Acknowledgements
The Royal New Zealand Plunket Society wishes to thank everyone who contributed to the review of these policies and protocols.

Plunket’s Direction Statement
Together, the best start for every child
Mā te mahi ngātahi, e puāwai ai ā tātou tamariki

Plunket’s Purpose Statement
Plunket believes in supporting the development of healthy families
E Whakapono ana Te Whānau Āwhina Ki te tautoko i te kaupapa o ngā whānau

Our Guiding Principles
Treaty of Waitangi: We’re committed to the principles of partnership, protection and participation inherent in the Treaty.
Socio-ecological perspective: We’re committed to working from a socio-ecological perspective.
Cultural safety: We’re committed to providing a culturally safe range of services.
Integration: We recognise the importance of integrating our service with other services to achieve optimal health outcomes for both the children and their family/whānau.
Best practice: We’re committed to using standard guidelines founded on evidence-based best practice.
Health promotion: We’re committed to health promotion, providing services according to principles implicit in the Ottawa Charter.
**Abbreviations List**

CT  
Children’s Team

CALD  
Culturally and Linguistically Diverse

CNC  
Clinical Nurse Consultant

CL  
Clinical Leader

CYF  
Child, Youth & Family

DHB  
District Health Board

EAP  
Employment Assistance Programme

ROC  
A report of concern (notification/referral) to CYF

ViKI  
Vulnerable Kids Information System

WCTO  
Well Child Tamariki Ora

**Definitions:**

See Appendix One
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**Plunket Child Protection Policy**

This policy forms part of the Family Violence Prevention (Inclusive of Child Protection) policies and protocols.

1. **Policy summary**

Family violence is both a health and a social issue, therefore, Plunket has a responsibility within the scope of the services we provide, to prevent, identify, and address family violence within families and communities. Primary prevention of family violence is integral to Plunket work. Working in partnership with families to help them build on their strengths and develop new skills to overcome difficulties is a strategy that promotes positive violence-free parenting practice and positive violence-free relationships.

The term ‘Plunket people’ includes all workers, management and administration, as well as volunteers, contractors and people from outside the organisation such as nursing students who are present as part of Plunket services. If Plunket people encounter or suspect immediate or imminent danger of death or serious harm to any person’s safety, they should first ensure their own safety and if possible without putting themselves at risk, the safety of those around them, and then call emergency services (111) and ask for the police and/or an ambulance depending on the situation.

All Plunket people who have concerns regarding any actual, suspected, or potential abuse or neglect of children regardless of severity or cause, or when there are reasons to consider that care of a child is not being attended to appropriately must contact the local Clinical Leader (CL). The welfare of the child will be the paramount consideration when any action is taken in response to suspected abuse or neglect. The CL will facilitate the consultation process and will lead the reporting of actual or suspected child abuse and neglect to statutory services such as CYF, and the referral of vulnerable children to Children’s Teams (CT). Wherever possible, the CL would support this process in partnership with the family.

Where a concern about a child does not amount to suspicion of abuse or neglect, Plunket people will work in partnership with community, health and social service providers to provide further assistance as required according to the family’s needs.

Plunket will ensure the competence of Plunket people working with children and families. In accordance with the Vulnerable Children Act (2014) and Plunket’s commitment to always act responsibly in the best interests of the child, children’s worker safety checks will be carried out, for example as part of the Plunket recruitment process. Plunket people will receive initial and ongoing training relating to family violence prevention and child protection as relevant to their roles.

2. **Purpose statement**

The Royal New Zealand Plunket Society (Plunket) believes that all children and families in New Zealand have the right to live in loving, nurturing, violence free environments. To enable this, Plunket is committed to taking an active role to prevent, identify, and address family violence inclusive of child abuse and neglect.
3. Policy scope
- This policy applies to all Plunket people and the policy is accessible to both Plunket people and members of the public.
- This policy should be used to prevent, identify, and address child abuse and neglect, regardless of whether or not the child is a client of the organisation.

