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(Note that some hyperlinks will take you out of this policy to other guidelines and associated documentation)

PURPOSE

Capital & Coast District Health Board (CCDHB) is committed to the prevention, early identification and effective intervention of child abuse and neglect. Child protection is an important area of focus under the Family Violence Intervention policy which also includes elder abuse screening and assessment, and Intimate Partner Violence Intervention policy.

This policy provides all CCDHB staff with the framework for identification, assessment and effective response to child abuse and neglect (including actual, suspected or potential abuse or neglect). While variations in actual practice between service areas is expected, all practice relating to the identification, support, risk assessment, management and referral processes for victims of child abuse and neglect and family violence must be consistent with this policy.

This policy should be read in conjunction with the Family Violence Intervention Policy, and associated policies relating to Intimate Partner Violence Intervention and Elder Abuse and Neglect.

PRINCIPLES

The Ministry of Health's Family Violence Assessment and Intervention Guideline (2016), together with the principles outlined in the CCDHB Family Violence Intervention policy underpin this policy and all associated procedures. The following principles relating specifically to child abuse and neglect must also be considered:

- The rights, welfare and safety of the child/tamariki, young person/rangatahi are our first and paramount consideration.
- Health services should contribute to the nurturing and protection of children and advocate for them as part of their role to promote and preserve health.
- Health services for the care and protection of children are built on a bicultural partnership in accordance with the Treaty of Waitangi.
- Māori children/tamariki, young persons/rangatahi are assessed and managed within a culturally safe environment. The Whānau Care Services is available for cultural support.
- Wherever possible the family/whānau, hapu and iwi participate in the making of decisions affecting that child/tamariki young person/rangatahi.
- All staff are to recognise and be sensitive to other cultures.
- In the case of mental health clients support and advice is available from Child Adolescent and Mental Health Service (CAMHS)
- Capital & Coast DHB provides an integrated service and works with external agencies to provide an effective and coordinated approach to child protection.
- Staff are competent in identification and management of actual or potential abuse and/or neglect through the organisation's infrastructure including policy and procedural structures, workforce development and access to consultation.

SCOPE

This policy applies to all cases of actual and/or suspected abuse and neglect encountered by employees, students and people working at Capital & Coast DHB under a contract for service.

TERMS AND DEFINITIONS

All terms and definitions related to this document have been defined (see Appendix 1).

ORGANISATIONAL RESPONSIBILITIES

Executive Responsibilities

The Capital & Coast District Health Board (CCDHB) is responsible for ensuring it has;

- An organisation-wide policy for the management of child abuse and neglect and associated policies as indicated
- Engaged with interagency processes such as the Memoranda of Understanding between CCDHB, Oranga Tamariki- Ministry for Children and Police that support effective collaboration
- Regular workforce development for staff on the policy
- Processes to ensure the policy is adhered to, such as quality improvement activities

- Adequate support and supervision for staff.

These activities need to be properly resourced and evaluated.

Service Responsibilities

All services/departments will support the implementation of this policy within services as coordinated by the Violence Intervention Programme (VIP) Co-ordinator(s).

Employee Responsibilities

All employees of CCDHB have responsibility for the management of actual or suspected abuse and neglect. Responsibilities are:

- To be conversant with CCDHB management of actual or suspected child abuse and neglect and associated policies
- To comply with the practices described in the CAN Expanded 6-step Model (Practice Manual)
- To understand the referral and management of actual or suspected abuse and neglect
- To understand when to consider sharing information about concerns for children, what information and who to share it with in accordance with relevant legislation including the Privacy Act and the information sharing provisions of the Oranga Tamariki Act and Family Violence Act.
- To take action when child abuse is suspected or identified
- To attend initial training and regular updates appropriate to their area of work
- To provide or access CCDHB specialist health services that may include:
  - Cultural assessments.
  - Mental health assessments.
  - Diagnostic medical assessments.
  - Social work services, counseling and therapy resources.
  - Paediatric assessment.
- To practice safely, for example consulting with a senior colleague during the intervention and seeking peer-support/supervision when child abuse is suspected or identified.

This includes situations where child abuse is disclosed but the child may not be present (e.g. child of an adult patient).

Human Resource Responsibilities

Capital & Coast DHB recruitment policies will reflect a commitment to child protection by including comprehensive pre-employment screening procedures (in accordance with the Vulnerable Children's Act 2014).

Where suspicion exists of child abuse perpetrated by an employee or volunteer in the organisation, the matter will also be dealt with in accordance with the Human Resource disciplinary procedures, 3-DHB Disciplinary policy.

Child Protection / Violence Intervention Programme Coordinator Responsibilities

- Coordinate Violence Intervention Programme (VIP) implementation within services, working with service leaders to ensure the system supports are readily available
- Ensure the DHB-wide policy remains current and aligned with national standards
- Ensure provision of workforce development in accordance with the DHB VIP training plan; this will include ensuring that the VIP training is available cyclically
- Ensure quality improvement activities in regard to policy compliance are undertaken and reported on at least biannually.

