



Child Protection Procedure

Procedure Number
WCDHB-FVP-001

Version Nos:
4

1. Purpose

This Procedure provides West Coast District Health Board (WCDHB) Hospital and Community based staff with a framework to identify and manage actual and/or suspected child abuse and neglect. The WCDHB recognises the important role and responsibility its staff have in the accurate detection of suspected child abuse and/or neglect and the early recognition of children at risk of abuse and adults at risk of abusing children.

2. Application

This Procedure is to be followed by all WCDHB clinical staff members.

3. Definitions

The following definitions are used throughout this Procedure:

CHILD	The word child refers to child / tamariki / and young person / rangatahi. Ages 0 – 14 years
YOUNG PERSON	Individual aged 15 – 17 years
CHILD PROTECTION	Means the activities carried out to ensure the safety of the child / tamariki and young person / rangatahi in cases where there is abuse or risk of abuse and or neglect
PHYSICAL ABUSE	Physical abuse is any act or acts that may result in physical injury to a child or young person
SEXUAL ABUSE	Child sexual abuse is any act or acts that result in the sexual exploitation of a child or young person, whether consensual or not
EMOTIONAL ABUSE	Child emotional or psychological abuse is any act or omission that results in impaired psychological, social, intellectual and or emotional functioning and development of a child or young person
NEGLECT	Child neglect is any act or omission that results in impaired physical /emotional functioning, injury and or development of a child or young person
NON-ACCIDENTAL INJURY	Includes injury inflicted and violence directed at a child or young person
DISCLOSURE	Is information given to staff by the child or young person / parent or caregiver / third party in relation to abuse and or injuries
CHILD YOUTH AND FAMILY	A Government Agency that carries out the Requirements of the Children, Young Person and their Families Act 1989. Their responsibilities are to investigate abuse and neglect concerns and to provide care and protection for children found to be in need



Child Protection Procedure

Procedure Number
WCDHB-FVP-001

Version Nos:
4

NZ POLICE

A Government Agency

- Working cooperatively with Child Youth and Family in child abuse and or neglect protection work
- Investigating cases of abuse and or neglect where an offence has or may have been committed
- Prosecuting offenders where an offence has been committed
- Accepting reports of suspected child abuse and or neglect and referring these to Child Youth and Family

4. Responsibilities

Refer to WCDHB Family Violence Management Policy

5. Resources Required

- Child Abuse: Assessment & Response Flowchart
- Guidelines 1-10

6. Process

1.00 Introduction

1.01 ABUSE SHOULD BE SUSPECTED IF:

- A discrepancy exists between the history and degree of physical injury
- The injury is inconsistent with the developmental age of the child e.g. a limb fracture in a non-mobile baby
- A prolonged interval has passed between the time of injury and the seeking of appropriate medical advice
- The history includes repeated emergency department presentations, General practitioner visits or hospital admissions, including to this and other hospitals
- There are frequent minor or significant or multiple injuries
- Parents respond inappropriately or do not comply with appropriate medical advice
- The history of injury changes or differs between parents, caregivers and relatives
- There is evidence of partner / domestic violence. Where partner abuse is identified all children should be screened for risk of actual or potential abuse.

1.02 All situations where recent or ongoing child abuse and/or neglect is disclosed, detected or suspected must be acted on and reported using the following procedure. The following is the standard process for assessment and response.

N.B. Consultation should occur at least once. The following staff are available:

- An experienced colleague
- CYFS Call Centre/Duty Social Worker
- Paediatrician
- Social Worker
- Family Violence Response Co-ordinator

Consultation can occur at any point during the assessment and referral process if concerns exist.

1.03 **DO NOT** attempt to investigate the abuse yourself.



Child Protection Procedure

Procedure Number
WCDHB-FVP-001

Version Nos:
4

2.00 Identification

2.01 Either by disclosure or recognition of signs and symptoms. Always consult if the possibility exists. *See Guideline 3* for signs and symptoms of each category.

3.00 Support and Empower Victims of Abuse

3.01 Enlist support from Social Worker in areas where a Social Worker is available.

3.02 Involve Maori staff for support as appropriate.

4.00 Risk Assessment

4.01 Assess Risk

- i. What is the nature of the actual/suspected/abuse? e.g. hit, kicked, not fed.
- ii. What is the trend (increasing, decreasing, static)?
- iii. Are there other environmental factors that increase risk (e.g. domestic violence, parental drug and alcohol use, family actively avoiding supportive agencies)?
- iv. Has there been previous CYFS or police involvement?
- v. What supports are in place to keep the child safe? E.g. visits by community services.
- vi. Vulnerability of the child. e.g. access to child by perpetrator.
- vii. Screen all episodes of care to identify any current or previous contact with WCDHB services.
- viii. Document all information.
- ix. ***Do not further interview child.***
- x. Consider risk of self-harm or suicide.
- xi. Assess for co-occurrence of domestic violence. If child abuse is suspected assess the mother for domestic violence. Do not ask about domestic violence if another adult or child aged over three years is present.
- xii. Continue to consult.

5.00 Safety Planning/Intervention

5.01 When a child presents to a WCDHB Hospital, with suspected abuse or with abuse and no perpetrator identified.

- i. The WCDHB Hospital is responsible for keeping the child safe in hospital.
- ii. The level of supervision required to keep the child safe will be decided following a comprehensive risk assessment which should be completed at the earliest opportunity.
- iii. The final decision about the level of supervision required will be decided in consultation with a clinical Team Leader (After Hours Co-ordinator) and the Paediatrician on call.
- iv. When abuse is suspected or identified, reporting to CYFS should be made at the earliest opportunity.
- v. Staff should instigate care and protection processes immediately (report to Police and/or CYFS) if high concerns about child's safety.
- vi. Continuing assessment and multidisciplinary consultation is essential.
- vii. For information regarding visitors policy (**See Guideline 6**)
- viii. Trespass Orders may need to be issued if high concerns regarding child safety exist. These are instigated by contacting the Quality Assurance & Risk Manager.



Child Protection Procedure

Procedure Number

WCDHB-FVP-001

Version Nos:

4

- ix. Supervision options for a child with care and protection concerns include:
- Place the child in a site visible to staff.
 - Specialising the child.
 - Designated visitors only.
 - Ban all visitors (consider the impact on the child when making this decision).
- (See **Guideline 6** for Supervision options for a child admitted with actual or suspected child abuse.)

5.02 Keep child safe and report to Police if:

- The child has been severely abused.
- There is immediate danger of death or harm.
- Abuse has occurred and is likely to escalate or recur.
- The child/ren is/are home alone, stay with the child/ren, call the Police and stay until the Police arrive.
- There is immediate risk to the child, or the environment to which the child is returning is unsafe.
- Your safety is compromised.

