

Mangere Health Centre
Child Protection Policy & Procedures

Indicator: 31.5

Aim/Goal: To provide a safe environment for young patients by ensuring all staff are safety checked and clinical staff can identify and action upon signs of abuse or neglect.

Responsibility: All staff and contractors who have direct or indirect contact with children.

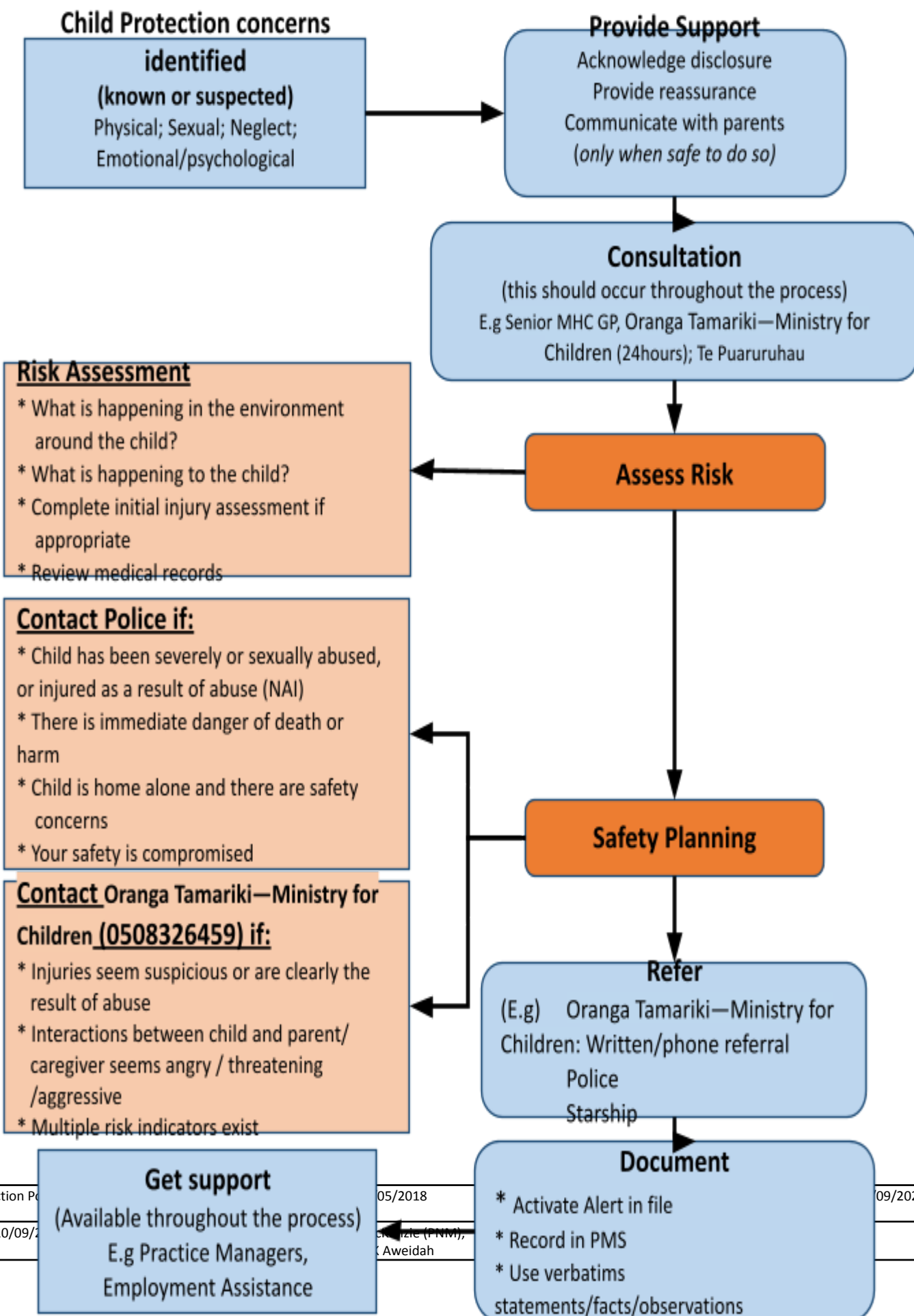
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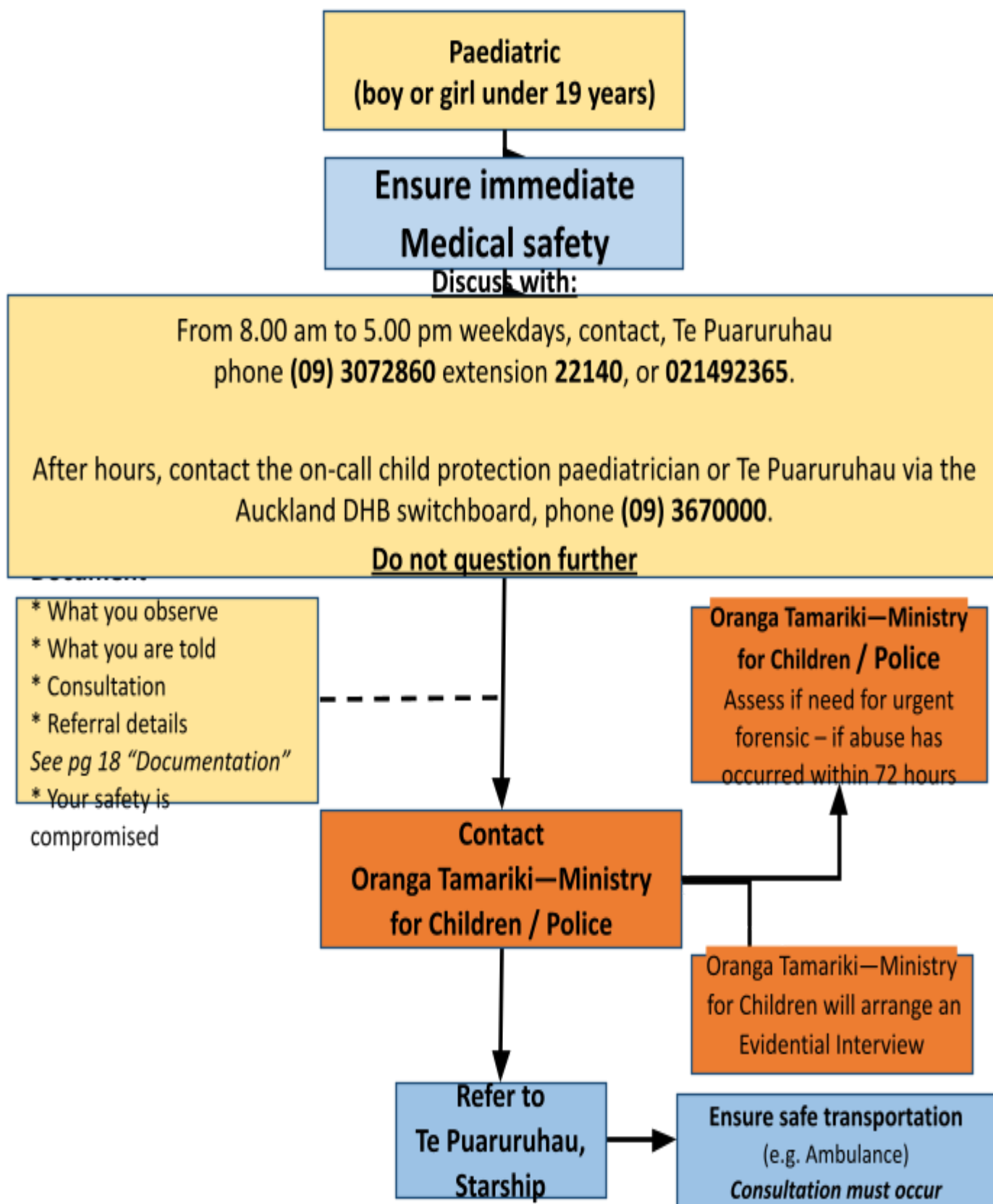
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Child Protection Flow Chart

