

## CHILD PROTECTION POLICY

### Purpose

This policy will provide direction for Tararua Health Group staff to identify and respond appropriately to potential child protection concerns, including actual or suspected child abuse and/or neglect.

### Scope

All Tararua Health Group Staff / Employees  
Locum General Practitioners  
Locum Midwives  
Medical Students  
Student Midwives and Student Nurses  
Contractors working on site in THG patient areas

### Background

Tararua Health Group (THG) acknowledges that there is a variety of legislation that governs the compliance of this policy, including the following;

- Child, Young Persons and Their Families Act 1989
- Vulnerable Children's Act 2014
- Crimes Amendment Act 2011
- Privacy Act
- Health Information Privacy Code
- Health Act 1956

THG is obliged under its contracts with MidCentral District Health Board and the Central Primary Health Organisation as well as to comply with the above legislation to have a Child Protection Policy and to ensure worker safety checks are performed on new and existing staff.

THG's clinical staff according to the VCA, are classified as Core workers and the general hospital staff, cleaners, administration and reception staff are classified as Non-core workers.

THG has identified two key criteria to guide the implementation of this policy

1. All THG staff have a legal duty to take steps to protect children
2. THG defines a child as up to the age of 18 years of age

See Appendix 5: For details about Legislation

Following a restructure in April 2017 the Child, Youth and Family Services (CYFS) name was changed to 'Oranga Tamariki Ministry for Vulnerable Children'.

### Definitions

THG -	Tararua Health Group
CYF -	Child Youth and Family
OTMVC -	Oranga Tamariki Ministry for Vulnerable Children
VCA -	Vulnerable Children's Act
MCDHB -	Mid Central District Health Board

Disclosure - When a child or young person talks about things / events that indicate abuse (sometimes called an allegation)

See Appendix 4: For Glossary of Terms. This contained more detailed explanations of types of abuse

## **Policy**

- Tararua Health Group is committed to the prevention of abuse and to the well-being of children, young people, vulnerable adults and their families.
- THG staff will be alert to the signs and symptoms of neglect / or abuse.
- All THG staff are responsible for identifying and responding to any concerns about a child
- THG staff will know how to manage abuse / suspected abuse or a disclosure of abuse in an appropriate and timely fashion that will comply with all relevant legislation:

### **Recognise – Respond – Refer**

- THG staff must report actual, potential or suspected child abuse/neglect to Oranga Tamariki (OTMVC). This includes situations where child abuse/neglect is disclosed in the absence of the child.
- THG staff will take appropriate action to protect the wellbeing and safety of children and young people.
- THG will assign a designated person/s for the coordination of child protection issues or concerns.
- THG will ensure that the designated person /s will receive adequate and ongoing training related to Child Protection and Identifying Child Abuse and Neglect
- THG is committed to maintaining and increasing staff awareness of how to recognise and respond to abuse through appropriate training. See Appendix Nine for THG Staff Training Matrix
- New staff will be made aware of the THG Child Protection Policy as part of their orientation. All THG staff are to recognise and be sensitive to all cultures.
- The THG Child Protection Policy will be reviewed every three years.
- The THG Child Protection Policy will be accessible on the THG website.
- THG will report on their Child Protection Policy as required, to MidCentral DHB.

### **Safer Recruitment**

- THG commits to child protection by including comprehensive screening and vetting procedures for all new staff, including worker safety checks as required under the VCA. THG will undertake police checks, as well as checking qualifications and references with previous employers and /or agencies.
- Each Worker Safety Check will be repeated within 3 years of the previous one.
- Any allegations against staff will be managed / investigated expediently by the staff member's manager and THG CEO in accordance with Personal Conduct and Disciplinary Procedure in the staff member's individual employment agreement.

### **THG Designated Child Protection Team Role and Responsibilities**

- Being a source of advice and support for staff who may have child protection concerns
- Ensure staff have received child protection training and new staff are up to date with THG Child Protection policy
- Involved in reviewing the THG Child Protection Policy
- Liaise with and refer to appropriate community groups, OTMVC, secondary care and /or police



- Keep a record of child protection issues, events, reports of concern that have required input or guidance.
- To report on child protection matters and statistics to senior management and MCDHB quarterly

## Procedure

### **Recognise**

#### **Step One: Identifying child abuse and neglect**

- Child abuse and neglect may be identified in a number of ways:
  - Disclosure (by a child, young person or adult)
  - Recognition of signs and symptoms
  - Recognition of risk indicators
- The presence of risk factors does not mean abuse/neglect has occurred, but it increases the likelihood of abuse/neglect occurring. The identification of risk is therefore an important aspect of identifying child protection concerns.
- Front line and clinical 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.
- A 'watch closely alert' on a child's Medtech record indicates that there may be some suspicion about an injury or event. It is placed on the record to alert clinician's to look for patterns, unexplained injuries.
- Signs, symptoms and history as described in this policy are not diagnostic of abuse or neglect. However in certain situations, contexts and combinations they will raise suspicion of abuse/neglect. It is better to refer / consult on suspicion. If you wait for proof, serious harm could occur.
- **Every situation is different and it is important for staff to consider all available information about the child and their environment before reaching conclusions. For example behavioural changes may be the result of life events, such as divorce, accidental injury, or even the arrival of a new sibling.**
- If a child or young person presents to a THG site intoxicated to the degree that hospital treatment is required, consider a referral to OTMVC, particularly for minors.
- If a child under the age of consent (16 years of age) presents to the Practice or Youth Clinic requesting the Emergency Contraceptive Pill discuss issues of consent-ability and then review with GP.