5.03 Report to Child, Youth and Family if the child has:

- Injuries which seems suspicious, or are clearly the result of physical abuse
- Interaction between the child and parent or caregiver seems threatening or aggressive
- Child states that they are fearful of parent/s, caregiver/s, or have been hurt by parent/s or caregiver/s
- If multiple risk indicators exist, e.g. Partner abuse in the relationship, alcohol/drug use by caregivers, caregivers avoidance of health agency contact
- Notify CYFS call centre first (0508 FAMILY / 0508 326 459) followed by a Faxed referral. (09 914 1211)
- A copy of the CYFS notice of concern is to be sent to the Child Protection Co-Ordinator via Internal Mail
- The Child Protection Co-Ordinator is to place an alert on the HPD (Hospital Patient System). The HPS is to be updated to reflect that an alert exists and for staff to check the physical record. This alert appears on Wards, Theatre, OPD and patient census screens.

Note: That there is **NO ISSUE** of breach of confidentiality, where staff report valid child protection concerns to police or CYFS. The CYFS Act provides specific protection from legal action to anyone reporting to CYFS in good faith (See **Guideline 10** for Relevant Legislation)

5.04 In cases of sexual abuse of children, referral must also be made to the Paediatrician on call who will liaise with the DSAC trained doctor. The transfer to the Specialist Services in Christchurch is the responsibility of the Police/Child, Youth and Family Services.

5.05 If a medical examination is required, consent by the competent child (regardless of age) is required before any examination is undertaken (See WCDHB Informed Consent Procedure)

5.06 Provide emotional support for identified or suspected victims.

- i. Enlist Social Work Support in areas where a Social Worker is employed.
- ii. If the child is Maori involve the Maori Health Unit during office hours to enlist appropriate cultural supports, or in the case of mental health clients with Child Adolescent and Mental Health Service (CAMHS).



Child Protection Procedure

Procedure Number

WCDHB-FVP-001

Version Nos:

4

- iii. If after hours create a culturally safe environment by contacting Maori health on call personnel. It is important that this does not delay any referral to Child, Youth and Family.
- iv. Offer appropriate cultural support where possible.

6.00 Communicate With Victim's Patients/Caregivers.

- 6.01 There must be an agreed and documented decision on who will be responsible for any communication with the family/whanau. This may vary between services and cases. Communication with family/whanau should not take place before consulting with senior staff within your practice setting, Paediatrician (or Physician providing paediatric cover), WCDHB Social Worker, After Hours Co-Ordinator, ED Officer or with the duty Social Worker at the Department of Child, Youth and Family (CYFS).
- 6.02 If the decision is to discuss concerns or child protective actions with a victim's parents or caregiver, the delegated staff person must understand and acknowledge the sensitivity of the situation.
- 6.03 Concerns or child protection actions **DO NOT** need to be discussed with a victim's parents or caregivers where it is believed that:
- It will place either the child or you, the health care provider, in danger.
 - The family may close ranks and reduce the possibility of being able to help a child.
 - The family may seek to avoid protection agency staff.

7.00 Document All Observations, Process And Assessment Thoroughly

- 7.01 In all cases accurate informative documentation is essential and must be recorded in the Health Record with time, date, legible signature and designation, including date and time.
- 7.02 Document facts and observations as soon as possible after the event or discussion.
- 7.03 Record only facts and/or observations not "feelings".
- 7.04 Clearly differentiate between what was seen and heard and what was reported or suspected and by whom.
- 7.05 Detail who was present at the time.
- 7.06 Where there has been a disclosure, write what was said in quotation marks (verbatim). A body diagram can be used to record bruises, cuts and other injuries. (Refer Domestic Violence Procedure and Risk Assessment Form)

8.00 Reporting or Referral

- 8.01 If following a comprehensive risk assessment and appropriate consultation abuse is identified or suspected then the child should be reported to the Police and or CYFS. The report to CYFS can be by phone but must be followed by a faxed referral (See *Guideline 7* for CYFS fax referral form)



Child Protection Procedure

Procedure Number

WCDHB-FVP-001

Version Nos:

4

8.02 When you are concerned about the child's care, but not to the extent requiring reporting to CYFS then refer to a hospital Social Worker or appropriate community agency to enlist support for the family. (See **Guideline 1** for flowchart for assessing and responding to Actual or Suspected Abuse).

9.00 Death Of A Child/ Sibling

9.01 In the event that a child is brought into the WCDHB Hospital and is deceased on arrival or the child dies in the WCDHB Hospital and the cause of death is suspicious, then an assessment of the safety of any siblings should be urgently undertaken. The most senior Clinician should determine if there are other siblings and if so report to CYFS.

10.00 Family Safety And Security Process

10.01 At times it may be necessary to suppress patient details (refer to WCDHB Domestic Violence Procedure) and or provide secure processes at the time of discharge. (See **Guideline 6** for Supervision options for children in hospital).

10.02 In the case of possible **ABUSE** -

- Document verbatim what is said by child / parent / guardian / caregiver
- Document names of anyone else present and who heard disclosure
- Contact the After-Hours Co-Ordinator or the On-Call Paediatrician/Physician On-call for advice
- If an examination is required the child must be taken to the Paediatric Ward. The examination **MUST NOT** be carried out in the Emergency Department

10.03 In the case of possible **SEXUAL ABUSE** - If sexual abuse is suspected or disclosed:

- **IMMEDIATE** referral to the On-Call Paediatrician (see WCDHB Inpatient Care of Children At Greymouth Hospital Procedure) or the Physician providing paediatric cover
- Document verbatim what the child said
- Document names of anyone else present and who heard disclosure
- Do not have the child eat, drink or shower (if the alleged abuse is recent)
- Keep the child's clothes with him / her (for possible forensic evidence)
- **Do not** interview the child: Remember that too much questioning may reduce the chance of the offender being convicted
- If there are acute symptoms (bleeding, genital pain, and abnormal discharge) the Paediatrician or Physician providing paediatric cover will complete an examination in the Paediatric Unit or ward. The examination **MUST NOT** be carried out in the Emergency Department
- Transfer to Specialist Services in Christchurch are the responsibility of the Police/ CYFS

10.04 Consultation

- Contact and discuss with an experienced colleague or Consultant
- Contact the Paediatrician on call or their delegate
- Contact Police/ Child, Youth and Family Services
- Copy of Referral to Family Violence Intervention Coordinator/Child Protection Coordinator



Child Protection Procedure

Procedure Number

WCDHB-FVP-001

Version Nos:

4

10.05 Notification:

a) N.Z. Police

- If the child has serious or life threatening injuries
- If there is a degree of further serious harm
- Safety of staff
- Risk of flight

b) Paediatrician on call/Physician providing paediatric cover

- **All suspected / alleged Sexual Abuse**
- Where placement safety is not assured and admission is desirable
- Where injury requires ongoing hospital treatment

c) Child Youth and Family

- There is a requirement for all WCDHB staff to notify suspected abuse to Child Youth and Family Services
- Notification is normally undertaken after consultation with the multidisciplinary team
- In the absence of involvement of the Paediatric Department, notification should be made to Child Youth and Family (CFYS) where any other Child protection concerns are considered to exist. Free phone 0508 Family – followed by a faxed referral to 09 914 1211

11.00 Support

11.01 Offer support for ALL suspected victims and family / whanau:

- If the child is Maori or Pacific Island offer to involve culturally appropriate services and support
- In the case of a mental health client involve the Child Adolescent and Mental Health Service (CAMHS)

11.02 Communicate with victim's parents and caregivers:

- There must be an agreed and documented decision on who will be responsible for communication with victims family / whanau
- Do not discuss concerns or child protection actions to be taken if it will place victim and or health provider in danger or without consulting with Paediatrician (see WCDHB Inpatient Care of Children At Greymouth Hospital Procedure), or WCDHB Social Worker.

