

Schedule 1

CHILDREN ADMITTED TO HOSPITAL WITH SUSPECTED OR CONFIRMED ABUSE OR NEGLECT

PURPOSE

1. This schedule sets out the agreement between the District Health Board (DHB), Child, Youth and Family (CYF) and the New Zealand Police relating to the management of infants, children and young people admitted to hospital, following suspected or confirmed abuse and/or neglect.
2. The parties agree to reflect the terms of this agreement in their own policies and procedures.

PARTIES TO THE AGREEMENT

3. The parties to the agreement are the DHB, CYF and the New Zealand Police.

BACKGROUND

4. This schedule is attached to the “Memorandum of Understanding between CYF, the New Zealand Police and the DHB 2011”, and is to be read and implemented in conjunction with that memorandum.
5. This schedule:
 - Operates alongside the Child Protection Protocol (CPP) agreed between CYF and the New Zealand Police (April 2010)
 - Operates alongside DHB policies and procedures for suspected child abuse or neglect.
 - Replaces the Memorandum of Understanding on the safety of children in hospital with suspected or confirmed non accidental injury (2006).
6. Admitting a child or young person to hospital does not ensure their safety, nor does the simple fact of their being in the custody of CYF. Further abuse in the hospital setting is a rare event, however all professionals involved should remain vigilant.
7. Any child admitted to hospital with suspected abuse or neglect, requires an inter-agency approach from the time that the abuse or neglect is first recognized.
8. Children admitted to hospital for conditions caused by abuse or neglect should not remain in hospital once they are medically ready for discharge. The DHB will give CYF and the Police at least 24 hours’ notice of a child’s proposed discharge date. If CYF or the Police request that the child remain in hospital after this discharge date then negotiation around the cost and supervision arrangements (if required) will occur.

DHB IDENTIFICATION AND RISK ASSESSMENT

9. On presentation to the hospital, an initial clinical assessment is undertaken. If, in the course of this assessment, or during the child’s stay in hospital, a DHB clinician becomes concerned about possible abuse or neglect a primary assessment of risk is undertaken.

DHB DOCUMENTATION AND CONSULTATION

10. The clinicians involved should document their concerns and findings carefully and consult within the DHB according to DHB policies and procedures for suspected child abuse or neglect.
11. The DHB will ensure there is a multi-disciplinary team available for consultation.

DHB REPORT OF CONCERN TO CYF AND THE POLICE

12. Following consultation, if concerns about child abuse and/or neglect remain, the DHB will report their concerns to CYF using the agreed "Report of Concern" template
13. The decision as to whether the DHB should also notify Police will be based on a judgment by the DHB about the immediacy of the risk to the child and / or the seriousness of the injuries. As a general rule, if in doubt it is safer to notify the Police.
14. The DHB will provide as comprehensive a report as possible.
15. The Child Protection Protocol (CPP) between Police and Child, Youth and Family creates a process whereby when either party is advised of serious child abuse, they will immediately consult with each other, agree an investigation plan, implement the plan, and advise each other of the outcomes.
16. CYF and the Police will respond promptly to reports of concern, and will confirm with the reporting clinician receipt of the report.

DHB IMMEDIATE MANAGEMENT PLAN

17. An immediate management plan will be established by the responsible clinician in consultation with others, which will address the child / young person's immediate safety (including suicide or self-harm)
18. This management plan will also address support needs, treatment issues, consent for treatment, access by caregivers / family, a caregiver assessment in relation to partner violence and a risk assessment in relation to other children.
19. This management plan will be documented prominently in the child's clinical record and be available to all staff who are involved in the case.

MULTI-AGENCY CASE MANAGEMENT IN HOSPITAL

20. A case conference between the three agencies will be held at the hospital within 24 hours of receipt of the Report of Concern.
21. This meeting will develop a detailed "Multi-agency Case Management Plan" and ensure pertinent information is shared. The plan will address safety, support needs, whether a watch is required, named person access and any other necessary matters. The meeting will also consider the risk to siblings and other children living in the home, and develop an agreed plan of management and investigation for the child in hospital and any other children at risk. This plan will be incorporated in the clinical file
22. The parties acknowledge the need to consider whether additional measures, such as a Place of Safety Warrant, or a declaration that the child is in need of care and protection, are required.

23. Where the abuse or neglect is likely to be granted cover by ACC, an ACC claim will be lodged by the DHB as soon as possible, so that an ACC case manager can be assigned before discharge
24. Each party will identify the staff member who will be the key contact person for the other parties and communicate this information to the other parties.
25. The parties will maintain at least weekly contact to update each other about the progress of the child or young person while they are in hospital. Key staff will make contact on an agreed basis to review and update the Case Management Plan.
26. A meeting to review the plan can be initiated by any of the key staff.
27. Each party will provide the others with notice, as soon as possible, of any key events including clinical deterioration of the child, episodes of violence or inappropriate behaviour by family members, changes in custody arrangements, arrest or prosecution of an alleged offender, acceptance of a claim by ACC and plans for discharge.
28. Copies of any orders, e.g. Place of Safety Warrants or orders under the Care of Children Act or Children, Young Persons, and Their Families Act (1989) will be placed in the DHB clinical file.