### **Respond**

#### **Step two: Support and Management**

##### **Responding to a disclosure of abuse from a child**

- Disclosures of abuse may be made by the victim or another person such as a sibling, parent or caregiver.
- If a child discloses abuse, listen. Tell them that no one deserves to be hurt and that it is not their fault.
- Do not over react. Let them know you are glad they told you. A child's initial disclosure of abuse is a critical moment. He or she will be monitoring your reaction.
- Let the child know you will help them.
- Ensure the child's immediate safety. Try not to alert abuser. Seek advice and support.
- Avoid in depth questioning or leading questions but assess safety by asking open ended questions, such as:
  - "Who did this?"
  - "When did this happen?"
  - "Where did this happen?"
- Allow the child to tell only as much as they want to. Take note of what the child has actually told you and document down what it was the child actually said.
- Discuss that you will need to seek help for them and for their family or caregivers



- Consult with the patients GP if possible or consult with another THG GP
- Refer to a THG Child Protection Designated Person for guidance
- Do not act alone
- Document everything
- Complete a report of concern referral to Oranga Tamariki – Ministry for Vulnerable Children on Fax: 09 914 1211 or email referral to [contact@mvot.govt.nz](mailto:contact@mvot.govt.nz) . This form is located on the THG intranet

#### **Responding to a Concern or Suspicion of Abuse / Neglect:**

- If a staff member has a concern / suspicion without any evidence that abuse / neglect has occurred or the child has sustained a non-accidental injury they must always consult with their team leader, line manager and GP and document in the child's clinical record on Medtech.
- Do not ignore your suspicions. Do not act alone.
- Consult with senior staff / team members and GP
- The primary aim is to ensure the current and long term safety of the child
- If appropriate discuss concerns with family / whanau and let them know your plan to contact OTMVC. Informing parents / caregivers of a referral to the Police or OTMVC should be managed with consideration to the safety of the child, staff and other family members  
DO NOT inform the caregivers unless it is safe to do so.  
Informing the client / caregivers of a referral should be undertaken in a safe environment for both staff and the child, parents, caregivers.  
If making a referral to OTMVC or report of concern to OTMVC – notify the child's GP
- If a staff member has a concern / suspicion ring obtain advice from OT. Call to discuss any concerns or ask any questions on phone: 0508 326 459 (0508 FAMILY).
- Complete a report of concern referral to Oranga Tamariki Ministry for Vulnerable Children on Fax: 09 914 1211 or email referral to [contact@mvot.govt.nz](mailto:contact@mvot.govt.nz) . The report of concern form is located on THG intranet
- Only a GP can apply a 'watch closely alert' to the child's Medtech record following discussion of staff concerns. Full documentation is required to alert others to the situation with the notation of 'watch closely' recorded in the child clinical record.
- Document every discussion in full.

#### **Step three: Risk Assessment**

##### **Assess the risk:**

What is happening in the environment around the child?

What is happening to the child?

- What is the nature of the actual/suspected/abuse? E.g. hit, kicked, not fed
- Details of how, what, where, when, who saw it happen
- What is the trend (increasing, decreasing, static)?
- Are there other environmental factors that increase the risk (e.g. domestic violence, parental drug and alcohol use, family actively avoiding supportive agencies)?
- Has there been any previous CYFS / OTMVC or police involvement?
- What supports are in place to keep the child safe?
- Assess safety of siblings within household
- Are adequate protectors available (e.g. an adult who will keep the child safe; family and/or other support people involved with child)
- What is the child's ability to protect him / herself?
- Vulnerability of the child e.g. access to child by perpetrator
- Review all previous episodes of care provided by THG. Is there a 'watch closely' alert?



- Identify other agencies involved with the family
- Document all information
- Do not interview child further
- Consider risk of self-harm or suicide
- Assess for co-occurrence of domestic violence. If child abuse is suspected assess the parent / caregiver for domestic violence. Do not ask about domestic violence if another adult or child over the age of three is present
- Consider developmental age of child
- Continue to consult

### **Red Flags**

- Uncorroborated history
- A discrepancy between the history and the injury
- History of repeated trauma
- Delay in seeking medical advice
- Inappropriate parental response
- Sudden change in child's behaviour
- Unusual child / parent interaction
- Physical injuries on both sides of the body

### **Refer**

#### **Step four: Safety Planning / Intervention**

When a child presents to the GP Practice with known / disclosed or suspected abuse:

- First ensure child safety
- Ensure safety planning includes collaboration with relevant primary health care providers, OTMVC and police where relevant
- Refer to a Paediatrician at Palmerston North Hospital.
- Record all injuries on Body Map form – located on the THG intranet.
- Any child with obvious injuries from abuse will be sent to MCH secondary care for full assessment
- After hours any child with suspicious injuries will be sent to MCH secondary care for full assessment