11.03 Documentation:

- Record only facts and or observations
- Clearly differentiate between what was seen and heard and what was reported or suspected and by whom
- Name of Alleged Perpetrator
- Detail who was present at the time
- Date and time
- Where there has been disclosure, write what was said in quotation marks
- Use body diagrams if possible



Child Protection Procedure

Procedure Number

WCDHB-FVP-001

Version Nos:

4

12.00 Staff Support And Safety

12.01 In any case where staff are experiencing family violence in their personal lives, either as victim or perpetrator, support will be provided via EAP, Social Work Team, Family Violence Response Coordinator. In any case where staff have been involved in the reporting and/or management of abuse or neglect they should seek peer support, debriefing or supervision from an appropriately trained senior colleague. Staff may access support from a senior colleague or EAP services

7. Precautions and Considerations

- ➔ Contact **must** be made with the on-call Paediatrician/ Physician providing paediatric cover as soon as abuse is suspected.
- ➔ Consultants from other clinical teams within the hospital should not manage suspected child abuse cases without input from the Paediatrician (See WCDHB Inpatient Care of Children At Greymouth Hospital Procedure) or Physician providing paediatric cover
- ➔ Ensure the child is maintained in a safe environment
- ➔ The Child must be fully supervised at all times.
- ➔ If the child is admitted they require one-on-one supervision for the first 48 hours. This will allow Child Youth and Family (CYFS) to complete their assessment and allow recommendations in relation to the child's security to be actioned.

8. References

Child, Youth & Family. (2001). – *An interagency Guide to Breaking the cycle. "Let's stop child abuse together"*.

Ministry of Health. (1998). *Family Violence. Guidelines for Health Sector Providers to Develop Practice Protocols*. MOH: Wellington.

Ministry of Health. (2002). *Family Violence Intervention Guidelines. Child and Partner Abuse*. MOH: Wellington

9. Related Documents

- WCDHB Clinical Documentation Procedure
- WCDHB Department Guidelines on Family Violence
- WCDHB Domestic Violence Management and Screening Procedure
- WCDHB Family Violence Risk Assessment/Documentation Form
- WCDHB Informed Consent Procedure
- WCDHB Inpatient Care of Children At Greymouth Hospital Procedure
- WCDHB Tikanga – Best Practice Guidelines



Child Protection Procedure

Procedure Number
WCDHB-FVP-001

Version Nos:
4

Revision History	Version:	4
	Developed By:	Family Violence Co-Ordinator
	Authorised By:	Executive Management team
	Date Authorised:	September 2006
	Date Last Reviewed:	February 2012
	Date Of Next Review:	February 2014



Child Protection Procedure

Procedure Number

WCDHB-FVP-001

Version Nos:

4

10. Guidelines

Guideline 1 Child Abuse Assessment and Response Flowchart

Guideline 2 High Risk Indicators Associated with Child Abuse

Guideline 3 Signs and Symptoms associated with child abuse and neglect

Guideline 4 Responding to disclosure abuse from a child or young person

Guideline 5 Reporting and documenting suspected child abuse and neglect

Guideline 6 Supervision options for children in the Hospital

Guideline 7 CYFS notification fax template

Guideline 8 Advice To WCDHB Child Protection Co-Ordinator of Notification
To CYFS/Police

Guideline 9 Multi Agency Safety Plan

Guideline 10 Relevant Legislation



Child Protection Procedure

Procedure Number

WCDHB-FVP-001

Version Nos:

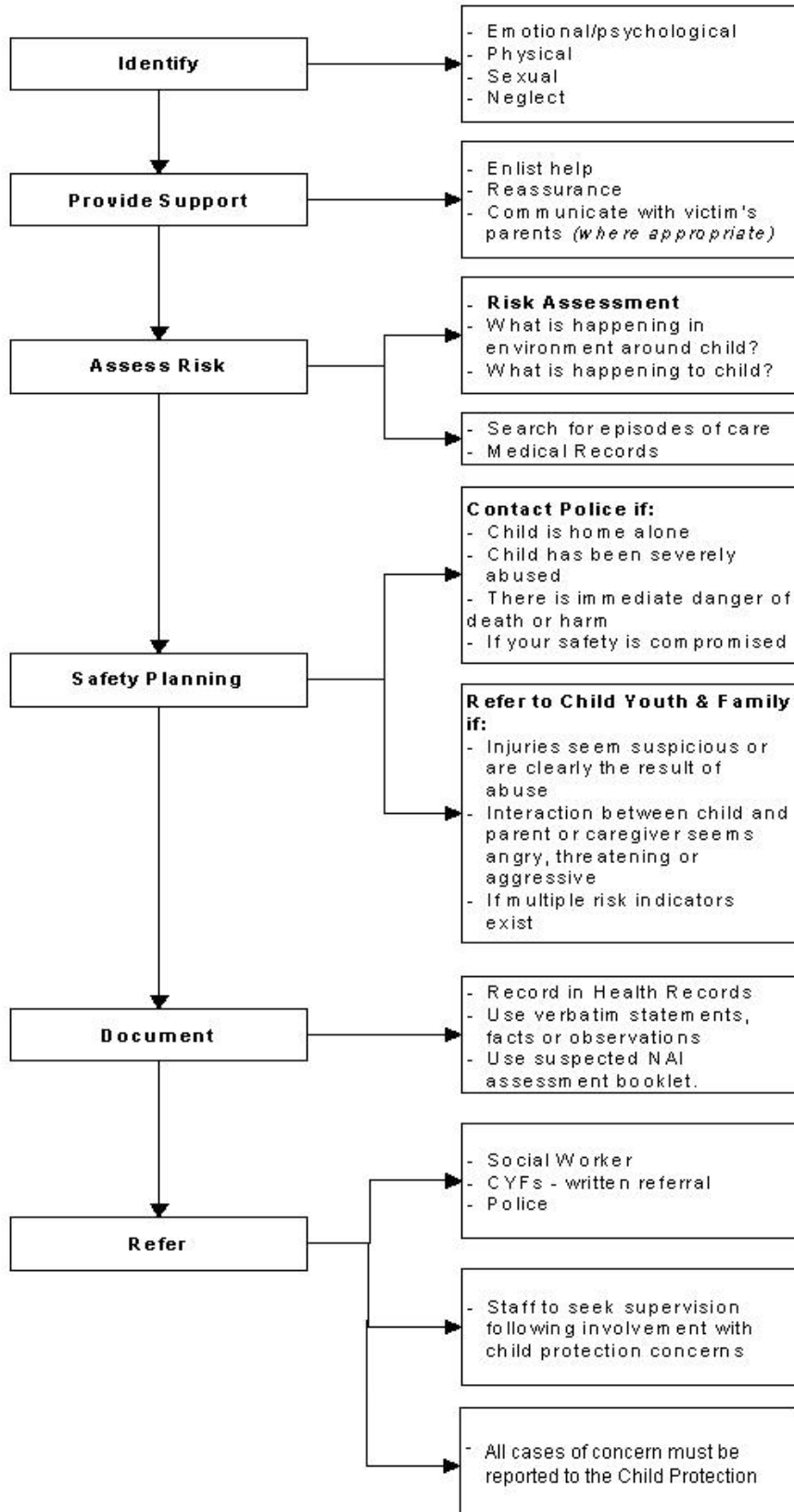
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Guideline 1

