

## 3.1 National Family Works Policy: Child Protection

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### 3.1.1 Policy Statements

The safety and wellbeing of tamariki and rangatahi is the primary concern in all work undertaken by Family Works.

Services to address the safety and wellbeing of tamariki and rangatahi who are Tangata Whenua, are delivered in accordance with the partnership, participation and protection principles inherent in Te Tiriti o Waitangi.

This Child Protection Policy outlines our commitment to tamariki and rangatahi safety and protection, and Family Works' legal responsibilities.

The Policy also provides protocols for recognising and responding to actual and suspected cases of abuse (including neglect).

Family Works regions will have their own procedures that best fit the agency setting to meet the requirements of this policy.

### 3.1.2 Outcome

Tamariki and rangatahi will receive the services they require in a culturally appropriate way, to maximise their safety and wellbeing and protect them from harm.

### 3.1.3 Scope

This policy applies to all Family Works staff.

### 3.1.4 Child protection

Child protection is concerned with the safety and wellbeing of all tamariki and rangatahi.

Harm is the term used to describe damage or injury and includes self-harm and suicidality.

Child abuse and neglect includes the impacts of family violence, and co-occurrence of child abuse and family violence.

Expanded definitions and indicators of child abuse and neglect can be found below and as appendices to this policy. For more information on working with tamariki and rangatahi living with family violence, and mental health issues resulting in self harm and/or suicidality, see references at the end of this policy and resources held in your region.

### 3.1.5 Definitions

**Tamariki:** Under the Oranga Tamariki Act (1989) and the Children's Act (2014) child or tamariki includes tamariki and rangatahi up to the age of 18 years.

**Child abuse and neglect:** Where the term child abuse is used within this policy, this includes neglect. See Appendix 1 and 2 for detailed definitions and indicators of abuse and neglect.

**Child protection:** Activities carried out to ensure that tamariki are safe in cases where there is suspected abuse or neglect or the risk of abuse or neglect. (Ref. Ministry of Education Child Protection Policy.)

**Co-occurrence of family violence and child abuse:** Tamariki and rangatahi who are exposed to both the impacts of family violence, and are directly abused.

**Cumulative harm:** The understanding that repeat episodes of abuse can have a profound impact on tamariki development.

**Designated Person:** A person designated to oversee child protection work within each Family Works team.

**Disclosure:** Information about abuse or neglect that is given to a staff member by a tamariki, parent or caregiver. Information provided by a third party may be termed a report of abuse.

**Family violence:** Violence (physical, sexual or psychological abuse), coercive or controlling behaviour, or a pattern of behaviour which may cause harm or cumulative harm. (Ref. section 9, Family Violence Act (2018)).

**Harm:** The term used to describe physical or psychological abuse, deprivation or neglect that causes damage or injury, including harm caused by a person against another, and self-harm. (The Oranga Tamariki Act (1989) Section 14AA provides definitions of serious harm).

**Information sharing:** The sharing of information relevant to the safety and wellbeing of tamariki and rangatahi includes information about:

- (a) a member of the family of the child or young person; or
- (b) any other person in a family relationship (within the meaning of section 12 of the Family Violence Act 2018) with that child or young person; or
- (c) any person who is likely to reside with the child or young person.

(Ref. Section 66F, Oranga Tamariki Act (1989))

**Staff:** For the purposes of this policy, the term 'staff' refers to all paid Family Works staff, students, contractors and volunteers.

**Suicidality:** Risk of a person committing suicide or the act of committing suicide.

**Wellbeing:** The wellbeing of tamariki and rangatahi considers a holistic view of their strengths, protective factors, and needs across a number of domains. (See references at the end of this Policy for Oranga Tamariki definition of wellbeing and responses to wellbeing concerns).

### 3.1.6 Protocols

Tamariki and rangatahi have the right to be safe from abuse and harm (including self-harm), and to be treated with respect and dignity. Family Works is committed to protection of the safety and wellbeing of tamariki and rangatahi and their whānau and families, and the prevention of child abuse.

