

National Child Protection Policy

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Summary

1. The rights, welfare and safety of the child/tamariki, young person/rangatahi are our first and paramount consideration.¹ Health New Zealand Te Whatu Ora (Health NZ) is committed to protecting children (pēpi, tamariki, rangatahi, mokopuna) from abuse and neglect. Child protection and family violence intervention are core functions of and priorities for Health NZ. All Health NZ staff play a role in promoting child wellbeing, which includes preventing, identifying, and intervening early in cases of actual or suspected abuse, harm, or neglect.
2. This policy describes Health NZ's commitment to child protection as a core function of the organisation and contracted services and providers. It describes why we have this policy, core principles that guide child protection policy and practice, who is required to adhere to the policy, roles and responsibilities, defines child abuse and neglect and other key terms, how we care for staff involved in child protection, principles of managing confidentiality and information sharing, how we will monitor adherence to this policy and where to find detailed guidance on clinical policies and procedures.
3. Detailed clinical guidance is not part of this policy and can be found at:
 - [Children's Action Plan: Identifying, Supporting and Protecting Vulnerable Children](#)
 - The Ministry of Health [Family Violence Assessment and Intervention Guideline](#).
4. This policy was jointly authored by the Health NZ Child Protection Clinical Governance Group and signed by the Chief Executive on 8/10/2025. It is due for review every three years from the date of its adoption.

Background

5. Although 1 in 4 children in Aotearoa are notified to a statutory social worker by the age of 18 and 1 in 10 experience substantiated abuse,² there is little evidence that notification or substantiation alone promotes wellbeing. Another 60,000 children and young people are logged every year as a contact record because they were present in the home when police were called to an episode of family violence, and most receive no intervention at all. The only honest interpretation of the available data is “*that the wider child protection system is not currently effective at preventing harm, and nor is it adequately addressing the factors that cause children to be re-victimised.*”³ Child abuse and intimate partner violence continue their harmful and inequitable impact, especially on Māori. Through this Child Protection Policy, Health NZ acknowledges and shares the distress of tangata whenua expressed in multiple reports.^{4,5} Child abuse is arguably the single greatest influence on adult wellbeing⁶.
6. The consequences of failure to systematically engage the health system in child protection include variable practice, failure to share information, failure to prioritise the needs of the most disadvantaged in Aotearoa, failure to engage with partners to improve outcomes and failure to research solutions.
7. Many tamariki and rangatahi who experience abuse and/or neglect have multiple, intersecting needs and inequities. For example, disabled tamariki and rangatahi, including those who are neurodivergent, are more likely to be abused and/or neglected than their non-disabled peers and more likely to be left in unsafe environments. LGBTQI+ tamariki and rangatahi also experience higher rates of violence, mental distress, discrimination, and lack of culturally safe support compared to their peers.

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8. Health NZ is committed to ensuring everyone gets the proper healthcare when and where they need it. Transforming the health sector to create a more equitable, accessible, cohesive, and people-centred system requires all of us to work together with heart, a strong sense of purpose, and a commitment to service to improve the health and well-being of all New Zealanders.
9. Child abuse and/or neglect are not always obvious; therefore, all staff have a critical role in identifying and detecting signs of abuse and neglect, ensuring that all employees are equipped to act in the best interests of children.

