

 <p><b>BAY OF PLENTY</b> DISTRICT HEALTH BOARD HAUORA A TOI</p> <p><b>CHILD ABUSE &amp; NEGLECT PROTOCOL</b></p>	<p><b>CHILD ABUSE &amp; NEGLECT – STANDARDS TO BE MET</b></p>	<p><b>Policy 1.2.1 Protocol 1</b></p>
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## INCLUSIONS

This policy covers any of the following acts against an **unborn child** - any stage of human prenatal development, **child** - a boy or girl under the age of 14 years (Section 2 CYP&F Act 1989) or **youth** - Means a boy or girl between the age of 14 and 17 years (Section 2 CYP&F Act 1989).

- Any **Physical abuse** or acts that results in inflicted injury to a child or young person. It may include, but is not restricted to bruises and welts, cuts and abrasions, fractures or sprains, abdominal injuries, head injuries, injuries to internal organs, strangulation or suffocation, poisoning, burns or scalds.
- Any **Sexual abuse** or acts that results in the sexual exploitation of a child or young person whether consensual or not. It may include, but is not restricted to non contact abuse such as exhibitionism, voyeurism, suggested behaviours or comments, exposure to pornographic material; contact abuse such as touching breasts, genital/anal fondling, masturbation, oral sex, object or finger penetration of the anus or vagina, penile penetration of the anus or vagina, encouraging the child or young person to perform such acts on the perpetrator; involvement of the child or young person in activities for the purposes of pornography or prostitution.
- Any **Emotional abuse** or act or omission that results in the impaired psychological, social, intellectual and / or emotional functioning and development of a child or young person. It may include but is not restricted to rejection, isolation or oppression; deprivation of affection or cognitive stimulation; inappropriate and continued criticism, threats, humiliation, accusations, expectations of, or towards the child or young person; exposure to family violence; corruption of the child or young person through exposure to, or involvement in illegal or anti-social activities; the negative impact of the mental or emotional condition of the parent or caregiver; the negative impact of substance abuse by anyone living in the same residence as the child or young person.
- Any **Neglect** or act or omission that results in impaired physical functioning, injury, and / or development of a child or young person. It may include but is not restricted to:
  - Physical neglect - failure to provide the necessities to sustain the life or health of the child or young person.
  - Neglectful supervision - failure to provide developmentally appropriate and / or legally required supervision of the child or young person leading to an increased risk of harm.
  - Medical neglect - failure to seek, obtain or follow through with medical care for the child or young person resulting in their impaired functioning and / or development.
  - Abandonment - leaving a child or young person in any situation without arranging necessary care for them and with no intention of returning.
  - Refusal to assume parental responsibility - unwillingness or inability to provide appropriate care or control for a child or young person.

## STANDARDS TO BE MET

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

1.1 No decisions or actions will be made in isolation by any Bay of Plenty District Health Board (BOPDHB) staff member relating to suspected, potential or actual abuse or

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<p>Protocol Steward: FVIP Co-ordinator</p>	<p>Authorised by: Manager, CCYHS</p>	

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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 Once 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 Manager / Duty Manager and Security immediately.
- 1.3 Please 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 neglect is actual or suspected, the matter must be given priority. Refer to the Child Abuse and Neglect Protocols and the flipchart, Indicators of Child Abuse and Neglect.
- 2.2 Further to reporting by telephone to Child, Youth and Family (CYF), written electronic notification will 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 for Child Protection. Please also notify Regional Māori Health services if cultural support has been requested.
- 2.3 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.
  - c) Homicide.
  - d) Any assault on any child / young person who has sustained a wound or injury.

## **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 During this time, or as soon as practicable, a multi-disciplinary meeting between relevant BOPDHB staff, Regional Māori Health services, CYF and / or Police will be held to decide supervision requirements, access arrangements and associated costs.
- 3.3 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).
- 3.4 Ensure persons making public enquiries about the child(ren) are given no details by suppressing all details on the hospital computer system.
- 3.5 Ensure main front information desk are aware that no information or acknowledgement of the child(ren) as an inpatient are to be given out.
- 3.6 Use a safe process to discharge the child(ren) to an advocacy agency, e.g. CYF. This may include informing an inquirer that the patient has left the hospital before this is so and / or denying knowledge of patient's admission/visit or knowing where the patient has gone.
- 3.7 Provide safe transportation in consultation with others.