This commitment means that:

1. Family Works recognises that the primary role of whānau and families in caring for and protecting their tamariki should be valued and maintained, however tamariki and rangatahi safety and wellbeing will be the organisation's primary consideration.
2. When working with individuals, couples and whānau and families who have responsibility for the care of tamariki and rangatahi, staff will take into consideration the impact of presenting and underlying issues on their safety and wellbeing, and any other relevant information. Staff will assess risks and respond appropriately to any concerns identified as detailed in regional procedures.
3. Family Works staff will respond to suspected abuse, and disclosure of abuse and harm in a timely fashion and ensuring tamariki and rangatahi immediate and future safety. Where there are other tamariki and rangatahi in the home, staff will assess the safety and wellbeing risks to them also and respond accordingly. Note that this includes self-harm and suicidality.
4. Staff will follow safe practices in their interactions with tamariki and rangatahi (as per regional procedures) and work within the parameters of the role they are employed for.
5. Abuse of adults in a parenting role is recognised as having a harmful effect on tamariki and rangatahi in their care. Family Works staff will assess the risk for all whānau and family members where Family Violence is identified and respond in accordance with the National Family Violence Policy and regional procedures.
6. Family Works acknowledges that in cases of suspected child abuse, supporting whānau and families through a Report of Concern process is important. Where possible and appropriate, Family Works will work in partnership with statutory agencies, and other services involved as part of an integrated plan to improve tamariki safety and wellbeing.
7. Family Works will promote alternatives to physical forms of discipline and punishment, and wherever possible ensure whānau and families can access relevant opportunities to develop skills and resiliency to support good parenting and manage their lives.

8. Family Works workplaces and service centres are safe, and tamariki, whānau and family friendly environments.
9. Where appropriate, Family Works will support and collaborate with all relevant agencies and community partners in the identification and investigation of child abuse and family violence. Where collaborative inter-agency responses are in place, Family Works will support and collaborate to assess, triage and respond to risk and harm.
10. A designated person will be identified within each Family Works team to oversee actions in relation to tamariki safety and wellbeing concerns. This may be the service manager, practice manager or other person appointed by the service manager. If this person is unavailable to consult with, a second liaison person will be identified.
11. Staff will discuss with the designated person, any situation where there could be a conflict of interest for them regarding child abuse within a client whānau and family.
12. Practitioners must consult with their service manager or designated person if they suspect or learn of child abuse, or other concerns for the wellbeing of tamariki or rangatahi.
13. All concerns expressed, and information received will be recorded factually as soon as possible in client files and relevant organisational documents. Anything that is an opinion, or a personal concern will be identified and documented as such.
14. All decisions, actions and associated explanations will be recorded accurately throughout the process of responding to the safety concerns for tamariki or rangatahi.
15. Staff will have a level of training and competence that enables them to work safely with tamariki, rangatahi and their whānau and families. All staff will have refresher training on a regular basis, with timing for this determined by regional management.



### 3.1.7 Responsibilities of Family Works under the Children's Act (2014)

The Children's Act (2014) places responsibilities on community organisations and their staff for improving the safety and wellbeing of tamariki and rangatahi.

This Act states that all organisations receiving government funding are regarded as regulated services. All staff in regulated services have legal obligations in relation to identifying and responding to child abuse and neglect.

The Act requires the development of Child Protection policies, and worker safety checking procedures for people working with tamariki.

Family Works will regularly review policies, procedures and practice to ensure they are consistent with our responsibilities under the Children's Act.

### 3.1.8 Culture and religion

Family Works acknowledges that clients will come from a range of backgrounds, with different cultural and religious child-rearing traditions and practices. It is important to be sensitive and respond appropriately to each whānau and family's cultural context.

Differences in child-rearing practices do not justify child abuse or neglect as it is defined in Aotearoa New Zealand. Family Works staff have a legal responsibility to protect all tamariki and rangatahi in client whānau and families.

### 3.1.9 Safe practice guidelines to ensure a safe, tamariki-friendly work environment

Staff will be familiar with personal safety information and resources available to tamariki and rangatahi.

Staff will keep their personal and professional lives separate. The fostering of close personal relationships and/or caretaking with tamariki, rangatahi and their whānau and families is not appropriate outside the work environment or the parameters of their role, as outlined in their position description.

It is recognised that staff may come to be regarded by some clients as part of their extended whānau and family. In all circumstances staff must be very clear about their role, and the supervision and monitoring of such a relationship is mandatory.

In child protection cases, staff will ensure they do not work in isolation, and must regularly consult on practice and discuss in supervision.