- To be available to staff for consultation regarding child protection concerns.
- To facilitate communication with Oranga Tamariki- Ministry for Children, Police and other key community agencies.

MĀORI AND THE VIOLENCE INTERVENTION PROGRAMME

Māori are significantly over-represented as both victims and perpetrators of whānau violence. This should be seen in the context of colonisation and the loss of traditional structures of family/ whānau support and discipline. However, violence is not acceptable within Māori culture. This policy has been developed in accordance with the principles of action including the Treaty of Waitangi principles, recognising Te Whare Tapa Wha and kaupapa principles. This is consistent with cultural training offered and mandated within CCDHB.

Family violence intervention for Māori is based on victim safety and protection being the paramount principle. Ensure practice is safe clinically and culturally. Affirm with the person(s) being abused of their right to be safe in their home. Have Māori staff available to offer support to the family whenever possible.

See Māori and family violence (see Family Violence Intervention policy, Appendix 3)

PACIFIC PEOPLES AND THE VIOLENCE INTERVENTION PROGRAMME

Pacific is an umbrella term that encompasses many Pacific Island Nations, each with their unique culture, language and tradition. Violence is not acceptable within the Pacific communities. However, it is unfortunate that the data indicates some of our families are the victims and perpetrators (See Pasefikiproud website)

In the Pacific communities, there are similar values noted throughout the different nations. These are family, spirituality, education, self-wellbeing, culture and traditions and how they inter relate with each other. This is depicted in the Nga vaka o kāiga tapu conceptual framework which addresses family violence for Pacific people in the New Zealand context. Similarly, a more renowned fonofale model of care mirrors these values and can be used when assessing the individual. Of note, there are other models of care available to guide care for Pacific people which are not necessarily ethnic specific.

Understanding these frameworks/ model of care and appropriate application to the different Pacific nations is imperative when caring for this vulnerable group.

It is of the Pacific worldview that the victims' safety in their homes and elsewhere as well as the protection of their rights is paramount.

In the hospital setting, the Pacific Health Unit offers support wherever possible and is a doorway to the appropriate Pacific community provider for continuing support.

See Pacific peoples and family violence (see Family Violence Intervention policy, Appendix 3)

SIX STEP CHILD PROTECTION PROCESS

This policy follows the 6-step child protection process outlined in the Ministry of Health's Family Violence Assessment and Intervention Guideline1. The 6 steps are:

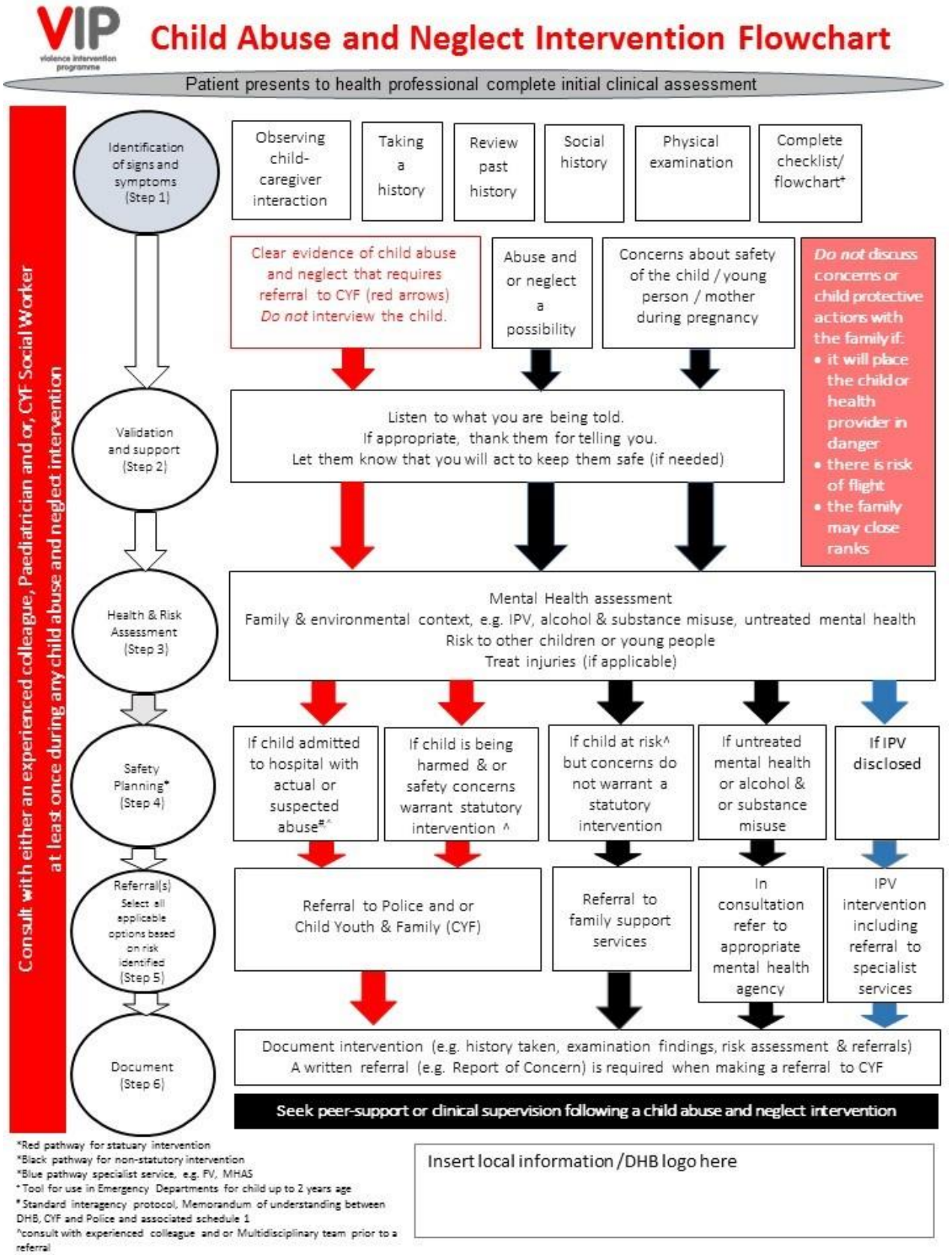
1. Identification of signs and symptoms,
2. Validation and Support,
3. Health and Risk Assessment,
4. Intervention/Safety Planning,
5. Referral and Follow-up, and
6. Documentation.

