

Policy: Child Abuse and Neglect

Purpose

This policy outlines how Counties Manukau Health (CM Health) personnel should respond to disclosed, diagnosed, suspected or potential child abuse and neglect.



Note: This policy must be read in conjunction with:

- [Child Abuse and Neglect Procedure.](#)
- [Family Violence Intervention Policy.](#)
- [Family Violence Intervention Procedure.](#)

Scope of use

This policy is applicable to all CM Health employees (full-time, part-time and casual (temporary), including contractors, visiting health professionals and students working in any CM Health facility.

Policy

1. Principles

Any services provided, or actions taken in respect of child abuse and neglect, or suspected or potential child abuse and neglect situations, must be guided by the following principles:

- i) “The welfare and interests of the child or young person shall be the first and paramount consideration” (Oranga Tamariki Act 1989).
- ii) Children and young persons have the right to full emotional, spiritual and physical wellbeing, and to develop their own potential in an environment that is nurturing and protective and in which they are safe from abuse.
- iii) Health services for the care and protection of children and young people must be built on a partnership in accordance with the Treaty of Waitangi. Children and young persons are assessed and managed within a culturally safe environment utilising the support services that are available and appropriate.
- iv) The protection and nurturing of children and young people is the responsibility of adults. Children are not responsible for the abuse inflicted on them by others.
- v) All children and young people have the right to quality health services for care and protection. These services should be easily accessible, safe and appropriate to their age, needs and culture.
- vi) Health services must contribute to the nurturing and protection of children and young people and advocate for them as part of their role to promote, protect and preserve the public health.
- vii) Health Services must value, maintain and support the primary role of the family/whanau, in providing for the care, welfare and safety of children and

Document ID:	A5518	CMH Revision No:	9.0
Service :	Child Protection Service - Kidz First	Last Review Date :	1/09/2021
Document Owner:	Clinical Nurse Director - Kidz First	Next Review Date:	1/09/2024
Approved By:	Kidz First Documentation Review Group	Date First Issued:	01/12/1998
<i>If you are not reading this document directly from the Document Directory this may not be the most current version</i>			

Child Abuse and Neglect Policy

young people, whilst ensuring that at all times the child health and safety has priority.

2. Response to Abuse

- i) **Consultation:** All child protection concerns and any actions undertaken in respect of child abuse or neglect must first be discussed with a senior colleague or member of the **CM Health Child Protection Service**. To ensure culturally safe practice this consultation should also extend to culturally appropriate services. For example, Maaori Health and/or Pacific Health.
- ii) **Multidisciplinary Approach:** In responding to child abuse and neglect, health services must be collaborative and multidisciplinary and work in partnership with the appropriate community and statutory agencies.
- iii) **Referral to Social Work:** Where a CM Health Social Work Service is available; all cases of child abuse and neglect should be referred for consultation and/or assessment to that Service.
- iv) **Referral to Statutory Agencies:** Following consultation as outlined above, any situation within CM Health services where child abuse and neglect is disclosed, diagnosed or suspected, **must** be referred to **Oranga Tamariki Ministry for Children** in accordance with stated Child Protection Procedures. The **Police** should be notified in all cases of assault and sexual abuse.



Note: Mandatory reporting of child abuse is not law in New Zealand. However as an organisation we have a policy that requires the reporting of instances of child abuse that come to our attention.

- v) **Protection for the Referrer:** The Oranga Tamariki 1989 s16, provides protection from legal or disciplinary action, for any person making a referral to Oranga Tamariki and/or the Police 'in good faith' and releasing the necessary patient information to a Oranga Tamariki Social Worker, Care and Protection Co-ordinator or the Police. (See also Health Information Privacy Code 1994).
- vi) **Referral to CM Health Child Protection Service:** Following a Report of Concern (ROC) to Oranga Tamariki, a copy of the ROC should be emailed by the notifier to the Child Protection Service via email. In the event that Oranga Tamariki is already involved with a child or a ROC to Oranga Tamariki has been made by another party (e.g. a school teacher or other agency involved), the CM Health employee should send a Child Protection Alert form to the Child Protection Service informing of the reason for Oranga Tamariki involvement.
- vii) **Child Protection Alert:** Child protection cases will be reviewed by the Child Protection Service and, where deemed appropriate by the multidisciplinary team, a **Child Protection Alert** will be placed on the child's electronic file against the NHI.

CM Health has the ability to load a National Child Protection Alert High Risk Unborn for any child who has either been referred to Oranga Tamariki or is currently known to the statutory agency and may present at another DHB in the country.

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[CMHealth Child Protection Alert Management Policy 2015](#)

Support: Children and families/whanau involved in the assessment of allegations of child abuse will be offered support and informed of, or referred to, appropriate services and agencies where this is practicable and not likely to cause risk of further harm to the child.

3. Consent:

Parental/guardian consent is **not** required to refer to Oranga Tamariki or the Police. The Oranga Tamariki Act 1989 and the Health Act 1956 protect the referrer in this situation. However, parents/caregivers should be informed about any child protection concerns or ROC to Oranga Tamariki **unless there is further risk to the child in so doing or a staff member is concerned for their own safety.**

Permission of a parent **is** normally required for any **medical examination** of a child under 16 years. Exceptions are:

- i) Oranga Tamariki social workers can seek a medical examination under a warrant taken out under the 'Oranga Tamariki Act (1989), or under a court order (Oranga Tamariki Act 1989 s49-55).
- ii) Community Health and Medical Officers and authorised Public Health Nurses of CM Health have the statutory power to enter a school or child care centre to examine a child (Health Act 1956 part 2).
- iii) However, under the Oranga Tamariki Act 1989 (S.55), **no internal examination** (of genitals or anus) may be done without consent by a parent unless the doctor believes there has been **recent** assault of these body parts and the child, being of sufficient maturity to do so, gives her/his own consent.

