

Truscott Hamilton & Thompson Optometrists

- Child Protection Policy (July 2018)

Background -

We are a privately owned independent optometry practice and are voluntarily adopting a Children's Protection Policy to comply with the Vulnerable Children Act 2014 (the 'Act').

Why on a voluntary basis?

Although we do provide some services to clients of the Ministry of Health (MOH) who are eligible for the Contact Lens Benefit or the Enable Spectacles Subsidy we have not been advised by the MOH that we must compulsorily adopt a policy. The nature of this subsidy funding is specific to the patients and currently any Optometrists in NZ can provide the services as opposed to us being a selected funded Government contractor. In terms of the Act we describe ourselves as an 'unfunded non-government organisation'. We are contracted to the Ministry of Social Development (MSD) for the provision of Optical Goods & Services but this arrangement specifically excludes children.

Our employees are also not specifically 'children's workers' as defined by the Vulnerable Children Act as we do not have 'regular or overnight contact with children without a parent or guardian being present' ^[1].

However as we take the wellbeing and safety of children seriously we still believe it is important to adopt a formal policy.

This is our current interpretation of the requirements of the Act. Should things change in the future then we will review and update our policy accordingly.

Summary -

Our goal is to ensure the wellbeing and safety of children, including prevention of child abuse or mistreatment. This policy provides guidance to our staff on how to identify and respond to concerns about the wellbeing of a child, including possible abuse or neglect.

The process for responding to a concern about a child is on Page 5 of this policy.

The interests of the child will be the paramount consideration when any action is taken in response to suspected abuse or neglect. We commit to support the statutory agencies to investigate abuse and will report suspected cases and concerns to these agencies as per the process in this policy.

Purpose, scope and principles -

Our child protection policy supports our staff to respond appropriately to potential child protection concerns, including suspected abuse or neglect. It is our commitment to protect children from abuse and to recognise the important roles all of our staff have in protecting children.

Our policy applies to all staff, including Locum Optometrists and Optometry students on placement and/or externships. It is intended to protect all children that staff may encounter, including siblings, the children of adults accessing our services and any other children encountered by staff as they provide our services.

^[1] Vulnerable Children Act 2014: Children's worker safety regulations – Fact Sheet June 2015 pg.4

In addition to guiding staff to make referrals of suspected child abuse and neglect to the statutory agencies (Ministry for Children and the Police), our policy will also help our staff to identify and respond to the needs of any vulnerable children.

We recognise that in many of these cases, the involvement of statutory agencies may be inappropriate and potentially harmful to families. It is important for us to work with the correct support services to respond to the needs of vulnerable children and families in a manner proportionate to the level of need and risk. Contact details for agencies and services are provided as an appendix to this policy.

Definitions

- **Child** – any child or young person aged under 17 years and who is not married or in a civil union.
- **Child protection** – activities carried out to ensure that children are safe in cases where there is suspected abuse or neglect or are at risk of abuse or neglect.
- **Designated person for child protection** – the manager/supervisor or designated person responsible for providing advice and support to staff where they have a concern about an individual child or who want advice about child protection policy.
- **Disclosure** – information given to a staff member by a child, parent or caregiver or a third party in relation to abuse or neglect.
- **Ministry for Children (Oranga Tamariki)** – the agency responsible for investigating and responding to suspected abuse and neglect and for providing care and protection to children found to be in need.
- **New Zealand Police** – the agency responsible for responding to situations where a child is in immediate danger and for working with Child, Youth and Family in child protection work and investigating cases of abuse or neglect where an offence may have occurred.
- **Physical abuse** – any acts that may result in physical harm of a child or young person. It can be, but is not limited to: bruising, cutting, hitting, beating, biting, burning, causing abrasions, strangulation, suffocation, drowning, poisoning and fabricated or induced illness.
- **Sexual abuse** – 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. Sexual abuse can be, but is not limited to:
 - Contact abuse: touching breasts, genital/anal fondling, masturbation, oral sex, penetrative or non-penetrative contact with the anus or genitals, encouraging the child to perform such acts on the perpetrator or another, involvement of the child in activities for the purposes of pornography or prostitution.
 - Non-contact abuse: exhibitionism, voyeurism, exposure to pornographic or sexual imagery, inappropriate photography or depictions of sexual or suggestive behaviours or comments.
- **Emotional abuse** – 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. Isolating, corrupting, exploiting or terrorising a child can also be emotional abuse.
 - Exposure to family/whānau or intimate partner violence.
- **Neglect** – neglect is the most common form of abuse and although the effects may not be as obvious as physical abuse, it is just as serious. 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).
- Educational neglect (allowing chronic truancy, failure to enrol in education or inattention to education needs).