Refer to the Flowchart for responding to actual or suspected child abuse and/or neglect (at page 5 of this Policy)

An expanded outline of these steps can be found in the CCDHB document Child Abuse & Neglect Expanded 6-Step Model (Practice Manual).

[1] Fanslow, J. L. & Kelly, P., & Ministry of Health, *Family Violence Assessment and Intervention Guideline; Child abuse and Intimate Partner Violence.* Wellington: Ministry of Health, 2016.

FLOWCHART FOR RESPONDING TO ACTUAL OR SUSPECTED CHILD ABUSE AND/OR NEGLECT



EXAMINATIONS WHEN ABUSE OR NEGLECT SUSPECTED

There are only very limited exceptions to the requirement for consent to medical examinations, available under the Oranga Tamariki Act where abuse or neglect are suspected and in the specific situations identified in the Act. Any examination of a child or young person in the context of suspected or known abuse must be informed by and comply with relevant legislation and CCDHB policies.

Cases of sexual abuse or suspected sexual abuse should always be discussed with a doctor specifically trained in this field. **Always refer to the Paediatrician on-call before you decide whether to examine or not.**

(See Informed consent (adults and children) policy; Chaperoning Policy for infants, children and young person; and Suspected child abuse – ED management)

REPORTING CONCERNS FOR CHILDREN TO ORANGA TAMARIKI

Staff, in consultation with senior staff, are responsible for conducting an assessment in order to identify when a Report of Concern (ROC) must be made) to Oranga Tamariki or a referral to other health and disability services and/or social services agencies is required..

Where staff believe a child is being harmed, or is suspected of being harmed, staff must make a Report of Concern to Oranga Tamariki. The Report of Concern must contain sufficient information to inform the Oranga Tamariki triage process. This also includes situations where child abuse and/or neglect are disclosed but the child may not be a client of the DHB.

Where staff have concerns a child is, or may be, at risk of harm or have identified other concerns for a child's safety and well-being, they must conduct a risk assessment and decide whether a Report of Concern is warranted and/or whether a referral to other health and disability services and/or social services agencies is needed.

For further explanation please refer to the Child Abuse & Neglect Expanded 6-Step Model (Practice Manual).

SHARING INFORMATION ABOUT CONCERNS FOR CHILDREN

CCDHB staff need to understand when to consider sharing information about concerns for children, what information and who to share it with in accordance with relevant legislation including the Privacy Act and Health Information Privacy Code and the information sharing provisions of the Oranga Tamariki Act and Family Violence Act.

For more information relating to sharing information refer to:

- Information Sharing to Support Tamariki Wellbeing and Safety, Oranga Tamariki – Ministry for Children, 2019 (guidance on sharing information under the information sharing provisions in the Oranga Tamariki Act.)
- Sharing Information Safely, Ministry of Justice, 2019 (guidance on sharing personal information under the FVA based on eight principles of information sharing which are referred to in the Act).

DEATH OF A CHILD AND SIBLING ASSESSMENT

In the event that a child is brought into the DHB and is deceased on arrival or the child dies in the DHB and the cause of death is suspicious, then an assessment of the safety of any siblings should be urgently undertaken. The Paediatrician on-call should determine if there are other siblings and if so report to Oranga Tamariki - Ministry for Children.

