

## Te Puke Medical Centre

### Whare Haumanu – The Practice

---

The purpose of this Policy is to set a clear protocol of action and a framework for our responsibilities and legal duties in relation to each child's vulnerability and protection.

This policy articulates our general practice's commitment to ensuring the wellbeing and safety of children and young people. Ensuring the safety and wellbeing of children and young people is a paramount goal of the Ministry of Health.

### Scope

This Policy applies to all employees, contractors, trainee doctors and nurses and volunteers of Te Puke Medical Centre who work directly or indirectly with tamariki/children and their whānau /families.

The Policy has two parts.

- **Part 1: Our obligation as a provider of the Western Bay of Plenty Primary Health Organisation (WBOP PHO).**
- **Part 2: Our obligation as an employer.**

### Review

This policy will be reviewed within three years of publication.

Publication date: February 2018

Update due: February 2023

## Part 1: Our obligation as a Provider for the WBOP PHO

### Responsibilities:

As Te Puke Medical Centre is a service provider contracted by the WBOP PHO we shall meet our contractual obligations and will keep a copy of our child protection policy on our internet site.

All employees responsible for contracted services for tamariki/children and rangatahi/young person and their whānau/family are to be provided with adequate training to ensure that they understand and implement the obligations under the Vulnerable Children Act 2014 (the Act).

### Regulatory requirements

The Act requires all paid people who work with children in government-funded organisations to be safety checked, and to have these safety checks updated every three years.

All employees of Te Puke Medical Centre will be safety checked within the following timeframes:

### Existing employees:

- 1 July 2018 – all existing core children's workers must have been safety checked by this date
- 1 July 2019 – all existing non-core children's workers must have been safety checked by this date

### New employees:

**From 1 July 2016:** government safety checking regulations made under the Vulnerable Children Act 2014 required all new general practice core and non-core employees and contractors be safety checked. The regulations also apply to people doing unpaid work with children as part of an educational or vocational training course (e.g. trainees or students).

**From 01 July 2019:** The entire workforce of Te Puke Medical Centre will be safety checked by 1 July 2019 and each worker will be rechecked every three years.

**Safety check procedural information** can be found here: <https://www.health.govt.nz/ourwork/health-workforce/childrens-action-plan-childrens-worker-safety-checking-and-child-protectionpolicies>

### Definitions

a. **Abuse** – the harming (whether physically, emotionally or sexually), ill-treatment, neglect or deprivation of any child.

b. **Child** – any boy or girl under the age of 14 years.

c. **Child protection** – activities carried out to ensure that children are safe in cases where there is suspected abuse or neglect or the risk of abuse or neglect.

d. **Children's services** – any organisation that provides services to children or to adults where contact with children may be part of the service. These organisations should have child protection policies.

Organisations that provide services to adults who may be caring for or parenting children should also consider developing a policy, e.g., adult mental health and addiction services.

e. **Children's workforce/children's workers** – people who work with children, or who have regular contact with children, as part of their roles.

#### **- A Core worker is:**

- a children's worker who works in or provides a regulated service who has primary responsibility or authority for a child or children
- involves regular or overnight contact with a child or children
- a worker who works alone with a child or children – work must take place without a parent or guardian of the child being present e.g. doctors, nurses, etc. who see children or young people (up to the age of 18) in their clinics or office.

#### **- A Non-core worker is:**

- A worker who has regular but limited child contact, e.g. health administrative staff.

f. **Designated person for child protection** – the manager/supervisor or designated person responsible for providing advice and support to staff where they have a concern about an individual child or who want advice about the child protection policy.

g. **Disclosure** – information given to a staff member by the child, parent or caregiver or third party in relation to abuse or neglect.

h. **Neglect** – the persistent failure to meet a child's basic physical or psychological needs, leading to adverse or impaired physical or emotional functioning or development.

i. **New Zealand Police** – the agency responsible for responding to situations where a child is in immediate danger and for working with Child, Youth and Family in child protection work, including investigating cases of abuse or neglect where an offence may have occurred.

## Te Puke Medical Centre

### Whare Haumanu – The Practice

j. **Oranga Tamariki – Ministry for Children** – the agency responsible for investigating and responding to suspected abuse and neglect and for providing a statutory response to children found to be in need of care and protection.

k. **Safer recruitment** – following good practice processes for pre-employment checking which help manage the risk of unsuitable persons entering the children’s workforce.

l. **Standard safety checking** – the process of safer recruitment that will be mandatory for organisations covered by the Vulnerable Children Act 2014.

m. **Workforce restriction** – a restriction on the employment or engagement of people with certain specified convictions under the Vulnerable Children Act 2014. Child Protection Policies v 2.3 Feb 2015  
Page 22 of 55

n. **Young person** – any boy or girl over the age of 14 years but under the age of 18 years and is not married or in a civil union.