Training

We are committed to maintaining and increasing staff awareness of how to prevent, recognise and respond to abuse through appropriate training. As part of their induction, new staff are made aware of the policy on child protection.

Identifying child abuse and neglect

Our approach to identifying abuse or neglect is guided by the following principles:

- We understand that 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 divorce, accidental injury, the arrival of a new sibling etc.
- We understand when we are concerned a child is showing signs of potential abuse or neglect we should talk to someone, either a colleague, manager/supervisor or our Designated Person for Child Protection – we shouldn't act alone.
- While there are different definitions of abuse, the important thing is for us to consider overall wellbeing and the risk of harm to the child. It is not so important to be able to categorise the type of abuse or neglect.
- It is normal for us to feel uncertain, however, the important thing is that we should be able to recognise when something is wrong, especially if we notice a pattern forming or several signs that make us concerned.
- Exposure to intimate partner violence (IPV) is a form of child abuse. There is a high rate of co-occurrence between IPV and the physical abuse of children.

We recognise the signs of potential abuse:

- Physical signs (e.g., unexplained injuries, burns, fractures, unusual or excessive itching, sexually transmitted diseases).
- Developmental delays (e.g., small for their age, cognitive delays, poor speech and social skills).
- Emotional abuse/neglect (e.g., sleep problems, low self-esteem, obsessive behaviour, inability to cope in social situations, sadness/loneliness and evidence of self-harm).
- Behavioural concerns (e.g., age- inappropriate sexual interest or play, fear of a certain person or place, eating disorders/substance abuse, disengagement/neediness, aggression).
- The child talking about things that indicate abuse (sometimes called an allegation or disclosure).

We are aware of the signs of potential neglect

- Physical signs (e.g., looking rough and uncared for, dirty, without appropriate clothing, underweight).
- Developmental delays (e.g., small for their age, cognitive delays, falling behind in school, poor speech and social skills).
- Emotional abuse/neglect (e.g., sleep problems, low self-esteem, obsessive behaviour, inability to cope in social situations, sadness/loneliness and evidence of self-harm).
- Behavioural concerns (e.g., disengagement/ neediness, eating disorders/substance abuse, aggression).
- Neglectful supervision (e.g., out and about unsupervised, left alone, no safe home to return to).
- Medical neglect (e.g., persistent nappy rash or skin disorders or other untreated medical issues).

Every situation is different and staff will 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 divorce, accidental injury, the arrival of a new sibling etc.

We will always act on the recommendations of statutory agencies, including the Ministry of Children and the Police. We will only inform families about suspected or actual abuse after we have discussed this with these agencies.

When we respond to suspected child abuse or any concerning behaviour we write down our observations, impressions and communications in a confidential register. This is kept separate from our other records and access will be strictly controlled.

Staff involved in cases of suspected child abuse are entitled to have support. We will maintain knowledge of such individuals, agencies and organisations in the community that provide support.