Child Protection Policy
Reviewed: 10/09/2018
05/2018
C. Aweidah
09/2025



One specialist examination is enough

Assessment and examination may be required by the forensic service, and repeated questioning and examination can further traumatise the child and contaminate evidence.

Introduction

Purpose

This policy provides **Mangere Health Centre** staff the following:

A framework to identify and manage actual and/or suspected child abuse and neglect.

It recognises the important role and responsibility staff have in the accurate detection of suspected child abuse and/or neglect and the early recognition of children at risk of abuse.

To ensure that any services provided, actions taken in regard to actual, potential or suspected child abuse or, neglect, are guided by the following kaupapa/principles.

General Practice Staff Responsibility

It is the responsibility of **General Practice** staff to be alert to the signs and symptoms of neglect or abuse. Take appropriate action to protect the wellbeing and safety of children and young people, whether the child/young person is directly or indirectly our client/patient.

Mandatory Reporting

As a duty of care, Mangere Health Centre has a policy that staff must report actual, potential or suspected child abuse/neglect to Oranga Tamariki—Ministry for Children (formerly known as Child, Youth and Family). This includes situations where child abuse/neglect is disclosed in the absence of the child.

Scope

This policy applies to all cases of actual and/or suspected abuse and neglect encountered by employees and people working under clinical supervision, e.g. students.

Accessing Forms

Please refer to Appendix 4 and 5 for the following Child Protection forms:

- Oranga Tamariki—Ministry for Children Referral Form
- Child's Injury Assessment and Body Diagram

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Terms and Definitions

All terms and definitions related to this document have been defined. *See Appendix 1.*

Kaupapa/Principles

The tamariki/child and rangatahi/young person's safety, welfare and rights are our first and paramount consideration.