4. Policy principles
- Family violence is both a health and a social issue, therefore, Plunket has a responsibility within the scope of the services we provide, to prevent, identify, and address family violence within families and communities. The priority for engaging in this complex and emotive issue is related to the devastating, long term and inter-generational effect that family violence, including child abuse and neglect, has on the future health and wellbeing of children, adults, families and communities.
- Plunket works in partnership with families and communities in the promotion of positive non-violent parenting practices and relationships and the prevention of child abuse and neglect. Emphasis is placed on positive interactions when parenting for example: using principles of redirecting undesirable child behaviour, praising appropriate child behaviour, encouraging positive interactions, promoting sharing, and enabling caregivers to feel informed, involved and empowered.
- All Plunket people are expected to know what to do and who to contact if they encounter or suspect immediate or imminent danger of death or serious harm to any person’s safety. Plunket people should first ensure their own safety and if possible without putting themselves at risk, the safety of those around them, and then call emergency services and ask for the police and/or an ambulance depending on the situation.
- Plunket requires all Plunket people to consult the CL regarding any actual, suspected, or potential abuse or neglect of children regardless of severity or cause, or when there are reasons to consider that care of a child is not being attended to appropriately. If a CL is unable to be located for consultation on that same day (the local CL should ensure that contact details for an alternative support person such as a CL colleague, or the area CNC is available where possible), Plunket people should leave a message for the CL and consult with the Duty Social Worker at the Child, Youth & Family (CYF) contact centre (phone 0508 326 459), and then speak with the CL or the CL alternative contact as soon as possible afterwards. Whenever children are considered at risk of harm from family violence, child abuse or neglect, Plunket will make a notification to the appropriate statutory services.
- The interests of the child will be the paramount consideration when any action is taken in response to suspected abuse or neglect. Plunket commits to supporting statutory agencies (CYF and the Police) and vulnerable children’s services such as CT as per the processes in this policy. Wherever possible, and after assessing any possible safety concerns, all referrals would be done in partnership with the caregiver.
- Where it is suspected that child abuse has been perpetrated by any Plunket person, the same response to suspected child abuse and neglect processes apply. Any allegations or concerns about Plunket people must also be reported immediately to the first line manager who will immediately contact the Plunket General Manager Clinical Services. The Plunket General Manager Clinical Services will maintain close liaison with CYF and/or Police.

5. Primary prevention of child abuse and neglect
Primary prevention of child abuse and neglect is essential to Plunket work. Working in partnership with families to help them build on their strengths and develop new skills to overcome difficulties is
an important strategy that promotes both positive violence-free parenting practice and relationships.

### Promoting positive violence-free parenting practice and relationships is an essential element of Plunket work. It includes but is not limited to:

- Working in partnership with families to help them build on their strengths and develop new skills to overcome difficulties.
- Promoting the maintenance of the child's family culture.
- Education for parents, caregivers, families and communities on how child behaviour relates to age and development.
- Promoting positive violence-free parenting practices.
- Promoting infant/caregiver attachment.
- Promoting and facilitating community linkages for families to ensure families are connected to appropriate support.
- Collaborating with other health and community agencies.
- Recognising the important role of fathers, and supporting them to play a positive role in child rearing.
- Providing and facilitating access to additional support for vulnerable families where this is required and practicable.
- Raising awareness of the effects of family violence on children with community/families/whānau.
- Routinely asking caregivers for a personal history of family violence by those people whose role it is to enquire and who have received training.
- Appropriate supportive response for those identified as at risk of or experiencing family violence, or child abuse and neglect.
- Risk assessment for child abuse and neglect.
- Ensuring access to service has no barriers such as transport, language or disability.

### 6. Providing safe care for a child during/as part of a Plunket service

- It is expected that all Plunket people facilitating, coordinating or providing Plunket services will have an understanding of and be working within, the Plunket Family Violence Prevention (Inclusive of Child Protection) policies.
- When parents enrol in the Plunket service it is expected that they are made familiar with their client’s rights and with the relevant policies, including the Complaints and Child Protection policy.
- Plunket supports the use of positive parenting practices; emphasis is placed on positive interactions, redirecting undesirable behaviour, praising good behaviour and encouraging caring and sharing.
- All Plunket provided services are provided within a non-hitting environment, abusive and aggressive language is also not tolerated. Smacking is not acceptable at or during Plunket provided services:
  - Sometimes parents smack a child to try and manage child behaviour that they do not find acceptable. Plunket people can encourage parents to think about other child management techniques and provide them with this information or link them to services or programmes that can assist them. Some parents also need help to understand the developmental stages of their children and what behaviour management techniques are appropriate and successful at different ages.
o For families/whānau where stress or tiredness is contributing to their use of smacking it may be helpful to discuss with them how they can access support from both family and community services.

o Some families may come from a country with different laws and cultural norms around child discipline. Families new to New Zealand may need to be supported by their own cultural or community leaders to understand and observe New Zealand cultural practices and law relating to the disciplining of their children.

o If a person is observed smacking a child at or during Plunket provided services, a CL should be consulted as an assessment and clinical professional judgement may be required as to whether any further supports need to be offered.

o Where it is observed or suspected that a Plunket person (this includes all workers, management and administration, as well as volunteers, contractors and people from outside the organisation such as nursing students present as part of Plunket services), has smacked a child at or during Plunket provided services, this must be reported immediately to the first line manager.