Confidentiality and information sharing

We will seek advice from the Ministry for Children and/or the Police before identifying information about an allegation is shared with anyone, other than the service manager or designated person. Staff should be aware that:

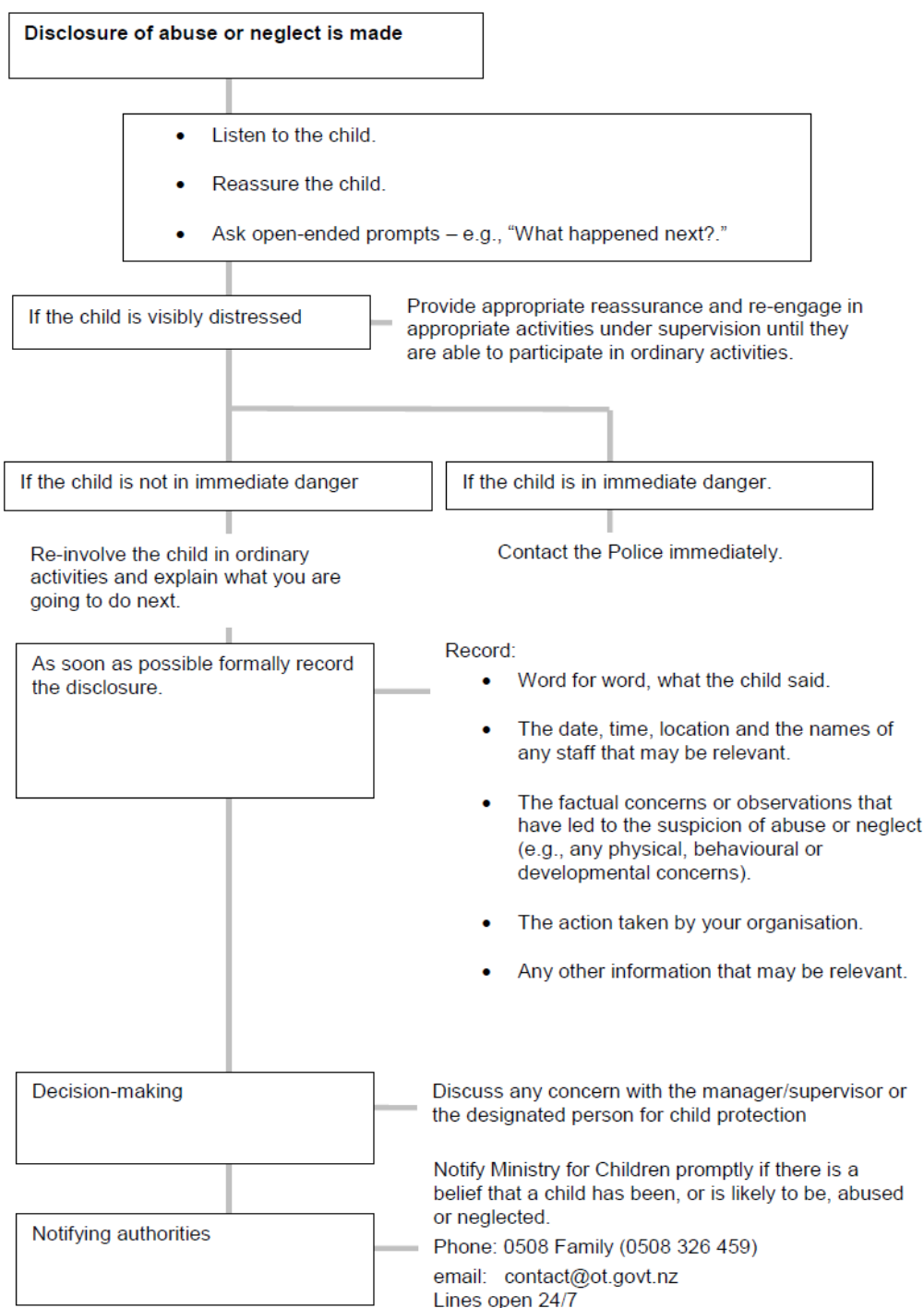
- Under sections 15 and 16 of the Children's and Young Peoples Well Being Act 1989 any person who believes that a child has been or is likely to be, harmed physically, emotionally or sexually or ill-treated, abused, neglected or deprived may report the matter to the Ministry for Children or the Police and provided the report is made in good faith, no civil, criminal or disciplinary proceedings may be brought against them.
- When collecting personal information about individuals, it is important to be aware of the requirements of the privacy principles – i.e., the need to collect the information directly from the individual concerned and when doing so to be transparent about: the purposes for collecting the information and how it will be used; who can see the information; where it is held; what is compulsory/voluntary information; and that people have a right to request access to and correction of their information.
- Staff may, however, disclose information under the Privacy Act/Health Information Privacy Code where there is good reason to do so – such as where there is a serious risk to individual health and safety (see privacy principle 11/Code rule 11). Disclosure about ill-treatment or neglect of a child/young person may also be made to the Police or Ministry for Children under sections 15 and 16 of the Children's and Young Peoples Well Being Act 1989.