#### **Report to **Oranga Tamariki Ministry for Vulnerable Children (OT)** if the child has:**

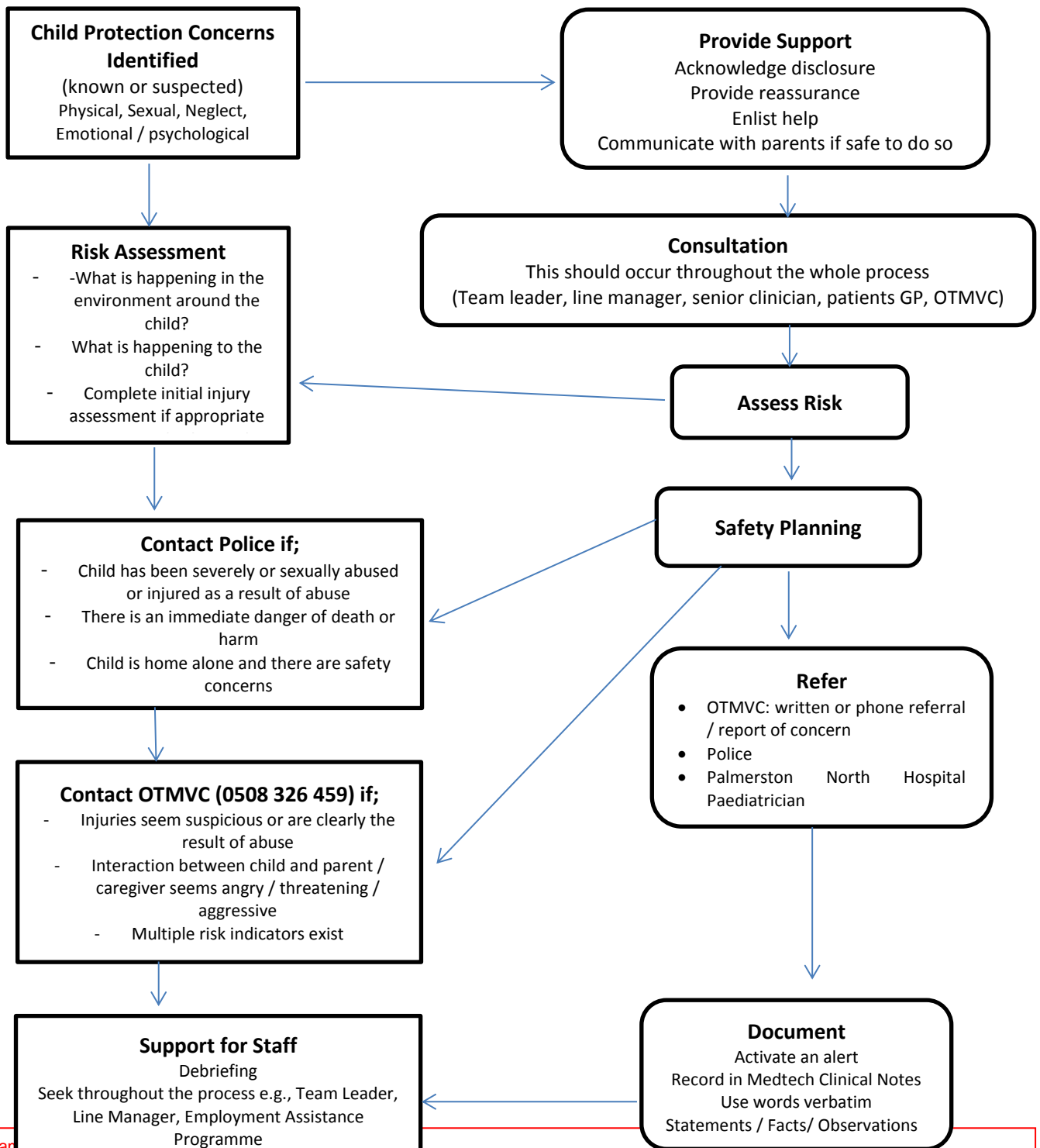
- Injuries that seem suspicious or are clearly the result of abuse
- There has been disclosure of abuse by the child or another person about the child (i.e. older sibling, parent and caregiver)
- Interaction between the child and parent or caregiver seems threatening or aggressive
- Child states that 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, alcohol or drug use by caregivers).
- In the event of sexual abuse assess need for urgent forensic review – if sexual abuse has occurred within 72 hours

#### **Keep child safe and report to Police if:**

- The child has been severely abused and/or sexually abused
- There is known or suspected non-accidental injury
- There is immediate danger of death or harm.
- The environment to which the child will return to is unsafe
- Abuse has occurred and is likely to escalate or recur

- The child/ren is/are home alone and there are safety concerns (i.e. because the age of the child, the ability of the child to protect him/herself or parent cannot be located)
- Your safety is compromised

## CHILD PROTECTION FLOW CHART







### Step five: Documentation

Clinical notes may be used as evidence in court. It is important to document the following;

- Record facts and / or observations / date /time
- Any of the factors that indicated abuse or neglect.
- Clearly differentiate between what was seen and heard and what was reported or suspected and by whom
- Detail who was present at the time
- Where there has been a disclosure, write what was said in quotation marks (verbatim)
- Describe the incident or concern
- Stick to the facts and be thorough
- Name the alleged perpetrator, if known
- A 'Childs Body Diagram' can be used to record injuries – print this form from the THG Intranet Home Page in the left hand list of documents under Child Protection and complete. Once completed if sending the body diagram together with a referral to secondary care or accompanying the **OT** Report of Concern form (also found on THG Intranet home page as above) ensure a copy is scanned onto the child's THG electronic health record.
- Note the position, shape, size, colour and age of injuries
- Any behaviours of concern of parent/ caregiver/ other towards the child
- The child's behaviour both with and without the parent / caregiver / other
- What actions have been taken
- In describing a wound consider the following features:
  - Site
  - Size
  - Shape
  - Surrounds
  - Colour
  - Contours
  - Course
  - Contents
  - Age
  - Borders
  - Classification
  - Depth