Purpose and scope

10. This policy applies to all people who work for Health NZ, including but not limited to employees, contractors, students, interns, volunteers, visiting professionals, and organisations that provide children's services funded or contracted by Health NZ. All Health NZ staff are required to read and understand this policy as part of their mandatory induction upon joining the organisation. Ongoing compliance is expected of all staff, regardless of whether they work with children or adults. Staff are also required to consider how the conditions of their adult patients may affect the safety and wellbeing of any children involved. This includes being vigilant of any risk or harm that may arise through their work with adult patients.
11. Reporting to Oranga Tamariki is mandatory for all staff of Health NZ and contracted providers and services who suspect child abuse or neglect.
12. For the purpose of this policy, children's services ([Children's Act 2014 s15\(1\)](#)) include any of the following:
 - a. services provided to 1 or more children
 - b. services to adults in respect of 1 or more children
 - c. services provided to adults living in households that include one or more children, and that do or may affect significantly any one or more aspects of the well-being of those children.
13. Health NZ will work with the Ministry of Health | Manatū Hauora when developing new or reviewing current health policy to assess the impact of any changes for children/tamariki.
14. Co-occurrence of intimate partner violence (IPV) and child harm, abuse and/or neglect (CAN) is common, so a joint approach is required to support staff in dual assessment for both forms of abuse. In Health NZ this support to frontline staff is provided through the [Violence Intervention Programme](#) (VIP) which ensures that staff follow the [Family Violence Assessment and Intervention Guideline \(2016\)](#) by providing nationally-consistent clinical policies and procedures, training, quality assurance, a National Child Protection Health Information Sharing System and dedicated VIP clinical leadership roles in all districts.
15. The well-being (mana tamaiti) of children will be protected by recognising their whakapapa and the whanaungatanga responsibilities of their whānau, hapū, iwi, or family group. Children, with their whānau, hapū, iwi or family group, should participate in decisions, and regard should be given to their views wherever possible. Their views should be considered and respected. They should be supported in giving their views and provided reasonable accommodation to enable participation.

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Definitions, translations and acronyms

Word / term	Definition
Child / te tamaiti	Any child or young person who is under the age of 18 years. For the purpose of this policy this includes the unborn.
Child Protection	The activities carried out to ensure that children are safe in cases where there is suspected abuse or neglect or the risk of abuse or neglect. It also recognises the role that organisations play in promoting the wellbeing of children and responding to their vulnerability.
Employee	An employee of Health NZ or of an agency contracted for services by Health NZ.
Child abuse	Refers to the harming (whether physically, emotionally, or sexually), ill treatment, abuse, neglect, or serious deprivation of any child/tamariki or young person/rangatahi (Oranga Tamariki Act 1989). This includes actual, potential and suspected abuse.
<u>Neglect</u>	The persistent failure to meet a child’s basic physical, emotional, medical, or educational needs, likely to result in serious harm.
<u>Physical Abuse</u>	Any act or acts that may result in physical harm to a child or young person.
<u>Sexual Abuse</u>	Involves forcing or enticing a child or young person to take part in sexual activities, regardless of whether they understand or consent.
<u>Emotional Abuse</u>	Emotional abuse is when the psychological, social, intellectual and emotional functioning or development of te tamaiti or rangatahi has been damaged by their treatment by their parents, caregivers or whānau or family.
Oranga Tamariki— Ministry for Children	Government agency that carries out the legislative requirements of the Oranga Tamariki Act 1989. Responsibilities include investigating cases of child harm, abuse and/or neglect, providing care and protection for children found to be in need, and more.
Children’s services	Are any of the following: <ul style="list-style-type: none"> a) services provided to 1 or more children b) services to adults in respect of 1 or more children c) services provided to adults living in households that include 1 or more children, and that do or may affect significantly any one or more aspects of the well-being of those children.
<u>Family Violence</u>	The emotional, psychological and physical wellbeing of te tamaiti can be affected when they’re exposed to family violence. Meaning of family violence — section 9 of Family Violence Act 2018

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Roles and responsibilities

This policy applies to all staff employed by Health NZ and all agencies and employees of agencies Health NZ contracts with, without exception.