STAFF SUPPORT AND SAFETY

In any case where staff have been involved in the reporting and/or management of abuse or neglect they should seek debriefing, supervision or counselling from an appropriately trained senior colleague. Staff may access Peer Support or the Employee Assistance Programme and can also access support following a critical incident (see Staff support following a critical incident policy).

REFERENCES

Type	Title/Description
Legislation	• Care of Children Act 2004 • Children's Act 2014 • Crimes Act (1961) • Crimes Amendment Act (No. 3) 2011 • Family Violence Act 2018 • Oranga Tamariki Act 1989
Publications and Standards	• Fanslow, J. & Kelly, P. & Ministry of Health, Family Violence Assessment and Intervention Guideline; Child abuse and intimate partner violence. Wellington: Ministry of Health, 2016. • An interagency guide, Working Together to keep children and young people safe, Child Youth & Family, 2011 • Memorandum of Understanding between Child, Youth and Family and, New Zealand Police and Capital & Coast District Health Board. August 2011 (and Schedules): - Schedule 1 – Children admitted to hospital with suspected or confirmed abuse or neglect - Schedule 2 – Relating to the role of the CYF DHB liaison social worker - Schedule 3 – Neglect of Medical Care Guidelines (18 October 2016) - Schedule 4 - Joint Standard Operating Procedures for Children and Young Persons in Clandestine Laboratories • Memorandum of Understanding between Child, Youth and Family and New Zealand Police. August 2013 • Ministry of Health He Korowai Oranga, – Māori Health Strategy • Protecting Children from Abuse and Neglect – Office of the Children's Commissioner – Nov 2004 • Preventing child neglect in New Zealand: A public health assessment of the evidence, current approach, and best practice guidance, Dr Janine Mardani, 2010 • Safety of Children in Hospital. Wellington: Office of the Commissioner for Children, 2006. • Screening, Risk Assessment and Intervention for Family Violence including Child Abuse and Neglect, New Zealand Standard 8006: 2006 • Te Rito, New Zealand Family Violence Prevention Strategy, Ministry of Social Development, 2002
CCDHB Policies and Standards	• Bi-cultural safety • Chaperoning policy for infants, children and young people • Child Protection Alert Management

	• Child protection guideline – social work • Death of a neonate, infant or child on a CCDHB site • Disclosure of information to Police • Family Violence Intervention • Informed consent (Adult and Children) • Managing Aggression, Violence and Security Emergencies • Medical Photography and Video Recordings • Partnering with whānau who are supporting patients • Partners in care - observation and engagement • Privacy • Reportable events • Security • Staff support following a critical incident • Suspected child abuse – ED Management • Suspected child abuse management – Kenepuru A & M Clinic • Tikanga Māori – a Guide for Health Care Workers (Kaimahi Hauora) • Use of Interpreting Services • Visitors • Working with partner abuse - social work
Handouts, Flowcharts, References	**Handouts, Flowcharts etc** • Child Abuse & Neglect Expanded 6-Step Model (Practice Manual) • Emergency safe bed access for persons experiencing family violence • Four recognised categories of child abuse • Risk factors for child abuse and neglect • Signs and Symptoms of Abuse and Neglect in recognised categories of Child Abuse
Forms, Reports of Concern and Referral Forms (Also see Forms folder in Violence Intervention Programme Folder on capitalDocs)	**Forms** • Child and Youth Medical Assessment Record • Child/Youth Medical Assessment Referral Form Multi-agency safety plan (MASP) • Observed patient assessment tool, care plan and request form • Observed patient observation form • Request for Medical Examination – Child (including consent) **Reports of Concern** • Report of Concern to Oranga Tamariki– Interactive form **Referral to Other Services** • Referral to Pacific Health Unit

	• Referral to Whānau Care Services **Contact details for Other Services** • Contact details for family violence services (updated 2020) • Te Rito Family Violence Directory (Wellington) (2019)

Appendices

Appendix 1: Definitions

Appendix 2: HEEADSSS: Psychosocial Interview for Adolescents

Appendix 3: Assessing Child Neglect

Appendix 4: Assessment and Referral for Children under 12 at risk of suicide

APPENDIX 1

DEFINITIONS[1]

The following terms and definitions will be used through-out this document. Where definitions are not attributed to specific legislation, they will be found in the Child Abuse & Neglect policy template (2018) provided by the Ministry of Health.