### Ensure descriptions are consistent with the following definitions.

- **Abrasion** a superficial scraping injury of the body surface with or without bleeding
- **Bruise** Leakage of blood from blood vessels discolouring the tissues of the body
- **Incision** A cutting type injury that severs tissues in a clean and generally regular fashion
- **Laceration** A tear or split in the tissues

All descriptions of wounds should be made by reference to the subject in the standard anatomical positions. With the use of terms such as Superior, Inferior, Anterior and Posterior that should refer to the subject in standard anatomical position.

The measured position of wounds on the body should be located by reference to fixed bony landmarks,

The accurate classification of a wound type has major significance for determining causation.

An accurate assessment should assist in developing a good understanding of the events which caused the injury.



**Record all observable bodily injuries on Body Map Document located on THG Intranet. Appendix 3.**

### **Step six: Reporting or Referral**

- Staff who identify child protection concerns should consult with:
  - Phone the police – in the first instance if there is an immediate safety issue
  - Their team leader or a senior member of staff, the patients GP if possible or another THG GP
  - Paediatrician at Palmerston North Hospital
  - Oranga Tamariki Ministry of Vulnerable Children
- To make a Report of Concern Referral to Oranga Tamariki – form on THG intranet
  - Local Dannevirke OTMVC office: 16 Allardice Street. Phone 06 901 4760
  - Local Dannevirke OTMVC Social Worker: Phone: 029 6501737 or 06 901 4768 or the local OTMVC Supervisor Phone: 06 901 4767
  - Phone: 0508 FAMILY (0508 326 459)
  - Fax: 09 914 1211
  - Email: [contact@mvot.govt.nz](mailto:contact@mvot.govt.nz)
- Police referral – Phone: 1-111 if there is an immediate danger
  - Dannevirke Police Station. Gordon Street Phone: 06 374 4500
  - Pahiatua Police Station. 15 Main Street Phone: 06 376 0130
- MidCentral Health DHB
  - Maternal Health Social Worker: Phone: 06 350 8388 DD
  - Mid Central Health Paediatrician

### **Staff Safety**

In the first instance, if staff physical safety is threatened at any time call Police and / or security. If available press the panic button on the security remote.

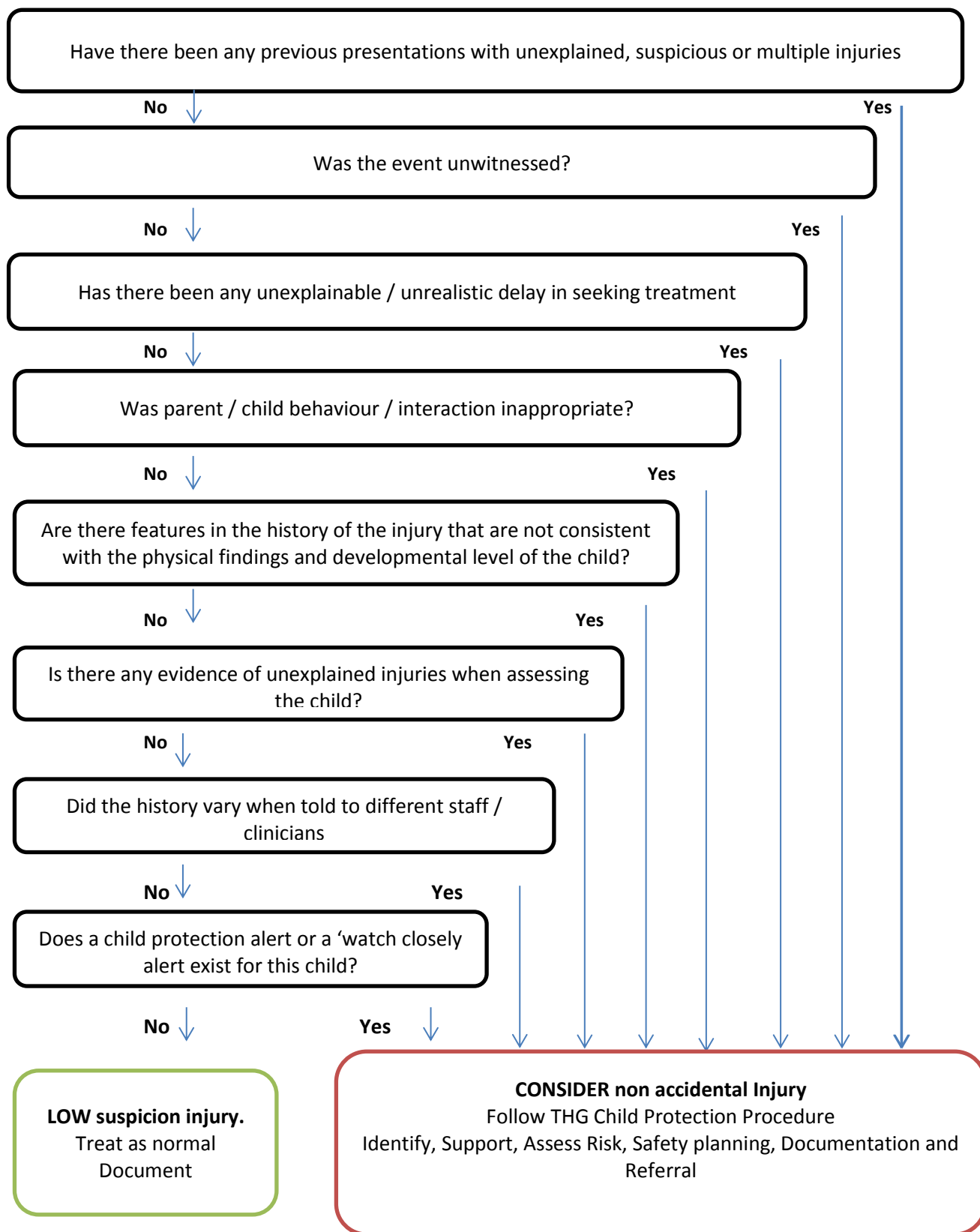
To alert other staff members by pressing Control F1 on the computer key-board when in Medtech, this brings an “assistance required” alert comes to all staff on Medtech and staff will come to room to assist.

