Seclusion

Overview

This policy outlines the necessary requirements for the safe treatment and care of consumers requiring seclusion and is intended to enable compliance with the Ministry of Health seclusion guidelines (2010) and Health and Disability Service Standards: 8134.2.3.2008 (HDSS, 2008).

The use of seclusion is a clinical decision made to maintain the safety of the consumer and others. The decision to seclude a consumer should be an uncommon event that is used as a final alternative and should not occur as part of routine care or for punitive reasons (HDSS, 2008).

All Nelson Marlborough District Health Board (NMDHB) policies are implemented in accordance with the partnership inherent in the Treaty of Waitangi. Maori consumers experience seclusion at higher rates than Non-Maori. The specific needs of this group are acknowledged within this policy with the intention of promoting culturally safe practice where seclusion is being considered or used for a Maori consumer.

Purpose

The purpose of this policy is to clearly state the best practice and regulatory standards expected by the NMDHB Mental Health and Addictions Service (MHAS) in order to:

- Prevent and minimise the use of seclusion
- Maintain the safety of consumers, staff and others in the inpatient unit
- Ensure that safe practice is maintained and guided by accepted national standards and New Zealand (NZ) law including:
    - Mental Health (Compulsory Assessment and Treatment) Act 1992 (MH Act)
    - Ministry of Health Seclusion Guidelines 2010
    - Standards New Zealand Restraint Minimisation and Safe Practice Standards 2008

It is intended to be used in conjunction with the NMDHB Procedure: Secluding a Consumer

Scope

The policy applies to all staff employed or contracted by the NMDHB MHAS, who at the time are working in Wāhi Oranga- Mental Health Admission Unit (Wāhi Oranga - MHAU).

Policy statement

Seclusion at NMDHB MHAS is only to be used as an emergency, safety intervention of last resort when all other less restrictive options have been considered. When seclusion does occur, it is in a manner that is consistent with current best practice and legal and regulatory requirements. The clinical responsibilities and procedures required to ensure this are outlined in NMDHB Procedure: Secluding a Consumer.

Definitions / abbreviations (Health and Disability Service Standards, 2008)

Seclusion	Where a consumer is placed alone in a room or area, at any time and for any duration, from which they cannot freely exit.
Episode of seclusion	An episode of seclusion begins when a consumer enters the conditions of seclusion and ends either when a consumer leaves the conditions of seclusion without expectation of return or has been out of seclusion for more than one hour.
Suitably qualified clinician (SQC)	A Registered Nurse or a Medical Practitioner

Designated seclusion nurse (DSN)	A Registered Nurse who has the designated responsibility to monitor, observe and maintain engagement at appropriate levels with a consumer in seclusion
Nursing shift coordinator	A Registered Nurse with experience in Mental Health who is designated in charge of the shift.
Director of Area Mental Health Services (DAMHS)	The DAMHS is responsible for the overall use of seclusion in accordance with Mental Health (Compulsory Assesmnent and Treatment) Act 1992
Responsible clinician (RC)	The RC is the clinician in charge of the treatment of a consumer under the Mental Health (Compulsory Assessment and Treatment) Act 1992.
Observations & monitoring	The consumer's behaviour, mental state, physical condition and overall wellbeing are observed and monitored continuously. These observations are recorded as frequently as required with the longest interval between recorded entries being 10 minutes.
On call doctor	A Consultant Psychiatrist, Registrar or Medical Officer who provides urgent cover for the MHAS outside of regular hours.
Cultural safety	The Nursing Council of NewZealand (NCNZ) definition is "the effective nursing practice with a person or family from another culture and is determined by that person or family. Culture includes, but is not restricted to age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability" (NCNZ, 2011, p7) 'Cultural safety is underpinned by communication, recognition of the diversity in worldviews (both within and between cultural groups), and the impact of colonisation processes on minority colonized groups. Cultural safety is an outcome of psychology education that enables a safe, appropriate and acceptable service as defined by those who receive it." (NZ Psychologists board, 2009)

Legal Status

Seclusion can only be used for consumers who are subject to the MH Act. If it is necessary, in an emergency, to use seclusion for a voluntary consumer then the Registered Nurse will need to invoke Section 111 of the MH Act and then complete Section 8a, *Application for assessment* and initiate further assessment as per the MH Act.