### 3.1.10 References

Children's Act (2014)

<http://www.legislation.govt.nz/act/public/2014/0040/latest/whole.html>

Crimes Amendment Act (2011)

<http://www.legislation.govt.nz/act/public/2011/0079/50.0/DLM3650006.html>

Family Violence Act (2018)

<http://www.legislation.govt.nz/act/public/2018/0046/latest/whole.html>

Family Violence Act (2018) Information Sharing Guidance

<https://www.justice.govt.nz/justice-sector-policy/key-initiatives/reducing-family-and-sexual-violence/a-new-family-violence-act/information-sharing-guidance/>

Family Violence Clearinghouse articles on the co-occurrence of Family Violence and Child Abuse

<https://nzfvc.org.nz/recommended-reading/intervention-IPV-and-CAN>

Oranga Tamariki Act (1989)

<http://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html>

Oranga Tamariki Act (1989) Information Sharing Guidance

<https://www.orangatamariki.govt.nz/working-with-children/information-sharing/>

Oranga Tamariki Working Together guide

<https://www.orangatamariki.govt.nz/assets/Uploads/Documents/Interagency-guide-working-together.pdf>

Oranga Tamariki definition of wellbeing and response guide to wellbeing concerns

<https://practice.orangatamariki.govt.nz/practice-standards/ensure-safety-and-wellbeing/wellbeing/>

Self-Harm and Suicidality

<https://www.kidshealth.org.nz/self-harm>

<https://healthyyoungmindspennine.nhs.uk/i-work-with-young-people/>

<https://www.mentalhealth.org.uk/publications/suicide-and-self-harm>

<https://www.mentalhealth.org.uk/publications/suicide-and-self-harm>

<https://shop.mentalhealth.org.nz/>

The White Paper for Vulnerable Children Volume II 2013 NZ Government

<http://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/policy-development/white-paper-vulnerable-children/whitepaper-volume-ii-web.pdf>

'What is Child Abuse? Child Matters'

<http://www.childmatters.org.nz/42/learn-about-child-abuse/what-is-child-abuse>

## Appendix 1: Definitions of Child Abuse (including neglect)

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The commonly described forms of child abuse and neglect are outlined below. For the purposes of this Policy, all forms of child abuse and neglect are defined as child abuse.

The descriptions of child abuse and neglect are taken from:

*Child Matters:*

<http://www.childmatters.org.nz/56/learn-about-child-abuse/recognise-the-signs>

*Ministry of Health Child Abuse & Neglect Policy:*

<https://www.health.govt.nz/system/files/.../child-abuse-neglect-policy-mar17.doc>

### Physical abuse

Child physical abuse is any act or acts that may result in inflicted injury to a child or young person. It may include, but is not restricted to:

- Bruises and welts
- Cuts and abrasions
- Fractures or sprains
- Abdominal injuries
- Head injuries
- Injuries to internal organs
- Strangulation or suffocation
- Poisoning
- Burns or scalds
- Non-organic failure to thrive (not the result of a medical condition)
- Fabricated or Induced Illness by Carers (formerly Munchausen Syndrome by Proxy).

Physical abuse can be caused by punching, beating, kicking, shaking, biting, burning or throwing the child. Physical abuse may also result from excessive or inappropriate discipline or violence within the family and is considered abuse regardless of whether or not it was intended to hurt the child. Physical abuse may be the result of a single episode or of a series of episodes.

### Sexual abuse

Sexual abuse includes acts or behaviours where an adult, older or more powerful person uses a child for a sexual purpose.



While it may involve a stranger, most sexual abuse is perpetrated by someone the child knows and trusts.

It includes any touching for sexual purpose, fondling of breasts, buttocks, genitals, oral sex, sexual intercourse, an adult exposing themselves to the child, or seeking to have a child touch them for a sexual purpose. It also includes voyeurism, photographing children inappropriately, involving the child in pornographic activities or prostitution or using the internet and phone to initiate sexual conversations with children.

## Neglect

Child neglect is any act or omission that results in impaired physical functioning, injury, and/or development of a child or a young person. It is the failure to provide for a child's basic needs.