### **Staff Support**

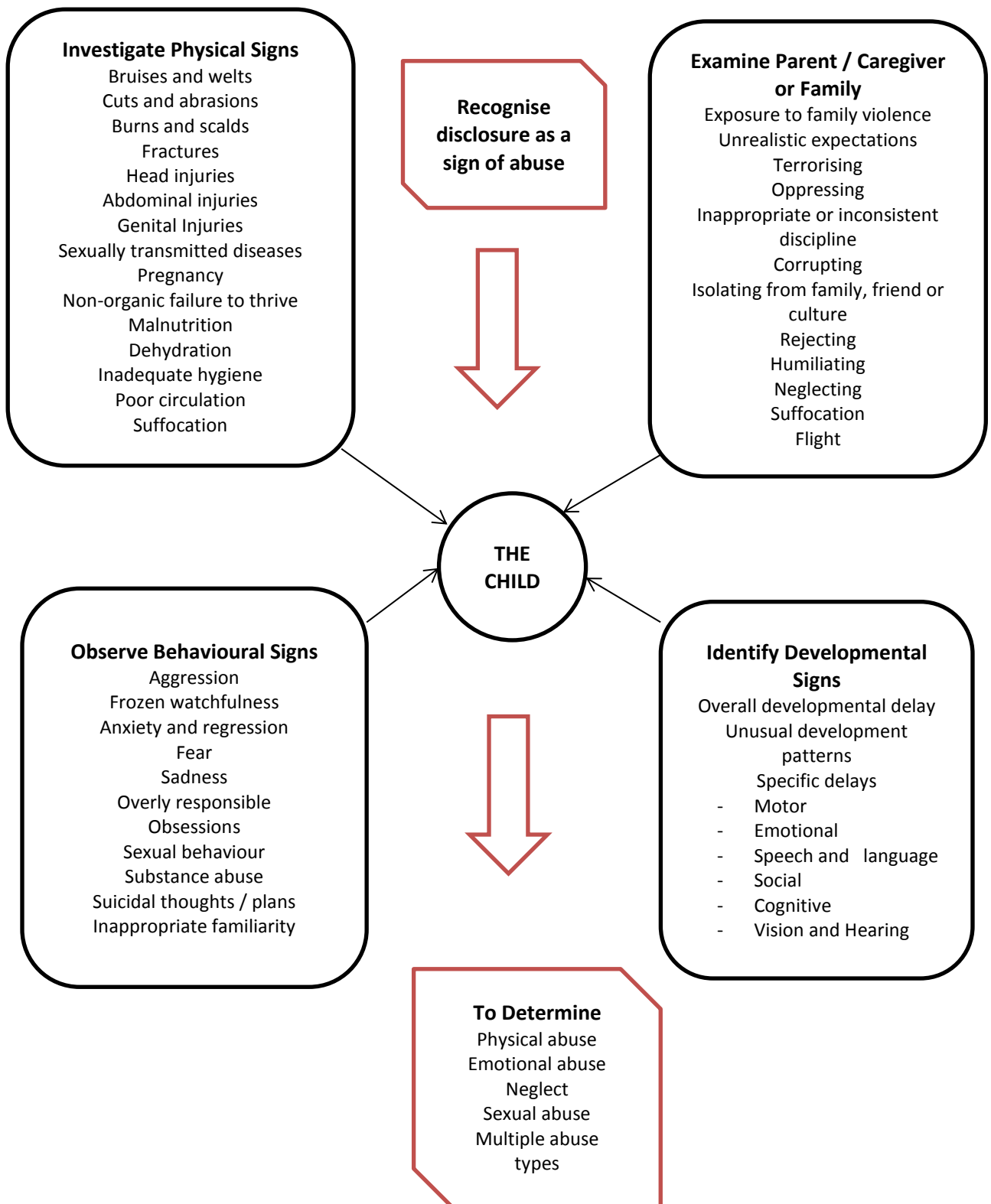
Child protection is a sensitive area of work. In any case where staff have been involved in the reporting and / or management of abuse and / or neglect they should seek debriefing, supervision or counselling from an appropriate person. This may include but it not limited to:

- One to one debriefing with another member of staff i.e. team leader, line manager, privacy officer or GP
- Team Debriefing. A more structured and organised reflection and debriefing of scenario
- External Counselling Services i.e. Employment Assistance Programme (EAP). Request this via your team leader who contacts EAP 0800 327 669 and provides an order number. EAP will provide a file number to employer / manager and the file number is given to employee who quotes that number when they contact EAP to arrange counselling sessions privately.

