New Zealand College of Midwives
TE KĀRETI O NGA KAIWHAKAWHANAU KI AOTEAROA

New Zealand College of Midwives

Child Protection Policy

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1.0 Scope of policy

1.0 This Policy applies to all midwives who are claiming for maternity services provided under the Section 88 Primary Maternity Services Notice and complies with the requirements of the Children's Act 2014 and the Privacy Act 2020.

1.2 This policy will be reviewed every three years.

2.0 Purpose of Policy

2.1 The Children's Act 2014 requires all state funded children's workers, including those working in primary maternity services, to have a Child Protection Policy and includes midwives working as Lead Maternity Carers (LMCs), who are funded under the Section 88 Primary Maternity Services Notice.

2.2 This policy provides guidance for Lead Maternity Carers (LMC) midwives to assist them to identify and respond to child abuse and neglect. It also provides guidance about the information sharing provisions in the Privacy Act 2020.

2.3 The policy should be interpreted in the context of LMC midwifery practice, which is women centred, practiced within a continuity of care model, governed by all relevant legal and professional frameworks, community based and integrated with a range of other health and social services.

3.0 Background / context

3.1 The development of a loving relationship with parents and/or primary caregivers in the first three years of life is essential for the healthy development and wellbeing of children (Rowley 2015; Sroufe, 2000; Winston & Chicot, 2016)

3.2 Intimate partner violence is associated with child abuse and neglect (Fanslow & Kelly, 2016). Child abuse and neglect can also occur in the absence of intimate partner violence. Midwives need to understand their responsibilities and the appropriate response to each type of abuse, as they occur, either on their own or concurrently.

3.3 LMC midwives work in a continuity of care model, often within family homes and are well placed to identify and respond to all aspects of family violence in the course of their practice.

3.4 When women are experiencing intimate partner violence, it may impact on their ability to love and nurture their children. Children living in homes where intimate partner violence is present are likely to be affected by witnessing the abuse, even if they are not being directly abused themselves.

3.5 Fatal cases of physical abuse are found largely among young infants. Shaking is a prevalent form of abuse seen in very young children. The majority of shaken children are less than nine months old. (Krug & Zwi, 2002).

3.6 Women who are experiencing intimate partner violence are less likely to successfully breastfeed (Cerulli 2010; Lau 2007; Misch, 2014). These women may need additional midwifery support to establish and maintain breastfeeding. Breastfeeding has the potential to reduce the risk of infants being abused or neglected as breastfed infants need to be in close proximity to their mothers the majority of the time (Strathearn et al, 2009). The exposure to the hormonal influences of breastfeeding may also support mothers to bond with, care for, nurture and protect their babies (Feldman et al, 2007; Unväs Moberg et al, 2013).

3.7 Midwives are autonomous registered health professionals who will identify when and where they need to seek further education, information or advice to enable them to meet their obligations under this policy.

4.0 Principles of the Policy

4.1 Midwives recognise the principle of maternal autonomy and that an unborn child does not have a legal status until they are born.

4.2 The primary means through which midwives support optimum outcome from pregnancy for women and infants is through their professional relationship with women, to encourage self-determination, engagement in health care and healthy lifestyle behaviour.

4.3 The woman/family's primary role in caring and protecting the baby should be supported, valued, and maintained whenever possible. However, children's safety and wellbeing must have priority in situations where families are unable to ensure the safety of their children, either their newborn or older children.

4.4 LMC Midwives' work and practice in relation to family violence, including child abuse and neglect, takes place within a continuity of care model and the broader cultural, health and social context for women. Midwives apply their unique body of knowledge, critical and holistic assessment skills to their practice in relation to child abuse and neglect.

4.5 Children are a Taonga / treasure who represent our future. Each child deserves to be loved and nurtured and to have their emotional, physical and psychological needs met.

4.6 Child protection work is complex and challenging. Midwives are fully accountable for their actions and work collaboratively with other professionals when they identify the need to seek further education, advice or involve other agencies or professionals to ensure the safety and well-being of children.

