

PURPOSE

- To promote and maintain a robust culture of child protection and safety within Access/TCHS.
- To protect children and young people from abuse, and where abuse is suspected or identified to ensure that appropriate action is taken to keep children and young people safe, while recognising that support for families and whanau is important.
- To acknowledge that the family/whanau have the primary role in caring and protecting the child/young person, and that this role should be valued and maintained while recognising the child/young person's safety should have priority.
- To ensure there is a safe process for recruiting and appointing people, with an on-going and regular police checking programme for those who will be working with children at Access.
- To support the recruitment and monitoring programme with on-going training in recognition of child abuse.

1. SCOPE

- a. Applicable to any Community Nurse (CN) who:
 - i. Provides support to one or more children
 - ii. Provides support to adults in respect of one or more children
 - iii. Provides support to adults living in households that include one or more children and which may significantly affect one or more aspects of the well-being of those children.¹
- b. Applicable to any Manager or delegate within Access responsible for recruiting, appointing or designing training for Access/TCHS staff who provide support for children or their families as defined or applicable in nos. 1 and 2 of this policy.

2. DEFINITIONS

- a. **Child:** as defined in section 2(1) of the children, Young Persons, and their Families Act 1989 (because the person is a boy or girl under the age of 14 years or:²
- b. **A young person:** 14 and under 17 years, and not a person who is or has been married or in a civil union.³
- c. **Vulnerable adult:** 18 years or over and someone who is, or may be unable to take care of himself/herself, or unable to protect himself or herself against significant harm or exploitation.⁴
- d. **Children's Worker:** work may involve regular or overnight contact with a child or children (other than with children who are co-workers), and takes place without a parent or guardian of the child, or each child being present.⁵
- e. **Core worker:** requires or allows that when the worker is present with a child or children in the course of work the worker is the only children's worker present or is the children's worker who has primary responsibility for or authority over the child or children present.⁶

¹ Refer Vulnerable Children Act 2014 Part 2 Section 15 children's services.

² Refer Vulnerable Children Act 2014 Part 2 Sect. 15 a) and b)

³ Refer footnote 1 above.

⁴ Refer Access Policy HCS 1.1 Abuse, Recognition & Response; 2.a A vulnerable adult.

⁵ Refer Vulnerable Children Act 2014 Part 3 Section 23

⁶ Refer footnote 5 above.

3. RESPONSIBILITIES

a. National Policy Review Group (NPRG)

- i. Review of this policy at least every 2 years.
- ii. Defining specific statements on expectations for staff during the provision of support as deemed to be necessary - examples might be: for distressed children, assistance with dressing, toileting or bathing, transport of children or safe restraint.
- iii. Confirming this policy complies with the Vulnerable Children Act 2014 and Human Rights Legislation.

b. Business Managers (BMs)

- i. Oversight of the recruitment and appointment of workers who will, or may be providing support to children, young people or the adults /carers of children or young people as defined in 1. Scope and 2. Definitions of this policy.
- ii. Ensuring the organisation fully complies with the process for obtaining police and referee checks. Delegating the responsibility, with oversight, if necessary
- iii. Introducing a minimum of 3 yearly screening for all currently employed staff that have, or are likely to have, a role in providing support to children, including as relief workers.

c. HR Administrators / recruitment personnel (as delegated)

- i. Complying with all the safety checking requirements as laid out in recruitment documentation and this policy when recruiting staff
- ii. Implementing and maintaining a process for safety check screening for all current employees on at least a three yearly basis where they are working with vulnerable clients.
- iii. Refers any concerns or queries to the BM for determination.

d. Clinical Nurse Leaders Nurses (CNLs)

- i. Documenting fully and accurately any reports of actual or suspected abuse of a child or young person as it is received on the incident report form.
- ii. Recording accurately any discussions with CYF, police, other health professionals regarding child protection issues.
- iii. Recording the sending of any Reports of Concern to CYF
- iv. Being familiar with the signs of abuse and neglect
- v. Attending training in strategies for the protection of vulnerable children and young people
- vi. Sourcing appropriate training for staff in strategies for identifying and protecting vulnerable children and young people

e. Community Nurses (CNs)

- i. Accurate documentation of all observations and assessments in clinical records.
- ii. Escalating the incident form to the CNL/BM immediately for follow-up, and investigation.
- iii. Reporting any signs or suspicions of abuse or neglect and completing an incident form, to the CNL to record the incident and escalate to the BM immediately.
- iv. If the safety of the child, family or CN is at risk call Police 111.
- v. Attending training on maintaining safety for vulnerable children and young people.
- vi. Undergoing a three yearly police check

4. PROCEDURE

a. Recruitment and screening and appointment.