Situations where it may be appropriate to use seclusion

In may be appropriate to use seclusion in the following situation:

1. When all other alternatives (such as 1:1 engagement, sensory modulation, de escalation, individual plans of care) have been unsuccessful and risks to the safety of client and others is considered by the team to be at an extreme level (harm is imminent).

Situations where seclusion should be used with extreme caution

Extreme caution should be exercised in the following situations:

1. Altered or fluctuating levels of consciousness or other neurological symptoms
2. Where potential of respiratory suppression or cardiovascular impairment is present

3. Physical deterioration illness or injury
4. Intoxication due to alcohol or other substances is known or suspected
5. History of trauma
6. History of adverse responses to previous experiences of seclusion (such as escalation of anxiety, aggression and distress).
7. Advance directive states that seclusion should not be used as an option
8. Presence of suicidal ideation
9. Potential for self harm
10. Where the consumer is a child or young person under the age of 18

Environment

Seclusion may only be used in the rooms designated by DAMHS and deemed fit for purpose according to NZS8134.2.2008 *Restraint Minimisation and Safe Practice.* There are two designated seclusion rooms in NMDHB and these are located at the Wāhi Oranga – MHAU.

Reporting and documentation

Seclusion is an adverse event and needs to be reported and documented as such.

1. Wāhi Oranga–MHAU: Seclusion Recording Form
2. NMDHB Reportable event system - Safety 1st
3. Documented in clinical file
4. Documentation of debriefing, following an event of seclusion using appropriate form

Auditing and Reviewing of Seclusion

Each seclusion event is internally audited and reviewed by an internal seclusion review panel. This panel will typically consist of clinical coordinator, unit manager, consumer advisor, restraint coordinator with others (such as Kaumatua, Kaiawhina, staff involved) as indicated. The internal review panel may request an independent or external review of a particular seclusion event in consultation with General Manager.

Associated documents

- Mental Health (Compulsory Assessment and Treatment) Act 1992
- NMDHB: Procedure: Secluding a consumer
- Wāhi Oranga - MHAU: Seclusion recording form
- Wāhi Oranga - MHAU: AM/PM/N Shift seclusion observation forms
- Wāhi Oranga - MHAU: Consumer seclusion debriefing procedure
- Wāhi Oranga - MHAU: Review of seclusion event procedure
- Wāhi Oranga - MHAU: Staff seclusion debriefing procedure

References

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- Ministry of Health (2012). *Rising to the Challenge: The mental health and addiction service development plan 2012- 2017.* Wellington: Ministry of Health.
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- Standards New Zealand (2008). *NZS8134.2:2008: Health and Disability Services (restraint minimisation and safe practice) standards.* Wellington: Standards New Zealand.
- Te Pou o Te Whakaaro Nui (2011). *Seclusion Reduction: implementing and tracking progress of a seclusion reduction strategy in an adult in-patient mental health service.* Wellington: Te Pou
- Te Pou o Te Whakaaro Nui (2013). *Six core strategies for reducing restraint and seclusion checklist – New Zealand version.* Retrieved from http://www.tepou.co.nz/resources/six-core-strategies-for-reducing-seclusion-and-restraint-checklist/464.
- Te Pou o Te Whakaaro Nui (2013). *Strategies to reduce the use of restraint and seclusion with tangata whai it e ora.* Retrieved from http://www.tepou.co.nz/uploads/files/resource-assets/strategies-to-reduce-the-use-of-seclusion-and-restraint-with-Maori.pdf
- Te Pou o Te Whakaaro Nui (2014). *Debriefing following seclusion and restraint: A summary of relevant literature.* Auckland: Te Pou o Te Whakaaro Nui

CHILD PROTECTION - POLICY & PROCEDURE

Table of Contents **POLICY:**

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POLICY - OVERVIEW

Family violence is a global issue and is not limited to any one gender, sexual orientation, religious, cultural or income group.

Nelson Marlborough Health (NMH) is committed to a whole health systems population approach to the issue of Child protection i.e. working across primary and secondary care. This is in recognition that child abuse and neglect are important health issues. They can lead to immediate physical and mental health consequences and are significant precursors to a range of poor health outcomes and long-term conditions. Health care providers are ideally placed for early identification of and intervention in family violence because most people use health services at differing times in their lives.