- All Plunket people must maintain a professional relationship while working with children and their families.

- In the provision of most Plunket services, children are supervised and attended to (such as changing nappies or toileting) by their caregiver (usually this would be their parent) who is responsible for their care. Other people or Plunket people will only do this with the child’s caregiver’s verbal permission and within sight of the child’s caregiver.

- As part of some Plunket services (such as Plunket parent education groups, support groups, and playgroups), services may be being provided in group settings where there are multiple parents, caregivers and children present. To protect children from the risk of inappropriate behaviour from Plunket people, another parent or child, the following principles also apply:
  - All families attending the service and any guests (e.g. extended family members invited by caregivers, speakers, observers such as students) must complete an attendance form for that session/service.
  - The name and contact details for the CL are recorded on the daily attendance form.

- Unless the service is an approved service for caring for children without the parent/caregiver being present, caregivers must not leave the property without taking their child with them.

- As part of some Plunket services such as Plunket crèches and early childhood services, the service is designed to be provided without a parent present. To protect children from the risk of inappropriate behaviour from Plunket people, another parent or child, the following principles will also apply:
  - To avoid Plunket people being alone with children, all Plunket people should examine the opportunities or possible situations where they may be alone with children. Wherever possible an open door policy for all spaces should be used (this excludes toilets). Plunket people should be aware of where all children are at all times.
  - Only Plunket people whose role it is to do so may provide care to the child.
  - Visitors to the facility/service must be approved by the manager, their names entered into a daily attendance list/log, and they should be supervised at all times by the facility/service workers.
  - Except in an emergency, children are not to be taken from the centre without written parental/caregiver permission.

- As part of some Plunket services such as Plunket Family Centres, the service is designed to be provided in a way that may include the Plunket person demonstrating aspects of child care. Where this is part of the service, this should be done with the caregiver’s verbal permission and within sight of the caregiver.
• When possible, if a parent is having a sleep at a facility such as a Plunket Family Centre, this should occur when their child is already asleep, and the parent is woken when the child wakes. If a Family Centre worker is to provide care for a child while the parent is asleep, the worker should review the care that will be given to the child. The parent should be asked to give written permission, for example on a Plunket health record form.

• There may be some occasions where Plunket people may give a product for or to a child as part of a plan of care (such as a toothbrush/toothpaste as part of an oral health programme), or a small gift or reward as part of accepted practice for supporting positive behaviour or recognising achievement (such as a sticker or certificate). Any such product, gift or reward should be of insignificant value, given openly and not be based on favouritism. Plunket people will be aware of Plunket guidelines on the giving and receiving of gifts and will only give children gifts or rewards that are part of an agreed policy and which have been authorised by their manager.

7. Identifying possible abuse or neglect
All Plunket service delivery workers (people with direct client contact) should be able to recognise signs of child abuse and neglect. Every situation is different and it’s important to consider all available information about the child and their environment before reaching conclusions. For example, behavioural concerns may be the result of life events, such as the arrival of a new sibling for a child, and at times there will be physical injuries that are accidental. Any concerns that a child is showing signs of potential abuse or neglect are taken to the CL for that area. The examples of signs, symptoms, and risk factors described below are not a full list, and are not diagnostic of abuse and neglect. However, in certain situations, contexts and combinations they will raise the need for consultation, support and in some instances will indicate suspicion of abuse and neglect.

<table>
<thead>
<tr>
<th>Child physical signs</th>
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<tbody>
<tr>
<td>• Injuries (such as bruises, welts, cuts, abrasions, scalds and burns, fractures) especially if occurring in infants.</td>
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<tr>
<td>• Unexplained failure to thrive - being small or underweight for their age.</td>
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<tr>
<td>• Have little energy.</td>
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<tr>
<td>• Wearing inappropriate clothing for weather.</td>
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<tr>
<td>• Multiple hospital admissions for illness/injury.</td>
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<tr>
<td>• Apnoea (stop breathing spells), especially if recurrent.</td>
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<tr>
<td>• Have untreated health needs.</td>
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<tr>
<td>• Inadequate hygiene – e.g. dirty, unbathed.</td>
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<tr>
<td>• Tufts of hair pulled out.</td>
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<tr>
<td>• Dehydration or malnutrition.</td>
</tr>
<tr>
<td>• Poisoning, especially if recurrent.</td>
</tr>
<tr>
<td>• History of injury is inconsistent with any child injury presented</td>
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### Child Behavioural, Emotional and Developmental Signs
- Aggression, defiance.
- Anxiety, fear, sadness, withdrawal from family.
- Delay or regression (used to be able to do something and now can't) in development (motor, emotional, speech and language, social, cognitive, vision and hearing).
- Obsessions.
- Inappropriate affection (including towards people they do not know well) and over dependence on adults.
- Frozen watchfulness.
- Sexualised behaviour.
- Cruelty to animals.
- Self-harm, suicidal thoughts/plans.
- Changes in mood, behaviour, eating patterns