Role	Responsibilities
All Staff	<p>Must make themselves familiar with this policy.</p> <p>Comply with this/the employing agency's child protection policy and procedures.</p> <p>Attend mandated family violence intervention training as determined for their role and service.</p>
People managers	<p>Ensure recruitment processes comply with Children's Act requirements.</p> <p>Ensure their staff members read and understand this/ their agency's child protection policy.</p> <p>Ensure staff have access to the appropriate system supports to implement child protection and family violence intervention into practice. This includes management support, clinical leadership, access to senior clinical support, clear clinical policy and procedures and standardised documentation for recording child protection concerns including referrals.</p> <p>Once appropriate system supports are established, ensure staff are enabled to attend family violence intervention training in accordance with the agency's family violence policies and training plan.</p> <p>Confirm that staff have completed the appropriate workforce development for their service.</p> <p>Ensure adherence to this policy by their team members.</p>
Each business function (Health NZ District, contracted entities) providing children's services	<p>Have clinical policy/procedures for child protection intervention aligned with this policy.</p> <p>Ensure policy adherence within their units.</p> <p>Provide comprehensive training for all employees involved in children's services.</p> <p>Ensure contractors and service providers have robust child protection policies.</p>

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	<p>Ensure clear referral and escalation pathways to local family violence agencies are documented and regularly reviewed.</p> <p>Collaborate with external agencies in compliance with relevant laws.</p> <p>Report¹ as required on its adherence to this policy.</p> <p>All organisations that provide children’s services funded or contracted by Health NZ must implement compulsory review procedures to ensure compliance with child protection standards. These reviews must include a thorough review of child safety checks for all staff and contractors who work with or around children. This includes confirming that police vetting, child protection training, and other relevant checks have been completed, are up to date, properly recorded, and verified.</p>
Contractors and Service Providers	Ensure child protection policies are in place and complied with.
Clinical Chiefs and Designated Committees	Have oversight of, model, and provide support for child protection initiatives.
The Health NZ Violence Intervention Programme (VIP)	<p>Provide standardised national template clinical policies and procedures for child protection and intimate partner violence intervention for Health NZ staff.</p> <p>Provide quality assurance processes for the programme.</p> <p>Provide clinical leadership in child protection and intimate partner violence to Health NZ through its programme coordinators.</p> <p>Manage the National Child Protection Health Information Sharing System (NCPHISS).</p> <p>Report as required on progress with the programme.</p>
The Health NZ National Child Protection Clinical Governance Group (CP CGG)	<p>Provide clinical governance to the child protection system in Health NZ, including monitoring of key metrics.</p> <p>Co-ordinate and monitor the progress of child protection work streams across Health NZ.</p>

¹ Metrics for reporting will be recommended by the Health NZ Child Protection Clinical Governance Group and approved by the Chief Executive.

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	<p>Report annually on how this policy has been implemented, including relevant metrics.</p> <p>Advise, identify, and escalate risks to the National Clinical Governance Board or relevant operational managers as appropriate.</p> <p>Work in partnership with relevant Ministries on relevant work streams.</p> <p>Review and recommend updates to this policy within review timeframes.</p>
The Chief Executive of Health NZ	<p>Appropriately resource child protection and family violence intervention in Health NZ.</p> <p>Hold their executive leaders accountable for performance in respect of this policy.</p> <p>Work with chief executives in other children’s agencies to progress the strategy for children’s wellbeing and the Oranga Tamariki System Action Plan.</p>
Board of Health NZ	<p>Hold the Health NZ executive accountable for performance in respect of this policy.</p> <p>Assess all policy decisions for their potential impact on children, particularly on the core populations described in Section 5 (1) of The Children’s Act 2014.</p>

To fulfil its obligations for this Policy, Health NZ staff will ensure that clinical policies and procedures related to child protection are followed, as outlined in Appendix A.

Settlement Agreements

16. Health NZ is committed to a culture of child protection. Settlement agreements are contrary to this culture. This includes agreements that allow a staff member to resign on the condition that no disciplinary action is taken, and a future reference is agreed. Where concerns involve the safety or wellbeing of a child, using such agreements undermines our commitment to child protection and will not be permitted.

Employee welfare

17. Health NZ recognises that working with situations involving child abuse or neglect impacts on employees’ emotional well-being. Managers will support employees who report child abuse or neglect by ensuring that they have access to senior clinical support and the Employee Assistance Programme (EAP) if confidential advice and support are needed.