- i. Identify at the outset any roles that may or will have contact with children.
- ii. Confirm identification, with passport or birth certificate and any name change cert. eg marriage cert. if applicable. At least one document must include photographic identification. Other identity documents may include a citizenship certificate, NZ certificate of identification or NZ firearms licence. Refer to [NZ Police Vetting Service Request and Consent](#) form or [Department of internal Affairs Evidence of Identity Standard v2.0](#).
- iii. Complete the employee risk assessment – refer to Appendix 2 of this policy (tool pending Vulnerable Children Regulation determination of criteria.)
- iv. Work through the TCHS recruitment and selection documents – ensuring you have the correct version of each document.
- v. Ensure that there are at least 2 referee checks and the completed and returned clean slate exemption police check prior to role appointment.

b. Process for screening current workers:

- i. A process is to be implemented commencing on the date of approval of this policy whereby existing staff who are employed or engaged as a children’s worker or who have contact (supervised or unsupervised) with children in relation to their work undergo safety checks.
- ii. All current staff as outlined in b.i. must have completed safety checks within three years of 1 June 2014, and must undergo repeat checks at least 3 yearly on the anniversary of their last check.
- iii. A worker convicted of a specified offence must not be employed or engaged, refer to Part 3 Section 28 of the Vulnerable Children’s Act 2014 for detail on employment requirements particularly in relation to core and non core workers.

c. Training for recognition of abuse or neglect in vulnerable children, young people or vulnerable adults.

- i. Orientation/induction for CNs and CNLs must include signs of abuse and neglect, to enable recognition of potential abuse and neglect by support workers. Training to be given to those currently working with children as a priority.

d. Suspected abuse or neglect – identification⁷

- i. Physical signs **may** include the following:
 - Bruises and welts
 - Cuts and abrasions
 - Scalds and burns
 - Fractures
 - Head injuries including shaken baby syndrome
 - Abdominal or stomach injuries
 - Genital injuries

⁷ Refer for detail to Child Youth and Family last modified 15-Mar-2011, [Working Together to Keep Children Safe](#) Appendix 1 page 38.

- Sexually transmitted infections
- Pregnancy
- Failure to thrive and malnutrition
- Dehydration
- Inadequate hygiene and clothing
- Poisoning
- ii. Behavioural signs **may** include the following:
 - Aggression
 - Withdrawal
 - Anxiety fear and regression
 - Sadness
 - Overly responsible
 - Attachment problems
 - Obsessions
 - Drug and alcohol abuse
 - Depression and suicidal thoughts
- iii. Developmental signs **may** include the following:
 - Global delay
 - Specific delays
- iv. Family signs may include the following:
 - Unrealistic expectations
 - Humiliating
 - Isolating
 - Dependency
- e. **Suspected abuse or neglect – action.**
 - i. ***Under no circumstances*** is a child /young person to be questioned about any observations of possible neglect or abuse by CNLs or CNs at any stage. This ***must be left for CYF or the GP.***
 - ii. Any CN who has concerns of possible abuse or neglect must report observations immediately to the CNL and complete an incident form.
 - iii. The CNL/BM will liaise with CYF. While the family should be notified of any referrals to CYF or GP this must only be done with regard to safety of the child and family.
 - iv. If there is an immediate safety issue the CN should notify the police in the first instance.

5. REFERENCES

- a. Vulnerable Children Act 2014
- b. Ministry of Health NGO Health & Disability Network Vulnerable Children
- c. Dept. of Internal Affairs Evidence of Identity V.2.0 Dec.2009.
- d. NZ Government – Children’s Action Plan White Paper 25-Jun-2014
- e. Human Rights Act 1993 Ministry of Justice NZ.
- f. Privacy Amendment Act 2013
- g. Human Rights in NZ Today Chapt. 4 Rights of Children and Young People (printed from internet 29/12/14).
- h. <http://www.childrensactionplan.govt.nz/>

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- i. Privacy Act 1993
 - j. Amendment Bill Privacy (Information Sharing)
 - k. RNZCGPs draft consultation Paper – Safer organisations, safer children.

6. ASSOCIATED FORMS

- a. Appendix 1 – Child Body diagram. (Available if required.)
- b. Appendix 2 Risk Assessment Tool (pending)
- c. Police Vetting Service Request and Consent form