### Parental/ Family/Environmental Signs
- Active avoidance, delay or shopping around for care for the child.
- Any form of family violence including animal mistreatment/neglect/abuse.
- Inadequate supervision or ambivalent about child's safety.
- Avoiding physical contact or emotional support for the child.
- Inappropriate or inconsistent discipline (especially physical punishment of babies).
- Swearing, belittling, humiliating, terrorising or oppressing child or others.
- Disclosure by the caregiver of excessive physical force, including shaking a baby/child.
- At risk family actively avoids contact with health care providers or family support agencies.
- Household damage and neglect (such as broken windows, rubbish).

### Risk Factors
- Caregiver/s abused as child/children.
- Caregiver alcohol or drug abuse.
- History of violent behaviour in family members.
- Caregiver mental illness, including post-natal depression.
- Caregiver isolation and lack of support.
- Caregiver indifferent to or intolerant of child, or report child as particularly troublesome.
- Frequent changes of address - more than two over last twelve months.
- Child being cared for by people other than biological parent.
- Parental lack of or delayed emotional maturity.
- Previous involvement with CYF services.
- Severe social stress (such as unemployment, recent critical family event, financial concerns, poverty, household overcrowding).
- Young parent - under 20 years.
- Child health or behaviour putting more stress on caregiver coping skills.
- Unrealistic expectations of child.
- If other children, no disclosure information about their location.
8. Disclosures of child abuse and neglect

Information may be received by Plunket people from a child, parent or caregiver or a third party in relation to abuse or neglect.

- If a child discloses that they have been abused and or neglected then:
  - Listen to what the child is saying.
  - Stay calm.
  - Avoid in-depth questioning.
  - Reassure the child that they have done the right thing speaking with you, and that you will seek the support of the people who can help them.
  - Write down what the child said using their words.
  - Do not confront or discuss the disclosure with the person the child has named as the possible perpetrator.
  - Follow Plunket’s response to suspected child abuse and neglect process (section 9 as below).

- If a person other than a child discloses that they are concerned a child may have been abused and or neglected then:
  - Listen to what the person is saying.
  - Stay calm.
  - Do not attempt to explore the details of what happened, avoid in-depth questioning.
  - Reassure the person that they have done the right thing speaking with you, and that you will seek the support of the people who can help the child and family.
  - Write down what the person said using their words.
  - Do not confront or discuss the disclosure with the person named as the possible perpetrator.
  - Follow Plunket’s response to suspected child abuse and neglect process (section 9 as below).

9. Responding to suspected child abuse or neglect

Critical family violence situations

All Plunket people should be able to identify and respond appropriately to critical family violence situations when immediate risk assessment & protection is required. These situations may be obvious from what is seen and heard during contact with the family, and there may also be occasions where a person discloses family violence situations without being asked or prompted that describe immediate or imminent danger of death or serious harm.

Examples of critical child protection situations include:

- Immediate or imminent danger of death or serious harm to any person’s safety.
- A child has a severe or potentially severe injury which you know, or suspect, was inflicted non-accidentally, or regardless of cause, which you consider has not been attended to appropriately.
- Child under 14 years of age is unsupervised by an adult and is home alone.
- Child abuse has occurred or is reported to have occurred and is likely to imminently escalate or reoccur.
- The family situation is severely disorganised or volatile e.g. evidence of ongoing family violence and no one present appears to have the ability to keep a child safe.
Response to critical family violence situations:

- Do not go into a situation if you feel at immediate risk from violence, or, if the risk is identified during a contact, then move away from that situation as soon as you can safely do so.
- Protect child(ren) as much as possible. Plunket people cannot remove a child without the legal guardian’s permission. In some cases parents will give you permission to stay with a child while awaiting the arrival of CYF staff or a police officer.
- Call 111, ask for the police, describe the location, urgency, the situation and give any other information that they request. Depending on the situation you may also need to ask for an ambulance.
- Consult/inform your first-line manager as soon as possible afterwards, and on the same day. If your first-line manager is not available, consult their alternative work contact.
- Where children are involved, consult the CL (or their alternative work contact) as soon as possible afterwards, and on the same day. The CL will ensure a ROC to CYF is done.
- Ensure the appropriate Health and Safety incident form is completed.
- Seek support for yourself. EAP through a Plunket pre-approved service is available for all Plunket workers and volunteers.