PURPOSE

NMH recognises that staff competence, and clarity of roles and responsibilities, are essential to effective child protection interventions. This supports the accurate detection of suspected and or actual child abuse and neglect, the early recognition of children at risk of abuse and adults at risk of abusing children. This policy seeks to promote and ensure the safety and wellbeing of children and their whanau.

Associated procedures, referral pathways and electronic documentation requirements e.g. patient management systems, alert/memos and eProsafe requirements, provides NMH community and hospital-

based staff with a framework to identify, support, assess and respond to actual and/or suspected child abuse and neglect.

PRINCIPLES

The rights, welfare and safety of the child/tamaiti, 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 Te Tiriti o Waitangi/Treaty of Waitangi.

Maori children/tamariki are assessed and managed within a culturally safe environment. The Maori Health Unit is available for cultural support/advice.

Wherever possible the family/whānau, hāpu and iwi participate in the making of decisions affecting their child/tamaiti. Their primary role in providing the care, welfare and safety of their children must be valued.

NMH 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 suspected abuse and/or neglect through the organisation's infrastructure including policy and procedural structures, workforce development and access to consultation.

It is important for children/tamariki that services are provided in environments which are comfortable and appropriate to their needs and age.

Child Protection work is complex and stressful; a consultative and multi-disciplinary approach is considered best practice. Health care workers should not work in isolation.

All staff are to recognise and be sensitive to other cultures.

Early intervention is recognised as best practice to maximise the opportunity for best outcomes.

SCOPE

This policy applies to all cases of actual and/or suspected child abuse and neglect encountered by employees, students and people working at NMH 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 NMH 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 Memorandum of Understanding between Health, Ministry for Vulnerable Children, Oranga Tamariki (CYF) and the Police that support effective collaboration
- regular workforce development for staff on the policy
- to ensure staff attend workforce development that comprises of mandatory core and refresher training. NMH requires core training and at a minimum, refresher training every two years, for staff working in the MoH designated areas.
- processes to ensure the policy is adhered to, such as quality improvement activities
- adequate support (e.g. access to consultation) and supervision for staff.

These activities need to be properly resourced and evaluated.

Steering Group Responsibilities:

- To meet on a regular basis
- To provide guidance and support to the Violence Intervention Programme (VIP) / Child and Family Safety Service (C&FSS)
- Participate in reviews and endorse the policy and procedures related to VIP/C&FSS
- Advise and support the implementation and maintenance of violence intervention services within NMH.
- Champion the service throughout NMH.

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).Divisions who provide care for children and youth can have divisional level child protection policies based on this policy which reflect their philosophy of care.

Employee Responsibilities

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

- To be conversant with DHB management of actual or suspected child abuse and neglect and associated policies
- To understand the referral and management process of actual or suspected abuse and neglect
- To take action when child abuse and or neglect is suspected or identified
- To inform to the (VIP) / Child & Family Safety Service (C&FSS) when there is suspected or actual child abuse and neglect of a child.
- To attend mandatory NMH Family Violence/Child Protection training and regular updates appropriate to their area of work.
- To provide or access DHB specialist health services that may include:
  - Cultural assessments.
  - Mental health assessments.
  - Diagnostic medical assessments.
  - Social work services, counseling and therapy resources.
  - Paediatric assessments.
- 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

NMH 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 be dealt with in accordance with the Human Resource disciplinary procedures, Disciplinary Policy.

Child Protection / Child and Family Safety Services 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.
- Provision of consultation service for staff managing child protection cases.

- Provision of peer support for staff who have been involved in the reporting and management of child abuse and/or neglect.
- Management of eProsafe child protection and family violence application
- Attendance at multi-disciplinary/multi-agency case management meetings
- Attendance at multi-agency /multi-disciplinary groups working collaboratively to improve and introduce child protection initiative.
- Participation in VIP whanau ora meetings and initiatives
- Support implementation of Child protection audits.
- To facilitate communication with Oranga Tamariki/CYF and other key community agencies
- Coordinate/facilitate WCIM, MCIM and Mental Health/AOD forums

MĀORI AND THE CHILD AND THE FAMILY SAFETY SERVICE 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 support and discipline. However, child abuse and neglect is not acceptable within Māori culture. The NMH Management of Child Abuse and Neglect Policy has been developed in accordance with the principles of action including the Te Tiriti o Waitangi/Treaty of Waitangi principles, recognising Te Whare Tapa Wha and kaupapa practices. This is consistent with the eLearning MOH endorsed Foundation course in Cultural competency.

https://learnonline.health.nz/login/index.php

Family violence intervention for Māori is based on victim safety and protection being the paramount principle. NMH has Māori services available to offer support to families. Whenever possible an appropriate staff member of the same ethnicity as the child/tamaiti should be involved in decision making and consultation.