### What constitutes abuse and neglect?

a. **Physical abuse** – any acts that may result in the physical harm of a child or young person. It can be, but is not limited to: bruising, cutting, hitting, beating, biting, burning, and causing abrasions, strangulation, suffocation, and drowning, poisoning and fabricated or induced illness.

b. **Sexual abuse** – any acts that involve forcing or enticing a child to take part in sexual activities, whether or not they are aware of what is happening. Sexual abuse can be, but is not limited to:

- a) **Contact abuse**: touching breasts, genital/anal fondling, masturbation, oral sex, penetrative or non-penetrative contact with the anus or genitals, encouraging the child to perform such acts on the perpetrator or another, involvement of the child in activities for the purposes of pornography or prostitution.
- b) **Non-contact abuse**: exhibitionism, voyeurism, exposure to pornographic or sexual imagery, inappropriate photography or depictions of sexual or suggestive behaviours or comments.

c. **Emotional abuse** – any act or omission that results in adverse or impaired psychological, social, intellectual and emotional functioning or development. This can include:

- a) Patterns of isolation, degradation, constant criticism or negative comparison to others. Isolating, corrupting, exploiting or terrorising a child can also be emotional abuse.
- b) Exposure to family/whānau or intimate partner violence.

d. **Neglect** – neglect is the most common form of abuse, and although the effects may not be as obvious as physical abuse, it is just as serious. Neglect can be:

- Physical (not providing the necessities of life, like a warm place, food and clothing).
- Emotional (not providing comfort, attention and love).
- Neglectful supervision (leaving children without someone safe looking after them).
- Medical neglect (not taking care of health needs).
- Educational neglect (allowing chronic truancy, failure to enrol in education or inattention to education needs).

Given the link between family violence, intimate partner violence and child abuse, it is also important to understand these terms:

## Te Puke Medical Centre

### Whare Haumanu – The Practice

---

a. **Family violence** has been defined by the NZ Family Violence Clearinghouse as violence and abuse against any person whom that person is, or has been, in a domestic relationship with. This can include sibling against sibling, child against adult, adult against child and violence by an intimate partner against the other partner (NZ Family Violence Clearinghouse; Issues Papers 3 & 4 April 2013).

b. **Family violence** is also defined in Te Rito, the NZ Family Violence Prevention Strategy, as covering a broad range of controlling behaviours, commonly of a physical, sexual and/or psychological nature that typically involve fear, intimidation or emotional deprivation. It occurs within a variety of close interpersonal relationships, such as between partners, parents and Child Protection Policies v 2.3 Feb 2015 Page 23 of 55 children, siblings, and in other relationships where significant others are not part of the physical household but are part of the family and/or are fulfilling the function of family. Common forms of violence in families/whānau include:

- Spouse/partner abuse (violence among adult partners).
- Child abuse/neglect (abuse/neglect of children by an adult).
- Elder abuse/neglect (abuse/neglect of older people aged approximately 65 years and over, by a person with whom they have a relationship of trust).
- Parental abuse (violence perpetrated by a child against their parent); sibling abuse (violence among siblings), (Te Rito – NZ Family Violence Prevention Strategy, Ministry of Social Development, 2002).

c. **A legal definition of family violence** is provided in Section 3 of the Domestic Violence Act 1995.

d. **Intimate partner violence** is a subset of family violence. The NZ Family Violence Clearinghouse states that intimate partner violence includes physical violence, sexual violence, psychological/emotional abuse, economic abuse, intimidation, harassment, damage to property and threats of physical or sexual abuse towards an intimate partner (NZ Family Violence Clearinghouse; Issues Papers 3 & 4 April 2013).

### Key responsibilities

Te Puke Medical Centre staff are responsible for:

- noticing and taking action – recognising vulnerability, child abuse or neglect starts with considering the possibility that something is not right
- listening to and considering the views of the child or young person
- considering the possibility of Intimate Partner Violence as well, where child abuse is suspected
- consulting colleagues about your concerns – **never** work in isolation
- reporting possible child abuse directly

## Part 2: Our obligation as an employer

### Introduction

Child protection refers to activities involved in the identification and reporting of child abuse and neglect. It is about having practices that keep children and young people who access services safe and taking

## Te Puke Medical Centre

### Whare Haumanu – The Practice

---

steps to best ensure that abuse and neglect, both actual and potential, along with general concerns about child wellbeing and vulnerability are identified and appropriately responded to.

Te Puke Medical Centre's child protection policy provides guidance for staff on how to identify and respond to concerns about the wellbeing of a child, including possible abuse or neglect. Whether it is inside or outside work, as family members, friends, neighbours or workmates, we all have opportunities to support parents and keep children and young people safe.

