PRINCIPLES

The rights, welfare and safety of the child / tamariki, young person / rangatahi are our first and paramount consideration. Bay of Plenty District Health Board (BOPDHB) staff are required to report actual or suspected cases of child abuse and neglect to the statutory child protection agency (Child Youth and Family [CYF]) and / or the Police.

A co-ordinated approach to child protection is essential and requires collaborative work within BOPDHB and with external agencies (i.e. Police, CYF, Social Services and Primary Health).

Health services should contribute to the nurturing and protection of all 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 bicultural partnership in accordance with the Treaty of Waitangi. Wherever possible the family / whānau, hapū and iwi participate in the making of decisions affecting that child / tamariki young person / rangatahi.

ORGANISATIONAL RESPONSIBILITIES

BOPDHB is responsible for an organisation-wide policy for the management of child abuse and neglect, regular staff training relating to the policy, audit processes to ensure staff understand and adhere to the policy, and adequate support and supervision for staff in accordance with the Ministry of Health Violence Intervention Programme Service Specification. Frontline health practitioners who provide care for women and children in their service are supported to attend core VIP, in-service and refresher training.

BOPDHB recruitment policies will reflect a commitment to child protection by including comprehensive vetting and screening procedures

Where suspicion exists of child abuse perpetrated by an employee or volunteer in the organisation, the matter will be dealt with in accordance with the Disciplinary Procedure

STANDARDS TO BE MET

All situations where recent or ongoing child abuse and / or neglect is disclosed, detected or suspected must be acted on and reported using the following procedure – refer to **Appendix 1** for process flowchart.

1. Consultation for Actual or Suspected Child Abuse and Neglect:

1.1 No decisions or actions will be made in isolation by any staff member relating to suspected, potential or actual abuse or neglect of children / young persons, unless there is concern for the immediate safety of the child and support is inaccessible. DO NOT WORK ALONE!

1.2 If staff are informed by official, legal documentation that an order is in place restricting the access of another party to a child / young person, they must inform the Clinical Nurse Manager / Duty Manager and Security immediately.

1.3 Contact Regional Māori Health services if cultural support is required and appropriate concerns need to be addressed.

2. Response to Actual or Suspected Child Abuse and Neglect:

2.1 Whenever child abuse and / or neglect is actual or suspected, the matter must be given priority. Refer also to the Child Abuse and Neglect flipchart and Indicators of Child Abuse and Neglect.

2.2 Further to reporting by telephone to CYF, written electronic notification must follow no more than 24 hours later. A copy of this documentation will be attached to the client's file and a copy will be forwarded to the Family Violence Intervention Programme (FVIP) Co-ordinator.

2.3 If there is concern about the child's care, but not to the extent requiring a CYF notification, then refer to a Hospital Social Worker or appropriate community agency to enlist support for the family.

2.4 In the following situations the Police must be called immediately:

a) If a child / young person is in immediate danger.
b) If a child is found, known or suspected to be left alone without reasonable provision of safe, supervised care by an adult / person aged 14 years or over. The Staff member must stay with the child(ren) until the Police arrive.
c) Homicide.
d) Any assault on any child / young person who has sustained a wound or injury.
e) Where there is immediate risk to the child, or the environment to which the child is returning is unsafe.
f) Your safety is compromised
g) Abuse has occurred and is likely to escalate or recur

Consider:

h) Risk of self-harm or suicide.
i) Co-occurrence of partner abuse. If child abuse is suspected assess the mother for partner abuse. Do not ask about partner abuse if another adult or child aged over two (2) years is present.
j) Continue to consult.

2.5 Communicate with victim's parents / caregivers.

a) 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.
b) Concerns or child protection actions DO NOT need to be discussed with a victim's parents or caregivers where it is believed that:
   i. It will place either the child or you, the health care provider, in danger.
   ii. The family may close ranks and reduce the possibility of being able to help a child.
   iii. The family may seek to avoid protection agency staff.

2.6 Document all observations, process and assessment thoroughly.

a) In all cases accurate informative documentation is essential and must be recorded in the patient's health record with time, date, legible signature and designation.
b) Document facts and observations as soon as possible after the event or discussion. Wherever possible use the Injury Flowchart (*ED staff only*) that has many helpful prompts for the history and examination.
   i. Record only facts and / or observations not 'feelings'.
   ii. Clearly differentiate between what was seen and heard and what was reported or suspected and by whom.
   iii. Detail who was present at the time.
   iv. Include date and time.

v. Where there has been a disclosure, write what was said in quotation marks (verbatim).
vi. Use a body diagram to record bruises, cuts and other injuries

3. Security and Support for the Child / Young Person Whilst in Hospital:

The following steps are recommended (Children's Commissioner 2006) as a best practice model for the safety of children / young persons' whilst in hospital.