Urgent child abuse and neglect situations

- All child abuse and neglect situations are considered either critical (as above) or urgent.
- Plunket requires all Plunket people to consult the CL regarding any identified, suspected or potential abuse or neglect of children regardless of severity or cause, or when there are reasons to consider that care of the child is not being attended to appropriately. If a CL is unable to be located for consultation on that same day, Plunket people should leave a message for the CL and consult with the Duty Social Worker at the Child, Youth & Family (CYF) contact centre.
- Take action to maintain personal safety at all times and use strategies to de-escalate situations. Plunket people must be familiar with the Health and Safety documents on maintaining personal safety in the workplace and community.
- Working in partnership with families: if Plunket people have a specific concern about a child such as noticing a physical injury or behaviour of concern, Plunket people can, where they have assessed it is safe to do so, make a general inquiry to the caregiver in a sensitive way, for example ‘I notice that (name) has a (issue/observation)..., did something happen?’ The goal of open communication is to maintain the relationship with the family and support the family to safely care for their child(ren). A general inquiry may then lead to an explanation that allays any concerns. If concerns still exist or arise again at a later time, then consult with the CL.
- Do not give promises of complete confidentiality. Explain that you will need to tell the CL or other designated person if there are people at risk of being hurt, and that their concerns may be shared with others who could have a part to play in protecting both them and the people around them.
- Documentation:
  - Clearly document all facts and observations as soon as possible after the event or discussion with time and date. Write who was present at the time; differentiate between what was seen and heard and what was reported or suspected and by whom. Securely store relevant information.
  - Where there has been a disclosure, write what was said in quotation marks (verbatim).
- Where there is a Plunket held record specific to a role, all documentation should be contained within that and all professional, organisational and legislative requirements maintained.
- When consulted with, the CL will support Plunket people in their documenting of concerns relating to suspected or identified child abuse and neglect to ensure information security principles are maintained.

- Whenever children are considered at risk of harm from family violence, child abuse or neglect, Plunket will support access to the appropriate services. Wherever possible, the CL would support any referral process to be done in partnership with the family:
  - If there is clear evidence or reasonable cause to believe an instance of child abuse or neglect has taken place, the CL will support Plunket people to make a ROC to CYF.
  - If there is identification of risk factors and the child is assessed as being vulnerable a referral to a local Children’s Team (CT) if one is operating locally, should be considered.
  - Where a concern about a child doesn’t amount to suspicion of abuse or neglect, Plunket will work to partner with social service providers in their communities to identify and address the needs of the child. The services available in each community will vary and may include a range of government and non-government providers, for example, Strengthening Families, Whānau Ora, Iwi Social Services, Social Workers in Schools, family/whānau counselling agencies, budget services, mental health and drug and alcohol services.

10. Clinical Leader Responsibilities

- The CL is the person all Plunket people must consult with to make decisions relating to suspected or identified child abuse and neglect.
- The CL will support the risk assessment process and subsequent supportive actions (including reviewing timelines for planned actions) that may be required, such as any ROC to CYF, referrals to CT and other support services.
- The CL ensures that in her absence, Plunket people have contact details for an alternative support person (e.g. a CL colleague, or the area CNC).
- The CL or her alternative contact will respond by the next working day to any messages from Plunket people regarding family violence situations.
# Appendix One. Definitions