See Appendix 2: Māori and family violence

PACIFIC PEOPLES AND THE FAMILY SAFETY SERVICE PROGRAMME

Family violence among Pacific communities in New Zealand occurs in the context of social change brought about by migration, alienation from traditional concepts of the village, family support, extended family relationships and in combination with socio-economic stresses.

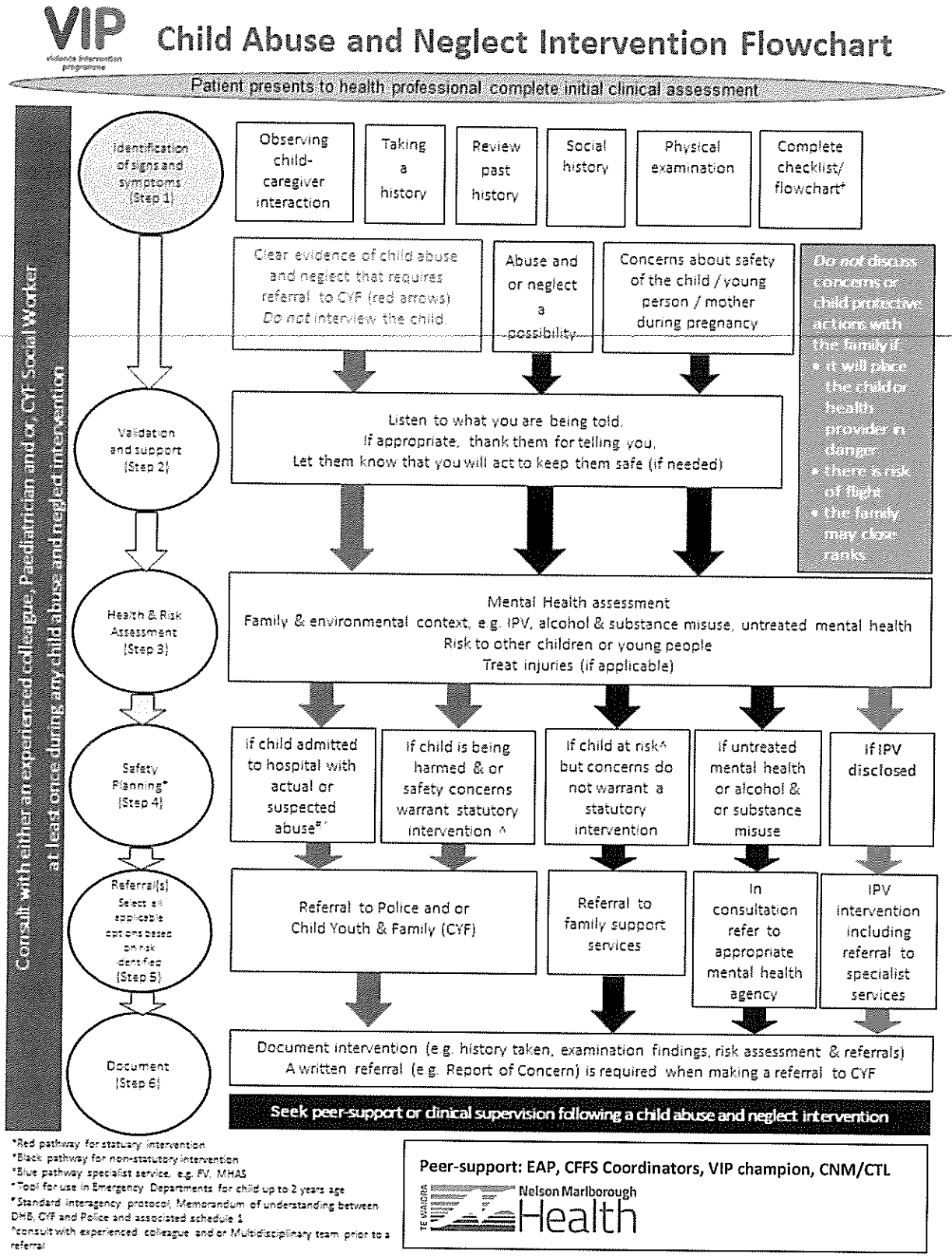
Family violence intervention for Pacific peoples is based on victim safety and protection being the paramount principle. NMH have Pacific Island staff/services available to offer support to the family whenever possible.