“The welfare and interests of the child or young person shall be the first and paramount consideration...” (CYP&F Act 1989)

The protection and nurturing of children and young people is the responsibility of adults. Children are not responsible for abuse/neglect inflicted on them by others.

Health services for the care and protection of children/young people must be built on a partnership that aligns with the Treaty of Waitangi.

The whanau/family's primary role in providing for the wellbeing of children and young people is supported by health services.

In all matters of child protection concerns (known or suspected) staff must follow consultation processes and work collaboratively with appropriate referral agencies.

Legal duties to protect children from ill treatment or neglect

Under the Crimes Act CMDHB staff may, in some circumstances, be under a legal duty to take steps to protect children from ill treatment or neglect. The duty applies to children up to the age of 18.

Section 152 provides that a parent, or anyone acting in the place of a parent, who has actual care or charge of a child is under a duty to provide the child with necessities *and* to take reasonable steps to protect them from injury.

Under Section 195 anyone who has care or charge of a child or is a staff member of a hospital, institution or residence where the child resides may be criminally liable if their conduct is likely to cause suffering, injury, adverse effect to health or any mental disorder or disability to the child.

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Section 195A specifies that a person who is a member of the same household as a child or a staff member of a hospital, institution or residence where a child resides *and* has frequent contact with the child *and* knows the child is at risk of death, grievous bodily harm or sexual assault as the result of an unlawful act by another person or an omission by that person to perform a legal *and* fails to take reasonable steps to protect the child from that risk may be criminally liable.

Organisation/Service Responsibilities

All employees have a responsibility for the management of suspected child abuse and neglect:

- To understand the referral and management of suspected abuse and neglect.
- To take action when child abuse is suspected or identified.
- To attend child protection training and regular updates appropriate to their area of work.

Human Resources Responsibilities

- The Practice will reflect a commitment to child protection by including comprehensive screening and vetting procedures, by undertaking police checks, checking qualifications and references with previous employers and agencies where the person has volunteered (as applicable).
- All staff are required to be safety checked by 1 July 2019 and all staff must be rechecked every three years.

New employees

From 1 July 2015 – all new core children's workers must be safety checked before starting employment or engagement as a children's worker from this date

1 July 2016 – all new non-core children's workers must be safety checked before starting employment or engagement as a children's worker from this date

Existing employees

1 July 2018 – all existing core children's workers must have been safety checked by this date

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1 July 2019 – all existing non-core children’s workers must have been safety checked by this date

Where suspicion exists of child abuse perpetrated by an employee or volunteer in the organisation, the matter will be investigated and if upheld, the matter dealt with in accordance with organisational procedure. If a student is involved, this matter would be referred back to the tertiary institute where the student is studying. Police action may follow as appropriate.

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Child Abuse and Neglect Definitions

Child Abuse	Child abuse means the harming (whether physically, emotionally or sexually), ill treatment, abuse, neglect or deprivation of any child or young person (Children, Young Persons & Their Families Act 1989). <i>See Appendix 2 for specific forms of abuse.</i> A child is defined as a boy or girl under 14 years and a young person of or over 14 but under 17 years.
Physical Abuse	Child physical abuse is any act or acts that may result or results in physical harm to a child or young person. It includes injuries which are caused by excessive punishment. Such injuries may be deliberately inflicted or the unintentional result of rage, regardless of motivation, the result for the child is physical abuse.
Sexual Abuse	Child sexual abuse is any act or acts that result in the sexual exploitation of a child or young person, whether consensual or not. It includes sexual involvement of children/adolescents with an adult or older child, and also includes children being exposed to pornography.
Child Neglect	Child neglect is the failure to provide basic necessities of life (food, shelter, clothing), as well as emotional security, medical care, supervision, education. It is any act that can result in impaired physical functioning, injury, or development of a child or a young person
Emotional Abuse	Emotional abuse is any act or omission which results in impaired psychological, social, spiritual, intellectual and/or emotional functioning and development of a child or young person. It includes a pattern of behaviour where the child is rejected and put down. As emotional abuse is a component of all abuse and neglect, the signs are often encompassed in the other abuse types.
Family Violence	The abuse and neglect of children and young people by their parents or caregivers is family violence. The exposure of children and young people to other forms of family

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	violence is also abusive. It concerns behaviours perpetrated by household members and within other close personal relationships.
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Sign and symptoms of abuse and neglect

The signs, symptoms, and history described below are not diagnostic of abuse/neglect. However, in certain situations, contexts and combinations they will raise suspicion of abuse/neglect. It is better to refer/consult on suspicion. If you wait for proof, serious harm could occur.

