

Policy Applies to:

- All Mercy Hospital staff who are in contact with patients.
- Compliance by Credentialed Specialists, contractors, visitors and patients will be supported by Mercy Hospital staff.
For Staff; Domestic Violence – Victims Protection Act 2018

Related Standard:

- New Zealand Standard 8006:2006 Screening, Risk assessment and Intervention for Family Violence including Child Abuse and Neglect.
- Crimes Act 1961
- Crimes Amendment Act (No.4) 2011
- Crimes Amendment Act (No. 8) 2012
- EQulP – Clinical Standard 1.1.1 Assessment ensures current and ongoing needs of the consumer / patient are identified.
- EQulP – Support Standard 2.1.2 the integrated organisation-wide risk management framework ensures that corporate and clinical risks are identified, minimised and managed.

Rationale:

Mercy Hospital is committed to ensuring that those patients who suffer from any form of family violence are identified through routine inquiry, and as appropriate, are offered referral to relevant agencies.

Mercy Hospital has followed the Ministry of Health’s recommendation that hospital settings adapt the ‘Family Violence Assessment and Intervention Guideline (2016)’ for the identification, assessment and referral of persons experiencing Family Violence of any kind.

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. Violence includes spouse/partner violence, dating violence, child abuse and neglect, abuse of teenagers by parents, elder abuse and neglect, sibling abuse, and abuse committed by another family member or person with whom there is a close personal or domestic relationship.

Routine Screening is a verbal enquiry, by healthcare providers of patients about their personal history of partner abuse, child abuse or neglect. This means routine questioning of all females, over the age of 16 about abuse, in person, without any other person present.

Risk assessment is a process allowing for a full examination of circumstances and interactions to begin to form an opinion about a person’s risk of harm either to themselves or others.

Safety planning and intervention is a process for identifying and planning to minimise harm and maximise safety

Section 195A

Section 195A - ‘Failure to protect child or vulnerable adult’. This section renders it an offence to fail to protect a child or vulnerable adult from risk of death, grievous bodily harm, or sexual assault. A person is liable if that person is a member of the same household or is a staff member of a hospital, institution,

or residence where the child / vulnerable adult resides; and fails to take reasonable steps to protect the child or vulnerable adult from the actions / omissions of a third party.

Objectives:

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.

Implementation:

Access to relevant reading material/signage for patients/visitors in waiting areas and throughout the hospital.

Family Violence resource boxes are located in McAuley, Manaaki & Coolock. Boxes contain hard copies of overarching external resources specifically for staff reference and further reading in addition to appropriate and clearly marked patient information.

Policy appendices are available through drop down boxes in TRAK to ensure timely access to information.

- 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
- **Clinical Orientation** - During the first three months of employment, all Clinical staff (AT, EN, RN, Health Care Assistants) will complete the healthLearn course, 'Violence intervention Programme Pre-Training Module' RGCH008. Course objectives covered:
 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 requirement.
- **Senior Nurse on call** have completed the VIP training module and are aware of area representative model
- **CNM** works with Clinical Learning and Development Co-ordinator (CLD) to ensure Manaaki, McAuley, Callaghan and Coolock have a designated resource person.
- **Clinical Services & CNM** receive annual update from SDHB Patient Family Violence Team to ensure up to date knowledge as a resource for their area
- **Clinical area representatives**
Training - will attend 8 hour training day. Other staff may attend this day following discussion with CNM as agreed through appraisal process.

Resource Role - (supported by CNM and CLD) provide updates to areas to ensure area process is aligned to policy.

- **Patient Assessment** - Face to Face nursing assessment of patients is completed in DSU and will include screening for family violence as prompted in TRAK.
If the screening is not completed in DSU, this will be handed over for follow up as appropriate in subsequent departments.
- **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

Evaluation

- All staff have received education and training appropriate to their role in the identification, assessment and management of family violence including partner and child abuse
- That the identification, assessment and management have been carried out and are evident in clinical records.
- Working relationships are developed and maintained between referral agencies, SDHB Family Violence/Child Protection support team and Mercy Hospital.
- If needed Staff are aware of how to access the Staff Support Programme.
- Planned regular updates of staff by area teams coordinated with CNM, area representatives & Clinical Learning & Development Coordinator
- Area representatives have attended the 8 hour workshop in SDHB
- CNM & Clinical Services have received updates from SDHB child protection nurse
- Senior Nurse on Call have completed healthLearn course

External Resources:

- MOH Family Violence Assessment and Intervention Guidelines: Child abuse and intimate partner violence (2016)
- MOH Family Violence Intervention Guidelines: Elder Abuse and Neglect (2007)
- MOH 'Child Abuse Assessment and Response' Flow chart
- MOH 'Partner Abuse Assessment and Response Flowchart'
- Public Health Family violence intervention agency register
- SDHB Family violence safety plan
- National Child Protection Alert System Memorandum of Agreement with the Ministry of Health and New Zealand Pediatric Society, 2012.

Associated Legislation:

- Care of Children Act 2004
- The Children's Act 2014
- Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017
- Family Violence Act 2018
- Family Violence Regulations 2019
- Health Information Privacy Code (1994)
- Crimes Act (1961)
- Crimes Amendment Act 2005
- Crimes Amendment Act (No. 3) 2011
- Child, Youth and Family "Working together to keep children and young people safe"
- The Privacy Act
- Summary of associated legislation found in Family Violence Assessment and Intervention Guideline Child Abuse and Intimate Partner Violence 2016 - Appendix H & I

INTERNAL

- Appendix 1 – Guidelines for identifying victims of abuse
- Appendix 2 - Child abuse and neglect Intervention flowchart
- Appendix 3 - Intimate partner violence intervention flowchart
- Appendix 4 – Elder Abuse or Neglect; assessment and response flowchart
- Appendix 5 - Public Health Family violence intervention agency register
- Patient assessment policy
- Report of concern to Oranga Tamariki – Ministry for Children
- Family violence intervention register, via SDHB contact (Child Protection nurse)
- HR Guidelines, Section 3 – Recruitment, Selection & Appointment – Appendix 3.14, Vulnerable Children Act 2014 Safety Check