Child Protection Policy

Statement of intent

Te Puna Manawa *Health*WEST is committed to ensuring the safety and wellbeing of the pepe, tamariki and rangatahi in the whānau we serve. We understand that pēpi, tamariki and rangatahi are taonga, and we have a collective responsibility to ensure their protection. We will comply with legislative requirements, and the recommendations of our professional bodies. We understand that our role in Child Protection is one of safety and navigation – we are not investigators nor enforcers.

Scope

This policy outlines the steps this organisation will undertake to ensure tamariki and rangatahi are safe. It applies to actions by management and employees and includes students and people working under contract for Te Puna Manawa *Health*WEST. The policy applies to all those prior to their 18th birthday.

Responsibilities

Management

Police vetting and safety checks will be undertaken as required by the Children's Act 2014, for all staff and contractors. This check must be satisfactory before employment commences, and every three years thereafter.

In extreme circumstances, a person may commence employment without receipt of clearance. However, they must be supervised in person for all interactions with those under 18.

Service Managers and the Clinical Director must be aware of the content and application of this policy, and ensure all employees and contractors comply.

Service Managers and the Clinical Director must provide adequate support for staff and contractors where they have child protection concerns and ensure that they are supported to make notifications or consult as necessary. Where a significant event or trauma has occurred, the involved staff may require additional support and/or counselling, and this will be available through Te Puna Manawa's EAP subscription.

All notifications to Oranga Tamariki **will require lodgment of an incident in the reporting system**.

Staff and Contractors

All staff and contractors will be provided with this policy, and the Te Whata Ora Child Protection Policy.

Staff and contractors who suspect care and protection issues must notify these concerns to Oranga Tamariki. Te Puna Manawa has created a Report of Concern flowchart to support the notification process which is loaded in LOGIQC.

Staff and contractors must provide information regarding notifications to their Service Manager immediately, who will load this into the LOGIQC incident reporting system.

If you believe that there is an immediate threat to safety, call the Police, on 111.

Note for all staff and contractors

Child abuse and family violence are common, and the intersection of our personal history and professional duties can be particularly challenging in this space. If you feel unsettled, or worse, by working with a client where child protection issues have arisen, there is help available. You are not alone – these issues are

common. Please be assured that your thoughts and feelings will be managed with kindness and confidentiality. You are encouraged to seek support within Te Puna Manawa or external sources and Te Puna Manawa will support staff members accessing the Employee Assistance Programme (EAP). Please feel free to discuss this option with your Service Manager or our Corporate Manager to make the necessary arrangements.

Volunteers and students

All volunteers and students assisting with the mahi of Te Puna Manawa must be adequately supervised to ensure that this policy is enacted where necessary. This means direct oversight of and discussion of all interactions. Where a child protection issue is identified, Te Puna Manawa staff must immediately take over the mahi, and respond according to this policy.

Process

This is a 6-step process – consultation with your Service Manager or the Clinical Director is required at all stages. You are strongly encouraged to seek peer support. These steps are taken from the Waitematā DHB Child Protection Policy and have been modified for a primary care and community environment.

1. Identification

Child abuse and neglect are common – keep this in mind for all encounters.

Be open to the possibility – enable safe disclosure, be empathetic and accepting.

Was there a direct disclosure of an abuse event?

Does the history provided match the presentation? (i.e. is the injury history plausible?)

Do NOT take a detailed history – specialist training is required, and you could negatively impact the psychological wellbeing of the child/young person, and any forensic processes that may ensue.

Document what was disclosed as accurately as possible in the child or young person's words.

2. Validation and support

Listen – with empathy and kindness, to the child or young person, and their support people.

Provide clear messages

"it's not your fault"

"it's not okay"

"I'm sad that this happened for you"

Do not overreact with horror, or revulsion – this is the child/young persons' reality, and they do not need to be further isolated. React calmly.

3. Health and risk assessment

Consider immediate risk to safety and medical stability.

Note that risks are inherently higher in younger and pre-verbal children.

Consider suicidality, particularly in older children and young people.

Do NOT examine the child/young person in cases of suspected or actual sexual assault.

A medical review, **preferably by specialist services or the emergency department**, should be undertaken for all physical injuries.

Consider risk to other children/young people in the environment.

If you have concerns regarding onward referral for medical review, please discuss this with the Clinical Director – do not examine the individual without prior approval.

4. Intervention and safety planning

Identify a support network for the child/young person/whānau – this may be their friends or whanau, or professionals.

The Police must be contacted if there is immediate risk of further harm (for example, if the child or young person may return to the environment where the abuse occurred).

Where family violence has occurred, encourage the adults to seek support through the Police, to engage trespass orders and social support.

Where there is no immediate risk, a referral to Oranga Tamariki should be made (see below). Oranga Tamariki will provide a further risk assessment.

Ensure that you have a process for "checking in", and this is timely. You must ensure receipt of any referrals, and that the child/young person feels supported. For example, creating a staff task in MedTech, or an calendar entry for review of the situation – e.g. checking in with the individual/whanau and progress of any referrals.

