

1.8.2 Safe Families Policy- Child Protection



1. TATAI - PURPOSE

This policy describes a process for Manaia Health PHO staff members to follow when there are concerns for the safety and well-being of children and young people who come to their attention within their role with the PHO. This policy, associated guidelines and tools provide a structure to facilitate early recognition, response and appropriate referral to those agencies that can help keep children safe and support the family, ideally in a culturally appropriate environment. These are designed to assist and not replace clinical judgement.

Policy **1.8 Safe Families** contains policy related to organisational requirements for implementation.

HOKAI - SCOPE

This policy applies to all Manaia Health PHO staff.

(Abuse experienced from Harassment/Bullying in the workplace is part of the Human Resource policies in Section 5)

2. WHAKAMARAMATANGA- DEFINITIONS

Child	aged 0 – 13 years inclusive to 14 th birthday
Young Person	aged 14- 16 years inclusive to 17 th birthday.
CYFS	Child, Youth and Family Services – Statutory social work service.
CYP	Child or Young Person
DSAC	Doctors for Sexual Abuse Care
NAI	Non accidental injury, sometimes referred to as ‘Inflicted’ injury
NDHB	Northland District Health Board
PHO	Primary Health Organisation
ROC	Report of Concern

3. CHILD ABUSE & NEGLECT DEFINED

- **Child abuse:** the harming (whether physically, emotionally, or sexually), ill treatment, abuse, neglect or deprivation of any child or young person.
- **Physical Abuse is any behaviour or action which inflicts physical harm to a child** which can include unexplained bruises, welts cuts and abrasions, unexplained fractures and dislocations and burns.
- **Emotional/Psychological Abuse** is a pattern of behaviour that results in impaired psychological, social, intellectual and/or emotional functioning of a child or young person.
- **Sexual Abuse** is any act where an adult or a more powerful person uses a child or young person for a sexual purpose.
- **Neglect can include:**
 - **Physical neglect** – not providing the necessities of life.
 - **Neglectful supervision** – **leaving** children alone or without someone safe looking after them.

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- **Emotional neglect** – not providing the comfort, love and attention the child needs.
- **Medical Neglect** – the failure to ensure their health needs are met.
- **Educational Neglect** – allowing chronic truancy, failure to enrol children in school, or inattention to their special education needs.

4. KEY MESSAGES

- The safety of a Child or Young Person is paramount.
- Health practitioners have a key role and responsibility in keeping children and young people safe.
- Take notice and take action. Recognition starts with considering the possibility.
- Children and Young People often cannot speak up and it is unlikely that the family will directly seek help.
- If child abuse is suspected consider the possibility of partner abuse.
- It is normal to feel uncertain but trust your instinct if you notice a pattern forming or several signs. Consult as appropriate.
- If you assess that child abuse is a possibility you need to report directly to Child, Youth and Family Services (CYFS).

5. CONSULT, CONSULT, CONSULT

Always consult if you suspect child abuse and neglect. Each Practitioner should have an agreed process of who to consult in these situations. Experts in child protection include Paediatricians and others at Northland DHB, Child, Youth and Family and Police Family Violence Team.

6. ROLE OF HEALTH PROFESSIONAL

- 6.1 The role of the health professional is a **preliminary risk assessment only** in order to assess the level of immediate risk to the child or young person and/or identify appropriate reporting or referral options.
- 6.2 It is the responsibility of the Health Practitioner to provide appropriate information to Agencies and provide appropriate health follow up and support.
- 6.3 It is the responsibility of CYFS to ensure Care and Protection and assist the Police to investigate allegations of Child Abuse and Neglect.

7. RECOGNISE

Consider the possibility of child abuse and/or neglect when:

- 7.1 A patient under 17 presents to the Practice or Clinic or is observed during outreach visits with an injury.
- 7.2 Any child or young person does not appear to be receiving the care necessary for their physical or emotional well being including concerns for an unborn child/pregnant women.
- 7.3 Any child or young person is exposed to Partner Abuse.
- 7.4 Disclosures or other signs which raise concerns about sexual abuse.

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8. RESPOND

If you become concerned about the safety or well-being of a child or young person you need:

- To consider the issues and seek relevant information for a preliminary risk assessment.
- To review available records. The more information that is available the better. It is usually the totality of the evidence that is important.
- To consider the safety and well-being of others who may be at risk, for example other children, older people.
- To consult with specialists in child protection who include Paediatricians, Child, Youth and Family and other senior practitioners when there are concerns for child protection or well-being.

