

# Child Protection Policy

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## 1. Purpose

The purpose of this Child Protection Policy is to set a clear protocol of action and a framework for our responsibilities and legal duties in relation to each child's vulnerability and protection. This document will ensure a consistent and effective response in the event of any concern for a child's welfare, and to support any child or young person.

This policy explains Green Cross Health's commitment, demonstrating new ways of working to foster joint responsibility for all children/tamariki and young people/rangatahi.

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## 2. Scope

As a provider of healthcare this policy applies to:

- All of Green Cross Health's (GXH) work, directly or indirectly related to children and families/whānau.
  - All employees, volunteers and contractors of Green Cross Health, especially those who work in areas that develop and/or provide services for children/young persons and their family/whānau.
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## 3. Policy Statement

Green Cross Health is passionately committed to providing support, care and protection to our children through our pharmacies, medical centres and community health services. This commitment is based upon the understanding that most vulnerable and at-risk children may be known to, or have contact with, a healthcare provider who may be in a position to help or intervene to protect a child or young person.

Green Cross Health ensures that any actions taken in respect of actual or suspected child abuse and neglect are guided by Child Protection Policy and Procedures, under section 15 of the Vulnerable Children's Act 2014. This includes sexual exploitation and help for those children and young people who are identified as vulnerable, to ensure they get help early to prevent child abuse or neglect occurring.

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## 4. Our Responsibility

Green Cross Health takes responsibility for the well-being and protection of children by ensuring the organisation has the information, tools and support to be able to:

1. Ensure the safety and well-being of children is at the forefront of all we do and provide
2. Have workable and a robust child protection policy and procedures
3. Create opportunities for staff to:
  - a. be informed and gain understanding,
  - b. increase knowledge, skills and confidence to implement procedures,
  - c. create opportunities for staff to become trusted child safety contacts.
4. Provide child protection guidance and support to staff when needed.

### What we will do:

- Ensure any new business, or potential new businesses, have a culture of child protection, and complies with the Vulnerable Children's Act 2014 requirements.
  - Medical Centres are certified for "Aiming for Excellence" from the Royal College of General Practitioners of New Zealand.
  - Create an action plan, which will include ongoing procedure development, education opportunities, staff and patient resources, and child protection record keeping.
  - Have a designated person for child protection in every workplace.
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- Facilitate workplace connections with local services and agencies that support families.
- We will review this policy and any operational procedures annually, or after an incident or a sentinel event, for role modelling and supporting a quality improvement culture.
- Partner with Safeguarding Children Initiative to create a culture where care and protection of children and young people is paramount.

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### 5. Principles

For child protection to be embedded in our culture, GXH seeks to develop a learning environment and a fair and just culture, in which every individual understands what child abuse means and what their responsibilities are.

In line with this policy, GXH will:

- Provide clarity and ensure consistency on the terms used in relation to, and meanings of, child protection and neglect.
- Individuals are responsible for reporting disclosures and any provision of care concerns, and for contributing to the elimination of organisational child protection procedure flaws to enable reporting.
- Giving information to others for the protection of a child is a justifiable breach of confidentiality and, where a vulnerable child is at risk of harm, is a legal duty.
- Any reckless or wilful violation of this policy or negligent behaviour, corrective or disciplinary action may be appropriate through either an informal or formal process.
- Complaints of a serious professional nature will be reported to the Medical Council or Nursing Council.

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### 6. Definitions

**Child/tamariki** - Individuals aged 0-14 years

**Young person/rangatahi** - Individuals aged 15 – 18 years

#### **Bullying and cyberbullying [1]**

Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone.

It can happen anywhere – at school, at home or online. It's usually repeated over a long period and can hurt a child/young person both physically and emotionally.

Bullying that happens online, using social networks, games and mobile phones, and is often called cyberbullying. A child/young person can feel like there's no escape because it can happen wherever they are, at any time of day or night.

#### **Child abuse and neglect**

The harming (whether physically, emotionally, or sexually), ill treatment, abuse, neglect or deprivation of any child or young person.

- **Physical abuse** - Is any behaviour or action which inflicts physical harm to a child or young person, which can include unexplained bruises, welts, cuts and abrasions, unexplained fractures and dislocations, burns, fabricated illness such as Munchausen by proxy.
- **Sexual abuse** - Is any act where an adult or a more powerful person uses a child or young person for a sexual purpose. This can be direct contact or exposing children to adult materials.
- **Emotional Abuse** - Any act or omission that results in impaired psychological, social, intellectual and or emotional functioning and development of a child or young person.