### Defining child abuse and neglect

The Vulnerable Children Act 2014 does not define child abuse. However, it is defined in section 2 of the Children, Young Persons, and Their Families Act 1989 (the CYPFA).

Child abuse means the harming (whether physically, emotionally or sexually), ill treatment, abuse, neglect, or deprivation of any child and/or young person. A report of concern to a Social Worker or the Police can be made in relation to abuse or neglect that is actual or likely.

**Child abuse** can be classified into the following four categories:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

The four categories of child abuse are briefly described below.

#### **Physical abuse**

Physical abuse can be any act that may result in the physical harm of a child.

#### **Sexual abuse**

Sexual abuse can be any act that involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening.

#### **Emotional abuse**

Emotional abuse can be any act or omission that results in adverse or impaired psychological, social, intellectual and emotional functioning or development. This can include exposure to family/whānau or intimate partner violence.

#### **Neglect**

Neglect can be:

- Physical (not providing the necessities of life, like adequate shelter food and clothing)
- Emotional (not providing comfort, attention and love)
- Neglectful supervision (leaving children without someone safe looking after them)
- medical neglect (not taking care of health needs)
- Educational neglect (allowing truancy, failure to enrol in education or inattention to education needs).

Neglect is the most common form of abuse, and although the effects may not be as obvious as physical abuse, the impact on the child is often just as serious.

### **Identifying and reporting child abuse and neglect**

Each situation is different and all the available information about a child and their environment should be considered as part of deciding on the approach to take.

## Te Puke Medical Centre

### Whare Haumanu – The Practice

---

#### Managing safety

If there is an immediate safety issue, call the police in the first instance.

If you consider a child/young person to be unsafe or in danger, act immediately to secure their safety.

#### Contact the police

- If a child/young person:
- has been severely abused
- is in immediate danger of harm or death
- has been abused and the abuse is likely to escalate or recur
- If you yourself feel unsafe or at risk.

#### Contact Oranga Tamariki

- Injuries seem suspicious or were clearly inflicted
- Interaction between a caregiver and child/young person seems angry, threatening, or aggressive
- A child/young person says they are frightened of, or have been hurt by a caregiver
- You identify multiple risk indicators.

#### Oranga Tamariki notification procedure

Reporting valid child protection concerns to the police or OT does not breach confidentiality. However, always seek advice before releasing information. Ask your clinical team for support for yourself, or supervision if required.

- Make a notification to the OT contact centre.
- Tel: **0508-326-459** (0508 FAMILY) – lines open 24 hours 7 days

The Safeguarding Children website has more information on identifying and responding to abuse and neglect. <https://safeguardingchildren.org.nz/resources/worried-about-a-child/>

The Ministry of Health Family Violence Assessment and Intervention Guidelines is a practical tool to help health providers make safe and effective interventions to assist victims of interpersonal violence and abuse.

#### Documentation

Document all observations, evaluations, and actions taken on the child/young person's personal file. Always include the date and time that you saw them, and the date and time when you wrote your notes (if not during the consultation). Always include your (legible) name, signature, and practice designation.

Write down:

- how and when the injury happened, including date and time
- who is providing the history – if the child is young, state the caregiver's relationship to the child, and whether they saw the injury occur

## Te Puke Medical Centre

### Whare Haumanu – The Practice

---

- any unexplained delay in seeking help
- absent, vague, or changing details in the history
- any history of repeated injuries
- the developmental level of the infant or child e.g. rolling, pulling to stand, walking, climbing
- any discrepancy between the history, developmental stage of the child, and injury
- any caregiver behaviours that might indicate vulnerability, see 4.1 Concerning features in child-caregiver interaction above
- verbatim statements from the caregiver or child/young person, facts, observations, or events that are relevant to your concerns.

### Training:

All clinical staff providing direct services to patients will be expected to complete basic training covering how to recognise and respond to children affected by child abuse and family violence, and how to deal with any personal issues that arise from this process. On line training is provided through

[Seminar Register Form - Safeguarding Children](#)

### Confidentiality and information sharing

The Privacy Act 1993 and the CYPF Act allow information to be shared to keep children safe when abuse or suspected abuse is reported or investigated. Under sections 15 and 16 of the CYPF Act, any person who believes that a child has been, or is likely to be harmed (whether physically, emotionally or sexually), ill-treated, abused, neglected or deprived may report the matter to Child, Youth and Family or the Police. Provided that the report is made in good faith, the person making the report is protected from civil, criminal or disciplinary proceedings.

### References

<https://www.health.govt.nz/our-work/health-workforce/childrens-action-plan-childrens-workersafety-checking-and-child-protection-policies>

<https://www.orangatamariki.govt.nz/working-with-children/vulnerable-children-actrequirements/child-protection-policies/>

<https://www.orangatamariki.govt.nz/assets/Uploads/Safer-Organisations-safer-children.pdf>