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#### 4. Informed Consent:

- 4.1 The decision to inform a parent / caregiver about a referral to CYF and / or Police will be done with consideration to the immediate safety of the child.
- 4.2 Permission of a parent / guardian is required for any medical examination of a child or young person under 17 years.
- 4.3 **Exceptions are** - Authorised persons working under Section 125, Health Act 1956, who have the statutory power to enter a school or childhood centre to examine a child without a court order or parental consent. These authorised persons are a Medical Officer employed in the Ministry and a person authorised by the Ministry of Health i.e. Public Health nurses.

#### 5. Cultural Input:

- 5.1 Appropriate cultural support and / or Regional Māori Health services and resources should be accessed with consideration that throughout the process the child / young person has the right to choose who to talk to.
- 5.2 Official interpreting services should be offered if English is not the first language (refer to the BOPDHB policy 1.5.1 Interpreter Service). SHAKTI will provide interpreting services for all Asian and Indian women.

#### 6. Refugees / New Migrants

- 6.1 Cultural support for refugees and new migrants should be provided where this is available and practicable. Healthcare professionals should have an understanding of the different cultural contexts within patients / clients experience family violence. Strategies for intervention may need to be developed in collaboration with cultural community leaders.
- 6.2 Victims should always be consulted where a support person is being provided for from the same cultural / ethnic group as it is important to ensure that any person providing support is appropriate for the victim and does not further endanger the victim's safety. Refugee and new migrant communities are small and it is often difficult for victims to speak out on family matters.

#### 7. Lesbian / Gay / Bisexual / Transgender

- 7.1 Patients / clients who identify as non-heterosexual should have their specific needs taken into account when they identify as being abused or presenting with injuries representative of abuse.
- 7.2 Referral or suggested contact should be sought from an appropriate agency or specific support group.

#### 8. Procedure Development

Clear links must be established between the Partner Abuse Policy (Emergency Departments only) and the Child Abuse and Neglect Policy.

#### 9. Training

Training will be made available to staff in accordance with the Ministry of Health Family Violence Intervention Project. An introduction to the Child Abuse and Neglect Policy is included in the Orientation Programme for all new BOPDHB staff. This training is mandatory for all staff.

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## REFERENCES

- Children, Young Persons and their Families Act 1989 plus amendments.
- Health Act 1956 including Section 125.
- [Ministry of Health. 2002. Family Violence Intervention Guidelines Child and Partner Abuse Wellington: Ministry of Health.](#)
- Indicators of Child Abuse and Neglect Flipchart
- [Office of the Children’s Commissioner and UNICEF. 2004. Protecting Children from Abuse and Neglect](#)
- [Office of the Children’s Commissioner. 2006. Safety of Children in Hospital](#)
- Child, Youth and Family, the Ministry of Health and the New Zealand Police. Memorandum of Understanding on the Safety of Children in Hospital with Suspected or Confirmed Non Accidental Injury.

## ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board policy 1.2.1 Child Abuse and Neglect – Management & Reporting](#)
- [Bay of Plenty District Health Board policy 1.2.1 protocol 2 Child Abuse - Hospital Protocol for Suspected or Confirmed Abuse or Neglect of Child or Young Person](#)
- [Bay of Plenty District Health Board policy 1.2.1 protocol 3 Child Abuse - Community Protocol for Suspected or Confirmed Abuse or Neglect of a Child or Young Person](#)
- [Bay of Plenty District Health Board policy 1.2.2 Older Person – Abuse, Violence, Neglect \(Interim\)](#)
- [Bay of Plenty District Health Board policy 1.2.3 Partner Abuse, Family Violence - Management](#)
- [Bay of Plenty District Health Board policy 1.2.7 Child Protection Alerts](#)
- [Bay of Plenty District Health Board policy 1.2.7 protocol 1 Child Protection Alerts - Standards](#)
- [Bay of Plenty District Health Board policy 1.2.7 protocol 2 Child Protection Alerts – Adding, Responding To and Removing](#)
- [Bay of Plenty District Health Board policy 0.0 Glossary of Terms / Definitions](#)
- [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 5.5.1 Security](#)
- [Bay of Plenty District Health Board policy 6.1.5 Alerts](#)
- [Bay of Plenty District Health Board Summary of Injuries Form \(618C\)](#)
- [Bay of Plenty District Health Board Emergency Department Child Injury Assessment form \(7441\)](#)

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