

## Violence Intervention and Child Protection Policy (District)

The following information specifically relates to the terms, definitions, and Southern District Health Board (Southern DHB) and employee responsibilities to family violence, inclusive of child protection, child abuse and neglect intervention, intimate partner violence, elder abuse and neglect intervention and vulnerable adults.

<b>Policy applies to</b>	This policy applies to all Southern DHB employees, including full-time and part-time workers, honorary staff, volunteers, facility users, students and people working under contract for service.
<b>Policy summary</b>	<p>The policy provides Southern DHB staff with a framework for prevention, early identification and management of actual or suspected cases of family violence. It recognises and outlines the important role and responsibilities all staff have in prevention, routine enquiry / identification, and the need to follow all Southern DHB policies, procedures and guidelines.</p> <p>Staff must be competent in responding appropriately to actual or potential family violence. This will be achieved through organisational family violence intervention policies, guidelines, education and support for all staff.</p> <p>Southern DHB services / staff should follow the six-step process (identification/routine enquiry, validation and support, health and risk assessment, safety planning, referral and follow-up documentation) as outlined in the Ministry of Health Family Violence Intervention Guidelines 2016.</p>

### Principles

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<b>Welfare and paramountcy of children/young persons</b>	<p>The Ministry of Health (MoH) documents - 'Family Violence Assessment and Intervention Guideline: Child abuse and Intimate Partner Violence' (2016) and '<u>Family Violence Intervention Guidelines: Elder Abuse and Neglect (1)</u>' - guide this policy.</p> <p><b>When managing issues of family violence, the rights, welfare and safety of the child (tamariki) / young person (rangatahi) must be the first and paramount consideration.</b></p>
<b>Culturally aware and responsive</b>	<p>Southern DHB services are delivered in partnership in accordance with the Treaty of Waitangi.</p> <p>All people should receive Southern DHB services in a culturally appropriate manner and within a safe environment that recognises individual's informed choice, cultural identity and needs. As an example, Māori clients and their whānau (families) may wish to receive support, assessment and intervention through active involvement of the Māori Health Directorate staff.</p>

<b>Family-centred</b>	Staff must act to support and strengthen safe parenting and the participation of the family (whānau) in decision-making when referring to or engaging the service of community agencies.
<b>Health promotion and public health focus</b>	Protection and safety planning is addressed in the context of strengthening family (whānau) and community responses through proactive community engagement / identification of needs, early clinical intervention and support and prevention of reoccurrence.
<b>Strengthening workforce capability</b>	<p>Southern DHB makes a commitment to our staff to have available ongoing education and clinical support that enhances and empowers them to be confident in prevention, early identification, routine enquiry and responding to identified cases of family violence.</p> <p>Child abuse and neglect / child protection / VIP and family violence / elder abuse and neglect concerns should all be documented fully into relevant clinical record and into eProsafé (<a href="#">Appendix 1</a>).</p> <p>If you do not have access to read eProsafé consider asking VIP Team for that access to be established.</p> <p>If you do not have access to add into or open case files into eProsafé, consider asking VIP Team for that capacity or consult with VIP Team to ensure they document into eProsafé.</p> <p>Consultation can be via e-mail / telephone / face-to-face or MDT etc.</p>
<b>Community collaboration</b>	Prevention, early identification and early management of child protection risk is focused on working together with key partner agencies in the community, e.g. Ministry for Vulnerable Children, Oranga Tamariki (Oranga Tamariki) (formerly known as Child Youth & Family (CYF)), NZ Police, Women’s Refuge, PHOs, Well Child services, education, family support providers and iwi or Whānau Ora providers.