See Appendix 3 - Pacific peoples and family violence.

MINORITY ETHNICITIES/REFUGEES

Staff need to consider the increased isolation of patients/clients from minority ethinic groups. They may have few support structures outside of the direct family. Different cultures may have different value bases and this may differ from those predominately represented in New Zealand. The potential for minority ethnicities and refugees to identify as being abused and to access help may be difficult. Staff are to be aware of the potential risks to the abused person when accessing interpreters from ethnic groups. A family member should NOT be used as an interpreter for the victim and or family.

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



*Red pathway for statutory intervention
*Black pathway for non-statutory intervention
*Blue pathway specialist service, e.g. FV, MHAS
*Tool for use in Emergency Departments for child up to 2 years age
*Standard interagency protocol, Memorandum of understanding between DHB, CYF and Police and associated schedule 1
^consult with experienced colleague and or Multidisciplinary team prior to a referral

Peer-support: EAP, CFFS Coordinators, VIP champion, CNM/CTL

Nelson Marlborough Health

Elder Abuse and Neglect

Contents

Section A: Policy

Section B – Procedure

Section A: Policy

Overview

NMH is directed by the Ministry of Health to implement policies and procedures to guide staff in identifying and responding to child, partner and elder abuse. The NMH Violence Intervention Programme (VIP) leads and has an overarching responsibility for the implementation of Elder Abuse and Neglect / Child Protection and Partner Abuse policies.

Violence is prevalent in all populations in New Zealand communities. The health impacts of elder abuse can be extreme and long-term, and can affect the health of all family and whanau. Health care providers are ideally placed for early identification of and intervention in Elder Abuse and Neglect because most people use health services at differing times in their lives.

Purpose

The purpose of this policy is to guide and direct DHB staff in Elder Abuse and Neglect intervention in hospital, outpatient and community settings. This policy shall be implemented in conjunction with NMH policies and procedures relevant to issues arising in family violence intervention, including Child Protection policy and Intimate Partner Violence Intervention policy and procedure.

Scope

This policy applies to all employees of Nelson Marlborough District Health Board and to individuals contracted by, or who have access agreements with, NMH. Operating as Nelson Marlborough Health.)

Policy Statement

Nelson Marlborough District Health Board undertakes to work toward eliminating family violence by establishing and maintaining a policy and training framework that supports staff to address this issue in clinical settings.

The NMH Family Violence Programme (VIP) will work in collaboration with DHB family violence programmes throughout New Zealand, while NMH family violence initiatives will link with community services and networks in the NMH region.

Principles

- NMH staff are competent in the identification and management of actual or suspected elder abuse and neglect through organisational foundation and in-service professional development in family violence intervention, and through implementation of policies and procedures.
- NMH will empower safe practice, by supporting and resourcing VIP to coordinate training and offer ongoing support to staff working with Elder Abuse and Neglect.
- When managing issues of Elder Abuse and Neglect, the rights, welfare, and safety of any tamaiti/child or rangatahi/ young person will also be of paramount consideration. In all cases of suspected/disclosed Elder Abuse or Neglect, the safety of other family members must be considered
- **NMH staff must act if there are well founded concerns or known risks for a child including an In Utero child, young persons or vulnerable adult's welfare or safety. The 2012 amendments (appendix 1) to the Crimes Act 1961 support staff to take appropriate steps to protect children or vulnerable adults**
- Care and treatment for Maori clients in NMH services will be respectful and culturally sensitive, and inclusive of the principles of the Te Tiriti O Waitangi
- Wherever possible the whanau/family, hapu and iwi participate in the making of decisions affecting the welfare of the older person. Kuia / Koroua

- Elder Abuse and Neglect is a global issue and is not limited to any one gender, sexual orientation, religious, cultural or income group. All victims require appropriate supports.
- Provide culturally sensitive support and referral for clients of all ethnicities.

Maori and Elder abuse & Neglect:

Violence is not acceptable within Maori culture. While Maori are over-represented as both victims and perpetrators of whanau violence, this should be seen in the context of colonisation and the loss of economic base, traditional structures of whanau support and belief systems. This NMH Elder Abuse and Neglect policy has been developed in accordance with the Treaty of Waitangi principles, and this is consistent with cultural training offered in the NMH.

