

## CHILD PROTECTION POLICY

### STANDARD

Under the terms of the Child Protection Act 2014 all staff, including volunteers, working with children and young people will have a police check on appointment and at three yearly intervals thereafter.

All staff employed at TOH will have a violence free record.

Front line staff must be alert to the signs and symptoms of neglect or abuse 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. <sup>(6)</sup>

TOH management provides training in child protection awareness and identification to relevant staff.

### PURPOSE

To ensure all staff are aware of their responsibilities towards children and young people who are either patients or family members of TOH patients.

### SCOPE

All staff (including volunteers), who work with children and young people.

Policy scope: sets out the framework for expected child protection measures. Refer to Working Together To Keep Children and Young People Safe <sup>(5)</sup> for more in depth detail

**CHILD PROTECTION** is the process of **protecting** individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect. It involves measures and structures designed to prevent and respond to abuse and neglect ([www.rcpch.ac.uk/improving-child-health/child-protection/child-protection](http://www.rcpch.ac.uk/improving-child-health/child-protection/child-protection)).

### PHYSICAL ABUSE <sup>(3)</sup>

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or caregiver fabricates or induces illness in a child whom they are looking after.

### EMOTIONAL ABUSE <sup>(3)</sup>

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only

in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, for example by witnessing domestic abuse within the home or being bullied, or, the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

### **SEXUAL ABUSE <sup>(3)</sup>**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

### **NEGLECT <sup>(3)</sup>**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or caregiver failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

### **DISABILITIES**

Children with disabilities are at greater risk of all forms of abuse and of neglect.

Neglect 3.8 times as likely <sup>(3)</sup>

Sexual Abuse 3.1 times likely

Physical Abuse 3.8 times as likely

Emotional Abuse 3.9 times as likely

(Sullivan & Knutson: Maltreatment and Disabilities –A population based epidemiological study (2000))

### **SERIOUS HARM OR IMMEDIATE RISK OF SERIOUS HARM**

1. Assess and ensure the child's immediate safety and your own.
2. Notify the police immediately on 111
3. Notify your team leader immediately

### **SUSPECTED ABUSE OR NEGLECT**

1. Alert the team leader about your suspicions and why.
2. Discuss at the MDT meetings and refer to the Family Support team, if not already involved
3. The MDT or a focus group will guide decision making about follow up on your suspicions: who, what, when, how.

## CHILDREN YOUNG PERSONS AND FAMILY (CYF) ADVICE

1. If you suspect child abuse or neglect, or are worried about a child or young person, you can call CYF anytime to talk to a social worker.
2. Call CYF if you are worried about a child or young person if you:
  - think a child or young person may be unsafe or in danger of harm
  - think a child or young person may be suffering from ill-treatment, abuse or neglect
  - are concerned about a child or young person and want some advice
  - are not sure whether you need to be concerned, and want to talk things through.
3. The social worker will determine the urgency of the concern and what further action is required including whether the child or young person's needs could be better met by another agency.

**Call freephone number anytime**, and you can also send a notification to CYF

Phone: 0508 FAMILY (0508 326 459)

Notification may also be sent via fax or email

Fax: 09 914 1211

Email: [cyfcallcentre@cyf.govt.nz](mailto:cyfcallcentre@cyf.govt.nz)

### When notifying

Include a copy of your documentation

- nature of your concerns
- details of incidents, including dates
- names and addresses child or young person and their family
- the reasons why you think this child is at risk, or suffering abuse and neglect
- if you're aware of any other times when the family, child or young person has been involved with us or the Police.

All concerns regarding abuse or neglect must be reported to the Medical Director and the Director of Nursing and Clinical Support Services. All notifications must be reported to the Executive Team.

### Informing parents / caregivers of a referral

**NB** Do not inform the carers if it is unsafe for staff, the child or other family members to do so

1. Inform the child's parents or caregivers that a referral will be made to CYF and why.
2. Ensure the best possible outcome by:
  - holding the conversation in a secure environment
  - managing the conversation to gain cooperation if possible
  - making sufficient time for the conversation
  - take advice from CYF about the best management

## DOCUMENTATION

1. Document the following on PalCare
  - Observations and assessments –use the Child's Body Diagram, as appropriate

- Discussions with the Team Leader and others
  - Discussions with family and/or carers
  - Reporting to CYF or referral to other agencies
  - Enter Child Safety Risk on Alert bar of PalCare
  - Complete an incident form
2. If the child is a family member of a patient or client create a confidential file and document as above.
  3. If the patient has some responsibility (i.e. parent or carer) for the child it is essential to document as a family/ child risk and include all of the above.
  4. Forward a letter to the child's GP informing him/her of a referral to CYF or to other agencies.
  5. On discharge from the service this information must be forwarded to other providers.

## RELATED TOH DOCUMENTS

High Risk Patient & Family Policy  
 Abuse & Neglect Policy  
 Security Policy  
 Informed Consent Policy  
 Privacy & Confidentiality Policy  
 Recruitment Policy  
 Supervision Policy  
 Debriefing Policy

## RELATED LEGISLATION/STANDARDS

The Vulnerable Children's Act 2014  
 The Child, Young person & their Families Act 1989  
 UNICEF Convention on the Rights of the Child

## REFERENCES

1. UNICEF Fact Sheet: A summary of the rights under the Convention on the Rights of the Child
2. Children's Action Plan Fact Sheet <http://www.childrensactionplan.govt.nz/resources/is-that-child-ok>
3. Good Practice Briefing- Child Protection Awareness- London Councils Document 2010
4. Murphy, N, (2011). Maltreatment of children with disabilities, *Journal of Child Neurology*, 26(8), 1054-1056
5. Child, Youth and Family "Working together to keep children and young people safe" <http://www.cyf.govt.nz/working-with-others/working-together-to-keep-children-and-young-people-safe.html>
6. Wanganui District Health Board Child Protection Policy

7. Reporting of Suspected or Actual Child Abuse and Neglect Protocol between the Ministry of Education, the New Zealand School Trustees Association and Child, Youth and Family 2009  
<http://www.education.govt.nz>
8. [www.rcpch.ac.uk/improving-child-health/child-protection/child-protection](http://www.rcpch.ac.uk/improving-child-health/child-protection/child-protection)