3.1 BOPDHB will initiate and implement security measures for the first 24 hours after a notification is made to CYF or Police to keep the child / young person with actual or suspected non-accidental injury, abuse or neglect safe from further harm whilst in hospital.

3.2 Once CYF is notified then responsibility for the child's safety is shared between BOPDHB and CYF.

3.3 Security can be called to assist as required when concerns regarding child safety are identified. **For emergency response from Security call 777. For Police Phone 111.**

3.4 The level of supervision required to keep the child safe will be decided following a comprehensive risk assessment which should be completed at the earliest opportunity.

3.5 During this time, or as soon as practicable, a multi-disciplinary meeting between relevant BOPDHB staff including Clinical Nurse Manager / Shift Co-ordinator or out of hours Duty Manager, Regional Māori Health services, CYF and / or Police will be held to agree supervision requirements, access arrangements, associated costs and Discharge Plan, including safe transportation (refer to 1.6.3 protocol 0). If there is an existing Child Protection Plan this will be implemented. CYF or the Police can obtain a Place of Safety Warrant. This means the child must remain in a named safe location and only persons named by the CYF Key Worker may visit the child.

3.6 Trespass Orders may also need to be issued if high concerns regarding child safety exist – refer to policy 5.5.3 Trespass.

3.7 Compliance with all legislative measures implemented will be adhered to. At times it may be necessary to suppress patient details and provide secure processes for discharge of child(ren).

3.8 Ensure persons making public enquiries about the child(ren) are given no details. Refer to 1.6.3 protocol 0 section 11.1 Name Suppression.

3.9 Patient is to be discharged from BOPDHB according to the agreed Discharge Plan, including safe transportation as per 1.6.3 protocol 0 section 11.2 Discharge Process.

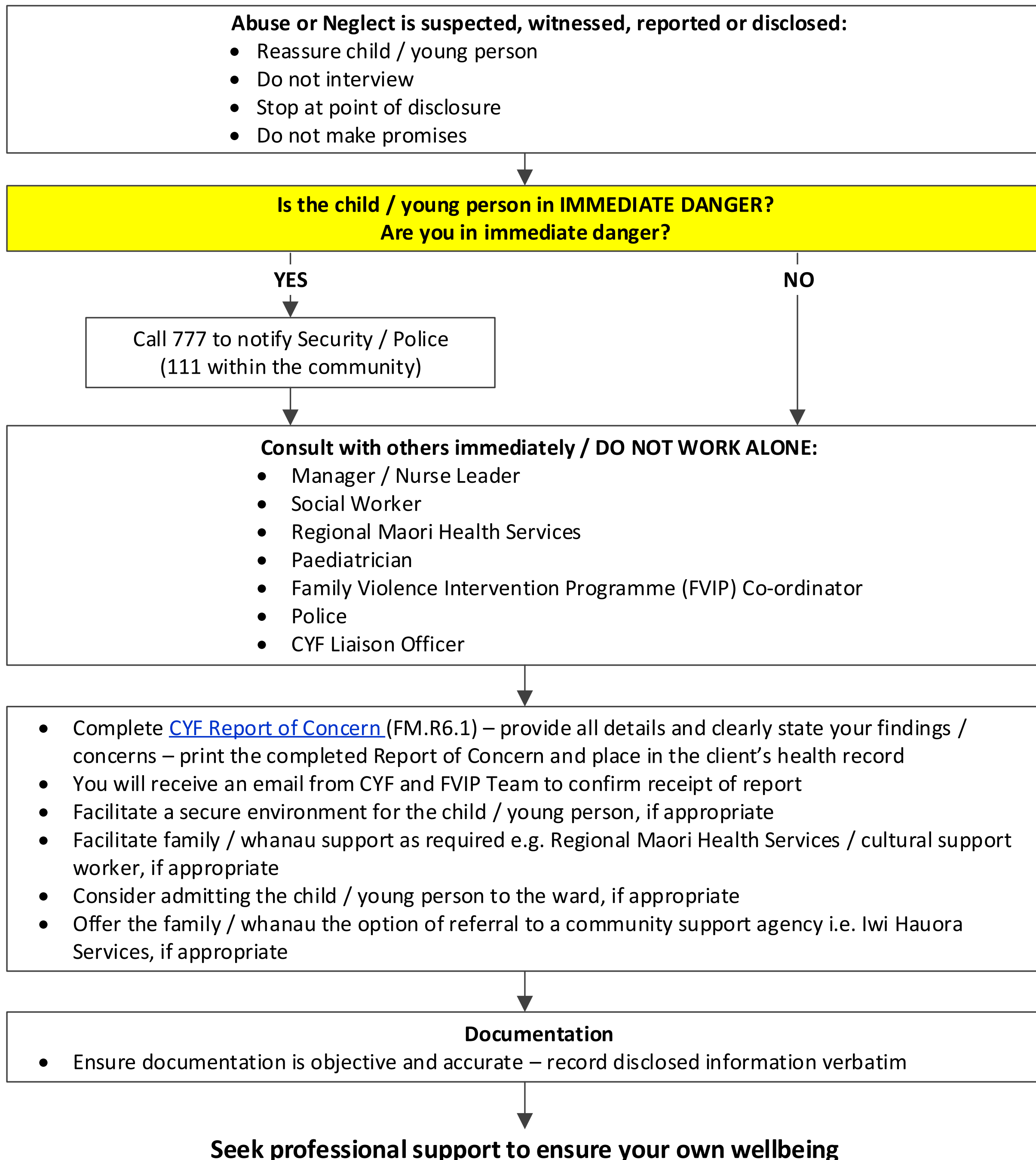
ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 1.6.3 Child Protection, Violence, Abuse and Neglect – Management and Reporting Standards
- Bay of Plenty District Health Board policy 1.6.3 protocol 0 Violence, Abuse and Neglect – Management and Reporting Standards
- Bay of Plenty District Health Board policy 1.6.3 protocol 2 Partner Abuse, Family Violence Standards
- Bay of Plenty District Health Board policy 1.6.3 protocol 3 Older Person Violence, Abuse, Neglect Standards (Interim)
- Bay of Plenty District Health Board policy 1.6.2 Child Protection Alerts