Pacific peoples, other ethnicities and family Violence

The complexity of Elder Abuse and Neglect is also evident with Pacific people and other ethnicities for similar reasons.

Responsibility:

The Clinical Governance Group:

- Approving organisation-wide policy for the management of Family Violence including protocols for the management of partner, child and elder abuse
- Endorsing the VIP Strategic plan
- Empowering safe practice by supporting and resourcing staff, being responsive to audits and evaluations to effect change
- Coordinating with VIP via General Manager Clinical to resource and provide regular training programmes for staff in the responsibilities imposed and actions required by policy / protocol. It is desirable for all clinical staff with responsibility for VIP implementation to receive core training based on the MOH Elder Abuse and Neglect Guidelines. Ongoing support and training will be available to support implementation
- Coordinating with the Human Resource Department to resource and provide adequate support for staff. It is acknowledged that staff may have personal and professional experiences of family violence and support processes (EAP, Clinical supervision and clinical debriefing) will be available and accessible.
- Ensuring that all staff who will work with tamariki/children, or other vulnerable people, will have undergone a robust screening and vetting process. Vetting and Screening Guidelines
- Receiving quarterly reports on progress against the NMH VIP Project Plan
- Monitoring trends of compliance with the VIP policy

Elder Abuse and Neglect Coordinators are responsible for:

- Developing both functional internal and external working relationships with departments, community based agencies and the MoH; networking with and participation in the National network of DHB Family Violence Intervention Programme Coordinators (FVIPC)
- Assessing material resources required to support the programme and making these accessible to staff and clients
- Advocating for safe practice by ensuring that all staff from priority areas who work with patients/clients and their families/whanau receive education in /assessment and management of

Elder Abuse and Neglect can advocate for the older person and any tamariki / children in a professional and safe manner and that staff are supported through this process.

- In conjunction with VIP line manager develop a NMH VIP Project Plan which reflects the intent of the MoH FVI Guidelines (Elder / Child or Intimate Partner Violence), VIP Strategic Plan and to provide six monthly reports on progress against this plan.
- Developing and reporting on quality audit and evaluation processes that assess the NMH VIP. This includes internal and external (Auckland University of Technology self-audit) processes and incorporates local and national systems to comply with the MoH contracted Service Specifications.

Family Violence Intervention Programme Steering Group (MQSP governance) is responsible for:

- Advising and supporting the EA&N Coordinator in the implementation and monitoring of the NMH VIP
- Providing a forum which includes representation (both internal and external key personnel), including relevant community agencies, to strengthen linkages, relationships and facilitate effective networking
- Developing, reviewing and endorsing policy and processes related to the programme
- Advocating for resources as identified as required for the effective implementation and maintenance of the programme
- Participating in initiatives of both NMH VIP and activities in the wider community
- Receiving reports relating to monitoring and evaluation of the programme, including the VIP Project Plan and supporting changes to facilitate development

Clinical Staff Responsible for:

Being conversant with NMH policy and protocols regarding actual or suspected Elder Abuse and Neglect.

Completing risk assessment tools and other documentation requirements as set out in individual documents.

Understanding how to identify and manage victims of suspected Elder Abuse and Neglect. This includes referral to NMH specialist health services that may include :

- cultural assessments,
- mental health assessments,
- diagnostic medical assessments,
- social work/counselling/therapy services,
- Paediatric assessment for any children/tamariki that may be at risk. Refer to Child Protection Policy
  - Attending VIP training according to the requirements of their work area.
  - Safe practice, for example consulting with colleagues, seeking support/supervision and communicating issues with line management/ EA&N Coordinator

INTIMATE PARTNER VIOLENCE INTERVENTION - *POLICY & PROCEDURE*

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POLICY OVERVIEW

Violence is prevalent in all populations in New Zealand communities. The health impacts of family violence can be extreme and long-term, and can affect the health of all family and whanau. Health care providers are ideally placed for early identification of and intervention in intimate partner violence because most people use health services at differing times in their lives. Nelson Marlborough Health (NMH) is directed by the Ministry of Health to implement policies and procedures to guide staff in identifying and responding to child, partner and elder abuse.