History

<ul style="list-style-type: none"> ● History inconsistent with the injury presented ● Past history of family violence or child abuse ● Exposure to family violence, pornography, alcohol or drug abuse. ● Isolation and lack of support ● Mental illness, including post-natal depression. ● Inappropriate or inconsistent discipline (especially thrashings or any physical punishment of babies). ● Delay in seeking help. ● Neglecting the child. ● Disclosure by the child. 	<ul style="list-style-type: none"> ● Disclosure by the caregiver of excessive physical force, including shaking a baby/child. ● Parental social isolation/lack of support. ● Severe social stress. ● Parent/s abused as child/children. ● Unrealistic expectations of child. ● Terrorising, humiliating, or oppressing. ● Promoting excessive dependency in the child. ● Actively avoiding seeking care or shopping around for care. ● Frequent changes of address (transience).
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Physical Signs

<ul style="list-style-type: none"> ● Multiple injuries, especially of different ages: bruises, welts, cuts, abrasions. ● Scalds and burns, especially in unusual distributions such as glove and sock patterns. ● Pregnancy. ● Genital injuries. ● Sexually transmitted diseases. ● Patterned bruising. 	<ul style="list-style-type: none"> ● Unexplained failure to thrive (FTT). ● Poor hygiene. ● Dehydration or malnutrition. ● Fractures, especially in infants or in specific patterns. ● Poisoning, especially if recurrent. ● Apnoeic spells. Especially if recurrent.
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Behavioural, emotional and developmental signs

<ul style="list-style-type: none"> ● Aggression. ● Anxiety and regression. ● Depressive symptoms. ● Obsessions. ● Overly responsible behaviour. ● Frozen watchfulness. 	<ul style="list-style-type: none"> ● Defiance. ● Self-harm ● Suicidal thoughts/plans. ● Withdrawal from family. ● Substance abuse.
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<ul style="list-style-type: none"> ● Sexualised behaviour. ● Fear. ● Sadness. ● Changes in mood, behaviour, eating patterns. ● Cruelty to animals. 	<ul style="list-style-type: none"> ● Overall developmental delay, especially if also FTT. ● Patchy or specific delay: Motor, emotional, speech and language, social, cognitive, vision and hearing.
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From: 'Family Violence Intervention Guidelines. Child and Partner Abuse', Ministry of Health, 2002, p56.

Child protection concerns for the unborn child

Risk factors for the unborn child

Risk factors for the unborn child/pregnant woman includes:

- Emotional immaturity
- Substance abuse
- Mental health problems
- Family violence
- Previous involvement with Oranga Tamariki—Ministry for Children (formerly known as Child, Youth and Family) services either as a child or with her current children.

Behaviours of concern include:

- Failure to engage or avoidance of antenatal care
- Failure to disclose information about the location of her children
- Failure to modify behaviours likely to be harmful to the fetus
- Expressing persistent negative views about the pregnancy/ fetus

Expressing unrealistic beliefs about infant behaviour and the demands of childcare

Intervention

- Consultation using the guidelines specified in this policy.
- Referral to Oranga Tamariki—Ministry for Children services must be made where there is serious and imminent risk to the life of the foetus or the child following birth.
- Oranga Tamariki—Ministry for Children acknowledge the need to work collaboratively with parents, whanau, professional and lead maternity carers as early

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on in pregnancy as possible. A family group conference may be called to plan care following birth. <https://practice.orangatamariki.govt.nz/>

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Procedures for management of child protection concerns

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. *Also refer to Child Protection Flow Chart (p4).*

1. Identify

By disclosure/recognition of signs & symptoms. *Refer to 'Signs & Symptoms of Abuse & Neglect' (p10).*

2. Support and Empower Victims of Abuse

Offer cultural support where possible. Ensure the cultural support offered is safe and appropriate for the client. (NB. Ensure the client does not have a personal/family connection with the support being offered which may place the client in an unsafe situation).

- For mental health concerns consult with appropriate child adolescent and/or adult mental health services.
- **Do not** use a family member for interpretation.

2.a Handling Disclosures of Abuse

Disclosures of abuse may be made by the victim or another person, such as a sibling, parent/caregiver.

- If a child/young person discloses abuse, listen. Tell them that no one deserves to be hurt and that is was not their fault.
- Do not over-react. Let them know you're glad they told you.
- **Ensure the child's immediate safety.** Try not to alert the alleged abuser. Seek advice.

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- **Do not** ask investigative or leading questions (as this can contaminate evidence), but **assess safety** by asking open ended questions, such as “Who did this?”, “When did this happen?”, “Where did this happen?”
- Discuss confidentiality and its exclusions and that you will need to seek help for them and their family/caregivers.

Communicate with victim’s parents/caregivers only when safe to do so.

Do not discuss concerns or child protective actions to be taken with a victim’s parents or caregivers for the following reasons:

- It will place either the child or you, the health care provider, in danger.
- The family may close ranks and reduce the possibility of being able to help a child.
- The family may seek to avoid child protective agency staff.

3. Consultation

Must occur at least once and in a timely manner.