8.1 i For all children and young people who present with an injury: Response.

For all patients under 17 who present to the practice or clinic or who are observed during outreach visits with an injury consider the following.
(See Safe Children Advanced Form).

- Has there been a **DELAY** between the injury and seeking medical advice for which there is no satisfactory explanation?
- Is the **HISTORY INCONSISTENT** with the injury and the child’s developmental level?
- On examination, does the child have any **UNEXPLAINED INJURIES**?
- Is there any concern about the child and/or family’s **BEHAVIOUR**?
- Is there a disclosure or any concerns/suspicion of **PARTNER ABUSE** in the home/family?
- Is there a past history of **PREVIOUS INJURIES** or does a **CHILD PROTECTION ALERT** exist?
- Is the child **UNDER 12 MONTHS** of AGE?

8.1 ii Possible Outcomes - Referral

a) No abuse or concerns

- Treat injuries and presenting problems and follow processes as normal.
- Document on Safe Children Advanced Form.

b) Child Abuse and/or neglect possible – no immediate danger

Do not make this decision on your own - consult to consider level of risk

Examples could be:

- If multiple risk indicators exist such as Partner abuse, alcohol drug use, avoidance of health agency.
- Others (e.g. sibling or caregiver has made a disclosure of abuse about the child).

In all such cases

- Consult with CYFS, Paediatrician on Call.
- If child or young person already coming to harm a Report of Concern (ROC) must be made to CYFS.
- Consider and document the follow up required of the Clinic or Practice.
- Document on Safe Children AF and establish alert on file.

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c) Abuse highly probable – immediate danger.

Do not make this decision on your own - consult to consider level of risk

- Immediate protection via CYFS referral and possible police involvement required if child or young person has suffered harm which is considered the result of known or suspected NAI (non accidental injury) and the environment they are returning to is unsafe. The Police & CYFS will liaise with each other.
- If transfer to hospital required call an ambulance and Report to CYFS and Police.
- It is important that follow up occurs to the referral. It cannot be presumed that other services will Report. Duplicate Reports are better than none at all.

Examples include:

- If injuries seem suspicious, or are clearly the result of physical abuse.
- Abuse likely to reoccur or escalate.
- Interaction between the child and parent/caregiver seems threatening or aggressive.
- Child states that they are fearful of parents/ caregivers or have been hurt by parents or caregivers.
- Use assessment process on Safe Children Advanced Form for indicators of high risk.

d) Risk of Self Harm

- Children and Young People can be at risk of self harm in abuse situations.
- Risk needs to be assessed and follow up as per established protocols when possibility of self harm is identified.
- One of the main ways to address self harm risk is to obtain safety from the abuse.
- Refer to CYFS and relevant health services and note abuse issues on referral.

8.2 CARE OR NEGLECT CONCERNS

a) Response

Neglect is the most common form of abuse but difficult to diagnose. There is a need to consider issues over time.

Examples where the possibility could be considered in the Clinic/Practice:

- Multiple presentations for illness and injuries can indicate risk.
- Possible developmental milestones could be delayed and abuse and neglect could exacerbate the effects of chronic disease, behavioural problems or illness.
- Risk factors for unborn child/pregnant woman.

The presence of signs and symptoms and risk factors require consultation and further consideration.

- Discuss concerns with caregivers. Leave the door open for further contact.
- Consider whether referral to a support agency could mitigate risk.
- Consult with experienced colleague, & other child protection professional including CYFS.
- If considered high risk refer to Section 8.1 ii b & c

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b) Referral

- Make a Report of Concern (ROC) following consultation if advised.
- Provide information and referrals for appropriate parenting and other support agencies.
- Consider issues at future consultations.
- Develop clear process for follow up.
- Document on Safe Children Advanced Form and establish alert on file.

8.3 For all children and young people who are being exposed to partner abuse and other violence in the home

a) Response - Enquiry about Partner Abuse

- When there are concerns about child abuse or neglect always ask about Partner Abuse.
- Use Partner Abuse Policy and Advanced Form.

b) Referral

- Encourage and facilitate abused parent to contact family violence services. The best way to ensure safety of the child is to get the parent to a place and space of safety.
- Inform parent of programmes for children exposed to partner abuse.
- Always consult with an experienced colleague.
- Consultation with CYF e.g. NDHB/CYFS Liaison is required if concern about Partner Abuse is revealed as part of information gathered related to concerns for a child.
- If decision made to report to CYFS note partner abuse issues on ROC.