## APPENDIX ONE: PAEDIATRIC INJURY ASSESSMENT FLOW CHART



## APPENDIX TWO: RECOGNISING SIGNS OF ABUSE AND/OR NEGLECT FLOW CHART



## APPENDIX FOUR: GLOSSARY OF TERMS

Child Abuse -	The harming (whether physically, emotionally or sexually), ill treatment, abuse, neglect or deprivation of any child or young person
Physical Abuse -	Any act or acts that may result in physical harm to a child or young person. It includes injuries which are caused by excessive punishment. Such injuries may be deliberately inflicted or the unintentional result of rage, regardless of motivation, the result for the child is child abuse. It may include bruises, welts, cuts, abrasions, fractures, sprains, head injuries, internal injuries, strangulation, suffocation, drowning, burns/scalds and poisoning including ingestion of alcohol and other drugs and fabricated or induced illness. There is a high rate of co-occurrence between intimate partner violence and the physical abuse of children.
Sexual Abuse -	Any act or acts that result in the sexual exploitation of a child or young person, whether consensual or not. It includes sexual involvement of children/adolescents with an adult or older child, and also includes children being exposed to pornography.  Sexual abuse can be, but it not limited to: <ul style="list-style-type: none"> <li>• 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 acts on the perpetrator or another, involvement of the child in activities for the purposes of pornography or prostitution</li> <li>• Non-contact abuse: exhibitionism, voyeurism, exposure to pornographic or sexual imagery, inappropriate photography or depictions of sexual or suggestive behaviours or comments</li> </ul>
Child Neglect -	Is the failure to provide basic necessities of life (food, shelter, clothing), as well as emotional security, medical care, supervision, education. It is any act that can result in impaired physical functioning, injury or development of a child or young person. Neglect is the most common form of abuse and although its effects may not be as obvious as physical abuse, it is just as serious. It may include; <ul style="list-style-type: none"> <li>• Physical neglect: failure to provide necessities to sustain life or health of a child</li> <li>• Neglectful supervision: failure to provide developmentally appropriate and/or legally required supervision</li> <li>• Medical neglect: failure to seek, obtain or follow through with medical care for the child resulting in impaired functioning or development</li> <li>• Abandonment: leaving a child without arranging for necessary care for them</li> <li>• Refusal to assume parental responsibility – unwilling or unable to provide appropriate care or control of the child</li> </ul>

- Emotional Abuse -** Is any act or omission which results in impaired psychological, social, spiritual, intellectual and or emotional functioning and development of a child or young person. It includes a pattern of behaviour where the child is rejected and put down. As emotional abuse is a component of all abuse and neglect, the signs are often encompassed in the other abuse type. This includes, but is not restricted to rejection, patterns of isolation, lack of affection, threats, continued criticism, negative comparison to others, humiliation, inappropriate expectations or exposure to family violence or intimate partner violence. Isolating, corrupting, exploiting or terrorising a child can also be emotional abuse.
- Family Violence -** The abuse and neglect of children and young people by their parents or caregivers is family violence. The exposure of children and young people to other forms of family violence, for example behaviours perpetrated by household members and within other close personal relationships are also considered as abuse. See THG Abuse and Neglect Policy

## APPENDIX FIVE: LEGISLATION

“The welfare and interests of the child or young person shall be the first and paramount consideration ...”  
(CYP&F Act 1989)

Under the **Crimes Amendment Act 2011** staff have a legal duty to take steps to protect children from ill treatment or neglect. This duty includes children up to the age of 18 years of age.

### 195 Ill-treatment or neglect of child or vulnerable adult

- 1) Everyone is liable to imprisonment for a term not exceeding 10 years who, being a person described in subsection 2), intentionally engages in conduct that, or omits to discharge or perform any legal duty the omission of which, is likely to cause suffering, injury, adverse effects to health, or any mental disorder or disability to a child or vulnerable adult (the **victim**) if the conduct engaged in, or the omission to perform the legal duty, is a major departure from the standard of care to be expected of a reasonable person.
- 2) The persons are—
  - a person who has actual care or charge of the victim; or
  - a person who is a staff member of any hospital, institution, or residence where the victim resides.
- 3) For the purposes of this section and section 195A, a **child** is a person under the age of 18 years.

### 195A Failure to protect child or vulnerable adult

- 1) Everyone is liable to imprisonment for a term not exceeding 10 years who, being a person described in subsection 2), has frequent contact with a child or vulnerable adult (the **victim**) and—
  - a) knows that the victim is at risk of death, grievous bodily harm, or sexual assault as the result of—
    - an unlawful act by another person; or



- an omission by another person to discharge or perform a legal duty if, in the circumstances, that omission is a major departure from the standard of care expected of a reasonable person to whom that legal duty applies; and
  - b) fails to take reasonable steps to protect the victim from that risk.
- 2) The persons are—
- a member of the same household as the victim; or
  - a person who is a staff member of any hospital, institution, or residence where the victim resides.
- 3) A person may not be charged with an offence under this section if he or she was under the age of 18 at the time of the act or omission.
- 4) For the purposes of this section,—
- a person is to be regarded as a member of a particular household, even if he or she does not live in that household, if that person is so closely connected with the household that it is reasonable, in the circumstances, to regard him or her as a member of the household:
  - where the victim lives in different households at different times, **the same household** refers to the household in which the victim was living at the time of the act or omission giving rise to the risk of death, grievous bodily harm, or sexual assault.
- 5) In determining whether a person is so closely connected with a particular household as to be regarded as a member of that household, regard must be had to the frequency and duration of visits to the household and whether the person has a familial relationship with the victim and any other matters that may be relevant in the circumstances.