If you need to seek advice within your own practice/team, consult the:

- Relevant health care professional or nominated Child Protection Clinical leader
- Clinical Lead

The following external services are available for consultation:

Te Puaruruhau (Starship Specialist Unit): The team offers a 24-hour urgent medical service for acute abuse cases, and carries out medical, nursing and social work assessments for alleged physical or sexual abuse or neglect. *Contact Details:* Phone (09)3072860 / (09)3074949 x6584 / 021 492365. *Out of hours:* Auckland Hospital Operator (64 9) 3074949, ask for the Child Abuse Paediatrician on call.

Child, Youth and Family 0508 FAMILY (326 459): 24-hour support.

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NB. Repeated questioning and examination can further traumatise the child and contaminate evidence and needs careful consideration. Consult with Te Puaruruhau in regards to any physical examination that may be required for physical or sexual abuse.

4. Assess Risk / Risk Indicators

What is happening in the environment around the child?

- Previous abuse or suspected abuse
- Family violence
- Parent indifferent/intolerant/overly views the child as troublesome
- Severe social stress / isolation and lack of support
- Alcohol or drug abuse
- Mental illness including post-natal depression
- Parent very young
- Frequent changes of address
- Avoidance of contact with healthcare providers/support agencies

What is happening to the child?

- Review clinical record of child/young person
- Nature and trend of the abuse/neglect
- Details of: how, what, where, when, who saw it happen.
- Assess safety of siblings within the household.
- Are adequate protectors available (e.g. an adult who will keep the child safe; family and/or other support people involved with child?)
- What is the child's ability to protect him/herself?
- What access does the perpetrator have to child?
- Identify other agencies involved with the family.

Red Flags

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- Uncorroborated history / A discrepancy between the history and injury
- History of repeated trauma
- Delay in seeking medical advice / Inappropriate parental response
- Sudden change in child's behaviour
- Unusual child/parent interaction
- Physical injuries on both sides of the body

Injury Assessment

All child injuries must be appropriately assessed, and referrals made accordingly.

Refer to Appendix 4 for an injury assessment flow chart.

Consider:

- Risk of self-harm or suicide.
- Co-occurrence of partner abuse.
- Developmental age of the child.

5. Safety Planning/ Intervention

When a child presents to the Practice with known/suspected abuse:

- Ensure safety planning includes collaboration with relevant primary health care providers, Oranga Tamariki—Ministry for Children and Police where relevant.
- First, Ensure Child Safety

Keep child safe and report to Police if:

- The child has been severely abused.
- There is known or suspected non-accidental injury.
- The child has been sexually abused.
- There is immediate danger of death or harm, or the environment to which the child is returning is unsafe.
- Abuse has occurred and is likely to escalate or recur.

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- The child/ren is/are home alone, and there are safety concerns (i.e. because of the age of the child, the ability of the child to protect him/herself, or parent cannot be located).
- Your safety is compromised

Report to Oranga Tamariki—Ministry for Children if the child has:

- Injuries which seem suspicious or are clearly the result of abuse.
- There has been a disclosure of abuse by the child or another person about the child (i.e. older sibling, parent, and caregiver).
- Interaction between the child and parent or caregiver seems threatening or aggressive.
- Child states that they are fearful of parent/s, caregiver/s, or have been hurt by parent/s or caregiver/s.
- If multiple risk indicators exist (e.g. Partner abuse, alcohol abuse or drug use by caregivers).

See 'Procedures for Management of Child Protection Concerns: Referral' (p15) for Oranga Tamariki—Ministry for Children referral processes.

6. Procedures for Management of Child Protection Concerns: Referral

For known/suspected abuse or neglect all appropriate referrals must be made

(e.g. to Te Puaruruhau/Starship, Police and Oranga Tamariki—Ministry for Children).

Police referral

Mangere [\(09\) 250 0500](tel:09-250-0500) / Otahuhu [\(09\) 259 1200](tel:09-259-1200) / Manukau [\(09\) 261 1300](tel:09-261-1300) (open 24 hours)

Oranga Tamariki—Ministry for Children referral

- Complete the Oranga Tamariki—Ministry for Children Notification form and fax to **(09) 914 1211**.
- For urgent referrals notify the Oranga Tamariki—Ministry for Children call centre by phone on **(0508 FAMILY / 0508 326 459)**.

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All referrals to Oranga Tamariki—Ministry for Children should be followed up by the staff member who made the referral or another appropriate person.

All documentation regarding the referral is to be placed on the clinical file, either in computer notes or handwritten.

NB. Confidentiality will not be breached where staff report child protection concerns ‘in good faith’ to police or Oranga Tamariki—Ministry for Children.

Te Puaruruhau (Starship Specialist Unit) referral.

A child (0-19 years) must be referred to Te Puaruruhau in cases of serious physical/sexual abuse or neglect, or suspected non accidental injury.

Contact Details: Phone (09)3072860 / (09)3074949 x6584 / 021 492365

Out of hours: Auckland Hospital Operator (64 9) 3074949, ask for the child abuse Paediatrician on call.