It may include, but is not restricted to:

- Physical neglect – failure to provide the necessities to sustain the life or health of the child or young person.
- Neglectful supervision – failure to provide developmentally appropriate and/or legally required supervision of the child or young person, leading to an increased risk of harm. This includes the excessive use of technology ie time spent using technology impacts on school or social functioning, excessive reliance on social media or accessing age-inappropriate internet content.
- Medical neglect – failure to seek, obtain or follow through with medical care for the child or young person resulting in their impaired functioning and/or development.
- Emotional neglect – not giving children the comfort, attention and love they need through play, talk, and everyday affection.
- Educational neglect – allowing chronic truancy, failure to enrol children in school, or inattention to special education needs.
- Abandonment - leaving a child or young person in any situation without arranging necessary care for them and with no intention of returning.
- Refusal to assume parental responsibility – unwillingness or inability to provide appropriate care or control for a child or young person.

Structural factors may contribute to child neglect, such as; poverty, homelessness and unemployment and other factors such as family and domestic violence, age and maturity of parent, mental health status, impaired intellectual functioning, alcohol and drug abuse, gambling, poor parenting patterns and lack of social support. (Ref: MoH Family Violence Assessment & Intervention Guideline.)



### Emotional/psychological abuse

Child emotional/psychological abuse is any act or omission that results in impaired psychological, social, intellectual and/or emotional functioning and development of a child or young person. It may include, but is not restricted to:

- Rejection, isolation or oppression.
- Deprivation of affection or cognitive stimulation.
- Inappropriate and continued - criticism, threats, humiliation, accusations, expectations of, or towards, the child or young person.
- Exposure to family violence.
- Corruption of the child or young person through exposure to, or involvement in, illegal or anti-social activities.
- The negative impact of the mental or emotional condition of the parent or caregiver.
- The negative impact of substance abuse by anyone living in the same residence as the child or young person.

Emotional abuse is almost always present when other forms of abuse occur. The effects of this form of abuse are not always immediate or visible. The long-lasting effects of emotional abuse may only become evident as a child becomes older and begins to show difficult or disturbing behaviours or symptoms.

### Family violence

\*Children are significantly affected by family violence in the home. There is a large body of research showing that children who are either victims or witnesses of family violence are more likely to become perpetrators (in the case of males) or victims (in the case of females) of family violence in their adult lives. This makes it crucial to address the needs of this group, and a number of steps have been undertaken to do so.

\*<http://www.justice.govt.nz/publications/publications-archived/1999/responses-to-crime-annual-review-1999/family-violence#6.3.7>

## Appendix 2: Indicators of Child Abuse

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### Indicators of physical abuse

There may be physical indicators that a child is being abused. Some examples of this are:

- Unexplained fractures or disclosures.
- Unexplained bruises, welts, cuts, abrasions.
- Unexplained burns.
- Disclosures of physical abuse.

There may also be indicators in a child's behaviour that could indicate physical abuse. Some examples of this are:

- Is wary of adults or of a particular individual.
- Is violent to animals or other children.
- Is dressed inappropriately to hide bruises or other injuries.
- May be extremely aggressive or extremely withdrawn.
- Cannot recall how the injuries occurred or gives inconsistent explanations.

There may be indicators in adult behaviour that could indicate physical abuse. Some examples of this are:

- May be vague about the details of the cause of injury and the account of the injury may change from time to time.
- May blame the accident on a sibling, friend, relative or the injured child.
- Shakes an infant.
- Threatens or attempts to injure a child.
- Is aggressive towards a child in front of others.
- May delay in seeking medical attention for a child.

### Indicators of emotional abuse

There may be physical indicators that a child is being emotionally abused. Some examples of this are:

- Bed-wetting or bed soiling that has no medical cause.
- Frequent psychosomatic complaints (eg, headaches, nausea, abdominal pains).

- Prolonged vomiting or diarrhea.
- Has not attained significant developmental milestones.
- Dressed differently from other children in the family.
- Has deprived physical living conditions compared with other children in the family.

There may also be indicators in a child's behaviour that could indicate emotional abuse. Some examples of this are:

- Suffers from severe developmental gaps.
- Severe symptoms of depression, anxiety, withdrawal or aggression.
- Severe symptoms of self-destructive behaviour – self harming, suicide attempts, engaging in drug or alcohol abuse.
- Overly compliant; too well-mannered; too neat and clean.
- Displays attention seeking behaviours or displays extreme inhibition in play.
- When at play, behaviour may model or copy negative behaviour and language used at home.

