

# Child Protection: Child & Family

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*This is just one example of a Child Protection Policy - your version can be adapted to suit your organisation.*

## 1. Overview

This policy provides staff of \_\_\_\_\_ with a framework to manage actual and/or suspected child abuse and neglect.

### Purpose

This policy provides staff of \_\_\_\_\_ the following:

- A framework to identify and manage actual and/or suspected child abuse and neglect. It recognises the important role and responsibility staff have in the accurate detection of suspected child abuse and/or neglect, and the early recognition of children at risk of abuse.
- To ensure that any services provided or actions taken in respect of child abuse, neglect, or suspected or potential child abuse and neglect situations are guided by this Child Protection Policy.

### Scope

This policy applies to all cases of actual and/or suspected abuse and neglect encountered by employees, students and people working in Child & Family Service at WDH B under a contract for service.

**Identify:** Child protection concerns can arise either by disclosure or recognition of signs and symptoms. This may be a child referred to the service or another child living in or visiting the household.

### 3.1 Overview

Staff must be alert to the signs and symptoms of neglect or abuse and to take appropriate action to protect the wellbeing and safety of children and young people, whether the child/young person is directly or indirectly a client/patient of the service.

#### Consultation

All staff members who identify child protection concerns should consult with at least one of the following:

- Child & Family Social Worker
  - Team Leader (TL)
  - Community Child health Service Manager
  - CYF / \_\_\_\_\_ Liaison Social Worker: **Ph x7635 / 029 650 1337**
  - CYF Call Centre / Intake Social Worker: **Ph 0508 FAMILY (326 459)**
  - New Zealand Police
- Clinical staff must follow up all their own referrals made to CYF.
- A team leader must be consulted regarding any police or CYF notifications.



The staff member sets up debrief process as required within 1 week, e.g. supervision, case review, discussion with senior colleague.

### 3.2 Administrators

Forward all inquiries re suspected child abuse/neglect or any child protection concerns to Child & Family Social Workers or to Team Leader if Social Worker not available. If social workers or the team leader is not immediately available, then the inquiry should be directed to the CYF Contact Centre (**0508 326 459**).

### 3.3 Medical Officers/Nurses/Allied Health Staff

- Identify and assess child protection and family violence issues (**Refer also Family Violence Policy**)
- Consult according to 3.1
- Report suspicions of child abuse or neglect to CYF and follow the corporate Child Protection Policy.
- Where a CYF referral has been made ensure the Child Protection Discharge Safety Checklist has been completed before the case is being closed

### 3.4 Team Leaders/Senior Practitioners

- Assign follow up of children identified “at risk” by any staff member
- Arrange for monthly CYF liaison meetings if required
- Ensure all staff attend an appropriate training course relating to identification of child abuse or neglect as part of their orientation
- Be available to discuss child protection issues with staff, ensuring appropriate debriefing when indicated and issues are taken to supervision

## 4.1 Referrals to CYF

Referrals to CYF should be carried out according to this Child Protection Policy, ensuring a copy of the complete referral form is faxed to a team leader or appropriate manager.

## 4.2 Referring a Child to CYF who is Not the Actual Client

All cases of child protection will be activated by this service, even if the child concerned was not the initial client. If you need to make a report of concern to CYF for a child who is not currently a client of the service (e.g. may be a sibling or visitor), then the process is that of referral to the service. The notes would then state that the file was opened for the purposes of documenting a referral made to CYF and for following up with CYF on the notification.

## 5.1 Informing Caregivers of a Referral

Communication with the child’s parents or caregivers that a referral to the police or CYF has been made should be managed with consideration to the safety of the child, staff and other family members. Consult with an appropriate staff member.



Informing the client / caregivers should be undertaken in a safe environment for both staff and the client / parents / caregivers, such as home, school, health centre or by telephone.

Clinical staff are required to document in electronic clinical notes:

- Observations and assessments
- Consultation
- Discussions at \_\_\_\_\_ / CYF liaison meetings, Supervision or Team Leader regarding Child Protection issues
- Report of Concern to CYF

## 7. Location of Forms / Clinical Documentation

Specific forms for child protection are:

1. CYF referral form.
2. Child' body diagram (for documenting observations only, not to be used for assessment).
3. Child Protection Discharge Safety Checklist.
4. Child Protection Initial Risk Assessment. **May need to be adapted for a specific provider.**

All completed paper documentation should be kept in the child's clinical record.

For circumstances where the safety of the child, family or staff member is a high risk, consider the following:

- No information given out on public enquiries.
- Refer to Policy *Safety of Community Staff - Child Health*
- Consult with Security and Team Leader/Senior Practitioner on options of security
- Consider arranging appointments with the family at the hospital / clinic or school
- Alternatively, visit in pairs with a mobile phone
- If off site, emergency call Police 111

Staff can access support through:

- Supervision
- Case Review
- Debrief with senior colleague / team leader

Complete an incident report for any related issues, e.g. threats of harm because a CYF referral is being made.

It is mandatory for all clinical staff to attend an appropriate training course relating to identification of child abuse or neglect.