Child safe practice guidelines

Our general rule is that children will not be seen alone and that a parent/care-giver must be present at all times.

Where a child or young person requires assistance, e.g., if they are intellectually or physically disabled, we will require the parents/caregivers and outside agencies (in education such as the Ministry of Education's Special Education group) to assist. If this assistance is not available, ensure that the staff members are aware of the appropriate procedures when giving assistance.

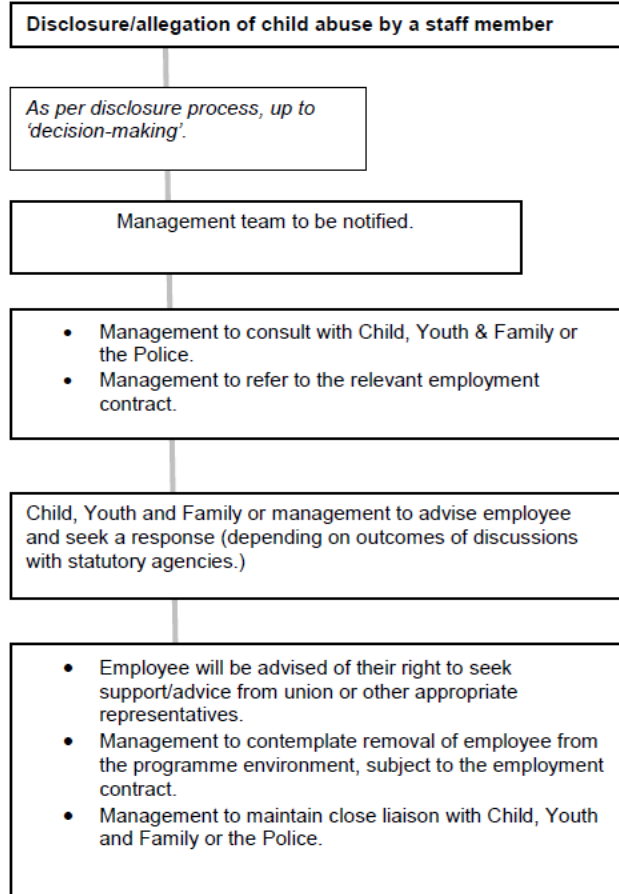
In normal circumstances, the only times that children will be in a closed space (e.g. Consulting or other Testing room) will be with a registered Optometrist or registered Dispensing Optician. Our registered professional staff are fully vetted and regulated under the Health Practitioners Competence Assurance Act.



When an allegation is made against a member of staff

All matters involving allegations against staff need to be escalated to the management team.

To ensure the child is kept safe, management may take steps to remove the staff member against whom an allegation has been made from the environment, subject to the requirements of the applicable individual or collective employment contract and relevant employment law.



We commit not to use 'settlement agreements', where these are contrary to a culture of child protection. Some settlement agreements allow a member of staff to agree to resign provided that no disciplinary action is taken, and a future reference is agreed. Where the conduct at issue concerned the safety or wellbeing of a child, use of such agreements is contrary to a culture of child protection.