8.4 Sexual abuse concerns -

a)Response

- Always act to ensure that any evidence either physical or disclosure statements are not compromised.
- If sexual abuse is suspected, a child makes a disclosure or, there is a presenting condition/complaint, genital injury, and or sexualized behaviors always consult with a DSAC trained clinician.
- To avoid the intrusion of multiple examinations always consult with a DSAC trained clinician before undertaking an examination.
- The role of the Primary Care Clinician is to attend to immediate medical needs.

b)Referral

- If sexual abuse is disclosed make a Report of Concern (ROC) to CYFS. CYFS can assess safety and arrange for appropriate interview processes and liaise with other agencies.
- Facilitate referral to Paediatric & Adolescent sexual Abuse Service (aka The Villa, NDHB) and inform the family of other referral options to Police or CYFS.
- At times there are concerns that a child is displaying sexualised behaviour which is causing concern. Refer the family to the Villa who will assess the issues and make referrals as appropriate.

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9. REPORTING & REFERRAL

9.1 Reporting

- Actual child abuse or neglect must be reported to CYFS.
- With suspected child abuse at the minimum there should be consultation with a CYF staff member which could include the CYFS/NDHB liaison. The current concern could add to already existing information and does not need to result in a separate ROC.
- You do not need parental permission or proof of abuse and neglect in order to consult with CYFS. This could form part of reviewing the history and may help identify if there have been any other concerns about the child.
- Reporting the information to agencies that may be currently working with the family is not sufficient. If you have the information which leads to concerns you should consult and/ report it.
- CYFS prefer phone referrals to be made. A referral form is available via the Safe Children Advanced form and once completed can be faxed or E Mailed.

9.2 Involving the Family

- Reporting should ideally occur with the knowledge of the family.
- The approval of the caregivers is not required if a ROC is assessed as appropriate.

9.3 Referring to support agencies (See Directory of Services)¹

- A referral to a community agency may assist the family where there are concerns about care or well-being.
- Where this occurs a plan for follow up needs to be put in place and an alert established.
- Referrals should be made to culturally appropriate services if available.

¹ There is a link to the community directory on the website, accessed through the Advanced Form otherwise on desktop or agreed place for Practice/Clinic.

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RECOGNISE – CONSIDER the POSSIBILITY

CYP presents to Practice, Clinic or observed during Outreach visit with an injury, or child abuse or neglect, sexual abuse, care issues or exposure to partner abuse is disclosed, diagnosed or suspected.

RESPOND

Seek Information

Take History and undertake examination as appropriate.
 Communicate with CYP and caregivers as appropriate if safe to do so.
 Use Safe Children Advanced Form.

PRELIMINARY RISK ASSESSMENT

What is happening to the CYP? Are there CAN concerns?
 What is happening in the context around the CYP?
 Is there an adequate protector? Review Records

Child Abuse highly probable. High risk for CYP

Child abuse & / or neglect possible &/or Concerns about Care. No immediate risk to CYP

No abuse, No signs and symptoms

REPORT

CONSULT

REFER

If **immediate risk** call Police. **Send CYP to ED** by ambulance.

Make urgent referral to CYFS. Do not presume someone else will do this.

Child Sexual Abuse – Contact CYF & The Villa or a/h Paediatrician on call.

High Suicide Risk.

Te Roopu Kimiora
 0800100643 daytime
 0800223371 afterhours

Consult with experienced colleague, child protection specialists including CYFS, Report to **CYFS** if assessed as appropriate

If Partner Abuse present facilitate contact with appropriate supports.

Refer to culturally appropriate support services for parenting skills, social support, well child services etc.

Develop review process to follow up CYF & family and progress on referrals made including placing alert on file.

Treat injuries or presenting problems as appropriate.
 Document steps taken throughout the process on Safe Children Advanced Form.

ALWAYS CONSULT

Experienced colleague # _____

Paediatrician on call

09 430 4100 via switchboard

CYF

0508 346459

CYF/NDHB Liaison

029 650 1491

Police

111 if urgent.
09 4304500 ask to speak to Child Protection Team member.

The Villa (NDHB)

09 4381018
021345758

Refuges

Maori women
09 4372127

General

09 4376576
0800733843

Mental Health Helpline

Suicide Risk

0800 100 643(#4)
0800 223 371 (AH)

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