

Child protection policy

REQUIRED UNDER SECTION 15 OF THE VULNERABLE CHILDREN ACT 2014

1. Scope ★★ ★ ☆ ⚙

- 1.1. This policy is required under legislation for those who provide services to children and services to adults in respect of children. It provides staff with a framework to manage actual and/or suspected child abuse.

2. Standards

- ★★ Minimum legal / regulatory requirement
- ★ Essential for RNZCGP Practice Accreditation
- ☆ Recommended best practice
- ⚖ Accident and Medical Clinic Standard 8151:2004
- ⚙ Green Cross Health service requirement

3. Assigned responsibilities

- 3.1. The general manager is responsible for ensuring all staff are aware of the policy, the related expectations and that all staff receive appropriate training.
- 3.2. The general manager will nominate a named person who will act as the Designated Person for Child Protection (CP).
- 3.3. All staff are responsible for reading and understanding the policy and its implications and undertaking the relevant training provided.

4. Definitions

- 4.1. Child: means a person who -
 - 4.1.1. Is under the age of 18 years; and
 - 4.1.2. Is not married or in a civil union
- 4.2. Young person: a boy or girl of or over the age of 14 years but under 17 years; but does not include any person who is or has been married or in a civil union
- 4.3. Child abuse: the harming (whether physically, emotionally, or sexually), ill-treatment, abuse, neglect, or deprivation of any child or young person.
- 4.4. General Manager: the person responsible for the practice staff other terms may include Practice Manager; Clinical Director
- 4.5. Designated lead for child protection: is a central point of contact for all matters relating to CP issues - this may be the General Manager or may be delegated

3. Policy

- 3.1. This policy provides staff in the General Practice Team who have direct or indirect contact with children, including medical staff, nursing staff, administrators, trainees and volunteers.

- 3.2. This policy provides workers with a framework to identify and manage actual and/or suspected child abuse.
- 3.3. **There is a need to ensure that any local procedures are managed alongside this policy as per the local PHO/DHB arrangements.**
- 3.4. This policy will be reviewed every 3 years as a minimum and updated regularly as required.
- 3.5. The practice must ensure that staff are carefully selected with the principles of this policy in mind.
- 3.6. All staff will received child protection training at the level appropriate to their role - please contact your PHO for further information.
- 3.7. Staff are aware of the Child Protection Policy and accompanying procedures and/or guidelines.
- 3.8. Your Practice must nominate a named person who will act as the Designated Person for Child Protection for your practice, to provide support and advice to staff with concerns regarding the safety and wellbeing of a child.
- 3.9. Any incidents, concerns, allegations, or suspicion of child abuse must be reported to the designated person following the procedures set out in this policy.
- 3.10. Staff will not investigate allegations of child abuse themselves.
- 3.11. All decision taken relating to all allegations, suspicion or disclosure of abuse, including if the concern does not require notifying Child Youth and Family, shall be recorded in writing and kept securely in a Child Protection file with the reasons clearly identified and explained.
- 3.12. All appointments (permanent, fixed term, student, casual, contractors or volunteer) to positions that have direct and/or frequent contact with children or young people will be condition on the completion of a Worker Safety Checks including a Police check.
- 3.13. Concerns regarding allege or suspected abuse will first be raised to the Designated Person. If further guidance is required then the Designated Person will confer with the Clinical/Medical Director/Nurse Manager. A decision will be made whether this information needs to be escalated to Child Youth and Family.
- 3.14. To ensure that any services provided or actions taken in respect of child abuse or suspected or potential child abuse situations are guided by this Child Protection Policy, the General Manager needs to plan how to obtain training, resources and/or advice that will enable them to carry out their role in terms of this policy; particularly that which covers:

- understanding child abuse and indicators of child abuse.
- understanding and complying with legal obligations in regard to child abuse.
- working with other agencies on child abuse issues.
- providing staff training and advice on child abuse policies.
- dealing with child/parents/whanau.

- 3.14.1. If there is an immediate safety issue, the staff member should phone the police in the first instance.
- 3.14.2. The General Manager or delegate should set up a debrief process as required within 1 week, e.g. supervision, case review, discussion with senior colleague, identifying improvement plans.

4. Procedure

- 4.1. **Identify:** Child protection concerns can arise either by disclosure or recognition of signs and symptoms. This may be a child using the service or another child living in or visiting the household.
 - 4.1.1. An injury which arouses suspicion because it does not make sense with the explanation; differing explanations from the child or the carer/parent and/or the child appears anxious or evasive when asked about the injury.
 - 4.1.2. Suspicion being raised when a number of factors occur over time, e.g. the child fails to progress and thrive in contrast to his/her peers.
 - 4.1.3. The parent's behaviour before the birth of a child may indicate the likelihood of significant harm to an unborn child, e.g. substance misuse, or previous children removed from their care.
- 4.2. **Disclosure:**

Do

- Do listen with an open mind to what the child has to say
- Ensure you ask 'open questions'
- Make note of the discussion, taking care to record the timing, setting and people present, as well as what was said.
- Inform the designated lead for child protection within your organisation immediately

Do Not

- Ask probing or leading questions designed to get the child to reveal more
- Stop a child who is freely recalling significant events.
- Ask children to write a statement
- Promise the child that what they have told you can be kept secret. Explain that you have responsibility to report what the child has said to someone else.