#### Under the **Vulnerable Children Act 2014**

Worker safety checking can help assess whether people pose a risk to children and provides a way of preventing unsafe people from entering the children's workforce. All state services and organisations that are funded either directly or indirectly by state services (which provide regulated services) must undertake worker safety checks on core children's workers.

Worker safety checks include:

- Identity verification – confirmation of the identity of the children's worker, sighting required documents e.g. passport, driver's licence or by using an electronic service.
- Reference checks – obtaining information from two or three referees about the persons recent work experience
- Interviews with the person and gathering of information about their work history
- Third party checks with their professional registration body or licensing authority (as appropriate)
- Police vetting (For an employer to undertake police vetting they need to get consent of the candidate).
- Risk assessment – assessing the risk the person would pose to the safety of children if employed in a core children's worker role.

All paid employees and contractors who work with children (up to 17 years of age) for state funded organisations that provide regulated health services. The safety checks apply to new and existing employees and contractors and a split between core and non-core children's workers.

**Core workers** are those who have regular contact with children who work unsupervised or alone with children and have primary responsibility for children e.g. doctors, midwives, nurses, physiotherapists, youth counsellors, care and support workers.

**Non-Core workers** are those who have regular but limited child contact e.g. general hospital staff, and health administrative staff.

### **Legal and Privacy Issues**

Rules of confidentiality still apply.

However under **section 16 of 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 and young person's service (CYFS) or the police.

When a referral has been made to CYF, the CYF notification form must be placed in the child's clinical record.

The introduction of **Privacy Act 1993 and the Health Information Privacy Code 1994** authorises disclosure of information necessary to prevent or lessen serious harm and imminent harm to any individual (but only to the extent necessary).

Upon their request, information can or must be released to a CYF social worker, police officer or care and protection coordinator (CYPF Act and Health Act). Health workers therefore, are able to (and in some instances are required to) give information to the Child, Youth and Family or Police, by reporting abuse or when requested by either agency.

Release of information to others, outside of these categories, does not attract the same protection. Therefore, great care is needed when dealing with requests for information from third parties and any such requests should always be discussed with a THG line manager or THG Privacy Officer.



## Appendix Six: Signs and Symptoms of Abuse and Neglect

Signs and Symptoms of Abuse and Neglect	
<b>History:</b>	<ul style="list-style-type: none"> <li>- History inconsistent with the injury presented</li> <li>- Past history of family violence or child abuse</li> <li>- Exposure of family violence, pornography, alcohol or drug abuse</li> <li>- Isolation and lack of support</li> <li>- Mental illness, including postnatal depression</li> <li>- Inappropriate or inconsistent discipline (especially thrashings or any physical punishment of babies)</li> <li>- Delay in seeking help</li> <li>- Neglecting the child</li> <li>- Disclosure by the child</li> <li>- Disclosure by the caregiver of excessive physical force, including shaking a baby/child</li> <li>- Parental social isolation/ lack of support</li> <li>- Severe social stress</li> <li>- Parent/s abused as child/children</li> <li>- Unrealistic expectations of child</li> <li>- Terrorising, humiliating or oppressing</li> <li>- Promoting excessive dependency in the child</li> <li>- Actively avoiding seeking care or shopping around for care</li> <li>- Frequent changes of address (transience)</li> </ul>
<b>Physical Signs</b>	<ul style="list-style-type: none"> <li>- Unexplained injuries</li> <li>- Multiple injuries, especially of different ages: bruises, welts, cuts, abrasions</li> <li>- Scalds and burns, especially in unusual distributions such as glove and sock patterns</li> <li>- Pregnancy</li> <li>- Genital injuries</li> <li>- Sexually transmitted diseases</li> <li>- Patterned bruising</li> <li>- Unusual or excessive itching</li> <li>- Unexplained failure to thrive</li> <li>- Poor hygiene : dirty, looking rough and uncared for</li> <li>- Without appropriate clothing</li> <li>- Dehydration or malnutrition</li> <li>- Fractures, especially in infancy or in specific patterns</li> <li>- Poisoning, especially if recurrent</li> <li>- Apnoeic spells, especially if recurrent</li> <li>- Untreated medical issues</li> <li>- Floppiness, unresponsiveness, rapid pulse and breathing may indicate 'Shaken Baby Syndrome'</li> <li>- Fabricated or induced illness by carers</li> </ul>
<b>Behavioural and Emotional Signs</b>	<ul style="list-style-type: none"> <li>- Age inappropriate sexual interest or play</li> <li>- Fear of a certain person or place</li> <li>- Aggression</li> <li>- Anxiety and regression</li> <li>- Depressive symptoms</li> <li>- Obsessive behaviour</li> <li>- Overly responsible behaviour</li> <li>- Sexualised behaviour</li> <li>- Fear</li> <li>- Sadness / loneliness</li> <li>- Changes in mood, behaviour, eating patterns</li> <li>- Eating disorders</li> </ul>



