

POLICY APPLIES TO:

All Mercy Hospital Staff.

Credentialed Specialists, Allied Health Professionals, Contractors, patients and visitors will be supported in meeting policy requirements.

RELATED STANDARDS:

- New Zealand Standard 8006:2006 Screening, Risk assessment and Intervention for Family Violence including Child Abuse and Neglect.
- EQuIP – Clinical Standard 1.1.1 Assessment ensures current and ongoing needs of the consumer / patient are identified.
- EQuIP – Support Standard 2.1.2 the integrated organisation-wide risk management framework ensures that corporate and clinical risks are identified, minimised and managed.

Rationale:

This policy provides a framework for staff to identify and manage actual and/or suspected child abuse and neglect. It recognizes the important role and responsibility that staff have in the accurate detection of suspected child abuse and/or neglect, and the early recognition of children at risk of abuse.

DEFINITIONS:

Whanau / family violence: covers a broad range of controlling and harmful behaviours commonly of a physical, sexual, and/or psychological nature which typically involve fear, intimidation and emotional deprivation.

Child: tamariki / children aged 0-14 years inclusive

Young person: tamariki / children between the ages of 14 and 16 years

Child Abuse: The harming (physical, emotional, sexual), ill treatment, abuse, neglect or serious deprivation of any tamariki / children or young person. This includes actual, potential, and/or suspected abuse.

OBJECTIVES:

Keep children safe by;

- Ensuring Mercy Hospital is compliant with current legislation and requirements regarding tamariki / children accessing services at Mercy Hospital (or children indirectly involved with a patient e.g. siblings / young visitors)
- Ensuring staff are aware of their responsibilities / expected response following disclosure by a child, or following recognition and observation of warning signs / symptoms

Implementation:

Appropriate resources are available in clinical areas include Ministry of Health resources (located in Family Violence Resource boxes – Manaaki, DSU and McAuley ward). Resource boxes are kept up to date by allocated resource staff in each area.

- **All** Clinical staff working with patients will complete healthLearn, 'Violence intervention Programme Pre-Training Module', course during orientation period. This module covers.
 1. Why and how to screen for family violence (child, intimate partner, elder)
 2. The epidemiology of family violence in New Zealand
 3. Ministry of Health assessment and intervention guidelines
 4. The role of community agencies; intimate partner abuse, and child abuse or neglect.
 5. Legislative requirements
 6. Online resources / competence requirements
- CNM works with Clinical Education Co-ordinator to ensure areas have a resource person.
- CNM receive annual updates as constant resource for their area
- CNM decide how many staff are required for their area, to ensure an adequate support system is available.
- Resource staff will receive 8 hour training day with a tier system for other staff who wish to attend, as agreed through appraisal and planning process.
- Resource staff work with Clinical Education Co-ordinator to provide area specific updates annually for existing staff in areas
- Nursing assessment of patients will include screening for violence as prompted in assessment documentation.
- Support staff education programme will include;
 - Context and identification of abuse
 - Acknowledging disclosure of abuse
 - Referral to a clinical member of staff
 - Knowledge of Mercy Hospital's staff support programme
 - Evaluation of education programme
- Access to relevant reading material/signage for patients/visitors in waiting areas and throughout the hospital.
- Pre- employment screening of all new staff includes police vetting
- Existing staff who care for children overnight have been police vetted
- Credentialing Policy includes declaration concerning Vulnerable Children

Staff Training / Education:

Clinical Staff are trained and supported in;

- Screening to identify at-risk individuals (routine enquiry)
- Risk assessments to identify, evaluate, monitor and document level of risk.
- Ensuring appropriate resources are accessed and available.
- Referral to appropriate personnel/agencies.

Non clinical staff are trained and supported in;

- Understanding of family violence
- Awareness of family violence in their day to day interactions with patients
- Knowledge of the procedure to follow to ensure appropriate referral to clinical staff.