<table>
<thead>
<tr>
<th>Abuse</th>
<th>The harming (physically, emotionally, or sexually) and ill treatment, neglect or deprivation of any person. This may be:</th>
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<tbody>
<tr>
<td>Emotional abuse</td>
<td>Any act or omission that results in adverse or impaired psychological, social, intellectual and emotional functioning or development. This can include patterns of isolation, degradation, constant criticism or negative comparison to others, exposure to other forms of family/whānau violence. It can also include financial or economic abuse (for example, denying or limiting access to financial resources, or preventing or restricting employment opportunities or access to education).</td>
</tr>
<tr>
<td>Neglect</td>
<td>The most common form of abuse, neglect can be: physical (not providing the necessities of life like a warm place, food and clothing), emotional (not providing comfort, attention and love), neglectful supervision (leaving children without someone safe looking after them), medical neglect (not taking care of health needs), or educational neglect (allowing chronic truancy, failure to enrol in education or inattention to education needs).</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>Any acts that may result in physical harm. This can include: bruising, cutting, hitting, beating, biting, burning, causing abrasions, bruising, strangulation, suffocation, drowning, poisoning, fabricating or inducing illness.</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Children: Any acts that involve forcing or enticing a child to take part in sexual activities, whether or not they are aware of what is happening. This can include: contact abuse (such as touching breasts, genital/anal fondling, masturbation, oral sex, encouraging a child to perform such acts on the perpetrator or another) and or non-contact abuse (such as exhibitionism, voyeurism, exposure to pornographic or sexual imagery, inappropriate photography or depictions of sexual or suggestive behaviours or comments). Adults: Any act that involves forcing or enticing an adult to take part in sexual activities, whether or not they are aware of what is happening.</td>
</tr>
<tr>
<td>Honour based violence (HBV)</td>
<td>A crime or occurrence which has or may have been committed to justify a belief in protecting or defending the honour of a family and/or community. This can include: forced marriages, forced repatriation, female genital mutilation, acid attacks, blood feuds, honour killings and sexual attacks.</td>
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<thead>
<tr>
<th>Adult</th>
<th>A person aged 17 years or older</th>
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<tr>
<td>Animal abuse</td>
<td>A form of violence likely to occur concurrently with family violence, where pets are used by perpetrators of family violence as a means of controlling or emotionally abusing family members. A child exposed to animal abuse is more likely to have difficulties forming nurturing relationships with people.</td>
</tr>
<tr>
<td>Child</td>
<td>Any child or young person aged under 17 years and who is not married or in a civil union.</td>
</tr>
<tr>
<td>Child Protection</td>
<td>Activities that promote the wellbeing of children, are responsive to their vulnerability, and ensure that children are safe in cases where there is suspected abuse or neglect or the risk of abuse or neglect.</td>
</tr>
<tr>
<td>Child, Youth and Family (CYF)</td>
<td>Statutory agency responsible for investigating and responding to suspected abuse and neglect and for providing care and protection to children found to be in need.</td>
</tr>
<tr>
<td>Disclosure</td>
<td>Information given to Plunket people by a child, parent or caregiver or a third party in relation to abuse or neglect.</td>
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| Family Violence | Te Rito, the New Zealand Ministry of Social Development, (2002), Family Violence Prevention Strategy, defines family violence as “family violence covers a broad range of controlling behaviours, commonly of a physical, sexual, and/or psychological nature which typically involve fear, intimidation and emotional deprivation. It occurs within a variety of close interpersonal relationships, such as between partners, parents and children, siblings, and in other relationships where significant others are not part of the physical household but are part of the family and/or are fulfilling the function of family.” Common forms of violence in families/whānau include:  
  • Spouse/partner abuse (violence among partners).  
  • Child abuse/neglect (abuse/neglect of children by an adult).  
  • Elder abuse/neglect (abuse of older people aged approximately 65 years and over, by a person with whom they have a relationship of trust).  
  • Parental abuse (violence perpetrated by a child against their parent).  
  • Sibling abuse (violence among siblings). |
| Perpetrator | Within this document, the word perpetrator refers to the person responsible for, and committing any act or omission that results in abuse or neglect of another. |
| Plunket people | All Plunket people | This includes all workers, management and administration, as well as volunteers, contractors and people from outside the organisation (such as nursing students) present as part of Plunket services. |
| Care delivery workers | Trained health and allied health professionals such as registered nurses, Plunket nurses and Plunket health workers who are engaged in care delivery contracts such as the WCTO and B4School contracts. |
| Service delivery workers | Care delivery workers and volunteers with direct client contact. |
| Risk assessment for child abuse and neglect: | Risk assessment for child abuse and neglect is the systematic assessment of both risk and protective factors undertaken at any contact where signs and symptoms of child abuse and neglect or other forms of family violence such as caregiver disclosure or family violence, are identified. |
| Routine Inquiry | Routine inquiry refers to the systematic asking of adults about their personal history with family violence. The aim is to identify people who would benefit from further exploring of their situation and from some form of intervention. Questioning should only be done by someone who is trained do so and as part of their role. Usually inquiry begins with a general framing statement, then moves to a direct question. Inquiry can be:  
  • Routine (Universal): done at all core contacts. For example, within WCTO work routine inquiry for a personal history of family violence (past or current) is conducted at core contacts with all female caregivers.  
  • Indicator-based: is done when signs or symptoms or risk factors associated with family violence are identified. For example, within WCTO work indicator-based inquiry for any personal history of family violence is conducted at any additional contact with either the female or male caregiver. |
Appendix Two. Working with indigenous/cultural groups

Principles for action:
- Children’s safety and protection must be paramount.
- A collaborative approach to family violence prevention.
- The provision of culturally competent practice.
- It is important to acknowledge the difference between culturally and linguistically diverse people and their specific practices and beliefs.
- Culture plays a significant role in how family violence is perceived.
- Women from culturally diverse backgrounds often have more barriers (such as culture, beliefs, immigration and residency status and fewer support structures outside of the direct family) to accessing resources and support therefore increasing their vulnerability.
- Family violence information such as posters, pamphlets and support service information should be both culturally and language appropriate to the needs of the population being served.
- Where there are language barriers between the caregiver and Plunket care delivery workers, then the workers must arrange the use of an accredited health interpreter (of the same gender as the caregiver). This would usually be via Language Line (with whom Plunket has a national contract). The use of other health interpreter services should be discussed with the CL first.