- 4.3. All matters related to individual cases are confidential to those directly involved and should under no circumstances be discussed with other members of the team or any other

person in or outside the centre. Failure to comply with this could lead to disciplinary action.

- 4.4. **Consent** - health professionals should seek to discuss any concerns with the family (including the child where appropriate) and where possible seek their agreement to making referrals to Child Youth and Family Services (CYFS). This ***should only*** be done where such discussion and agreement seeking will not place the child at an increased risk of significant harm.
 - 4.4.1. It should be noted that parents, carers or child may not agree to information being shared, but this should not prevent referrals where child protection concerns persist. The reasons for dispensing with consent from the parents, carer or child should be clearly recorded and communicated with the CYFS Team.
 - 4.4.2. In cases where an allegation has been made against a family member living in the same household as the child and it is your view that discussing the matter with the parent would place the child at risk of harm, or where discussing it may place a member of staff / volunteer at risk, consent does not have to be sought before the referral is made.
- 4.5. **Communication** - informing caregivers of a referral
 - 4.5.1. Communication with the child's parents or caregivers that a referral to the police or CYF has been made should be managed with consideration to the safety of the child, staff and other family members. Consult with an appropriate staff member.
 - 4.5.2. **Do not inform the caregivers unless it is safe to do so.** This process should be managed by the Child and Family Social Worker, Nurse Manager or General Manager.
 - 4.5.3. Informing the client / caregivers should be undertaken in a safe environment for both staff and the client / parents / caregivers, such as home, school, and health centre or by telephone.
- 4.6. **Documentation** - clinical staff must document in electronic clinical notes:
 - 4.6.1. Observations and assessments and consultation
 - 4.6.2. Discussions with CYF liaison regarding Child Protection issues
 - 4.6.3. Report of Concern to CYF
- 4.7. **Notifications** - any person who believes a child or young person has been or is likely to harmed (whether physically, emotionally or sexually), ill-treated, abused, neglected or deprived may report the matter to CYF service.
- 4.8. Any person who makes a report to CYFS that a child or young person has been or is likely to be harmed, ill-treated or deprived is protected by section 16 of the Children, Young Persons, and Their Families Act (1989).

5. Worker safety checks

Application Screening

- 5.1. See worker safety check guideline

6. Reference

- 6.1. Early Childhood Education, Ministry of Health

- 6.2. Child, Young Persons and Their Families act 1989 retrieved from <http://www.legislation.govt.nz/act/public/1989/0024/latest/whole.html>
- 6.3. http://www.legislation.govt.nz/act/public/2014/0040/latest/whole.html?search=y_act_2014_ac%40ainf%40anif_an%40bn%40rn_25_a&p=2#DLM5501626

7. Useful websites

- 7.1. <http://www.childmatters.org.nz/>
- 7.2. <http://www.police.govt.nz/advice/personal-and-community-advice/school-portal/information-and-guidelines/child-protection>

8. More information

- 8.1. Contact Clinical department Green Cross Health Medical division

9. Outcome measurement ★★ ★ ☆ ⚙

- 9.1. This policy is consistently followed and helps in safeguarding and promoting the welfare of children.

10. Acknowledgements

- 10.1. Capital Kids Cooperative Childcare
- 10.2. NGO Health & Disability Network June 2014

11. Document creation and review

Author:	
Checked:	

12. Practice adoption

This policy has been reviewed and is accepted as policy for:

Practice:		
Signed:		Date:
Name:		
Position:		

Appendix 1

Ensure you have a list of your local contacts appended to this policy.

This should include but is not exclusive:

Title/person	Number
Designated child protection person	
CYF Call Centre / Intake Social Worker	
Police	
DHB Child Protection Team	
CYF /Liaison Social Worker	

Sharing personal information of families and vulnerable children



The Escalation Ladder

Sharing information involves both the collection and disclosure of personal information. Deciding which laws apply and what information to share can be complicated, but there are some guiding rules.

How to use the Escalation Ladder

Work through from question 1 to question 5 and stop when you can answer 'yes'. If the answer to all of the five questions is 'no', then disclosure should be unnecessary, and should be avoided, at least for now.

Remember that the proportionality principle always applies – you should only provide as much information as is reasonably necessary to achieve your objectives.



Acknowledgement of Capital Kids Co-operative childcare retrieved from www.ckc.org.nz

FIVE COMMANDMENTS FOR PROFESSIONALS

1. Believe what children tell you. The teacher's role is to pass on information to the relevant agencies.
2. Believe what you see rather than what adults tell you. Most adults try to hide abuse and neglect, and their explanations of injuries may be plausible.
A warm and concerned parent does not mean that he or she cannot be responsible for the child's condition.
There is a tendency for you to disbelieve what the facts tell you. Take note of any unease you have about the situation.
2. Report to the Manager and consult on every case you suspect. Don't assume that someone else will do something about it.
3. Recognise the dilemma you face in taking action. Child abuse and neglect does not stop spontaneously. Inaction is not a valid option. Generally, parents can accept that action is in their interests as well as the child's. In some cases, parents will feel angry and betrayed, and there may be no way of avoiding this conflict if action is to be taken in the best interests of the child.
5. Regular communication among those involved with the child and family is essential. Review what is happening in each case from time to time.
 - a. Record all communications.
 - b. If considered by outside agencies that sufficient evidence exists for a child abuse case, it becomes mandatory to contact C.YF.

CHILD PROTECTION POLICY - FLOWCHART FOR PROCESS