Word / Phrase	Definition
Child	Oranga Tamariki Act 1989: child means a person under the age of 14 years (but can also include those *young persons* under 18 years. Young person means a person of or over the age of 14 years but under 18 years and also has an extended meaning that includes some young adults for certain purposes under section 386AAA of the OTA. Care of Children Act 2004 & Family Violence Act 2018: means person under the age of 18 years.
Child Protection	Means the activities carried out to ensure the safety of the child/tamariki, young person/rangatahi in cases where there is abuse or risk of abuse.
Child abuse	Oranga Tamariki Act 1989: child abuse means the harming (whether physically, emotionally, or sexually), ill-treatment, abuse, neglect, or deprivation of any child or young person.
Child Physical Abuse	Child physical abuse is any act or acts that may result in inflicted injury to a child or young person. It may include, but is not restricted to bruises and welts; cuts and abrasions; fractures or sprains; abdominal injuries; head injuries; injuries to internal organs; strangulation or suffocation; poisoning; burns or scalds.
Child Sexual Abuse	Child sexual abuse is any act or acts that result in the sexual exploitation of a child or young person, whether consensual or not. It may include, but is not restricted to: non-contact abuse; exhibitionism; voyeurism; suggestive behaviours or comments; exposure to pornographic material; contact abuse; touching breasts; genital/anal fondling; masturbation; oral sex; object or finger penetration of the anus or vagina; penile penetration of the anus or vagina; encouraging the child or young person to perform such acts on the perpetrator; involvement of the child or young person in activities for the purposes of pornography or prostitution.

[1] Fanslow, J. & Kelly, P., & Ministry of Health, *Family Violence Assessment and Intervention Guideline*; Child abuse and intimate partner violence. Wellington: Ministry of Health, 2016.

Child emotional/ psychological abuse	Child emotional/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. It may include, but is not restricted to: rejection, isolation or oppression; deprivation of affection or cognitive stimulation; inappropriate and continued criticism; threats; humiliation; accusations; inappropriate expectations of, or towards, the child or young person; exposure to family violence; corruption of the child or young person through exposure to family violence; corruption to the child or young person through exposure to, or involvement in, illegal or anti-social activities; the negative impact of the mental or emotional condition of the parent or caregiver; the negative impact of substance abuse by anyone living in the same residence as the child or young person. (As defined in the MoH CAN template, 2018)
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: • *physical neglect* – failure to provide the necessities to sustain the life or health of the child or young person • *neglectful supervision* – failure to provide developmentally appropriate and/or legally required supervision of the child or young person, leading to an increased risk of harm • *medical neglect* – failure to seek, obtain or follow through with medical care for the child or young person, resulting in their impaired functioning and/or development • *abandonment* – leaving a child or young person in any situation without arranging necessary care for them and with no intention of returning • *refusal to assume parental responsibility* – unwillingness or inability to provide appropriate care or control for a child or young person.
Family violence	For the purposes of the Family Violence Act 2018, under section 9 (1) family violence, in relation to a person, means violence inflicted— (a) against that person; and (b) by any other person with whom that person is, or has been, in a family relationship. (2) In this section, violence means all or any of the following: (a) physical abuse: (b) sexual abuse: (c) psychological abuse. (3) Violence against a person includes a pattern of behaviour (done, for example, to isolate from family members or friends) that is made up of a number of acts that are all or any of physical abuse, sexual abuse, and psychological abuse, and that may have 1 or both of the following features: (a) it is coercive or controlling (because it is done against the person to coerce or control, or with the effect of coercing or controlling, the person): (b) it causes the person, or may cause the person, cumulative harm. (4) Violence against a person may be dowry-related violence (that is, violence that arises solely or in part from concerns about whether, how, or how much any gifts, goods, money, other property, or other

	benefits are— (a) given to or for a party to a marriage or proposed marriage; and (b) received by or for the other party to the marriage or proposed marriage).
Family relationship (general)	For the purposes of the Family Violence Act 2018, a person (A) is in a family relationship with another person (B) if A— (a) is a spouse or partner of B; or (b) is a family member of B; or (c) ordinarily shares a household with B (*see also* section 13); or (d) has a close personal relationship with B (*see also* section 14).
Family member	***family member***, in relation to a person, means— (a) any other person who is or has been related to the person— (i) by blood; or (ii) by or through marriage, a civil union, or a de facto relationship; or (iii) by adoption: (b) any other person who is a member of the person's whānau or other culturally recognised family group
Guardian and Guardianship	Care of Children Act 2004: Child's father and mother usually joint guardians (1) The father and the mother of a child are guardians jointly of the child unless the child's mother is the sole guardian of the child (because of subsection (2) or subsection (3)). Care of Children Act 2004: for the purposes of this Act, guardianship of a child means having (and therefore a guardian of the child has), in relation to the child,— (a) all duties, powers, rights, and responsibilities that a parent of the child has in relation to the upbringing of the child: (b) every duty, power, right, and responsibility that is vested in the guardian of a child by any enactment: (c) every duty, power, right, and responsibility that, immediately before the commencement, on 1 January 1970, of the Guardianship Act 1968, was vested in a sole guardian of a child by an enactment or rule of law.
MEDSAC (Formally Known as DSAC)	Medical sexual assault clinicians of Aotearoa is a national organisation advancing knowledge and improving medical care for those affected by sexual abuse. Only MEDSAC or similarly trained practitioners should perform medical examinations for child sexual assault. Nurses who are associate MEDSAC members have training in collection and management of specimens during forensic examination.
Medical Examination Kit (MEK)	A kit provided by the NZ Police for forensic evidence collection.