Working with Māori
- Each region is expected to actively work to implement the Plunket Māori Health Strategy in relation to family violence prevention and child protection and evaluate their progress.
  Culturally safe and competent care that is safe and respectful of Māori beliefs and practices is supported by the following principles:
  o Victim safety and protection are paramount.
  o Engagement of whānau, hapū and iwi.
  o Knowledge of iwi, Māori and community support agencies, including awareness of the referral agencies appropriate for Māori people who are victims of abuse.
  o Intrasectoral collaboration.
  o Monitoring and evaluation of family violence interventions with Māori women and children.
- Do not assume that the whānau should be involved in supporting the person - ask the person what plan of action they want (it may or may not include the whānau, kaumātua or kuia).
- All Plunket education should be underpinned by principles that support culturally responsive practice. Education will include but need not be limited to the Treaty of Waitangi and the use of Māori models of health.

Working with Pacific
- It is important to acknowledge the difference between Pacific peoples and their specific practices and beliefs such as Pacific child rearing values and balancing self-care and the maintenance of familial and community relationships.
- Be mindful of communication techniques when conversing with Pacific families as information relating to a sensitive topic could be misunderstood. It is essential to use professional interpreters when there are language barriers. Non-verbal communication from both families and Plunket people could also be misinterpreted.
- Knowledge of and engagement with Pacific community support agencies, including awareness of the referral agencies appropriate for Pacific people who are affected by abuse supports culturally safe and competent care.
Each region is expected to actively work to implement Plunket Pacific action plans in relation to family violence prevention and child protection and evaluate their progress.

**Working with people of Culturally and Linguistically Diverse ethnicities**

- Definitions of family violence are not universally understood or accepted by CALD families. It is important to explore the cultural barriers CALD women face and how these barriers influence their help-seeking behaviours.
- The potential for CALD people to identify as being affected by family violence or to seek help is low.
- CALD families might have a different view and experience with authorities and interpretations of confidentiality and New Zealand law, and therefore may require additional care and support regarding how they perceive and work with services.
- As some ethnic communities are relatively small in numbers in New Zealand, it is essential to use professional interpreters to support confidentiality.
- Each region is expected to actively work to implement the Plunket Asian Strategy in relation to family violence prevention and child protection and evaluate their progress.
- There are some specific support services such as Shakti which specialise in the area of CALD women’s development, empowerment and domestic/family violence intervention, prevention and awareness.

**Appendix Three. Confidentiality and information sharing**

- The Privacy Act (1993), and the Crimes Act (1961) allow information to be shared with the Police if you have information relating to crimes such as homicide, sexual abuse, or any assault on any person where that person has sustained some serious wound, disfigurement, grievous bodily harm or serious injury, or the nature of the injury or circumstances of the injury indicate that Police intervention is necessary for the further protections of the victim.
- The Children, Young Persons, and their Families Act (1989) also allows information to be shared to keep children safe when abuse or suspected abuse is reported or investigated. Note that under sections 15 and 16 of the CYPF Act, any person who believes that a child has been, or is likely to be, harmed physically, emotionally or sexually or ill-treated, abused, neglected or deprived may report the matter to Child, Youth and Family or the Police and, provided the report is made in good faith, no civil, criminal or disciplinary proceedings may be brought against them.
- Information about clients and their families should not be disclosed inappropriately but in some situations where there are health and or safety concerns it is appropriate for Plunket people to:
  - Consult with the Plunket CL.
  - Consult with the colleague’s first-line manager if the concerns relate to a colleague being a victim or perpetrator of any form of abuse or violence.
  - It may be appropriate for Plunket people after consultation with the Plunket CL and as appropriate for their role, to discuss concerns about a child with other health, allied health professionals and social support services.
- If a request is made to view and/or seek a copy of a Plunket held record, then the person in receipt of the request should advise the requester that Plunket’s policy (Privacy Policy) is that these requests are made via their manager, and the person should ensure that both parties are aware of the appropriate contact details.
- It may be appropriate and permissible to disclose information following a request for information from a third party such as child protection or statutory authorities and their representatives such as CYF, CT and the Police. Within Plunket any such requests for information and subsequent responses must be in writing and sent in a secure format.
o Consultation with the CL should occur prior to any response.
o Responses should be in writing and reviewed by the CL before being sent.