This policy provides all NMH staff with a framework to identify, assessment and manage family violence; intimate partner violence (IPV). The policy also provides guidelines for the development of unit specific policies relating to identification and management of family violence; IPV.
This policy shall be implemented in conjunction with NMH policies and procedures relevant to issues arising in family violence intervention, including child abuse and elder abuse and neglect procedures and associated protocols.

PRINCIPLES

Family violence is violence or abuse of any type, perpetrated by one family member against another family member. It includes child abuse, partner abuse and elder abuse.

The Ministry of Health's Family Violence Assessment and Intervention Guideline[1] guides this policy.

When managing issues of family violence the rights, welfare and safety of the child/tamariki, young person/rangatahi are our first and paramount consideration.

Health services should identify, assess, offer referral and advocate for victims of family violence.

Staff will be competent in identification and management of actual or suspected family violence through the organisation's violence intervention programme infrastructure, e.g. policies, procedures, standardised documentation and education programme.

Health services that care and protect victims of family violence are built on a bicultural partnership in accordance with the Treaty of Waitangi. All people using the services of Nelson Marlborough Health are assessed and managed in a culturally safe environment through active involvement of the Maori Health Unit. All staff are to recognise and be sensitive to other cultures.

A key element of protection is the requirement to integrate care through a coordinated approach with community providers.

SCOPE

The policy applies to all cases of actual and/or suspected family violence encountered by employees, students and people working at NMH or under contract for service.

The policy specifically relates to the identification, assessment, management and referral of victims of intimate partner violence. See also the NMH Child Protection Policy.

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

TERMS AND DEFINITIONS

All terms and definitions related to this document have been defined. **See Appendix 1.**

ORGANISATIONAL RESPONSIBILITIES

Executive Responsibilities

The NMH is responsible for ensuring it has;

- an organisation-wide policy for the management of intimate partner violence and associated policies as indicated
- engaged with interagency processes such as Memorandum of Understanding between DHB, Child Youth and Family (CYF) and the Police that support effective collaboration
- regular workforce development for staff on the policy
- to ensure staff attend workforce development that comprises of mandatory core and refresher training. NMDHB requires core training and at a minimum, refresher training every two years, for staff working in the MoH designated areas.
- processes to ensure the policy is adhered to, such as quality improvement activities
- adequate support (e.g. access to consultation) and supervision for staff.

These activities need to be properly resourced and evaluated.

Service Responsibilities

All services/departments will support the implementation of the policy within services as coordinated by the Violence Intervention Programme (VIP) / Child & Family Safety Service (C&FSS) Co-ordinator(s).

Employee Responsibilities

All NMH employees have a responsibility for the assessment and intervention of family violence.