Sexual Abuse Referral

In cases of known or suspected sexual abuse, the child should be referred directly to Te Puaruruhau. There must be consultation with Te Puaruruhau in regards to any physical examination that may be required following the identification or disclosure of sexual abuse. Medical/ DSAC examinations will occur at Starship Hospital at a time arranged with Te Puaruruhau staff.

See p11 for procedure on ‘Guidelines for Responding to Child Sexual Abuse’.

Community Agency Referral

For lower level cases where a referral to Oranga Tamariki—Ministry for Children or the Police are not required. This service can be contacted about a possible referral or for advice. Ask to speak with the social worker or Public Health Nurse in the relevant area.

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7. Documentation

- Record facts and/or observations / date / time
- Clearly differentiate between what was seen and heard and what was reported or suspected and by whom.
- Detail who was present at the time.
- Where there has been a disclosure, write what was said in quotation marks (verbatim).
- A 'Child's Body Diagram' can be used to record injuries.
- When a referral has been made to Oranga Tamariki—Ministry for Children, the Oranga Tamariki—Ministry for Children notification form must be placed in the child's clinical record.

Activate Child Protection Alert if Police and/or Oranga Tamariki—Ministry for Children notification has been made.

8. Staff Support and Safety

Child protection is a sensitive area of work. In any case where staff have been involved in the reporting and/or management of abuse or neglect they should seek debriefing, supervision or counselling from an appropriate person.

Death of a Sibling

In the case of a suspicious death due to abuse then an assessment of the safety of any siblings should be urgently undertaken. A referral to Police and/or Oranga Tamariki—Ministry for Children should be made for siblings assessed as being at risk. See

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p15 'Safety Planning/Intervention' for Oranga Tamariki—Ministry for Children referral processes.

Family Safety and Security Process

In high risk cases, in accordance with the Privacy Act, ensure confidentiality is maintained (See Appendix 3).

The following are guidelines for safety and security processes:

- Do not discuss with other members of the family/whanau unless they are part of safety planning with Police and/or Oranga Tamariki—Ministry for Children.
- Ensure safe transportation for victims and family members if needed (e.g. Use an ambulance to transfer a child to Te Puaruruhau/Starship Children's Hospital, or the practice may consider providing a taxi chit for safe transportation to a Women's Refuge if no other safe option is available).
- If referring to a specific culturally appropriate violence intervention service, family support agency or health service, eg a Maori refuge for women and children, ensure this is in consultation with the child's parent/guardian.

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Appendix 1 – Terms & Definitions

Child	In this document the word child refers to child/tamariki and young person/rangatahi ages under 17 (unless married or in a civil union).
Child Protection	Means the activities carried out to ensure the safety of the child/tamariki, young person/rangatahi in cases where there is abuse or risk of abuse.
Child Abuse	Refers to the harming (whether physically, emotionally, or sexually), ill treatment, abuse, neglect, or serious deprivation of any child/tamariki, young person/rangatahi (Section 14b Children, Young Persons and their Families Act 1989). This includes actual, potential and suspected abuse.
DSAC	Doctors for Sexual Abuse Care. National organisation advancing knowledge and improving medical care for those affected by sexual abuse. Only DSAC trained practitioners should perform medical examinations for child sexual assault.
Oranga Tamariki—Ministry for Children	Government agency that carries out the legislative requirements of the Children, Young Persons, and their Families Act 1989. Responsibilities are: <ul style="list-style-type: none"> • To investigate cases of actual and suspected child abuse and/or neglect • To complete diagnostic interviews • To complete evidential interviews in cooperation with NZ Police • To provide care and protection for children found to be in need.
NZ Police	Government agency responsible for: <ul style="list-style-type: none"> • Working cooperatively with Child, Youth and Family in child abuse and/or neglect protection work <ul style="list-style-type: none"> • Investigating cases of abuse and/or neglect where an offence has or may have been committed • Prosecuting offenders where an offence has been committed

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- Accepting reports of suspected abuse and or neglect and referring these to Child, Youth and Family.

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Appendix 2 – Four recognised categories of child abuse

These frequently overlap in individual cases. Refer to the “Recognition of Child Abuse and Neglect” published by the Risk Management Project, Children, Young Persons and Their Families Agency 1997.

1. Physical Abuse

Child physical abuse is any act or acts that may result or results in physical harm 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
- Non organic failure to thrive
- Fabricated Or Induced Illness By Carers (formerly Munchausen Syndrome by Proxy)
- Shaking a baby or young child

2. Sexual Abuse

Child sexual abuse is any act or acts that result 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

- Exhibitionism
- Voyeurism

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- Suggestive behaviours or comments
- Exposure to pornographic material
- Inappropriate photography

Contact abuse

- Touching breasts
- Genital/anal fondling
- Masturbation
- Oral sex
- Object or finger penetration of the anus or genitalia
- Penile penetration of the anus or genitalia
- 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.

3. Emotional/Psychological Abuse

Emotional abuse is a pattern of behaviour where the child is rejected and put down. They may be isolated, constantly degraded and criticized, or negatively compared to others. As emotional abuse is a component of all abuse and neglect, the signs are often encompassed in the other abuse types.