MEASURES TO KEEP THE CHILD SAFE IN HOSPITAL

29. The DHB takes responsibility for measures to keep the child safe while they are in hospital, including (where applicable) the provision of a 24 hour watch.
30. The agreement on the appropriateness of a watch will be part of the multi-agency case management plan.
31. CYF and the DHB will ensure that staff contracted to provide a watch for children in hospital are adequately trained, skilled and supervised, and that appropriate Police checks have been conducted.
32. Any variation to the multi-agency case management plan, including the arrangements for a watch, will be discussed with the other parties and documented in the plan before they occur.

COSTS ASSOCIATED WITH KEEPING THE CHILD SAFE IN HOSPITAL

33. The DHB will meet the cost of providing a 24 hour watch for the child's safety in hospital, until 24 hours after the report of concern to CYF has been made and accepted.
34. After that time, if it is agreed that a watch is still required, the DHB will invoice CYF for the cost of that watch.
35. The cost associated with the care and treatment of children and young people admitted to hospital with an injury (irrespective of cause) is the responsibility of ACC.

CYF AND POLICE INVESTIGATION

36. Under the Child Protection Protocol, CYF and Police must develop an investigation plan so that staff involved in the case agree and understand:

- who is involved in this case
 - what they will do
 - when they will do it.
37. The investigation plan should record if no further action is to be taken by Police or Child, Youth and Family and the reason for this. The investigation plan must consider:
- the safety of the child
 - any joint visits needed
 - the management of the initial interview of the child
 - the need for a child forensic interview, interviews of alleged perpetrator and others, including protective caregiver or parent
 - collection of forensic evidence
 - referral to a medical practitioner.
38. Information from the health practitioner is critical to the investigation of serious child abuse. As noted above, the first multi-agency meeting will include time for the sharing of information which may assist in developing the Investigation Plan.

GUIDELINES FOR POLICE AND CYF IN THE HOSPITAL

39. The Police or CYF Social Workers will, wherever possible, prearrange visits to the hospital with the identified DHB “key contact person”. In making such arrangements, the parties will agree a suitable time and place for their visit, and who the appropriate staff member to engage with will be.
40. On arrival, Police or CYF staff must contact the nominated DHB staff member. They will produce identification to any DHB staff member on request.
41. If Police or CYF staff need to conduct interviews on DHB premises, this will be planned in discussion with the DHB “key contact person” or their nominated representative.
42. Police or CYF staff will contact the nominated DHB staff member before leaving the hospital, to ensure that any outcomes or alterations to the management plan have been fully documented in the clinical file.

MULTI-AGENCY SAFETY PLANNING PRIOR TO DISCHARGE

43. All children admitted with suspected or confirmed abuse or neglect will have a Multi-Agency Safety Plan in place prior to discharge from hospital. CYF have a key responsibility for the development and implementation of this plan.
44. The core elements of this plan will be developed prior to the discharge planning meeting, in consultation between CYF, the paediatrician under whose care the child was admitted and key contact persons from other agencies involved.
45. The DHB will convene a discharge planning meeting prior to discharge, to include key staff, agencies and parents/caregivers involved in the care of the child before or after discharge. The CYF Hospital Social Worker/Practice Leader should be involved in this process.

46. The DHB will give Police, CYF and other agencies at least 24 hours notice of such a meeting.
47. Where the abuse or neglect has resulted in a claim to ACC, the ACC case manager will be invited to this meeting.
48. This Multi-Agency Safety Plan will be documented on the agreed standard template, and will include:
- Names and contact details of those involved in making the Safety Plan.
 - Names and contact details of key contact people including CYF social workers, the DHB key contact person and the Police Investigating Officer.
 - Identification of who will care for the child after discharge, including such details as names, addresses and other contact details
 - What and how support will be provided to the child and the child's caregivers after discharge
 - Safety arrangements after discharge
 - Health and rehabilitation needs after discharge, including details of the service required (including medication, aids and home modifications), who will provide it, details of how it will be provided (including frequency and duration of service provision), and any other support or assistance required (e.g. outreach services, outpatient follow-up).
 - Any barriers to service provision after discharge, and how these will be addressed
 - Arrangements for monitoring and review of the plan.
49. A copy of the Multi-Agency Safety Plan will be kept in the DHB patient record and in CYF and Police records, and provided to appropriate key contact persons.

CASE REVIEW

50. A multi-disciplinary team within the DHB will review all cases admitted and referred to CYF and the Police under the terms of this schedule.
51. If the DHB has a Child Protection Alert system, this review will determine whether a Child Protection Alert will be placed.
52. CYF and the Police will be invited to participate in this review.

COMMUNICATION AFTER DISCHARGE

53. A copy of the DHB discharge letter and any other medical reports related to the hospital admission will be sent to CYF and the Police, within agreed timeframes.
54. CYF and the Police will notify the DHB of the outcome of their investigation, and of any statutory proceedings (such as Family Group Conferences).
55. The DHB will notify CYF and the Police of any developments after discharge relevant to the care and protection of the child.
56. Further multi-agency meetings may take place as specified in the Multi-Agency Safety Plan. Documentation of the outcome of such meetings will be kept in the DHB patient record and in CYF and Police records.