Procedure for Responding to Actual or Suspected Abuse





Child Protection Procedure

Procedure Number

WCDHB-FVP-001

Version Nos:

4

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Guideline 2

High Risk Factors Associated with Child Abuse and Neglect

Child characteristics, which may predispose them to be at risk.

- Child with a congenital abnormality, either mental or physical.
- Premature infant or ill newborn that is separated during neo-natal period.
- Colicky or irritable child
- Child who is rigid or non-cuddly.
- Child who is unwanted.
- Child who is not the gender expected/desired by the parents.
- Foster child, adopted child, or step-child
- Child who is intellectually impaired, highly intelligent or hyperactive.
- Child is particularly difficult (or is seen as difficult).

Caregiver's perceptions of a child that may predispose some children at risk

- 'Bad', 'naughty', or 'manipulative'.
- 'Difficult' and unrewarding to care for.
- Unloving or rejecting of parents.
- Resembling a disliked person in appearance, behaviour or temperament.
- A rival for attention or affection that parents themselves desire.

Family factors that may place children at higher risk of abuse.

- Domestic violence is present.
- Parent was abused or seriously neglected as a child.
- Parent has serious mental health problems.
- Parent has had frequent trouble with the law.
- Parent has an alcohol or drug problem.
- Parent has rigid or unrealistic expectations of child.
- Previous abuse towards this or another child.
- Parent has violent temper or outbursts towards things or people.
- Family socially isolated.
- Parents with low self-esteem.
- Parent is a teenager.
- Family suffers from multiple crises.
- Parent administers harsh or unusual punishment.
- Custody/ Access Issues
- Transience- more than 2 moves in the last 12 months
- Avoidance of Contact with Health care providers or family/ whanau support agencies

From: *Child Abuse Indicators: Information for General Practitioners and Community Workers.*
Child and Adolescent Health Services, Taranaki Healthcare (1993, second Edition).



Child Protection Procedure

Procedure Number

WCDHB-FVP-001

Version Nos:

4

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Guideline 3

Signs and Symptoms Associated with Child Abuse and Neglect

The signs, symptoms, and history described below are not diagnostic of abuse. However, in certain situations, contexts and combinations that will raise the practitioner's suspicion of abuse. It is better to refer on suspicion. If you wait for proof serious harm can occur.

History

- History inconsistent with the injury presented.
- Past abuse or family violence.
- Exposure to family violence, pornography, alcohol or drugs.
- Isolation and lack of support.
- Mental illness, including post-natal depression.
- Inappropriate or inconsistent discipline (especially thrashings, or any physical punishment of babies).
- Neglecting the child.
- Delay in seeking help.
- Disclosure by the child.
- Severe social stress.
- Parent/s abused as child/ren.
- Unrealistic expectations of child.
- Terrorising, humiliating, or oppressing.
- Actively avoiding seeking care or shopping around for care (frequent changes of address).

Physical Signs

- Multiple injuries, especially of different ages: bruises, welts, cuts, abrasions.
- Scalds and burns, especially in unusual distributions such as glove and sock patterns.
- Pregnancy
- Genital injuries.
- Sexually transmitted diseases.
- Patterned bruising.
- Apnoeic spells, especially if recurrent.
- Unexplained failure to thrive (FTT).
- Poor hygiene
- Dehydration or malnutrition.
- Fractures, especially in infants or in specific patterns.
- Poisoning, especially if recurrent.

Behavioural and Developmental Signs

- Aggression
- Anxiety
- Obsessions
- Overly responsible behaviour
- Frozen watchfulness
- Sexualised behaviour
- Fear
- Patchy or specific delay: motor, emotional, speech and language, social, cognitive, vision and hearing
- Defiance
- Self-mutilation
- Suicidal thoughts/plans
- Withdrawal from family
- Substance Abuse
- Overall developmental delay, especially if also FTT
- Sadness

From: *Recommended Referral Processes for GP's: Suspected Child Abuse and Neglect*, Ministry of Health, RNZCGPS, NZMA, 2000.



Child Protection Procedure

Procedure Number

WCDHB-FVP-001

Version Nos:

4

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Guideline 4

Responding to disclosure of abuse from a child or young person:

If a child discloses abuse it is vital to respond appropriately to ensure that the child is supported, but also to minimise the risk of damaging a later evidential interview done by the Police and/or CYFS. Use the following guidelines to assist you:

- Don't panic.
- Listen to the child.
- Where possible, **do not** ask any questions. **Never** ask leading questions i.e. "has somebody abused you?", "Did daddy / mummy do this to you?"
- Reassure the child that she/he has done the right thing by telling
- Provide emotional support i.e. Tell the child this is not his/her fault.
- Don't make promises you can't keep, e.g. "this won't happen again" or "I'll keep you safe"
- Talk with the child about what will happen next
- Tell the child that you are going to get her/him some help.
- Do not further interview the child. The disclosure is enough information at this time.
- **Document verbatim** what the child has told you as soon as possible.
- Continue to follow this procedure.



Child Protection Procedure

Procedure Number

WCDHB-FVP-001

Version Nos:

4

This Page Is Deliberately Blank



Guideline 5

Reporting and documenting suspected child abuse and neglect:

- The primary objective is to ensure the current and long-term safety of the child.
- Do not ignore your suspicions.
- Do not act alone. Consult with your senior or other team members.
- Refer to assessment and response Flow Chart – (Guideline 1).
- Record/document. Your notes may be used as evidence in court. It is important to document dates, times, any of the factors (listed above) that indicated abuse or neglect, actions you took, legible signatures and designations. Document verbatim, document promptly.
- Rules of confidentiality still apply. However, under section 16 of the Children, Young Persons and their Families Act you are protected when reporting ill treatment or neglect of a child or young person, to the children & Young Persons Services (CYFS) or the police.
- All care and protection concerns will be referred to the Child Protection Coordinator. A copy of any referrals that have been made must be forwarded to the Child Protection Coordinator (see Guideline 7).
- At any time when care and protection concerns exist, a staff member/ team and or department may consult and seek support from the Child Protection Coordinator.