- Bay of Plenty District Health Board policy 1.6.2 protocol 1 Child Protection Alerts Standards
- Bay of Plenty District Health Board policy Glossary of Terms / Definitions
- Bay of Plenty District Health Board Glossary of Terms / Definitions – Vulnerable Children Act
- Bay of Plenty District Health Board policy 1.1.1 Informed Consent
- Bay of Plenty District Health Board policy 1.4.4 Cultural Safety - Māori
- Bay of Plenty District Health Board policy 1.5.1 Interpreter Services
- Bay of Plenty District Health Board policy 3.50.01 protocol 1 Recruitment Standards
- Bay of Plenty District Health Board policy 3.50.02 protocol 7 Supporting Staff
- Bay of Plenty District Health Board policy 5.5.1 Security
- Bay of Plenty District Health Board policy 5.5.1 protocol 1 Abduction of Baby / Child Receiving Treatment - Responsibilities & Management of Risk
- Bay of Plenty District Health Board policy 5.5.1 protocol 2 Abduction - Post Abduction of Baby / Child From Hospital - Management of
- Bay of Plenty District Health Board policy 5.5.3 Trespass
- Bay of Plenty District Health Board policy 6.1.5 Alerts
- Bay of Plenty District Health Board Summary of Injuries Form (618C) – *viewable only. Order through Design & Print Centre*
- Bay of Plenty District Health Board Emergency Department Child Injury Assessment form (7441) – *viewable only. Order through Design & Print Centre*
- Bay of Plenty District Health Board Form FM.R6.1 Report of Concern - CYF

4 Appendix 1: Procedure Flowchart

The safety of the child / young person is paramount



Appendix 2: Risk Factors / Red Flags:

1. **Risk Indicators** (*environment around the child*)
   - 1.1. Any **history** previous abuse or suspected abuse
   - 1.2. **Domestic violence**
   - 1.3. Parent **indifferent, intolerant** – view child as particularly troublesome
   - 1.4. **Severe social stress**
   - 1.5. **Severe isolation** and **lack of support**
   - 1.6. **Parents abused** as children
   - 1.7. **Alcohol and drug abuse**
   - 1.8. **Mental illness** including post-natal depression
   - 1.9. **Parent very young**
   - 1.10. **Frequent changes of address**, more than 2 over last year
   - 1.11. At risk **family actively avoids contact** with health care providers or family support agencies

2. **Assess Risk** (*what is happening to the child*)
   - 2.1 Screen all episodes of care to identify current or previous contact with DHB services
   - 2.2 **Nature** of abuse neglect or risk
   - 2.3 Details of: how, what, where, when, who saw happen
   - 2.4 What is the **trend**? Increasing, decreasing, static.
   - 2.5 Assess safety of **siblings** within the household.
   - 2.6 Are adequate **protectors** available e.g. adult who will keep the child safe, family, other support people involved with child
   - 2.7 Childs **ability to protect self,** access of perpetrator to child
   - 2.8 Identify other **agencies involved** with the family

3. **Red Flags**
   - 3.1 Uncorroborated history
   - 3.2 A discrepancy between the history and injury
   - 3.3 Varying / changing history
   - 3.4 History of repeated trauma
   - 3.5 Delay in seeking medical advice
   - 3.6 Inappropriate parental response
   - 3.7 Sudden change in child's behaviour
   - 3.8 Unusual child / parent interaction