## Terms and Definitions

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<b>Family violence</b>	<p>This refers to violence or abuse of any type, perpetrated by one family member against another family member. It includes child abuse, intimate partner violence, elder abuse, parental abuse, sibling abuse and abuse of vulnerable adults.</p> <p>This includes neglect, physical, psychological, financial, emotional and sexual abuse.</p>
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<b>Child</b>	The word child refers to a person aged from 0 and up to 14 <sup>th</sup> birthday (this includes an unborn child). Refer to the Children, Young Persons, and Their Families Act 1989 and Amendments and the Crimes Act 1961.
<b>Young person</b>	This refers to a person over the age of 14 years and up to 18 <sup>th</sup> birthday but does not include any person who is married - see the Children, Young Persons, and Their Families Act 1989.
<b>Parent / caregiver</b>	This is a person identified as acting in a parenting role. They may be the biological, foster or step-parent. They also may or may not have legal guardianship, but often undertake the day-to-day care of the child / young person.
<b>Legal guardian / additional guardianship</b>	This is a person who has legal rights and responsibilities defined in the Care of Children Act 2004. A guardian may or may not live with the child.
<b>Child protection / statutory child protection services</b>	<p>This refers to the activities carried out to ensure the safety of the child (tamariki) / young person (rangatahi) in cases where there is, or is suspected to be, abuse or risk of abuse and/or neglect.</p> <p>Statutory child protection agencies or services are:</p> <ul style="list-style-type: none"><li>▪ Oranga Tamariki (formerly CYF)</li><li>▪ NZ Police</li></ul> <p>These organisations have statutory powers and responsibilities to intervene on behalf of the safety and welfare of children and young persons.</p>
<b>Physical abuse</b>	<p>Physical abuse is any act or acts that are (or are likely to be) harmful, may result in pain, injury, impairment or disease. Examples are (but not limited to) hitting, poisoning, strangulation or burns / scalds.</p> <p>There may (or may not be) visible evidence of physical abuse (bruising, fractures, burns, lacerations, etc.) Consideration should be given as to whether injuries / harm are intentional, neglectful (i.e. due to failure of supervision / guidance) or accidental.</p>
<b>Sexual abuse</b>	<p>This includes any forced, coerced, or exploitative sexual behaviour or threats imposed on an individual, including sexual acts imposed on someone who is legally or situationally unable to give consent, or sexual activity when an adult with mental incapacity is unable to understand.</p> <p>Child sexual abuse is any act or acts that result in the sexual exploitation of a child or young person, whether consensual or not. Examples are (but not limited to) exhibitionism, voyeurism, oral sex, and anal and/or vaginal penetration. This also includes situations for a young person where a significant power imbalance exists.</p>

**Psychological / 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. Examples are (but not limited to) rejection, lack of attachment, threats, humiliation or exposure to family violence.

**Elder abuse**

This is defined as a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. Perceptions of what constitutes harm will vary between groups and across cultures. Four commonly used categories of abuse, as defined above, include physical abuse, sexual abuse, psychological / emotional abuse and financial / material abuse.

**Child neglect**

Child neglect is any act or omission that results in impaired physical functioning, injury and/or development of a child or a young person. It may include, but is not restricted to:

- Medical neglect – The failure to take care of their health needs or parents responding inappropriately or not complying with appropriate medical advice leading to significant harm or risk of significant harm. Refer also to Memorandum of Understanding (2011) between DHBs, CYF and the NZ Police and the associated Schedule 3 (Neglect of Medical Care Guidelines).
- Physical neglect – not providing the necessities of life. This may present in the child as failing to thrive in the absence of a medical cause.
- Emotional neglect – not giving children the comfort, attention and love they need through play, talk and everyday affection. Evidence that the parent is psychologically unavailable to meet the child’s comfort, love and attention at a level needed to meet developmental needs. This unavailability may be due to mental health, substance abuse, cognitive, or physical disability.
- Neglectful supervision – leaving children home alone, or without someone safe looking after them during the day or night, not providing or arranging developmentally / age appropriate and/or legally required care and supervision.
- Refusal to assume parental responsibility or child experiencing unstable living conditions – unwillingness or inability to provide care or control of a child.
- Educational neglect – allowing chronic truancy, failure to enrol children in school or inattention to special education needs.