Oranga Tamariki – Ministry for Children	Government agency that carries out the legislative requirements of the Oranga Tamariki Act 1989. Responsibilities are: • To investigate cases of actual and suspected child abuse and or neglect • To complete diagnostic interviews • To complete evidential interviews in cooperation with NZ Police • To provide care and protection for children found to be in need.
Parent Caregiver	The person having the day to day care of the child or young person. Oranga Tamariki Act 1989: parent, in relation to a child, includes a step-parent of the child, but only if the step-parent shares responsibility for the day-to-day care of the child with a parent of the child.
Psychological or emotional abuse	(1) Psychological abuse includes— (a) threats of physical abuse, of sexual abuse, or of abuse of a kind stated in paragraphs (b) to (f): (b) intimidation or harassment (for example, all or any of the following behaviour that is intimidation or harassment: (i) watching, loitering near, or preventing or hindering access to or from a person's place of residence, business, or employment, or educational institution, or any other place that the person visits often: (ii) following the person about or stopping or accosting a person in any place: (iii) if a person is present on or in any land or building, entering or remaining on or in that land or building in circumstances that constitute a trespass): (c) damage to property: (d) ill-treatment of 1 or both of the following: (i) household pets: (ii) other animals whose welfare affects significantly, or is likely to affect significantly, a person's well-being: (e) financial or economic abuse (for example, unreasonably denying or limiting access to financial resources, or preventing or restricting employment opportunities or access to education): (f) in relation to a person unable, by reason of age, disability, health condition, or any other cause, to withdraw from the care or charge of another person, hindering or removing (or threatening to hinder or remove) access to any aid or device, medication, or other support that affects, or is likely to affect, the person's quality of life: (g) in relation to a child, abuse stated in subsection (2). (2) A person psychologically abuses a child if that person— (a) causes or allows the child to see or hear the physical, sexual, or psychological abuse of a person with whom the child has a family relationship; or (b) puts the child, or allows the child to be put, at real risk of seeing or hearing that abuse occurring. (3) However, the person who suffers the abuse in subsection (2)(a) and (b) is not regarded, under subsection (2), as having (as the case

	may be)— (a) caused or allowed the child to see or hear that abuse; or (b) put the child, or allowed the child to be put, at risk of seeing or hearing that abuse. (4) Psychological abuse may be or include behaviour that does not involve actual or threatened physical or sexual abuse. (5) This section does not limit section 9(2)(c).
Risk assessment	Risk assessment is a process allowing for a full examination of circumstances and interactions to begin to form an opinion about a person's risk of harm either to themselves or to others. Risk assessment is a dynamic process, as situations of domestic violence, child abuse and neglect may change rapidly. There is an implicit assumption in any assessment process that a decision will be made during or after assessment about what form any intervention will take. Assessment is never static and requires on-going review.
Routine enquiry	Routine enquiry is an enquiry, either written or verbal, by health care providers to an individual about their personal history of partner abuse, child abuse or neglect. Unlike indicator-based questioning, routine enquiry means routinely questioning all individuals, or specified categories of individuals, about abuse.
Safety planning	Safety planning is a process for identifying and planning to minimise harm and maximise safety. This may be through the preparation of an immediate safety plan or through short or longer term plans. Safety planning is central to the provision of support for victims. Safety plans work best when developed together by the victim and a trained support person. Safety plans need to be developed immediately whenever violence is identified.
Sexual abuse	Sexual abuse includes any forced, coerced or exploitive sexual behaviour or threats imposed on an individual, including forcing an individual to witness sexual acts in person or on media. It includes sexual acts imposed on a person unable to give consent, or sexual activity with an adult with mental incapacity who is unable to understand issues of consent.

APPENDIX 2

HEEADSSS: PSYCHOSOCIAL INTERVIEW FOR ADOLESCENTS

Key:
Bold = essential questions
Normal Text = as time permits
Italics = optional or when situation requires