5.0 Responsibilities

5.1 Midwives using this policy will need to familiarise themselves with the relevant local agencies, referral pathways and points of contact in their regions in order to refer children and families, enable safety planning when required and to seek the necessary advice to ensure the safety of children.

5.2 Midwives take responsibility for their professional development by accessing the necessary ongoing education through appropriate programmes.

5.3 Midwives are considered to be core children's workers under the Children's Act 2014. This requires all practising midwives to be periodically 'safety checked'. This is a requirement for making claims with the Ministry under the Notice, as well as a legal requirement for providing primary maternity services.

5.4 The employer is responsible for ensuring the safety check requirements have been met for employed midwives. LMC midwives take responsibility for completing the necessary safety checking procedures within the required timeframes. A safety check is required every three years.

5.5 Under the Primary Maternity Services Notice midwives are required to complete the 'Existing Children's Worker: Accredited' safety check before their current certificate expires. It is the midwife's responsibility to get the renewal process initiated early, to make sure there is no gap between the expiry of the previous safety check and the beginning of the new one.

5.6 The six step process set out in the Ministry of Health Family Violence Assessment and Intervention Guideline violence is:

- Identification of signs and symptoms
- Validation and support
- Health and risk assessment
- Intervention/safety planning
- Referral and follow-up
- Documentation

5.7 Appendix 1 provides some examples and responses for midwives to consider and implement to assist in identifying and supporting victims, and to undertake risk assessment and safety planning.

6.0 Information sharing

6.1 Changes to legislation which came into effect on 1st July 2019 are designed to support agencies working with families and children to share information so that women and children can be supported to be safe from harm.

6.2 Midwives have a responsibility to respond to concerns about actual or possible abuse or neglect in newborns for whom they are caring (within their scope of practice) and also in older children or young people for whom they are not directly providing care but who they may encounter in the course of practice. This will usually require the involvement of other professionals whose scope of practice directly includes the care of these older children or young persons. The wellbeing and interests of the child, in general, take precedence over duty of confidentiality (Children, Young Persons, and their families [Oranga Tamariki] Legislation Act 2017).

6.3 A person's consent should be obtained before sharing their information unless it is unsafe or impractical to do so. If there is concern about someone's immediate safety, and a judgement call is made to share information without consent, steps should be taken later to inform the person that information has been shared – if it is safe to do so.

6.4 The Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017 outlines three key actions in terms of information sharing.

a. proactive and voluntary sharing of information with professionals most able to support tamariki and whanau

b. request other professionals to share their information

c. decide if you will share information when asked under a section 66C request from other professionals

6.5 Unless information is protected by legal professional privilege (discussion between the midwife and lawyer) response for information is compulsory if Oranga Tamariki or Police require the information under section 66.

6.6 Midwives will be protected from civil, criminal or disciplinary proceedings as long as information is shared in good faith and there is compliance with the relevant information sharing provisions.

7.0 Intervention / Safety planning

7.1 Given the high level of co-occurrence of child abuse and intimate partner violence, joint safety planning and referral processes need to be implemented when either intimate partner violence or child abuse is identified.

7.2 Any concerns about the safety of the children should be discussed with the abused partner, unless you believe that doing so will endanger the child, another person or yourself. If you or your colleagues decide to notify Oranga Tamariki, the abused partner should be informed, unless the same concerns apply.

7.3 Midwives are expected to be aware of the local referral agencies and pathways, relevant colleagues and resources in their region and have their contact details readily available in order to refer and support children and families as necessary.

8.0 Referral pathways

8.1 A referral response to actual or suspected abuse or neglect will be informed by the midwife's assessment of the risk to the infant / children.

8.2 The LMC midwives' child protection role occurs within a continuity of care model. When a referral to Oranga Tamariki is warranted, midwives will use their professional judgement to determine if it is in the woman's and children's best interests for her or a colleague (such as Oranga Tamariki Liaison Social Worker) to make the referral.