**Adult neglect**

Neglect of an adult includes:

- **Active neglect**, i.e. the conscious and intentional deprivation by a carer of basic necessities, resulting in harmful physical, psychological, material and/or social effects.
- **Passive neglect**, which is the refusal or failure by a carer - because of inadequate knowledge, infirmity, or dispute about the value of a service - to provide basic necessities, resulting in harmful physical, psychological, material and/or social effects.
- **Self-neglect** is an additional category of neglect that occurs when a person refuses to accept, or fails to provide themselves with, the basic necessities resulting in harmful physical, psychological, material and/or social effects.

**Non-accidental Injury (NAI)**

This includes injury inflicted on, and violence directed at, a child or young person.

**National Child Protection Alert System (CPAS)**

National Child Protection Alert System – A National Child protection alert will be considered for:

- Any child up to 18 years of age where child abuse is suspected and/or confirmed and a referral is made to Oranga Tamariki;
- A Gateway referral;
- A medical assessment request by Oranga Tamariki;
- A pregnant woman where there are identified vulnerabilities.

This alert can be viewed on the National Medical Warning System and local DHB patient management systems i.e. iPM.

**Intimate partner violence**

This is defined as **physical or sexual violence, financial / psychological / emotional abuse, or threat of physical or sexual violence that occurs between intimate partners.**

Intimate partners include current spouses (e.g. de facto spouses), current non-marital partners (e.g. dating partners, heterosexual or same-sex), former marital partners and former non-marital partners, e.g.

- a) Is a spouse or partner of the other person; or
- b) Is a family member of the other person; or
- c) Ordinarily shares a household with the other person; or
- d) Has a close personal relationship with the other person.

<b>Psychological / emotional abuse</b>	This includes any behaviour that causes anguish or fear. Intimidation, harassment, damage to property, threats of physical or sexual abuse, removal of decision-making powers (in relation to adults) and (in relation to a child) exposing the child to physical, psychological or sexual abuse of another person. It also refers to concerted attacks on an individual's self-esteem and social competence resulting in increased social isolation.
<b>Financial / material abuse</b>	Financial / material abuse involves illegal or improper exploitation and/or use of funds or other resources. It also includes financial abuse that can occur when a person who has been given enduring power of attorney (EPA) abuses that power and fails to operate in the best interests of the older person.
<b>Older person</b>	This is a person over 65 years of age.  Persons aged 55-65 may experience life transitions and illness or disability that result in dependency on others. In such situations of abuse and neglect, the use of 65 in the definition should not inhibit action.
<b>Vulnerable adult</b>	This refers to "a person unable, by reason of detention, age, sickness, mental impairment, or any other cause, to withdraw himself or herself from the care or charge of another person".  <i>Crimes Act 1961 [reprint as at 11 May 2014]</i>
<b>Routine enquiry</b>	This is a routine enquiry, either written or verbal, by health care providers about personal history of intimate partner violence. Unlike indicator-based questioning, routine enquiry for intimate partner violence means routinely questioning all women aged 16 years and over (who access designated health services) about abuse.
<b>Disclosure</b>	This refers to information given to staff by the child / young person / parent / caregiver / adult patient or third party in relation to abuse and/or injuries.

## Staff Responsibilities

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<b>Executive / management</b>	<p>Southern DHB executive and management personnel are responsible for:</p> <ul style="list-style-type: none"> <li>▪ Ensuring there is an organisation-wide policy for the detection of, and response to, family violence / intimate partner violence/ child abuse and neglect.</li> <li>▪ Mandatory attendance at Violence Intervention Programme Core Trainings sessions is required for staff in Southern DHB</li> </ul>
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designated services These designated services are:

- Maternity
  - Child Health
  - Emergency Department
  - Mental Health (which includes the Community Alcohol and Drug Service)
  - Sexual Health
- It is also mandatory for staff in designated service areas to attend Refresher Training sessions every three years to maintain currency and to keep up with changes in the sector.

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**Note:** Education and training will not be limited to these areas.

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- Processes to ensure the policy is adhered to, such as audits.
- Provision of adequate support and supervision for staff.
- Ensuring systems and resources are in place to support routine enquiry for intimate partner violence remains safe for patients and staff, and that interventions are consistent.
- Allocation of appropriate resources and evaluation of activities.