A child is entitled to have or to nominate a supportive adult to be present during a medical examination (Oranga Tamariki Act 1989 s.54).

4. Documentation

All suspected or actual child abuse (observations, assessment findings and disclosures) and actions taken with regard to this must be fully and accurately documented in the child's clinical record.

5. Support for Staff

All Child Protection work is recognised as complex and stressful and staff involved must have access to adequate consultation, debriefing, professional supervision, cultural supervision and support. As part of the Violence Intervention Programme, debrief sessions are provided following face to face training. CM Health also offers Employment Assistance Programme (EAP). To contact EAPworks by phone 0800-735-343 or visit their website <http://eapworks.co.nz/> further details can be found regarding this service on Paanui.

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Staff Training

- i) All CM Health staff working with children and families/whanau should receive information on the Child Protection Service, Child Protection training and the existence of Child Protection Policy.
- ii) Child Protection training (Core and refresher), as part of the Violence Intervention Programme, by an authorised/recognised provider, will be attended by all Kidz First, Women's Health, Adult Health, Mental Health and Emergency Care services clinical staff. Enrolment in further training may be applied for in the usual manner.

6. Employment Policy

CM Health's employment procedures for staff working with children must include a thorough examination and checking of applicant's previous work history including referees and past employer reports and a police check. This is done with the applicant's consent. CM Health recruitment policies will reflect a commitment to child protection by including comprehensive pre-employment screening procedures (in accordance with the Vulnerable Children's Act 2014).

Possible Abuse by staff

Where CM Health suspects that child abuse or family violence has been perpetrated by a staff member or other person helping in the organisation, CM Health will not collude with or protect that person or the organisation but will promptly report the matter to management and statutory authorities. The suspected staff member will be prevented from having access to children whilst under investigation and will be fully informed of his/her rights.

7. Audit

As part of their function CM Health Child Protection Service is committed to quality improvement in the area of practice relating to child abuse and neglect. Every CM Health ROC to Oranga Tamariki goes through a weekly interdisciplinary meeting. Regular audits are conducted as required under the MoH Violence Intervention Programme contract on clinical charts and referral which inform the Child Protection Services Strategic Plan in relation to staff education and support and informs future policy and procedure development.

References

Nil.

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Definitions

Terms and abbreviations used in this document are described below:

Term/Abbreviation	Description
Child Abuse	The harming, whether physically, emotionally, or sexually, ill treatment, abuse neglect or deprivation, of any child or young person. (Oranga Tamariki Act 1994 s2).
Child	A boy or girl under the age of 14 years.
Young Person	A boy or girl aged 14 to 18 years.
Child Or Young person in Need of Care and Protection	A child or young person who is being or is likely to be abused in any of the ways, described in the definition of child abuse, above. (Oranga Tamariki Act s14).
Oranga Tamariki Ministry for Children (formerly known as Child Youth & Family)	The Oranga Tamariki Ministry for Children. A statutory agency responsible for investigating allegations of child abuse and making provision for children and young people in need of care and protection up to the age of 18 years.
Te Puaruruhau	Regional Child and Adolescent Abuse Assessment Team, (Starship ACH). Provides acute assessment in cases of sexual assault.

Associated Documents

Other documents relevant to this policy are listed below:

NZ Legislation	Oranga Tamariki Act and amendments. Care of Children Act. Crimes Act. Family Violence Act. Treaty of Waitangi. Guardianship Act. Health Information Privacy Code rule 11. Vulnerable Children's Act.
CMDHB Clinical Board Policies	Family Violence Intervention Policy Family Violence Intervention Procedure Clinical Photography Policy Security Tikanga Best Practice Policy
NZ Standards	None.
Organisational Procedures	Child Abuse and Neglect Procedure CMDHB Child Protection Alert Management Policy Disclosure of Health Information – How a Third Party Requests Personal Health Information about a Patient

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Other related documents	<p><i>'Family Violence Assessment and Intervention Guideline'</i> - Ministry Of Health, 2016.</p> <p>Child Protection Protocol – New Zealand Police and Child Youth and Family Service, March 2010.</p> <p>District Health Board, 2006. <i>Child Abuse and Neglect Policy – Management of.</i> Wellington: Ministry of Health.</p> <p>Nga Vaka o Kaiga Tapu (Ministry of Social development Taskforce for Action on Violence within Families 2012).</p> <p>He Korowai Oranga: Maori Health Strategy (Ministry of Health 2014b).</p> <p>Memorandum of Understanding between Police, CYF and DHB's (2016) with associated schedules:</p> <ul style="list-style-type: none"> • Schedule 1 - Interagency management and safety of children and young people identified as experiencing abuse and neglect. • Schedule 2 - The role of Child Youth & Family hospital Liaison Social Worker. • Schedule3 – Guideline for the Management of children with Neglect of Medical Care. • Schedule 4 - Joint Standard Operating Procedures for Children and young Persons in Clandestine Laboratories.
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