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- **Neglect** - Any act or omission that results in impaired physical/emotional functioning, injury, and/or development of a child or young person and can include:
  - a. **Physical neglect** – not providing the necessities of life.
  - b. **Neglectful supervision** – leaving children alone or without someone safe looking after them.
  - c. **Emotional neglect** – not providing the comfort, love and attention the child needs.
  - d. **Medical neglect** – the failure to ensure their health needs are met.
  - e. **Educational neglect** – allowing chronic truancy, failure to enrol children in school, or inattention to their special education needs.

### Child protection

The activities carried out to ensure the safety of a child/tamariki and young person/rangatahi, in cases where there is abuse or neglect.

### Child sexual exploitation

When people use the power they have over young people to sexually abuse them. Their power may result from a difference in age, gender, intellect, strength, money or other resources.

### Cumulative harm

Cumulative harm refers to the effects of patterns of circumstances and events in a child or young person's life, which diminishes their sense of safety, stability and well-being.

Cumulative harm is compounded experiences of multiple episodes of abuse or layers of neglect. Constant daily impact on the child or young person can be profound and exponential, covering multiple dimensions of their life.

<https://practice.mvcot.govt.nz/policy/assessment-and-decision-making/key-information/cumulative-harm.html#null>

### Designated Person (DP) for Child Protection

It is recommended each organisation or service has someone who holds the responsibility for child protection for that organisation. The designated person (DP) takes the responsibility within their agency for ensuring child protection is a key focus, and that appropriate protocols and procedures, such as child protection policy implementation, staff training, and support is in place. This role is not a 'job' within itself, but usually sits as a function of an established role.

Responsibilities include:

- Being a source of advice, guidance and support for staff who may have child protection concerns;
- Ensuring the Child Protection Policy is reviewed regularly, and that staff are informed;
- Ensuring required staff have received regular child protection training, and that this is recorded;
- Ensuring practices and procedures within the organisation have a child protection lens applied;
- Overseeing the maintenance and confidentiality of child protection records and documentation.

### Family violence

The types of family violence covered in this report are broadly guided by the definition set out in *Te Rito* (Ministry of Social Development 2002: 8).

Family violence covers a broad range of controlling behaviours, commonly of a physical, sexual and/or psychological nature, that typically involves fear, intimidation or 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:

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- spouse/partner abuse (violence among adult partners);
- child abuse/neglect (abuse/neglect of children by an adult);
- elder abuse/neglect (abuse/neglect 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).

### Intimate partner violence [2]

Intimate partner violence refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Such behaviour includes:

- Acts of physical aggression – such as slapping, hitting, kicking and beating;
- Psychological abuse – such as intimidation, constant belittling and humiliating;
- Forced intercourse and other forms of sexual coercion;
- Various controlling behaviours – such as isolating a person from their family and friends, monitoring their movements, and restricting their access to information or assistance.

### Ministry for Vulnerable Children/Oranga Tamariki

Ministry dedicated to supporting any child in New Zealand whose well-being is at significant risk of harm now, or in the future.

### Sexual Assault [3]

Includes forced sexual contact without a person's permission, sexual harassment, and inappropriate contact.

### Vulnerability

Children/young persons who are at significant risk of harm to their well-being now, and into the future, as a consequence of the environment in which they are being raised, and in some cases, due to their own complex needs. From White Paper 2012.

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## 7. References

[1] <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/bullying-and-cyberbullying/>

[2] [http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en/full\\_en.pdf](http://www.who.int/violence_injury_prevention/violence/world_report/en/full_en.pdf)

[3] <http://www.health.govt.nz/your-health/healthy-living/abuse>

<http://www.childmatters.org.nz/file/Policy/Fact-sheets/dp-factsheet-3.pdf>

[Ministry for Vulnerable Children/ Tamariki Oranga](#)

[Vulnerable Children's Act 2014](#)

[Young Persons, and Their Families Act 1989](#)

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## 8. Cross Reference

Associated documents include (but not limited to);

Complaints Procedure

Health Information Privacy Policy

Incident and Feedback Management Policy and Procedure

Intimate Family Violence Policy and Procedure

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## 9. Supporting Legislation

- Care of Children Act, 2004
- Children, Young Persons and Their Families Act, 1989
- Crimes Act, 1961
- Domestic Violence Act, 1995
- Employment Relations Act, 2000
- Health and Disability Sector Standards Regulations, 2001
- Health and Safety at Work Act (in effect from April 2016)
- Health Information Privacy Code, 1994
- Human Rights Act 1993
- Privacy Act, 1993
- Section 22f of The Health Act, 1956
- The Treaty of Waitangi, 1840
- United Nations Convention on the Rights of the Child (UNCROC) 1989
- Vulnerable Children Act, 2014

## 10. Document Creation and Review

Author:	CSQ & Prof Services 170817
Updated:	
Checked:	

## 11. Document Declaration



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Grant Bai, Company Executive Officer, Green Cross Health