**Recruitment:** Safety checking will be carried out in accordance with the Vulnerable Children's Act 2014 and [Recruitment Process \(District\)](#) (59505). This will include:

- Police vetting
- Identity verification
- References and an interview with mandatory questions for children's workers

A work history will be sought and previous employers will be contacted. If there is any suspicion that an applicant might pose a risk to a child, that applicant **will not be employed**.

#### Employee responsibilities

All staff have a responsibility to respond to suspected, disclosed or confirmed violence, abuse and neglect.

All staff are required to:

- Be conversant with this policy and associated documentation listed in this document - see 'Associated Documents' below.
- Understand how to identify, manage and refer victims of suspected family violence and concerns relating to children and young persons.
- Attend initial training and regular updates appropriate to their area of work.

- Provide / access / refer to specialist health and cultural services, such as:
  - Cultural assessments
  - Mental health assessments
  - Diagnostic medical assessments
  - Social work, counselling, and therapy services
  - Paediatric assessment for any children who may be at risk. If an RMO under SMO supervision finds an injury during a suspected NAI examination then the SMO should review that injury and be able to support the assessment.
  - External government and community support agencies.
  - Employment Assistance Programme (Vitae), e.g. for staff seeking support after disclosure of family violence.
- Staff will follow safe practice by not working in isolation when making decisions about risk (relating to child abuse and neglect, intimate partner violence or family violence). In these situations staff must consult with a senior colleague, health social worker, member of the Violence Intervention Programme or other victim advocate.

**Violence Intervention Programme Steering Group Responsibilities**

The district-wide Violence Intervention Programme Steering Group will work collectively on policies, procedures, guidelines, protocols and initiatives that are relevant to the prevention / intervention / education relating to family violence intervention within Southern DHB. These meetings will also give family violence community organisations the opportunity to address any concerns or improvements in referral pathways / processes.

**Violence Intervention Programme Staff**

Violence Intervention Programme (VIP) staff will develop systems and processes to support the programme. This will include consultation for staff and formal review processes to support, for example, the national child protection alert process. The review processes will include terms of reference and record keeping, documentation and data collection systems for clinical accountability and audit.

**Process for Achieving Outcomes**

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All staff will follow the Ministry of Health's six step intervention guidelines (as listed in the 'Policy Summary' above). They will receive training and will not be expected to undertake routine enquiry for intimate partner violence until training has been received.

The VIP coordinators will be responsible for developing both internal and external working relationships with departments, relevant government and community-based agencies and Ministry



of Health VIP supports.

Audits will be completed to evaluate routine enquiry and monitor understanding and compliance with family violence intervention and related policies.

**Staff support**

It is important to acknowledge that some staff may have experienced/witnessed current or historic family violence/ child abuse or neglect.

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**Note:** Any staff member who is living with family violence, or struggling from the effects of current or past abuse may access support through Vitae or through other support agencies such as NZ Police, Women’s Refuge and Jigsaw Central Lakes.

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Some staff may be either the applicant / respondent of a domestic violence protection order.

It is recommended that staff inform / give a copy of the protection order to HR and their service manager to allow for discussion / support regarding workplace safety.

## Māori and Family Violence

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This section offers some background and context for family violence in relation to Māori, and identifies key principles and actions for routine enquiry for intimate partner violence and intervention.

**Background and context**

The experience of family violence for Māori is a complex issue. Staff are encouraged to participate in the Southern DHB-run cultural workshops run by the Māori Health Directorate, e.g:

- Treaty of Waitangi
- Cultural safety

**Duty of care**

Health care providers should ensure the service they provide is safe and respectful of Māori beliefs and practices. The delivery of culturally safe and competent intervention that responds to Māori victims is supported by the following principles:

- Victim safety and protection are paramount.
- Culturally safe and competent interactions.

- Engagement of local iwi, hapū and whānau.
- Knowledge of the iwi and community support agencies.
- Intrasectoral collaboration.
- Monitoring and evaluation of family violence interventions with Māori women and children.
- Paramouncy for children's and young person's needs.

**Victim safety**

Maintaining safety of adult victims and children is paramount:

- Affirm the person's right to a safe, non-violent home.
- Have Māori staff available when possible; this may include kaumātua or kuia who can provide support.
- Offer victims options about possible plans of action they would like to take.