Confidentiality and information sharing

18. Timely and appropriate information sharing between children’s workers and services is essential to ensure the safety of children at risk of abuse or neglect. The [Oranga Tamariki Act 1989](#) and the [Privacy Act 2020](#) permit the sharing of information in this context. Due to the sensitivity of this information, we must handle, disclose, and store it carefully to prevent inappropriate discussions or misuse.

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19. Health NZ, in partnership with other relevant Ministries, will support information sharing to ensure the safety of victims of violence by providing and resourcing policies and training for this.
20. Guidance and resources about how to share and request information within the child welfare sector and what information sharing provisions apply can be found on the [Oranga Tamariki website](#) and the [Ministry of Health Website](#).

Non-compliance with policy

21. Health NZ may audit service providers to ensure that they have an appropriate child protection policy and that the provider's staff are compliant with the national and employing agency child protection and related policies.
22. If people to whom this policy applies do not comply with this policy, Health NZ may act in accordance with the Code of Conduct.

Monitor and review

23. The Health NZ Child Protection Clinical Governance Group (CP CGG) is responsible for overseeing clinical governance of this policy, including relevant metrics and audit. CP CGG shall report annually on the implementation of this policy via the Health NZ National Clinical Governance Board.
24. This policy will be reviewed 12 months after signing and every three years thereafter.

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Associated documents

Associated policies, procedures and resources (websites)

Ministry of Health [Family Violence Assessment and Intervention Guideline; child abuse and intimate partner violence](#) (and associated VIP policies)

[Health NZ National Child Protection Health Information Sharing System](#)

[Oranga Tamariki policies and procedures for child protection](#)

[Abuse in Care Royal Commission of Inquiry; and Mental Health Review actions](#)

[Child Protection Protocol: Joint Operating Procedures Between New Zealand Police and Oranga Tamariki](#)

[Response to the Independent Children’s Monitor](#)

Health response to Government target of reducing child abuse: Various Ministry of Health and partner agency initiatives aimed at reducing child abuse and improving child wellbeing across Aotearoa New Zealand. . <https://www.health.govt.nz> | <https://www.orangatamariki.govt.nz>

[Serious Adverse Event Reviews](#)

[Violence Intervention Program](#)

Code of Conduct

National Consent Policy – pending

Privacy Policy

Procurement Policy

Volunteers Policy

Recruitment and Selection Policies

Investigation and Discipline Policy

[Children’s Worker Safety Checks](#)

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District policies and procedures for child protection

[Health New Zealand | Te Whatu Ora Family Violence and Sexual Violence](#)

[Child protection policies for organisations | Oranga Tamariki — Ministry for Children](#)

[Disability | Practice Centre | Oranga Tamariki](#)

[The United Nations Convention on the Rights of the Child \(UNCROC\)](#)

[Victims' Rights Act 2002](#) and [Informed consent](#)

[Office of the Children's Commissioner](#)

[Safer-Organisations-safer-children.pdf](#)

Associated Legislation

[Oranga Tamariki Act 1989](#)

[Children's Act 2014](#)

[The Family Violence Act 2018](#)

[Privacy Act 2020](#)

[Pae Ora \(Healthy Futures\) Act 2022](#)

[The Care of Children Act 2004](#)

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Appendix A: Detailed guidance on and expectations of child protection policies for districts, contractors and service providers (with checklist)

Health NZ expects all districts, contractors and service providers to demonstrate a child protection culture, led by the organisations' executive. To achieve this, you will meet all the criteria in the checklist below.

The guideline [Children's Action Plan: Identifying, Supporting and Protecting Vulnerable Children](#) provides detailed guidance on child protection policies for all organisations contracted to Health NZ and Oranga Tamariki. It describes what content a good child protection policy should contain and includes supporting resources, checklists to identify gaps in current policies and sample policies. Guidance on practice can be found at Health NZ [Family Violence Assessment and Intervention Guideline](#).

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Child protection policy checklist

Each agency that provides any form of children’s services must have a clinical policy/procedure that details the expected practice standard that enables employees to comply with national policy and practice requirements. The agency’s policy/procedure must detail the auditable standard of practice. The following checklist is provided to enable the agency to check that their policy meets Health NZ requirements.