5. Referral

Oranga Tamariki should be notified of all cases of actual or suspected child abuse or neglect.

- This can be done via phone – 0508 326 459.
- And by email – contact@ot.govt.nz – please follow the Report of Concern flowchart in Logiqc.

We must be aware that we are only one part of the individuals world, and the cumulative effect of multiple referrals on suspicion will often drive intervention (e.g. the teacher, the neighbor, the immuniser).

The child/young person and their parent must be informed of the referral, except in the following situations:

- If it will place either the child or you, the health care provider, in danger
- If the whanau may seek to avoid child protective agency staff
- Where the whanau may close ranks and reduce the possibility of being able to help a child.

You do not need the child, young person, or their family's consent (or knowledge) to make a referral.

No referral is a "wrong" referral – the harm comes from lack of referral. The process may be frightening, unpleasant and imperfect, but the balance of risks and benefits of early referral sits firmly with benefit to the child/young person.

Consider lodging an ACC claim, for physical injuries, or for a sensitive claim (e.g. PTSD following historic sexual abuse).

Notify all clinicians within your service in Te Puna Manawa, the school (through the school nurse, guidance counsellor or principal if applicable) and the child/young persons registered General Practitioner. Interagency

collaboration is a key component of Child Protection. This should be completed within 2 working days. Please see the Report of Concern Flowchart in Logiqc.

6. Documentation

Your documentation should be held within MedTech32 – if the affected person is not a client of a service which uses MedTech32, document your findings in a password protected Word document, and send to your Service Manager, who will arrange for entry into the Youth Hub MedTech database.

Documentation must be contemporaneous, and include:

- Date and time the child/young person was seen, and the time notes were completed
- Who was present at the assessment
- Brief history, observed behaviour, examination (noting the limitations above)
- Photography – this must only be completed by a General Practitioner, Nurse Practitioner, or senior Registered Nurse. Consent must be obtained. All photographs should be clipped to MedTech (see Clinical Information Management policy) and deleted from any personal cloud storage facility. **It is strongly preferred that photography is reserved for Secondary services.**
- Risk assessment results
- Consultation – who you spoke to, and when, what was their advice
- Actions taken – referrals
- Follow up plan – your plan for further contact with the child/young person

You must notify your Service Manager immediately. They are responsible for their own documentation of the discussion in MedTech32, and lodging the case in the incident reporting system, and providing any further input or management that may be required.

Guidelines – Indicators of Child Abuse

1. Indicators of Emotional Abuse

There may be **physical indicators** that a child is being emotionally abused. Some examples of this are:

- Bed-wetting or bed soiling that has no medical cause
- Frequent psychosomatic complaints (e.g., headaches, nausea, abdominal pains)
- Prolonged vomiting or diarrhoea
- Has not attained significant developmental milestones
- Dressed differently from other children in the family
- Has deprived physical living conditions compared with other children in the family

There may also be **behavioural indicators** that child or young person is being emotionally abused. Some examples of this are:

- Suffers from severe developmental gaps
- Severe symptoms of depression, anxiety, withdrawal, or aggression
- Severe symptoms of self-destructive behaviour – self-harming, suicide attempts, engaging in drug or alcohol abuse
- Overly compliant; too well-mannered; too neat and clean
- Displays attention seeking behaviours or displays extreme inhibition in play
- When at play, behaviour may model or copy negative behaviour and language used at home

There may be **indicators in adult behaviour** that could indicate emotional abuse. Some examples of this are:

- Constantly calls the child or young person names, labels the child, or publicly humiliates the child
- Continually threatens the child or young person with physical harm or forces the child to witness physical harm inflicted on a loved one
- Has unrealistic expectations of the child or young person
- Involves the child or young person in "adult issues", such as separation or access issues
- Keeps the child or young person at home in a role of subservient or surrogate parent

2. Indicators of Neglect

There may be **physical indicators** that a child or young person is being neglected. Some examples of this are:

- Inappropriate dress for the weather
- Extremely dirty or unbathed
- Inadequately supervised or left alone for unacceptable periods of time
- Malnourished
- May have severe nappy rash or other persistent skin disorders or rashes resulting from improper care or lack of hygiene

There may also be **behavioural indicators** that child or young person is being neglected. Some examples of this are:

- Demonstrates severe lack of attachment to other adults
- Poor school attendance or school performance
- Poor social skills
- May steal food
- Is very demanding of affection or attention
- Has no understanding of basic hygiene

There may be **indicators in adult behaviour** that could indicate neglect. Some examples of this are:

- Fails to provide for the child or young person's basic needs, such as housing, nutrition, medical and psychological care
- Fails to enrol a child or young person in school or permits absenteeism
- Leaves the child home alone
- Is overwhelmed with own problems and puts own needs ahead of the child or young person's needs

3. Indicators of Physical Abuse

There may be **physical indicators** that a child or young person is being physically abused. Some examples of this are:

- Unexplained bruises, welts, cuts, abrasions
- Unexplained burns
- Unexplained fractures or disclosures

There may also be **behavioural indicators** that child or young person is being physically abused. Some examples of this are:

- Is wary of adults or of a particular individual
- Is violent to animals or other children or young people
- Is dressed inappropriately to hide bruises or other injuries
- May be extremely aggressive or extremely withdrawn
- Cannot recall how the injuries occurred or gives inconsistent explanations

There may be **indicators in adult behaviour** that could indicate physical abuse. Some examples of this are:

- May be vague about the details of the cause of injury and the account of the injury may change from time to time
- May blame the accident on a sibling, friend, relative or the injured child or young person
- Shakes an infant
- Threats or attempts to injure a child or young person
- Is aggressive towards a child in front of others
- May delay in seeking medical attention for a child or young person

4. Indicators of Sexual Abuse

There may be **physical indicators** that a child or young person is being sexually abused. Some examples of this are:

- Torn, stained or bloody underclothing
- Bruises, lacerations, redness, swelling or bleeding in genital, vaginal or anal area
- Blood in urine or faeces
- Sexually transmitted disease
- Unusual or excessive itching or pain in the genital or anal area

There may also be **behavioural indicators** that child or young person is being sexually abused. Some examples of this are:

- Age-inappropriate sexual play with toys, self, others
- Bizarre, sophisticated, or unusual sexual knowledge
- Comments such as “I’ve got a secret”, or “I don’t like uncle”
- Fire lighting by boys
- Fear of certain places i.e., bedroom or bathroom

Some examples of this in older children or young people are:

- Eating disorders
- Promiscuity or prostitution
- Uses younger children in sexual acts
- Tries to make self as unattractive as possible

There may be **indicators in adult behaviour** that could indicate sexual abuse. Some examples of this are:

- May be unusually over-protective of a child or young person
- Is jealous of a child or young person's relationships with peers or other adults or is controlling of the child or young person
- May favour the victim over other children
- Demonstrates physical contact or affection to a child or young person which appears sexual in nature or has sexual overtones

Guidelines - Managing difficult behavior

If you encounter difficult behaviors whilst working with the child/young person/whanau, and are either not able to remove yourself from the situation, or it is not safe to remove yourself, below are some strategies that can be used;

- Use proximity and other non-verbal cues to let the child/young person know that you have noticed their behavior
- Intentionally ignore the child/young person
- Re-teach positive behavior that you expect

Te Puna Manawa *Health*WEST will not use physical punishment or restraints to manage behavior.

Supporting evidence, legislation, and further information

Children's Act 2014 (previously Vulnerable Children's Act)

https://www.legislation.govt.nz/act/public/2014/0040/latest/DLM5501618.html

This Act covers:

Child protection policy requirement

Worker safety checking

Oranga Tamariki Act (Children's and Young People's Well-being Act) 1989 (updated 2017)

https://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html

This Act covers:

Reporting of ill treatment or neglect

Protection of person reporting ill treatment or neglect

Government departments supply of information

Privacy Act 2020

https://www.legislation.govt.nz/act/public/2020/0031/latest/LMS23223.html

This Act covers:

Disclosure of information

Interagency information sharing

Health Information Privacy Code 2020

https://www.privacy.org.nz/privacy-act-2020/codes-of-practice/hipc2020/

This code covers:

Disclosure of information

Health Act 1956

https://www.legislation.govt.nz/act/public/1956/0065/latest/whole.html

This Act covers:

Disclosure of information

Family Violence Assessment and Intervention Guidelines 2016 (Ministry of Health)

https://www.health.govt.nz/system/files/documents/publications/family-violence-assessment-intervention-guideline-jun16_0.pdf

This document provides an excellent overview of identification, assessment, and interventions in the family violence setting

Starship Abuse and Neglect Guideline

https://www.starship.org.nz/guidelines/abuse-and-neglect/

This document provides an overview of assessment and local referral guidelines, including information about Te Puaruruhau, and practical requirements (e.g., phone numbers, after hours contact), and the requirements for early referral and consultation.

Waitemata Child Protection Policy

https://www.waitematadhb.govt.nz/assets/Documents/health-professionals/child-health/Child-Protection-Guidelines.pdf

This document provides a detailed overview of the working processes in a **SECONDARY** care environment. There is useful information regarding identification and management. However, there are real differences in the application of policy in a community vs hospital setting.

Review and audit requirements

All cases of suspected or actual child abuse or neglect will be lodged in the incident reporting system, Logiqc.

These cases will be reviewed, under the oversight of the Service Manager and Clinical Director, and discussed at the Clinical Quality Committee as appropriate.

An annual audit summary of all cases and findings will be compiled by the Clinical Director, with the findings presented to the Clinical Quality Committee.

Document review

Review cycle: 3 yearly

Next review due: 7/7/2026

Reviewer: Clinical Director

Comments for reviewer: requires check for changes in legislation or common practice, and structural changes within Te Puna Manawa