**Culturally responsive environment**

A comfortable environment can help:

- A private room that can cater for cultural practices and tikaḡa, e.g. karakia, involvement of kaumātua, kuia and or whānau, as consented by the victim.
- Have Māori staff available, consulting with the Māori Health Unit or another Māori provider.
- Ask open-ended questions.
- Offer resources and support, e.g. Māori Health Directorate staff.

**Community involvement - ask first**

A collaborative community approach to family violence should be taken:

- Staff should be aware of the referral agencies appropriate for Māori people who are victims of abuse.
- Do not assume that the whānau should be involved in supporting the patient - ask the person what plan of action they want (it may or may not include the whānau, kaumātua or kuia).
- Refer to Family Violence Assessment and Intervention Guideline: Child Abuse and Intimate Partner Violence for more information relating to responsiveness to Māori.

## Pacific Island Peoples and Family Violence

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Eight main Pacific Island communities are represented in New Zealand: Samoa, Tuvalu, Tokelau, Fiji, Tonga, Niue, Kiribati and the Cook Islands.

Family violence among Pacific communities in New Zealand occurs in the context of social change brought about by migration, alienation from traditional concepts of the village, family support, extended family relationships, and in combination with the socio-economic stressors, e.g. scarce resources may be stretched between the demands of everyday living as well as customary obligations, such as those to the church and remittance to family members who have remained in the Pacific.

### Safety

Maintaining the safety of child/adolescent victims is paramount:

- Affirm the individual's right to a safe, non-violent home.
- Offer victims options about possible plans of action they would like to take.

### Pacific Island-friendly environment

Provision of a familiar, comfortable environment can be helpful:

- Offer referral to the Pacific Island supports available.
- Convey a genuine attitude that is gentle, welcoming, caring, non-judgemental and respectful.
- Offer resources and support that meet the ethnic specific needs of the victim.
- Have Pacific Island staff available, if possible.

## People of Minority Ethnicities

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### Consideration

Staff need to consider the increased isolation of patients/clients from minority ethnic groups, i.e. non-European, non-Māori or non-Pacific Island people. These patients/clients may have few support structures outside of the direct family.

The potential for these individuals to identify as being abused or to seek help is extremely low. Different cultures may have different value bases and this may differ from those predominately represented in New Zealand.

**Close-knit connections**

Another consideration for staff is the potential for victims from these ethnic groups to have some form of relationship (partner/friend/employee/employer) with people of their nationality who are employed by Southern DHB. Therefore, presumptions cannot be made that people of the same ethnicity will be suitable support persons.

Staff are also to be aware of the potential risks to the victim of accessing interpreters from extremely small ethnic groups. A family member should not be used as an interpreter for the victim.

## Lesbian / Gay / Bisexual / Transgender Individuals

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**Staff awareness**

Particular consideration should be given to accessing appropriate supports and referrals for people who identify as gay, lesbian, bisexual, transgender when they are (or are suspected of being) victims of abuse.

## Appendix 1 eProsaf

### Introduction

eProsaf is an electronic application that has been specifically designed to promote the health and wellbeing of children. Adults and their families who are experiencing abuse and neglect. It is a purpose built (web) application intended to address and overcome the fractured information technology systems both within District Health Boards (DHBs) and across DHBs. It ensures that frontline staff, managing acute and at times severe situations of violence and abuse, can obtain information held by DHBs in a timely manner. This enables staff to address safety concerns for children, families, and staff appropriately. It also allows those DHB staff employed specifically to provide advice and oversight of these complex cases the ability to track the work undertaken, assess risk more accurately and ensure appropriate measures are implemented.

eProsaf is a standalone web-based application for child protection elder abuse & neglect and all aspects of family violence that:

- Allows DHB staff access to read. With an additional ability to add information into existing cases and create their own referral upon request.
- Allows DHB staff to share cases across local DHB users.
- Allows VIP team to view documents from other DHBs
- Has ability to provide numeric statistical reports
- Generates sophisticated surveillance audit log reports
- Is placed within a connected health network
- Can be accessed via health Connect South / DHB intranet page.

