

Policy Applies to:

- All Mercy Hospital staff.
- Compliance by Credentialed Specialists or Allied Health Professionals, contractors, visitors and patients will be facilitated by Mercy Hospital staff.

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
- 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:

Mercy Hospital is committed to ensuring that those patients who suffer from any form of family violence are identified through ROUTINE ENQUIRY and are offered appropriate care and 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 intimate partner violence.

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 the routine enquiry (written or verbal) by healthcare providers of patients about their personal history of partner abuse, child abuse or neglect. This means routine questioning of ALL individuals about abuse.

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 there day to day interactions with patients
- Knowledge of procedure to follow to ensure appropriate referral to clinical staff.

Implementation:

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

1. Family Violence Assessment and Intervention Guidelines: Child abuse and intimate partner violence (2016) – Ministry of Health
 2. Family Violence Intervention Guidelines: Elder Abuse and Neglect (2007)
 3. 'Child Abuse Assessment and Response' Flow chart – Ministry of Health
 4. 'Partner Abuse Assessment and Response Flowchart' – Ministry of Health
 5. Family violence intervention agency register (District)
 6. Family violence safety plan (District) , SDHB 2015
 7. HQSC & New Zealand Government (2017). Family violence death review committee's fifth report data - summary report
 8. New Zealand Government (June 2017). Family violence, sexual violence and violence within Whanau: workforce capability framework
- Senior Nursing staff undergo training to enable them to act as resource for staff. This includes completion of the online 'Intimate Partner Violence Screening Healthcare Worker' programme.

- All Nursing staff undertake a programme that includes;
 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
- 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

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; includes clinical orientation, HealthLearn course (VI002 Violence Intervention Programme) and annual staff update
- Documentation shows that (where appropriate), the identification, assessment and management have been carried out and are evident in clinical records.
- Working relationships are developed and maintained between referral agencies and Mercy Hospital
- Staff are aware of how to access the Staff Support Programme.
- Planned regular updates of all staff, including access to the online 'Intimate partner violence' training programme (scheduled on Mandatory Training and Update calendar)

External Resources:

(Written resources in all clinical areas are held in the Family violence resource box)

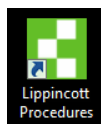
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- ‘Child Abuse Assessment and Response’ Flow chart – Ministry of Health
- ‘Partner Abuse Assessment and Response Flowchart’ – Ministry of Health
- Family violence intervention agency register (District)
- Family violence safety plan (District) , SDHB 2015
- Access to on line education programme – ‘Intimate partner violence screening for healthcare workers’ accessed at -
<http://www.ednurse.org/certificationNZ/index.htm>
- Hine Forsyth – Mandated Runaka representative

Associated Legislation:

- Care of Children Act 2004
- The Vulnerable Children Act 2014
- Children, Young Persons and Their Families Act 1989
- Domestic Violence Act 1995
- Domestic Violence(Programmes) Regulations 1996 and Amendments 2002
- Health Information Privacy Code (1993)
- Crimes Act (1961)
- Crimes Amendment Act (No.4) 2011
- Crimes Amendment Act (No. 8) 2012
- Crimes Act amendment – section 195A (2012)

Child, Youth and Family "Working together to keep children and young people safe"
<http://www.cyf.govt.nz/documents/about-us/publications/27713-working-together-3-0-45ppi.pdf>

National Child Protection Alert System Memorandum of Agreement with the Ministry of Health and New Zealand Pediatric Society, 2012.



‘Recognizing and reporting suspected child abuse’

INTERNAL

- Appendix 1 – Child abuse assessment and response
- Appendix 2 – Partner abuse assessment and response
- Appendix 3 – Guidelines for identifying victims of abuse
- Patient assessment policy
- Family violence resource box (held in clinical areas) containing

Various pamphlets and posters

Family violence intervention register (District)

- HR Guidelines, Section 3 – Recruitment, Selection & Appointment – Appendix 3.14, Vulnerable Children Act 2014 Safety Check