“No civil, criminal, or disciplinary proceedings shall lie against any person in respect of the disclosure or supply by that person unless the information was disclosed or supplied in bad faith” (S16)

Record/ Document:

- Record/document. Your notes may be used as evidence in court. It is important to document dates, times, any of the factors (listed above) that indicated abuse or neglect, actions you took, legible signatures and designations. Document verbatim, document promptly.
- Stick to the facts and be thorough
- Describe the incident or concern
- Name the alleged perpetrator
- Note the position, shape, size, colour and age of injuries
- Use quotes where relevant
- Use Body Maps if applicable- see below
- Document, where relevant, behaviours of concern of the parent/caregiver/other towards the child
- Document, where relevant, the child’s behaviour both with and without the parent/caregiver/other
- Document, where relevant, any visits/ phone calls from parent/caregiver/other
- Sign with a legible signature and designation
- If referred to a Statutory agency, note the name of the CYFS SW or police officer, as well as any contact arrangements for them



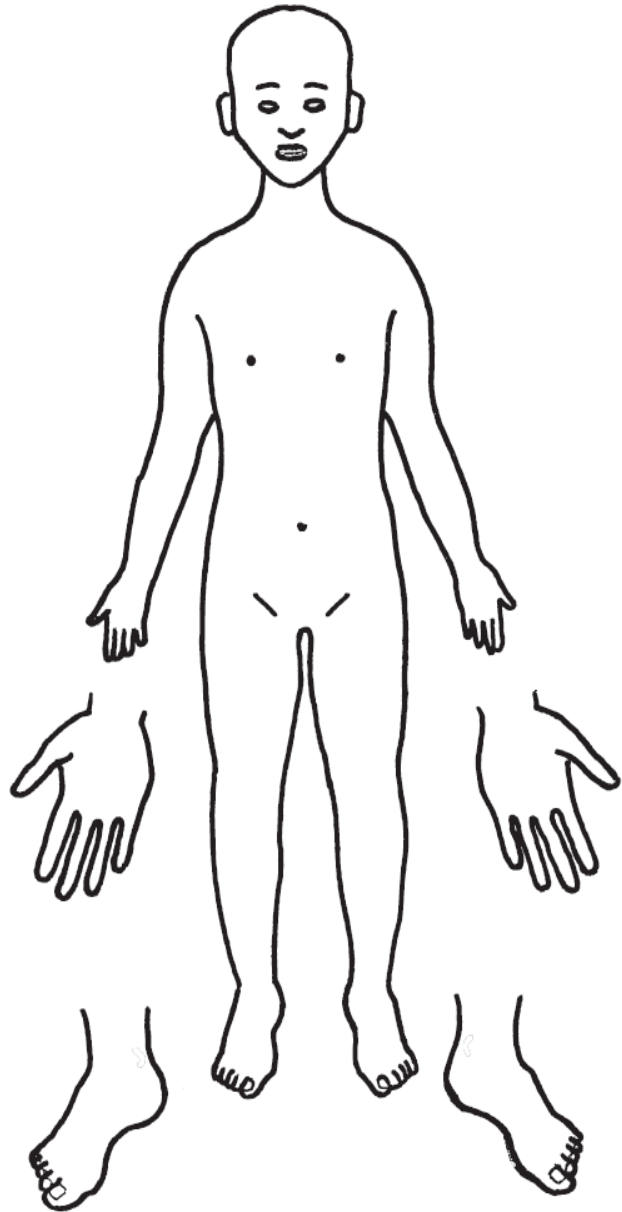
Child Body Map

Measure, describe and show abrasions, lacerations, areas of pain and tenderness, sites of trace evidence, tattoos, scars and birthmarks

Normal (tick)

Abnormal (specify)

- Face
- Eyes
- Nose
- Mouth
- Ears
- Neck
- Shoulders
- Breasts
- Thorax
- Upper Arm
- Lower Arm
- Hands
- Abdomen
- Upper Leg
- Lower Leg
- Feet





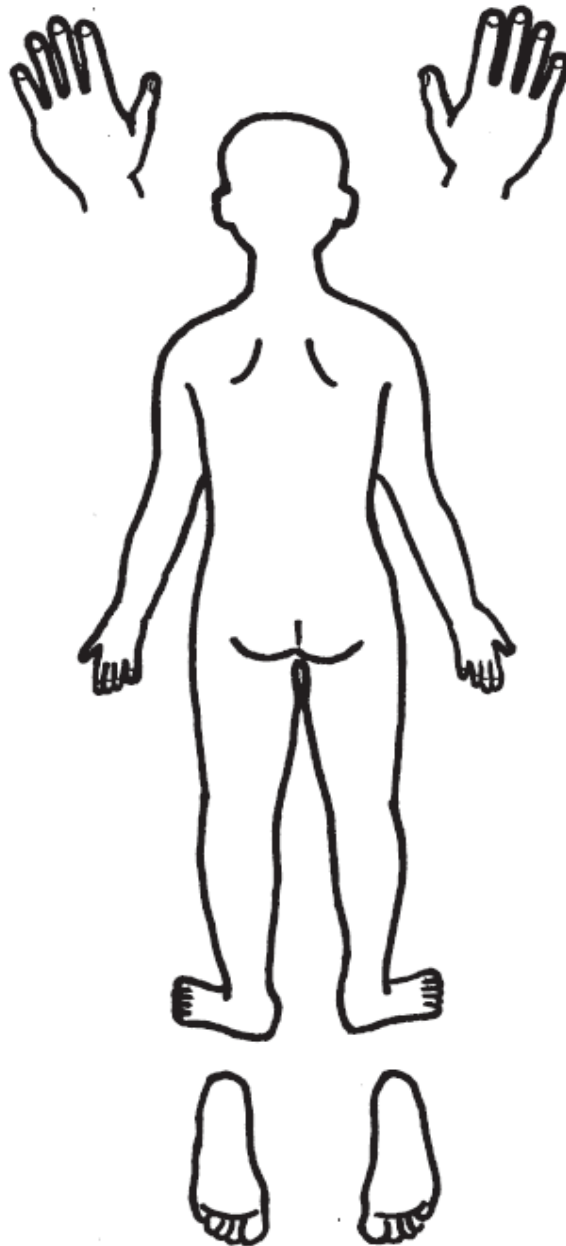
Examination - Back

Measure, describe and show abrasions, lacerations, areas of pain and tenderness, sites of trace evidence, tattoos, scars and birthmarks

Normal (Tick)

Abnormal (Specify)