### eProsaf enhances practice by:

- Collating child protection and family violence information in one place which enhances risk assessment and intervention plans
- Cross referencing family information to allow health staff to see the whole picture in relation to what has occurred in the context of the family environment.
- Providing staff with the ability to track cases through the use of a reminder system. This means that health staff are prompted electronically to ensure follow up tasks occur
- Assisting with ensuring that patients receive a more holistic assessment and interventions which are designed to address medical and psycho-social needs.
- Improving communication between health professionals.
- Improving record keeping and accuracy with child protection and family violence information.
- Ensuring accurate statistical information that is readily available assist with the identification of trends and patterns which allows the DHB to shape future development within services.
- Ensuring there is a quick and simple way to share child protection and family violence information between DHBs whilst maintaining security and privacy.
- It is a quick and easy way to share National Child protection alert information.

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**Associated Documents:**

- [Family Violence - Intimate Partner Violence Intervention Guidelines \(District\)](#) (33857)
- [Child Abuse and Neglect Intervention Guidelines \(District\)](#) (22779)
- [Child Abuse and Child Protection in the ED Otago](#) (15520)
- [Elder Abuse and Neglect Intervention Guidelines \(District\)](#) (59378)
- Interpreter Policy (Southland) (035\_500\_0291)
  
- [Incident Management Policy \(District\)](#) (55195)
- [Family Violence Risk Assessment Form \(District\)](#) (62620)
- [Elder Abuse Risk Assessment Form \(District\)](#) (41916)
- [Intimate Partner Violence \(IPV\) Assessment and Intervention Form \(District\)](#) (100373)
- [Child Protection Checklist \[Under Fives\] - VIP \(District\)](#) (90775)
- [Employment Referee / Reference Check \(District\)](#) (22714)
- [Reference Checking Form \[SMO + SDO\] \(District\)](#) (52993)
- [Recruitment Process - Flowchart \(District\)](#) (59504)
- [Recruitment - Police Vetting Process and Guidelines \(District\)](#) (59503)

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**References:**

- Children's Action Plan: 2015. *Safer organisation Safer Children: Guidelines for child protection policies to build safer organisation*; Ministry of Health, Wellington  
<http://www.childrensactionplan.govt.nz/assets/CAP-Uploads/childrens-workforce/Safer-Organisations-safer-children.pdf>
- MOU between Child Youth and Family, New Zealand Police and Southern District Health Board. 2011 - [for general content, click on this link to the sample copy for all DHBs *Memorandum of Understanding* - and also refer to Schedules One & Two on the same website]  
<http://www.cyf.govt.nz/working-with-others/working-with-health.html>
- Employee Assistance Programme - Vitae; <http://www.vitae.co.nz/>
- Glasgow, K., Fanslow, J.L. 2006. *Family Violence Intervention Guidelines: Elder abuse and neglect*; Ministry of Health; Wellington; <http://www.health.govt.nz/publication/family-violence-intervention-guidelines-elder-abuse-and-neglect>
- Fanslow J L, Kelly P, Ministry of Health. 2016. *Family Violence Assessment and Intervention Guideline: Child abuse and intimate partner violence* (2nd edition). Wellington: Ministry of Health. First published 2002, second edition June 2016.

## Legislation

Relevant legislation to the work of the Violence Intervention Programme is listed below. Refer to FVAIG guidelines for more detail.

Note: Legislation is constantly being amended, therefore for current information please refer directly to the legislation online at <http://www.legislation.govt.nz/>

- [Vulnerable Children's Act 2014](#)
- [Children, Young Persons, and Their Families Act 1989](#)
- [Health Information Privacy Code 2020](#)
- [New Zealand Public Health and Disability Act 2000](#)
- [Code of Health and Disability Services Consumers' Rights](#)
- [Domestic Violence Act 1995](#)
- [Human Rights Act 1993](#)
- [Privacy Act 2020](#)
- [Crimes Amendment Act 2011](#)
- [Care of Children Act 2004](#)