8.3 The safety of the woman must always be considered when involving child protection agencies. If the woman is at risk of intimate partner violence, referral to a child protection agency may increase the risks to her. Joint safety planning is necessary. Seeking advice from specialist agencies as necessary is advised.

9.0 Documentation

9.1 All documentation should be legible, objective, factual, dated and signed as per all usual clinical documentation.

9.2 Documentation should be made in the usual clinical record, unless doing so will place the woman and / or her baby at risk, in which case a separate record should be written and kept in a secure place, as per usual practice for clinical record storage.

9.3 Record the size, appearance, colouration and site of any injuries observed objectively. Note the stated cause of injuries including when, and how they allegedly occurred. Specify what aspects were seen or heard, and which were reported or suspected. Use the caregiver's own words as much as possible.

9.4 If documenting concerns or injuries about an older child or young person not in the midwives' direct care, this should be documented in a separate record, noting the child's name and / or parent or caregivers name on the record. The record should be kept in a secure place.

9.5 The risk assessment, any action taken, referral information offered, referrals made and follow up arranged must be noted.

9.6 The advice of the College Legal Advisor should be sought if a midwife is asked to provide information or a copy of midwifery notes, to the Police, or another agency in relation to care and protection cases.

10.0 Related Documents / Acts

Document	Legislation
• New Zealand College of Midwives Handbook for Practice • New Zealand College of Midwives Family Violence Consensus Statement • Midwifery Council Code of Conduct • Midwifery Council Cultural Competence Framework • New Zealand College of Midwives: Safety of midwives resource • New Zealand College of Midwives: Family Violence Screening resource • New Zealand College of Midwives. The effect on midwives of the changes to the information sharing legislation • Family Violence Intervention Guidelines: Child and Partner Abuse. Ministry of Health • Sharing personal information of families and vulnerable children: A guide for interdisciplinary groups. Office of the Privacy Commissioner https://privacy.org.nz/assets/InteractiveEscalation Ladder/Escalation-Ladder-FINAL-HiRes.pdf • Code of Health and Disability Services Consumers' Rights • Ministry of Health: Information sharing guidance for health professionals 2019	• Health and Disability Commissioner Act 1994 • Children Young Persons and Their Families Act 1989 • Crimes (Substituted Section 59) Amendment Act 2007 • Children's Act 2014 • Privacy Act 2020 • Human Rights Act 1993 • Children, Young Persons, and Their Families (Vulnerable Children) Amendment Act 2014 • Health Practitioners Competency Assurance Act 2003 • Domestic Violence Act 1995 • Care of Children Act 2004 • Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017

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Appendix 1: Decision making guide

1.	**There are clear concerns that the child is being harmed or, there are concerns about immediate safety of children (or the midwife's own) or a high risk of re-victimisation or, if there are no concerns about immediate safety but there are significant present concerns about a caregivers' ability to cope**	Seek advice from a multi-disciplinary team or experienced colleagues Consider referral to: ▪ Police ▪ Paediatrician (if injuries are present that need to be assessed) ▪ Oranga Tamariki ▪ Health social worker or DHB Child Protection Co-ordinator ▪ Local Children's Team (if these exist in your area)
2.	**When there is no clear evidence of child abuse or neglect, but it is suspected and you are uncertain what to do**	Seek advice from a multidisciplinary team or experienced colleagues Consider referral to: ▪ Local Children's Team (if these exist in your area) ▪ Oranga Tamariki ▪ Health social worker or DHB Child Protection Co-ordinator ▪ DHB Maternity Care, Wellbeing and Child Protection Group ▪ A paediatrician or GP
3.	**If you are concerned about the child's care or parents ability to cope but not about abuse or neglect**	Seek advice from a multidisciplinary team or experienced colleagues Consider referral to: ▪ Social services ▪ Community NGO (such as Barnardos, Early Start) ▪ Other universal health services who midwives handover care to such as Well Child Tamariki Ora Services, General Practice ▪ Whānau ora / iwi providers ▪ Other relevant services such as mental health, drug and alcohol services, parent line ▪ DHB Maternity Care, Wellbeing and Child Protection Group