- Scalp
- Ears
- Neck
- Shoulders
- Back
- Upper Arm
- Lower Arm
- Hands
- Buttocks
- Upper Leg
- Lower Leg
- Feet

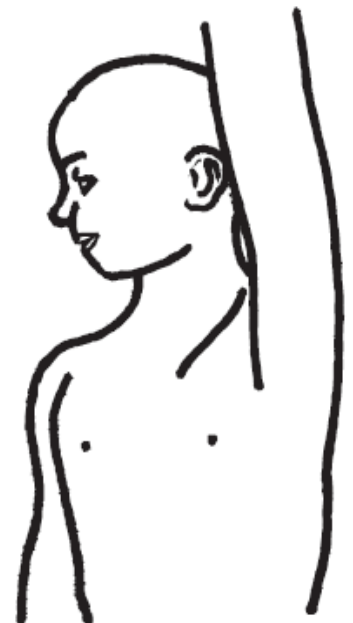




Examination - Other



Jaw and Neck

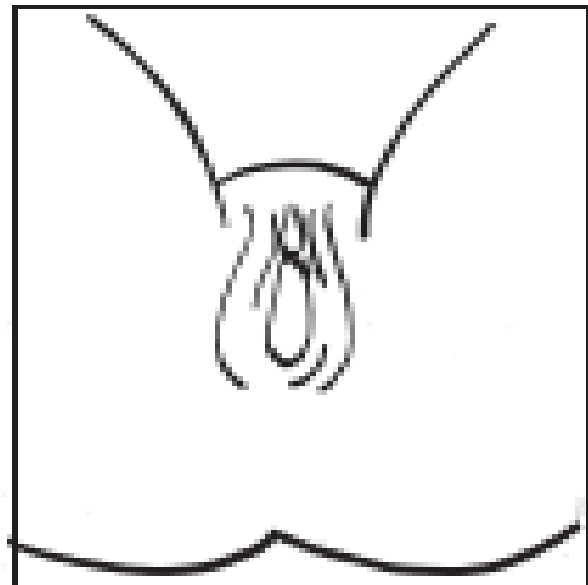
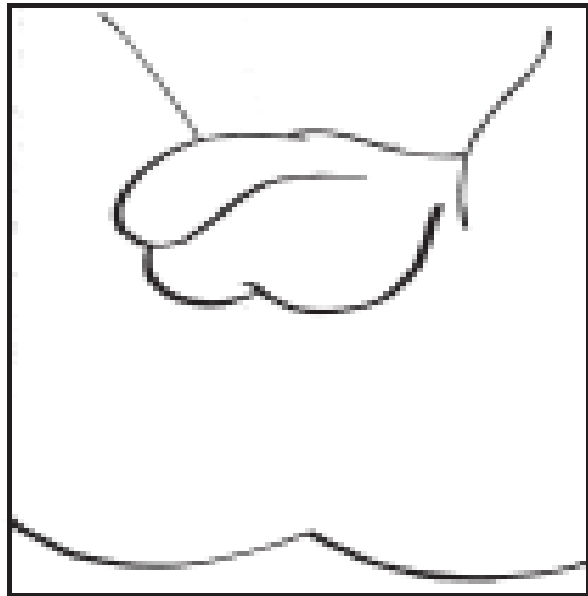




Examination - For medical use only

Genital examination should be performed by Paediatrician or DSAC practitioner only.

Name:	NHI No:
Address:	DOB:
.....	Tel:
Stick patient label here (or fill in if no label available)	





Child Protection Procedure

Procedure Number

WCDHB-FVP-001

Version Nos:

4

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Guideline 6

Table 1: Supervision options for a child admitted with actual or suspected child abuse

	Visits	Supervision
Child admitted to ward, with suspected Non-accidental injury (NAI): Assessment ongoing	Options include: <ul style="list-style-type: none"> ▪ Place child in a site visible to staff ▪ Designated visitors only ▪ Visits supervised ▪ Visitors banned 	If supervision is required: <ul style="list-style-type: none"> ▪ By arrangement with ward staff in consultation with team leader/shift co-ordinator ▪ Responsibility of WCDHB
Child admitted to ward, suspected NAI. Notified to CYFS: Perpetrator identified		
Child admitted to ward, suspected NAI. Notified to CYFS: Perpetrator not identified		
Child admitted to ward, under care of CYFS	The Child Protection Plan (CPP) is communicated to the inpatient Team Leader. Visits are in accordance with the plan.	If supervision is required: <ul style="list-style-type: none"> ▪ By arrangement with ward staff ▪ Responsibility of WCDHB to ensure visits are supervised ▪ Responsibility of CYFS to provide supervision in accordance with CPP ▪ WCDHB should provide supervision in the event that CYFS are unable provide supervisor or the visit should not occur.



Child Protection Procedure

Procedure Number

WCDHB-FVP-001

Version Nos:

4

This Page Is Deliberately Blank



Child Protection Procedure

Procedure Number

WCDHB-FVP-001

Version Nos:

4

Guideline 7 Child Protection Notice Of Concern



child, youth
and family

Tamaiti, te Rangatahi, tae atu ki te Whanau

REPORT OF CONCERN – Health Practitioners

Please make your report by telephone where there are immediate concerns for the safety of a child or young person. (Use this form as a guide in providing verbal information to the intake social worker.)

In an emergency you may also need to contact the Police by calling 111

Telephone: 0508 FAMILY (0508 326-459) or (09) 912-3820

Email: CyfCallCentre@cyf.govt.nz (for professional referrals only)

Fax: (09) 914-1211.

Have you already spoken with an Intake Social worker about this concern? Yes No

Name of Intake Social Worker:

Date/Time of the conversation:

Outcome of the discussion:

PERSON REPORTING THEIR CONCERN

Name:

Designation/Role:

Hospital/Practice/Service:

Address:

Email:

Contact phone #:

Alternate contact person:

Contact phone #:

Date of report:

Time of report:

CHILD/YOUNG PERSON DETAILS (add other names as required)

Surname:

First Name:

Also known as:

NHI number:

DoB:

Age:

Gender:

Expected date of delivery (if antenatal):

Ethnicity:

Iwi:

Hapu:

Home address:

Contact phone number:

Mobile number:

Current location (home, hospital, relatives etc):

Name of school/pre-school:

Contact person:

Primary care provider/GP:

NATURE OF CONCERN

Abuse

Physical

Behaviour/Relationship difficulties

Neglect

Emotional

Exposure to family violence

Sexual

Antenatal Report of Concern

Other:

Source(s) of information (if not personal observation):

PEOPLE INVOLVED IN THE CARE OF THE CHILD/YOUNG PERSON

Name	Relationship to child	Address	Contact details (phone/mobile)	Living at home?
				Yes/No
				Yes/No
				Yes/No
				Yes/No
				Yes/No

(include mother, father, caregiver(s) and other important family members)

Who is the primary caregiver?