- Substance abuse
- Cruelty to animals
- Defiance
- Disengagement / neediness
- Suicidal thoughts / plans
- Withdrawal from family
- Sleep problems
- Low self esteem
- Inability to cope in social situations
- Self-harm

#### **Developmental Signs**

- Overall developmental delay especially if also failure to thrive
- Cognitive delays
- Falling behind in school
- Poor speech
- Poor social skills
- Patchy or specific delay: Motor, emotional, speech and language, social, cognitive, vision and hearing

### **APPENDIX SEVEN: Child Protection Concerns for the Unborn Child**

<b>Child Protection Concerns for the Unborn Child</b>
<ul style="list-style-type: none"> <li>• Risk factors for the unborn child / pregnant woman includes: <ul style="list-style-type: none"> <li>- Emotional immaturity</li> <li>- Substance abuse</li> <li>- Mental Health problems</li> <li>- Family Violence</li> <li>- Previous involvement with CYF services either as a child or with her current children</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Behaviours of concern include: <ul style="list-style-type: none"> <li>- Failure to engage or avoidance of antenatal care</li> <li>- Failure to disclose information about the location of her children</li> <li>- Failure to modify behaviours likely to be harmful to the foetus</li> <li>- Expressing persistent negative views about the pregnancy/foetus</li> <li>- Expressing unrealistic beliefs about infant behaviour and the demands of childcare</li> </ul> </li> </ul>

### **APPENDIX EIGHT: HIGH RISK FACTORS ASSOCIATED WITH CHILD ABUSE/NEGLECT**

<b>High Risk Factors Associated with Child Abuse and Neglect</b>
<ul style="list-style-type: none"> <li>• Child characteristics which may predispose them to be at risk include; <ul style="list-style-type: none"> <li>- Child with a congenital abnormality, either mental or physical</li> <li>- Premature infant or ill newborn that is separated during neonatal period</li> <li>- Colicky or irritable child</li> <li>- Child who is rigid and non-cuddly</li> <li>- Child who is unwanted</li> <li>- Child who is not the gender expected / desired by parents</li> <li>- Foster child, adopted child or step child</li> <li>- Child who is intellectually impaired, highly intelligent or hyperactive</li> <li>- Child is particularly difficult (or seen as difficult)</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Caregivers perceptions of a child may predispose some children at risk <ul style="list-style-type: none"> <li>- 'Bad', 'naughty', or 'manipulative'</li> <li>- 'Difficult' and unrewarding to care for</li> <li>- Unloving or rejecting of parents</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>- Resembling a disliked person in appearance, behaviour or temperament</li> <li>- A rival for attention or affection that parents themselves desire</li> </ul>
<ul style="list-style-type: none"> <li>• Family Factors that may place children at higher risk of abuse           <ul style="list-style-type: none"> <li>- Domestic violence is present</li> <li>- Parent was abused or seriously neglected as a child</li> <li>- Parent has serious mental health problems</li> <li>- Parent has had frequent trouble with the law</li> <li>- Parent has alcohol or drug problem</li> <li>- Parent has rigid or unrealistic expectations of child</li> <li>- Previous abuse towards this or another child</li> <li>- Parent has a violent temper or outbursts towards things or people</li> <li>- Family socially isolated</li> <li>- Parents with low self esteem</li> <li>- Parent is a teenager</li> <li>- Family suffers from multiple crises</li> <li>- Parent administers harsh or unusual punishment</li> <li>- Custody / Access Issues</li> <li>- Transience – more than 2 moves in the last 12 months</li> <li>- Avoidance with healthcare providers or support / whanau providers</li> </ul> </li> </ul>

## Supporting Documentation

Health and Disability Service Standards NZS: 8134.2008

Health and Disability Commissioner Act 1994

Privacy Act 1993

Employment Relations Act 2000

Code of Health and Disability Services Consumers Rights

Child Young Person and Their Families Act 1989

Vulnerable Children's Act 2014

Crimes Act 1961

Crimes Amendment Act 2011

Central PHO Vulnerable Children's Act

MOH. Vulnerable Children Act 2014: Requirements for child protection policies fact sheet

MOH. Vulnerable Children Act 2014: Children's worker safety checking regulations factsheet

Comprehensive Care / Waitemata PHO. Child Protection Policy and Procedure. 2015

Children's Action Plan

West Coast DHB. Child Protection Procedure 2015

Waitemata DHB. Child Protection/ 2014

Canterbury DHB. Child Protection Policy. 2010

Canterbury DHB. Family Violence – Child Protection Intervention Procedures. 2011

Mid Central DHB. Child / Young Persons Abuse and / or Neglect 'Child in Need' Policy 2013

Safer Organisation Safer Children. Guidelines for child protection policies

Creating a Safe Organisation. [www.childmatters.org.nz](http://www.childmatters.org.nz)

How Can I tell? Recognising Child Abuse. Child Matters

Sharing personal information of families and vulnerable children. A guide for interdisciplinary groups

Safer Recruitment Safer Children

An interagency guide working together to keep children and young people safe. Child Youth and Family

The Royal Children's Hospital Melbourne. Child Abuse Diagrams [www.rch.org.au](http://www.rch.org.au)