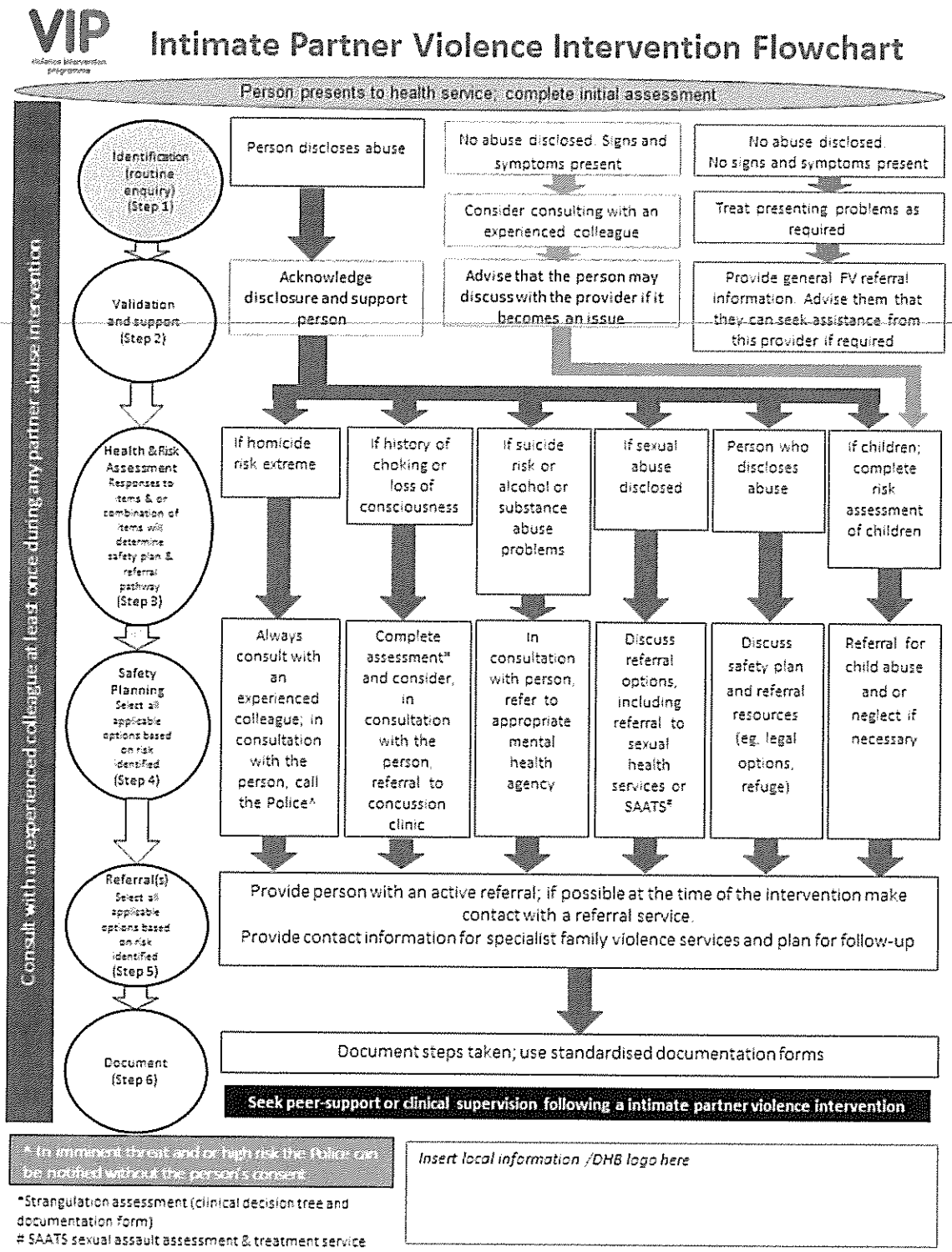
Responsibilities include:

- To be conversant with NMH family violence and related policies
- To understand how to identify, manage and refer victims of suspected or disclosed intimate partner violence
- To attend initial training and regular updates appropriate to their area of work
- To provide or access NMH specialist health services that may include:
  - Cultural assessments
  - Mental Health assessments
  - Diagnostic medical assessments
  - Social work services, counselling and therapy resources
  - Paediatric assessment for any children who may be at risk
- To practice safely, for example consulting with a senior colleague during the intervention and seeking peer-support/supervision after each disclosure of intimate partner violence.

Violence Intervention Programme/ Child & Family Safety Service Coordinator Responsibilities

- Coordinate programme implementation within services, working with service leaders to ensure the system supports are available
- Ensure the DHB-wide policy is current and aligned with national standards
- Ensure provision of training in accordance with the DHB VIP/ C&FSS training plan; this will include ensuring that the VIP/ C&FSS training is available cyclically
- To be available to staff for consultation regarding family violence concerns
- Ensure quality improvement activities in regard to policy compliance are undertaken and reported on at least biannually.

INTIMATE PARTNER VIOLENCE INTERVENTION FLOWCHART



MAORI AND THE VIOLENCE INTERVENTION PROGRAMME

Maori are significantly over-represented as both victims and perpetrators of whanau violence. This should be seen in the context of colonisation and the loss of traditional structures of family support and discipline. However, violence is not acceptable within Maori culture. This NMH Intimate Partner Violence Policy has been developed in accordance with the principles of action including the Treaty of Waitangi principles, recognising Te Whare Tapa Wha and tikanga principles. This is consistent with cultural training offered and mandated within NMH.

Family violence intervention for Maori 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 Maori staff available to offer support to the family whenever possible.

Routinely enquire about intimate partner violence for all Maori women over the age of 16 year; ask men and adolescents when signs and symptoms are present. If abuse is disclosed talk about possible plans of action they would like to take, including appropriate referral options.

See Appendix 2 for Maori and family violence

PACIFIC PEOPLES AND THE VIOLENCE INTERVENTION PROGRAMME

The complexity of family violence is also evident with Pacific peoples' culture for similar reasons.

See Appendix 3 for Pacific peoples and family violence.