Siblings (include half siblings)

Name	Relationship	Gender	Age/DoB	Living at home?	Safety concerns?
	Full / Half	M / F		Yes/No	Yes/No
	Full / Half	M / F		Yes/No	Yes/No
	Full / Half	M / F		Yes/No	Yes/No
	Full / Half	M / F		Yes/No	Yes/No
	Full / Half	M / F		Yes/No	Yes/No

AGENCIES INVOLVED WITH THE CHILD/YOUNG PERSON OR FAMILY (past or present)

- | | | |
|--|--|--|
| Specialist Child Health <input type="checkbox"/> | Child, Youth and Family <input type="checkbox"/> | Iwi/Maori Social Services <input type="checkbox"/> |
| Public Health Nursing <input type="checkbox"/> | Work and Income <input type="checkbox"/> | Pacific Peoples Social Services <input type="checkbox"/> |
| Plunket/Well Child <input type="checkbox"/> | Special Education <input type="checkbox"/> | Open Home Foundation <input type="checkbox"/> |
| General Practice <input type="checkbox"/> | Disability Support <input type="checkbox"/> | Family Start <input type="checkbox"/> |
| Mental Health <input type="checkbox"/> | Police <input type="checkbox"/> | Barnados <input type="checkbox"/> |
| Lead Maternity Carer <input type="checkbox"/> | | |

Agency	Contact	Role	Contact details (phone/mobile)

Has CYF previously been involved with the child/young person or the family? Yes No
 Details:

REASON FOR REPORT OF CONCERN

History and physical findings/injuries (*Use body diagram sheet to illustrate injuries*)

Circumstances, date, time and place of event or events:

Who was involved in the event(s) and what is their relationship to the child?

Do they have ongoing access? Yes No
 Have these events occurred previously? Yes No
 Other contributing factors
 What is your main concern/risks for the child or young person?

BACKGROUND HEALTH AND SOCIAL INFORMATION

What strengths or resources support the family? (eg positive aspects of child/parental relationship)

Health Issues for the child or young person

Chronic ill-health Substance Use Social Isolation
 Disabilities Criminal History Suicide Risk
 Developmental Aggression
 Mental Illness Truancy

Family health or social issues that impact on this child/young person

Family Violence Disabilities Physical hazards (guns, dogs)
 Mental Illness Transience Parents abused as children
 Substance Use Aggression Perception of the child
 Family stress Criminal History Low parental age
 Social Isolation Avoiding health/social engagement

Other:

What ongoing involvement are you planning with the child or family?

Why do you believe CYF is the most appropriate referral agency?

ANTICIPATED OUTCOMES OF THIS REPORT

Have you informed the family that your concern is being reported to CYF? Yes No

What was their reaction? What is their likely response to contact from a social worker?

Are interpreting services likely to be required? Yes No

Primary language

What do you expect to happen as a consequence of this Report of Concern?

DISCLOSURE OF NOTIFIER DETAILS:

I wish as far as legally possible for my identity to remain confidential Yes No

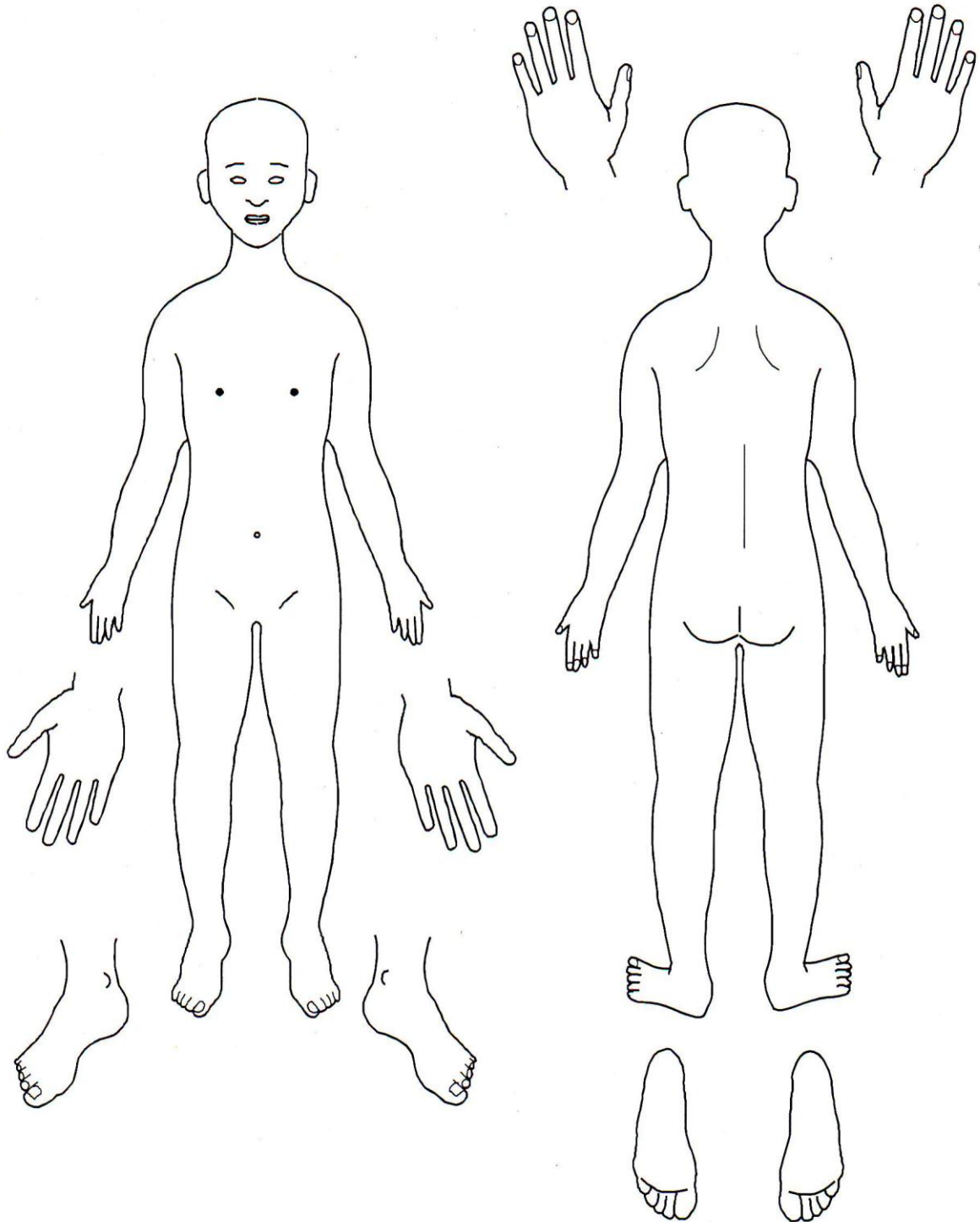
Please explain the reason for your desire to maintain confidentiality:

SIGNED:

DATE:

Name of Child/Young Person:

Date of Birth:



Used with permission from Dr Patrick Kelly, Director, Te Puaruru, Starship Children's Hospital.