Appendix Four. Allegations or concerns about Plunket people

Where it is suspected that child abuse has been perpetrated by any Plunket person (this includes all workers, management and administration, as well as volunteers, contractors and people from outside the organisation such as nursing students present as part of Plunket services), the same response to suspected child abuse and neglect processes apply. And also:

- Any allegations or concerns about Plunket people must also be reported immediately to the first line manager who will immediately contact Plunkets’ General Manager Clinical Services. Plunkets’ General Manager Clinical Services will maintain close liaison with CYF and/or Police.
- The Plunket ordinary disciplinary policies, guided by Plunket employment contracts/collective employment contracts and relevant statutory obligations outlines procedures for addressing issues of suspected or alleged abuse by Plunket people.
- The Plunket person will be advised of their right to seek support/advice from union or other appropriate representatives.
- Plunket will provide the child and family with support, if appropriate, or direct them to agencies who can assist.
- Plunket commits not to use ‘settlement agreements’ (where a Plunket person agrees to resign provided that no disciplinary action is taken, and a future reference is agreed) where these are contrary to a culture of child protection.

Appendix Five. Recruitment and employment (safety checking)

In accordance with the Vulnerable Children Act (2014) and Plunket’s commitment to always act responsibly in the best interests of the child, children’s worker safety checks will be carried out. This will include Ministry of Justice check or a Police Vetting check (which is more in-depth) according to the person’s role.

Appendix Six. Training, supervision and support

- Training, resources and/or advice will be available to ensure that all Plunket people can undertake their duties in accordance with this policy.
- This policy will be part of the Plunket people induction programme. Plunket service delivery workers will participate in further initial and ongoing education and support as applicable to their roles.
- Lone practice is not safe when working with family violence, child abuse and neglect issues. Plunket people should not attempt to make decisions on their own and Plunket people must consult with the CL at an early stage to support effective decision making and safe practice. When the CL needs further support and guidance they should seek this from another CL, Clinical Nurse Consultant, National Advisors, or CYF call centre.
- When Plunket people have been involved in the reporting and/or management of abuse or neglect they should seek debriefing and supervision from the CL, and/or appropriately trained senior clinical colleagues. After critical incidents, Plunket people may need to access extra support in the form of debriefing or counselling from EAP (a professional confidential offsite service with whom Plunket has a contract with).
Appendix Seven. Evaluation activities

- Evaluation is both a local and national responsibility, it relates to both individual and population health outcomes and includes review of the people involved, the sequence of events and actions. Root cause analysis enables identification of trends and subsequent system improvements that contribute to improved practice.

- Evaluation includes but is not limited to the processes of:
  - Documentation audit of Plunket held health records and communications to and from statutory services.
  - Case reviews for client deaths and critical incidents involving family violence, led by the CNC.
  - Monitoring of family violence and child protection statistical data relating to:
    - Contacts including these components.
    - Demographic trends.
    - Family violence and child protection referrals and recommendations (why and where).
    - Health and Safety clinical incident reviews led by CL and CNC.
    - Feedback and complaints relating to family violence and child protection issues from clients, key stakeholders and Plunket people.

- Where it has been identified that the Plunket’s Family Violence Prevention (inclusive of Child Protection) Policy and Protocols have not been followed, a Health and Safety incident form is to be completed regarding the clinical risk.

Appendix Eight. Related documentation

Associated Plunket documents
- Asian Strategy
- Privacy Policy
- Health and Safety Policy
- People and Capability policies and guidelines
- Health Outcome Risk Reporting: Investigation Protocol
- Legal Protocols and Guidelines for Clinical Practice
- Māori Health Strategy
- Pacific Strategic Plan
- Plunket Health Worker Standards of Practice
- Plunket Position Statement on Physical Punishment
- Standards of Practice for Plunket WCTO Nurses
- Security Screening Process
- Standards of Practice for Facilitators of Clients Groups

Associated New Zealand legislation and documents
- Children, Young Persons, and Their Families Act 1989
- Care of Children Act 2004
- Domestic Violence Act 1995
- Health Information Privacy Code (1994)
- Privacy Act 1993
- The Crimes Act 1961
- The United Nations Convention on the Rights of the Child (UNCROC)
- Victims’ Rights Act 2002
- Vulnerable Children Act 2014
- Vulnerable Children (Requirements for Safety Checks of Children’s Workers) Regulations 2015