Child emotional/psychological abuse is any act or omission that results in impaired psychological, social, spiritual, 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.

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- 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.

4. Neglect

Child neglect is any act or omission that results in impaired physical functioning, injury, and/or development of a child or a 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.

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Appendix 3 – Legal and Privacy Issues

The introduction of the Privacy Act 1993* and the Health Information Privacy Code 1994*, authorises disclosure of information necessary to prevent or lessen serious and imminent harm to any individual (but only to the extent necessary).

Also, all privacy considerations give way to certain provisions of the Children, Young Persons and their Families (CYPF) Act 1989. These deal with the reporting of child abuse (s15*) and protection of an individual from proceedings (disciplinary, civil and criminal) when disclosing child abuse to either a Oranga Tamariki—Ministry for Children social worker or the Police (s16*).

Upon their request, information can or must be released to a Oranga Tamariki—Ministry for Children social worker, police officer or care and protection coordinator (s66 CYPF Act and s22 (2) (c) Health Act*). Health workers therefore, are able to (and in some instances are required to) give information to the Child, Youth and Family or the Police, both by reporting abuse or when requested by either agency.

Release of information to others, outside of these categories, does not attract the same protection. Therefore, great care is needed when dealing with requests for information from third parties and any such request should always be discussed with a senior colleague.

**See more detailed information about these sections within law below*

CHILDREN, YOUNG PERSONS AND THEIR FAMILIES ACT

S15 Reporting of ill treatment or neglect of child or young person

Any person who believes that any child or young person has been, or is likely to be, harmed (whether physically, emotionally, or sexually), ill-treated, abused, neglected, or deprived may report the matter to a social worker or a member of the police.

S16 Protection of person reporting ill treatment or neglect of child or young person

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No civil, criminal, or disciplinary proceedings shall lie against any person in respect of the disclosure or supply, or the manner of the disclosure or supply, by that person pursuant to section 15 of this Act of information concerning a child or young person (whether or not that information also concerns any other person), unless the information was disclosed or supplied in bad faith.

Section 66 Government Departments may be required to supply information

(1) Every Government Department, agent, or instrument of the Crown and every statutory body shall, when required, supply to every Care and Protection Co-ordinator, Oranga Tamariki—Ministry for Children social worker, or member of the police such information as it has in its possession relating to any child or young person where that information is required

(a) For the purposes of determining whether that child or young person is in need of care or protection (other than on the ground specified in section 14 (1)(e) of this Act): or

(b) For the purposes of proceedings under this part of this Act.

Section 66 means that where a care and protection coordinator, Oranga Tamariki—Ministry for Children social worker or police officer requires information about a child/young person for the purposes of determining whether the child/young person is in need of care and protection, or for proceedings under the Oranga Tamariki—Ministry for Children Act, WDHB staff must provide that information. A staff member may be asked to provide this information in an affidavit.

PRIVACY ACT

Principle 11 (f) (ii)

An agency may disclose personal information if that agency believes, on reasonable grounds that the disclosure of the information is necessary to prevent or lessen a serious threat to the life or health of the individual concerned or another individual or public health or safety.

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HEALTH INFORMATION PRIVACY CODE

Rule 11 subsection 2 (d) (ii)

An agency that holds health information must not disclose the information to a person or body or agency unless – the disclosure of that information is necessary to prevent or lessen a serious threat to the life or health of the individual concerned or another individual or public health or safety.