Home	**Drugs**
Who lives with you? Where do you live? Do you have your own room?	**Do any of your friends use tobacco? Alcohol? Other drugs?**
What are relationships like at home?	**Does anyone in your family use tobacco? Alcohol? Other drugs?**
To whom are you closest at home?	**Do you use tobacco? Alcohol? Other drugs?**
To whom can you talk at home?	**Is there any history of alcohol or drug problems in your family? Does anyone at home use tobacco?**
Is there anyone new at home? Has someone left recently?	Do you ever drink or use drugs when you're alone?
Have you moved recently?	(Assess frequency, intensity, patterns of use or abuse, and how youth obtains or pays for drugs, alcohol, or tobacco)
Have you ever had to live away from home? (Why?)	(Ask the CRAFFT questions)
Have you ever run away? (Why?)	
Is there any physical violence at home?	
Education and employment	**Sexuality**
What are your favourite subjects at school? Your least favourite subjects?	**Have you ever been in a romantic relationship?**
How are your grades? Any recent changes? Any dramatic changes in the past?	**Tell me about the people that you've dated. OR Tell me about your sex life.**
Have you changed schools in the past few years?	**Have any of your relationships ever been sexual relationships?**
What are your future education/employment plans/goals?	**Are your sexual activities enjoyable?**
Are you working? Where? How much?	**What does the term 'safe sex' mean to you?**
Tell me about your friends at school.	Are you interested in boys? Girls? Both?
Is your school a safe place? (Why?)	Have you ever been forced or pressured into doing something sexual that you didn't want to do?
Have you ever had to repeat a class? Have you ever had to repeat a grade?	Have you ever been touched sexually in a way that you didn't want?
Have you ever been suspended? Expelled? Have you ever considered dropping out?	Have you ever been raped, on a date or any other time?
How well do you get along with the people at school? Work?	How many sexual partners have you had altogether?
Have your responsibilities at work increased?	Have you ever been pregnant or worried that you may be pregnant? (females)
Do you feel connected to your school? Do you feel as if you belong?	Have you ever gotten someone pregnant or worried that that might have happened? (males)
Are there adults at school you feel you could talk to about something important? (Who?)	What are you using for birth control? Are you satisfied with your method?
	Do you use condoms every time you have intercourse?
	Does anything ever get in the way of always using a condom?
	Have you ever had a sexually transmitted disease (STD) or worried that you had an STD?

Taken from Appendix B, Family Violence Assessment and Intervention Guideline, MoH, 2016.

Key:
Bold = essential questions

Normal Text = as time permits

Italics = optional or when situation requires

Eating	Suicide and depression
What do you like and not like about your body?	**Do you feel sad or down more than usual? Do you find yourself crying more than usual?**
Have there been any recent changes in your weight?	**Are you 'bored' all the time?**
Have you dieted in the last year? How? How often?	**Are you having trouble getting to sleep?**
Have you done anything else to try to manage your weight?	**Have you thought a lot about hurting yourself or someone else?**
How much exercise do you get in an average day? Week?	**Does it seem that you've lost interest in things that you used to really enjoy?**
What do you think would be a healthy diet? How does that compare to your current eating patterns?	Do you find yourself spending less and less time with friends?
Do you worry about your weight? How often?	Would you rather just be by yourself most of the time?
Do you eat in front of the TV? Computer?	Have you ever tried to kill yourself?
Does it ever seem as though your eating is out of control?	Have you ever had to hurt yourself (by cutting yourself, for example) to calm down or feel better?
Have you ever made yourself throw up on purpose to control your weight?	Have you started using alcohol or drugs to help you relax, calm down or feel better?
Have you ever taken diet pills?	
What would it be like if you gained (lost) 10 pounds?	

Activities	Safety
What do you and your friends do for fun? (with whom, where, and when?)	**Have you ever been seriously injured? (How?) How about anyone else you know?**
What do you and your family do for fun? (with whom, where, and when?)	**Do you always wear a seatbelt in the car?**
Do you participate in any sports or other activities?	**Have you ever ridden with a driver who was drunk or high? When? How often?**
Do you regularly attend a church group, club, or other organized activity?	**Do you use safety equipment for sports and or other physical activities (for example, helmets for biking or skateboarding)?**
Do you have any hobbies?	**Is there any violence in your home? Does the violence ever get physical?**
Do you read for fun? (What?)	**Is there a lot of violence at your school? In your neighbourhood? Among your friends?**
How much TV do you watch in a week? How about video games?	**Have you ever been physically or sexually abused? Have you ever been raped, on a date or at any other time? (If not asked previously)**
What music do you like to listen to?	Have you ever been in a car or motorcycle accident? (What happened?)
	Have you ever been picked on or bullied? Is that still a problem?
	Have you gotten into physical fights in school or your neighbourhood? Are you still getting into fights?
	Have you ever felt that you had to carry a knife, gun, or other weapon to protect yourself? Do you still feel that way?

Source: Goldenring and Rosen 2004

Taken from Appendix B, Family Violence Assessment and Intervention Guideline, MoH, 2016.

APPENDIX 3

ASSESSING CHILD NEGLECT

Two primary questions should be asked in order to identify whether child neglect has occurred:

- Do the conditions or circumstances indicate that a child's basic needs are unmet?
- What harm or threat of harm may have resulted?

Staff can also refer to the Neglect of Medical Care Guideline Schedule 3 (18 October 2016) of Memorandum of Understanding between Child, Youth and Family, New Zealand Police and Capital & Coast District Health Board, August 2013.

To answer these questions, sufficient information is required to assess the degree to which neglect can or may result in significant harm or risk of significant harm. The decision often requires considering patterns of caregiving over time. The analysis should focus on examining how the child's basic needs are met and on identifying situations that may indicate specific omissions in care that have resulted in harm or the risk of harm to the child. While information on all these domains will not be accessible to all health care providers, the list provides some indications of issues that may require consideration.