Health NZ reserves the right to audit its service providers to ensure the requirements are met.

1.	Agency has a current child protection policy, reviewed within the last three years.	<input type="checkbox"/>
2.	Agency child protection policy aligns with Health NZ's Child protection policy.	<input type="checkbox"/>
3.	Agency child protection policy is available on the agency’s website.	<input type="checkbox"/>
4.	Policy contains a purpose statement that outlines why it is needed and what outcomes the policy intends to achieve.	<input type="checkbox"/>
5.	Policy contains an overview and summary, including the purpose, intended audience and scope.	<input type="checkbox"/>
6.	Roles and responsibilities for all employees (Aligned to Health NZ policy table on pages 4- 8).	<input type="checkbox"/>
7.	Key terms are defined.	<input type="checkbox"/>
8.	Workforce development for staff, e.g. ensuring staff have access to cyclical family violence intervention training (in accordance with the agency’s family violence policies and training plan) that includes induction, core training, and refresher training (at least every two years) throughout their tenure.	<input type="checkbox"/>
9.	Clear guidance for the management of allegations or concerns about staff, including a commitment against “settlement agreements” that allow a member of staff to agree to resign, provided that no disciplinary action is taken, and a future reference is agreed.	<input type="checkbox"/>
10.	Reporting requirements, e.g., reporting annually on the extent to which the policy has been enacted, with appropriate metrics.	<input type="checkbox"/>
11.	Clear specific guidance on identification, assessment and intervention (including referral) for actual or suspected child harm, abuse, and/ or neglect (aligned with the Health NZ Child Protection policy and national child protection standards, e.g., Family Violence Assessment and Intervention Guideline). Details below, Points 12 (a-l).	<input type="checkbox"/>

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12.	Agency Child protection policy details the following:	
	a) If an employee suspects that a child or young person is, or is likely to be, harmed, ill-treated, abused (physically, emotionally, or sexually), neglected, or deprived, and the child is not in immediate danger, the employee must respond in accordance with their employing agency's child protection policy.	<input type="checkbox"/>
	b) If there are concerns about immediate safety for a child (and/or others, including staff), the employee must contact the New Zealand Police by dialing 111 and then advise their manager as soon as they are able.	<input type="checkbox"/>
	c) If child harm, abuse and or neglect is identified or suspected, then a plan is required for ensuring the safety of the child or for providing help and support to the family. Consult with an experienced colleague, a social worker in your agency, specialist child protection staff or contact the duty social worker at Oranga Tamariki on 0508 326 459.	<input type="checkbox"/>
	d) The staff response to disclosures by children.	<input type="checkbox"/>
	e) Staff do not need to seek whānau permission to consult with colleagues and/or Oranga Tamariki but should advise whānau unless doing so creates further risk (see g below).	<input type="checkbox"/>
	f) If child harm, abuse and or neglect is identified or suspected, the employee should consult a senior colleague at least once and can do this at any time. (Link to Oranga Tamariki Guidelines).	<input type="checkbox"/>
	g) Oranga Tamariki should be notified of all cases of suspected child harm, abuse or neglect.	<input type="checkbox"/>
	h) If safe, standard practice includes talking with the parents/caregivers about the referral to Oranga Tamariki.	<input type="checkbox"/>
	i) Reasons for not informing the family of the referral include the staff member's belief that doing so would put the child and/or others (e.g., staff) at risk. (Link to Oranga Tamariki Guidelines: https://www.orangatamariki.govt.nz/working-with-children/information-sharing/).	<input type="checkbox"/>
	j) All child protection concerns must be documented in the clinical record.	<input type="checkbox"/>
	k) Incidents of suspected child harm, abuse or neglect must be managed with respect and sensitivity. Consent from the family is not required.	<input type="checkbox"/>
	l) Staff support processes, including access to consultation and peer support.	<input type="checkbox"/>
	m) Clear guidance for staff about confidentiality and information sharing.	<input type="checkbox"/>

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