

2. Legislative Requirements

Waikato DHB must comply with the following legislation (this list is not exclusive):

- Children, Young Persons and Their Families Act 1989
- Children, Young Persons and Their Families Amendment Act 1995
- Code of Health and Disability Services Consumers Rights 1996
- Crimes Act 1961
- Domestic Violence Act 1995
- Care of Children Act 2004
- Health Act 1956
- New Zealand Bill of Rights Act 1990
- Privacy Act 1993
- Summary Offences Act 1981
- Treaty of Waitangi Act 1975
- Vulnerable Children Act 2014

3. Success Indicators

- Staff are competent in the identification and appropriate referral of suspected, witnessed or disclosed abuse and/or neglect of a child/tamaiti or young person/rangatahi
- Staff involved in the direct care of children shall attend family violence and child protection training
- Reports of concern to CYF and/or the Police comply with policy requirements
- All staff are aware of the processes outlined in this policy
- Documentation of suspected, witnessed and disclosed abuse is accurate and objective
- A copy of the CYF/Police Report of Concern is sent to CPASS
- Data returned to CPASS will accurately reflect the number of Reports of Concern to statutory agencies from Waikato DHB

4. Associated documents

- Towards Maori Health Gain Framework 2002
- Waikato DHB [Care of the Deceased/ Tūpāpaku](#) policy (0133)
- Waikato DHB [Clinical Records Management](#) policy (0182)
- Waikato DHB Critical Incident Management for Staff policy (0175)
- Waikato DHB [Incident Management](#) policy (0104)
- Waikato DHB [Family Violence intervention - Partner Abuse](#) policy (2202)
- Waikato DHB [Māori Health](#) policy (0108)
- Waikato DHB [Information Privacy](#) policy (1976)
- Waikato DHB [Surveillance](#) policy (0124)
- Waikato DHB [Security](#) policy (0120)
- Waikato DHB Visitors to Patients policy (0125)
- Waikato DHB Interpreters policy (0137)
- Waikato DHB [Employee Assistance Programme](#) policy (0286)
- Waikato DHB [Informed Consent](#) policy (1969)
- Waikato DHB [Risk Management](#) policy (0118)
- Waikato DHB [Child Protection Alert Management](#) Policy (2862)
- Waikato DHB Tikanga Best Practice Guidelines (2118)
- Breaking the Cycle – Interagency Protocols for Child Abuse Management, Children, Young Persons and their Families Agency 1996
- Breaking the Cycle - an interagency guide to child abuse. New Zealand Children and Young Persons Agency 1987
- Family Violence Guidelines for Health Sector Providers to Develop Practice Ministry of Health 1998
- MOH Family Violence Intervention Guidelines Child and Partner Abuse 2002
- He Korowai Ōranga- National Māori Health Strategy MoH 2002
- A Draft Charter of the Rights of the Māori Child ECD 2002
- United Nations Convention on the Rights of the Child 1989
- Zero Tolerance to Family Violence Charter – Hamilton Safer Communities 1996
- Memorandum of understanding The MOU and its two Schedules (Children Admitted to Hospital with Suspected or Confirmed Abuse or Neglect and the role of the CYF/DHB Liaison Social Worker in DHB) were first implemented in 2011/12