Further questions which may indicate that a child's physical or medical needs and supervision may be unmet include the following:

- Have the parents or caregivers failed to provide the child with needed care for a physical injury, acute illness, physical disability or chronic condition?
- Have the parents or caregivers failed to provide the child with regular and ample meals that meet basic nutritional requirements, or have the parents or caregivers failed to provide the necessary rehabilitative diet to a child with particular health problems?
- Have the parents or caregivers failed to attend to the cleanliness of the child's hair, skin, teeth and clothes? Note: It can be difficult to determine the difference between marginal hygiene and neglect. Health care providers should consider the chronicity, extent and nature of the condition, as well as the impact on the child.
- Does the child have inappropriate clothing for the weather? Health care providers should consider the nature and extent of the conditions and the potential consequences to the child. They also must take into account diverse cultural values regarding clothing.
- Does the home have obviously hazardous physical conditions (e.g., exposed wiring or easily accessible toxic substances) or unsanitary conditions (e.g., faeces- or trash-covered flooring or furniture)?
- Does the child experience unstable living conditions (e.g., frequent changes of residence or evictions due to the caretaker's mental illness, substance abuse or extreme poverty)?
- Do the parents or caregivers fail to arrange for a safe substitute caregiver for the child?
- Have the parents or caregivers abandoned the child without arranging for reasonable care and supervision?

The effects of neglect are as bad as, if not worse than, physical and sexual abuse. They include serious long-term disorders of attachment and behaviour, delays in cognitive and emotional development, mental health disorders, substance abuse, risk-taking sexual behaviour, violence and educational and employment failure.

Taken from Appendix A, Family Violence Assessment and Intervention Guideline, MoH, 2016.

ASSESSMENT AND REFERRAL FOR CHILDREN UNDER 12 AT RISK OF SUICIDE

Factors to consider when assessing the child's level of risk of suicidal behaviour

Seriousness of injury

Suicidality History
History (Hx) of prior suicide attempts[1]
Child's Hx of prior suicide attempts[2]
Hx of suicidal ideation[1]
Child's Hx of suicidal ideation[2]

Medical History[2]
Hx of psychiatric diagnoses
Hx of mental health treatment and/or psychotrophic drug use
Hx of substance use or abuse
Number of previous ED visits for suspicious accidents
Chronic illness-frequency requiring compliance

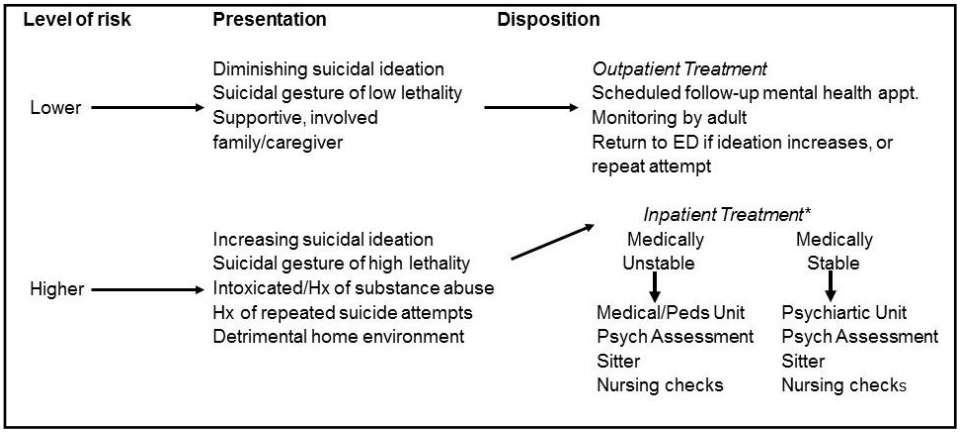
Current presentation
Intend to die[1]
Child's intent to die[2]
Suicide plan, method, access to method[1]
Current psychiatric symptoms (depression, psychosis, etc.)[1,2]
Child's reasons for living[1]
Current substance intoxication
Cognitive level of child

Environmental factors[1,2]
Family
Unsecured potential suicide methods (guns, medications, etc.)
Recent suicide, death, or loss in family
Suicidal ideation or suicidal attempts in family
Presence of child abuse or neglect
Supportiveness of parents or caregivers
Family turmoil
- Marital Problems
- Domestic Violence
- Financial Crisis
- Incarceration
- Alcohol and Substance Use

Child
Social isolation (ask about the effects)
Bullying or being bullied (ask about the effects)
Changes in school performance

Notes: 1 denotes questions addressed to the child, and 2 denotes questions addressed to the child's caregiver. The interviewer should also investigate with the child the impact of issues raised by the caregiver (eg, how does being bullied make you feel?)

ED disposition of suicidal children



*All children should be carefully monitored (with repeated checks) by health care staff in all inpatient settings to avoid suicide in these environments.

Taken from Appendix C, Family Violence Assessment and Intervention Guideline, MoH, 2016.