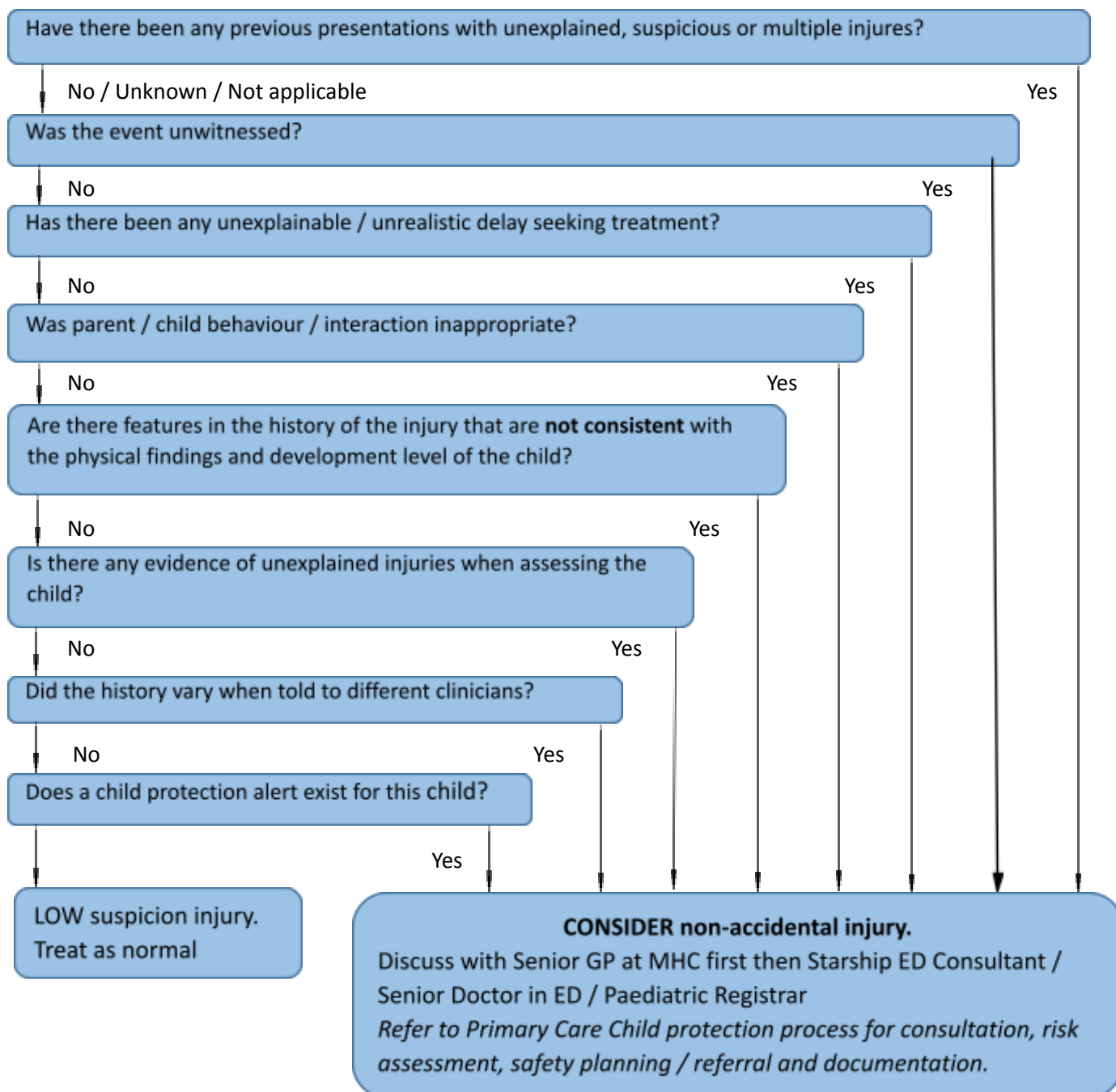
HEALTH ACT 1956

Section 22 (2) (c) Disclosure of health Information

Any person being an agency, that provides health services or disability services... may disclose health information... to a social worker or a Care and Protection Co-ordinator within the meaning of the Children Young Persons and their Families Act (1989), for the purposes of exercising or performing any of that person's powers under that Act.

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Appendix 4 - Paediatric Injury Assessment Flow Cart



Further advice may be sought from:

(1) Te Puaruruhau (Starship) Phone (09) 3072860 / 021 492365. Out of hours: Operator (09) 3074949, ask for the on-call child abuse Paediatrician.

(2) Oranga Tamariki—Ministry for Children 0508 FAMILY (326459).

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(3) Police - Mangere (09) 250 0500 / Otahuhu (09) 259 1200 / Manukau (09) 261 1300 (open 24 hours)

[From Violence Intervention Programme Quality Tools 2010/WDHB Child Protection Policy Oct 2010]

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Appendix 5- Report of Concern to Child, Youth and Family

National Contact Centre Ph 0508 FAMILY (0508 326 459)

To: Child, Youth and Family National Contact Centre Fax: 09 914 1211

From: _____ Date: / /

Provider's name: _____

Practice/Service name: _____

Telephone: _____ Fax: _____

Child's name: _____

Contact address: _____

Date of birth: / / Ethnicity: _____

Date of presentation: / / Telephone: _____

Siblings/Other children in household (name/age/Dob if known): _____

Mother: _____ Telephone: _____

Address: _____

Father: _____ Telephone: _____

Address: _____

Caregiver: _____ Telephone: _____

Address: _____

Type of Abuse (suspected/known) Sexual Physical Emotional Neglect Family Violence Other

Provide details of concerns (including history & physical findings if appropriate). Use overleaf if required:

Tick other agencies involved (if known):

Name: _____ Telephone: _____

trician

t

Health Nurse

Start

iori/Pacific Service

hers:

Signed: _____ Date: / /

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References and Resources

Auckland Regional Pathways

<https://aucklandregion.healthpathways.org.nz/>

Oranga Tamariki

<https://www.orangatamariki.govt.nz/>

About NZ Police Vetting Service

<http://www.police.govt.nz/sites/default/files/publications/new-zealand-police-vetting-service-approval-criteria.pdf>

Website link for Vetting Service

<http://www.police.govt.nz/advice/businesses-and-organisations/vetting>

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Policy Amendment Record		
Date	Changes Made	Name

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