Staff Responsibilities

The following are the key responsibilities, to be outlined to staff at new staff orientation, clinical orientation and regular training updates:

1. Signs and symptoms

Front line staff must be alert to the 'Signs and symptoms of Child Neglect or Child Abuse' (*Appendix One*) and take appropriate action to protect the wellbeing and safety of children and young people, whether the child/young person is directly or indirectly a client/patient of the service

2. Immediate Action

Staff who identify child protection concerns should immediately contact a senior member of staff (Senior Nurse or member of Executive). The senior member of staff will contact **Ministry for Children, Oranga Tamariki (MCOT)** (if appropriate). This contact may be advice seeking or reporting abuse.

MCOT: Phone: **0508 FAMILY (0508 326 459)**

Additional guidance and support is available on the MCOT website www.mcot.govt.nz
If there is an immediate safety issue, the staff member should phone the Police.

3. Informing Parents / Caregivers

Informing Parents / Caregivers of a referral to the police or MCOT should be managed with consideration to the safety of the child, staff and other family members.

Do NOT inform the caregivers unless it is safe to do so. Informing the parents / caregivers of a referral should be undertaken in a safe environment for both staff and the patient, parents or caregivers e.g. in the hospital, or by telephone.

Guidance can be obtained from an appropriate Senior Member of staff.

4. Informing the Child's GP

The child's GP MUST be informed where a referral has been made to MCOT. The responsibility for this lies with the referrer.

5. Documentation

Clinical staff are required to document the following in the clinical record:

- their observations / assessments
- any discussion with Senior staff, Team Leader or others
- documentation of what was reported to MCOT

Full documentation is required to alert others to the situation with the notation of "Child Protection Alert" recorded in the child's clinical record

6. Staff Support

Staff can access support through:

- A debrief with Senior Staff
- The Staff Support Programme

New worker safety checks

To support the provision of a Safe children's workforce: the Act introduces new requirements to ensure children are safe with the people who work with them:

At Mercy Worker Safety Checks will be undertaken as required by the Vulnerable Children's Act 2014.

EVALUATION

- Incident reports completed with appropriate identification, assessment and management evident in patient clinical record
- Staff evaluation of training
- Staff training records

ASSOCIATED DOCUMENTS

EXTERNAL - LEGISLATION

- Vulnerable Children Amendment Act [2017 Vulnerable Children Amendment Act 2017](#)
- Children, Young Persons, and their families (Oranga Tamariki) Act 2017 [Children, Young Persons, and Their Families \(Oranga Tamariki\) Act 2017](#)
- Care of Children Act 2004
- Children, Young Persons and Their Families Act 1989
- Domestic Violence Act 1995
- Domestic Violence (Programmes) Regulations 1996 and Amendments 2002
- Privacy Act (2020)
- Crimes Act (1961)
- Crimes Amendment Act (No.4) 2011
- Crimes Amendment Act (No. 8) 2012

EXTERNAL - RESOURCES

Guideline; Family Violence Assessment and Intervention Guideline 2016
<https://www.health.govt.nz/publication/family-violence-assessment-and-intervention-guideline-child-abuse-and-intimate-partner-violence> (2016)



'Recognizing and reporting suspected child abuse'

INTERNAL

- Family Violence Policy- SharePoint
- Clinical Staff Training Requirements document - [Patient Family Violence.docx](#)
- Mercy Hospital Orientation Book
 - HR Guidelines, Section 3 – Recruitment, Selection & Appointment – Appendix 3.14, Vulnerable Children Act 2014 Safety Check

Appropriate resources available in clinical areas include Ministry of Health resources (located in Family Violence Resource boxes – Manaaki, DSU and McAuley ward)

- Family Violence Assessment and Intervention Guidelines: Child abuse and intimate partner violence (2016) – Ministry of Health
- Family Violence Intervention Guidelines: Elder Abuse and Neglect (2007)
- 'Child Abuse Assessment and Response' Flow chart – Ministry of Health
- 'Partner Abuse Assessment and Response Flowchart' – Ministry of Health
- Family violence intervention agency register (District)
- Family violence safety plan (District) , SDHB 2015
- HQSC & New Zealand Government (2017). Family violence death review committee's fifth report data - summary report
- New Zealand Government (June 2017). Family violence, sexual violence and violence within Whanau: workforce capability framework
- HR Guidelines, Section 3 – Recruitment, Selection & Appointment