Child Protection Procedure

Procedure Number

WCDHB-FVP-001

Version Nos:

4

Guideline 8 Advice To WCDHB Child Protection Co-Ordinator Of Notification To CYFS/Police



Child Protection Procedure

Procedure Number

WCDHB-FVP-001

Version Nos:

4

Advice To WCDHB Child Protection Co-Ordinator of Notification To CYFS/Police

Patient Label

Names of siblings also at risk:

Type of abuse (tick any categories)

Physical Sexual Emotional Neglect Other _____

Details of staff making notification

Name _____ Designation _____ Ward/Service _____

Signature _____ Date _____

Do you think a child protection alert on the child's file would be beneficial ? Yes No

If you answered, "Yes" the Child Protection Co-Ordinator will contact you to obtain further details

NOTE: Consultation should occur **at least once** during the child protection intervention process. The following staff are available to help you with this process:

- Child protection coordinator
- Family violence intervention coordinator
- Senior colleague
- Paediatrician

It is important that staff seek support for themselves following any involvement with child abuse concerns. This is available through any of the above personnel, the staff counsellor and supervision.

Please detach this Form and forward by internal mail to:

Child Protection Coordinator
Tara Adams, Community Services, Grey Base Hospital.
Phone: 03 768 0499 Ext 2652, Fax: 03 769 7793
Email: tara.adams@westcoastdhd@health.nz



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Procedure Number

WCDHB-FVP-001

Version Nos:

4

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4

Guideline 9 Multi Agency Safety Plan

Multi-Agency Safety Plan

Child's Details

Name: _____ CYF Status _____

Date of Birth: _____ Date _____ NHI # _____

Admission Date: _____ Date _____

Anticipated Discharge Date: _____ Date _____

Safety Plan Creation Date: _____ Date _____ Safety Plan Review Date: _____ Date _____

People Involved in Developing the Safety Plan

Person's Name	Agency	Role	Contact Details

Key Contact People after Discharge

	Person's Name	Role	Contact Details
Family/Whanau (1)			
Family/Whanau (2)			
Child, Youth and Family			
DHB			
NGO.....(1)			
NGO.....(2)			
Police			
Paediatrician			
General Practitioner			
Well Child Provider			
Lead Maternity Carer			
ACC			
Caregiver			

Safety Issues for the Child

What are the safety issues for this child?

From whom is protection required and what is their relationship to the child?

Meeting the Safety Needs of the Child and siblings / other children

How will the safety issues be addressed?

What safety arrangements are already in place (*eg Protection Orders*)?

What additional safety measures are required (*eg Place of Safety Warrant and a Protection Order*)?

How will supervision and contact (*with family and others*) be monitored?

How are the risks to siblings and other children living in the home being addressed?

Name of sibling / other child in home	How is safety being addressed	By Whom

Addressing the child's emotional needs and access provisions

What are the needs of this child for access to parents / family (for example, breastfeeding considerations, access to siblings) and emotional support?

How will this access and emotional support be provided?

Who is responsible for organising and monitoring this?

Addressing the Child's Health and Rehabilitation Needs

What are the child's health and rehabilitation issues?

Diagnosis or Concern	Service required	By Whom	Frequency and duration of service

Include the roles and responsibilities of the family and other agencies

Is this an ACC case? Y/N Has an ACC45 form been completed? Y/N ACC number

Are ACC involved in rehabilitation planning? Y/N

Any there any barriers to providing these services?

What is the expected length of stay in hospital? *days*

Care After Discharge

Who will the primary caregiver be after discharge? (*include legal arrangements eg S139, if necessary*)

Where will care be provided? (*Include address and contact details*)

How will this be facilitated? (*Is a caregiver assessment needed or other applications such as Work and Income Unsupported Child Benefit*)

Other Support / Assistance Needed

Support/assistance required	By Whom	How the support is to be provided	Frequency and duration

Include all health and rehabilitation needs after discharge and support to the family

Other Arrangements for Care, Safety and Support

Monitoring the Plan

Who is responsible for monitoring the plan? (*eg CYF social worker, nominated NGO, family/whanau*)

How will monitoring occur? (*who, when, how- include how those making the plan will be kept informed*)

What will happen if the plan breaks down?

Reviewing the Plan

How will the plan be reviewed (*eg. meeting, email*) and who will be involved in the review?

Who will be responsible for co-ordinating the review?



Guideline 10 Relevant Legislation

CHILDREN, YOUNG PERSONS AND THEIR FAMILIES ACT

S15 Reporting of ill treatment or neglect of child or young person

Any person who believes that any child or young person has been, or is likely to be, harmed (whether physically, emotionally, or sexually), ill-treated, abused, neglected, or deprived may report the matter to a social worker or a member of the police.

S16 Protection of person reporting ill treatment or neglect of child or young person

No civil, criminal, or disciplinary proceedings shall lie against any person in respect of the disclosure or supply, or the manner of the disclosure or supply, by that person pursuant to section 15 of this Act of information concerning a child or young person (whether or not that information also concerns any other person), unless the information was disclosed or supplied in bad faith.

S66 Government Departments may be required to supply information

(1) Every Government Department, agent, or instrument of the Crown and every statutory body shall, when required, supply to every Care and Protection Co-ordinator, social worker, or member of the police such information as it has in its possession relating to any child or young person where that information is required -

- (a) For the purposes of determining whether that child or young person is in need of care or protection (other than on the ground specified in section 14 (1)(e) of this Act): or
- (b) For the purposes of proceedings under this part of this Act.

PRIVACY ACT

Principle 11 (f) (ii)

An agency may disclose information if that agency believes, on reasonable grounds that the disclosure of the information is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or another individual

HEALTH INFORMATION PRIVACY CODE

Rule 11 subsection 2 (d) (ii)

An agency that holds personal information must not disclose the information to a person or body or agency unless – the disclosure of that information is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or another individual

HEALTH ACT 1956

Section 22 (2) (c) Disclosure of health Information

Any person being an agency, that provides health services or disability services...may disclose health information... to a social worker or a Care and Protection Co-ordinator within the meaning of the Children Young Persons and their Families Act (1989), for the purposes of exercising or performing any of that person's powers under that Act.

CRIMES ACT 1961

Inform the police if you have information relating to crimes such as the following:

“...homicide, sexual abuse, any assault on a child under the age of 16 years, or any assault on any person where that person has sustained some serious wound, disfigurement, grievous bodily harm or serious injury or circumstances of the injury indicate that Police intervention is necessary for the further protections of the victim or any other offence included in Part 8 of the crimes Act (Sections 151-210)

Failure to provide the necessities of life, abandonment, cruelty and abduction are offences in relation to children”

NOTE: Always seek advice prior to release of information (*refer to WCDHB Management Of Personal Health Information Manual in the first instance and/or the Risk Manager*).