There may be indicators in adult behaviour that could indicate emotional abuse. Some examples of this are:

- Constantly calls the child names, labels the child or publicly humiliates the child.
- Continually threatens the child with physical harm or forces the child to witness physical harm inflicted on a loved one.
- Has unrealistic expectations of the child.
- Involves the child in 'adult issues', such as separation or access issues.
- Keeps the child at home in a role of subservient or surrogate parent.

### Indicators of neglect

Neglect is a pattern of behaviour which occurs over a period of time and results in impaired functioning or development of a child. It is the failure to provide for a child's basic needs.

There may be physical indicators that a child is being neglected. Some examples of this are:

- Inappropriate dress for the weather.
- Extremely dirty or unbathed.
- Inadequately supervised or left alone for unacceptable periods of time.



- Malnourished.
- May have severe nappy rash or other persistent skin disorders or rashes resulting from improper care or lack of hygiene.

There may also be indicators in a child's behaviour that could indicate neglect. Some examples of this are:

- Demonstrates severe lack of attachment to other adults.
- Poor school attendance or school performance.
- Poor social skills.
- May steal food.
- Is very demanding of affection or attention.
- Has no understanding of basic hygiene.
- Has very little concentration.
- Excessive use of phone, tablet, computer to self soothe and/or entertain.
- Socially isolated.

There may be indicators in adult behaviour that could indicate neglect. Some examples of this are:

- Unable or unwilling to provide for the child's basic needs, such as housing, nutrition, medical and psychological care.
- Doesn't enrol a child in school or permits truancy.
- Leaves the child home alone.
- Is overwhelmed with own problems and puts own needs ahead of the child's needs.
- Spends excessive amounts of time checking phone, using computer or other electronic devices rather than engaging with their child or responding to the child's needs.

### **Indicators of sexual abuse**

There may be physical indicators that a child is being sexually abused. Some examples of this are:

- Torn, stained or bloody underclothing.
- Bruises, lacerations, redness, swelling or bleeding in genital, vaginal or anal area.
- Blood in urine or faeces.

- Sexually transmitted disease.
- Unusual or excessive itching or pain in the genital or anal area.

There may also be indicators in a child's behaviour that could indicate sexual abuse. Some examples of this in young children are:

- Age-inappropriate sexual play with toys, self, others.
- Bizarre, sophisticated or unusual sexual knowledge.
- Comments such as "I've got a secret", or "I don't like Uncle".
- Fire lighting by boys.
- Fear of certain places e.g. bedroom or bathroom.

Some examples of this in older children are:

- Eating disorders.
- Promiscuity or prostitution.
- Uses younger children in sexual acts.
- Tries to make self as unattractive as possible.

There may be indicators in adult behaviour that could indicate sexual abuse. Some examples of this are:

- May be unusually over-protective of a child.
- Is jealous of a child's relationships with peers or other adults or is controlling of the child.
- May favour the victim over other children.
- Demonstrates physical contact or affection to a child which appears sexual in nature or has sexual overtones.



## 3.2 National Family Works Policy: Family Violence

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### 3.2.1 Policy Statement

The safety of whānau and families is fundamental to their wellbeing. Family Works is committed to supporting whānau and families to be violence free.

Services will be delivered competently, in collaboration with other agencies where possible, and in accordance with Family Violence and Child Protection legislation.

Services to Whānau Māori will be provided in accordance with the partnership, participation and protection principles inherent in Te Tiriti o Waitangi.

Family Works regions will have their own procedures that best fit the agency setting to meet the requirements of this policy.

### 3.2.2 Outcomes

Tamariki and rangatahi and their whānau and families will receive the services they require: in a culturally appropriate way; maximise their safety and wellbeing; and protect them from harm.

### 3.2.3 Scope

This policy applies to all Family Works staff.

### 3.2.4 Family Violence

Family Works understands that Intimate Partner Violence (IPV) is a form of family violence and impacts the whole whānau and family.

When tamariki and rangatahi witness Family Violence, they suffer harm to their wellbeing and may also be at risk of other forms of child abuse.

Elder abuse, and the abuse of people with disabilities who rely on the care of others, are forms of family violence (*see definitions below and references at the end of this policy*).

Section 9 of the Family Violence Act defines family violence as ‘...violence inflicted against another person by any other person with whom that person is, or has been, in a family relationship. This could be their spouse or partner, or family member, or someone they ordinarily share a household with, or have a close personal relationship with. Violence (physical, sexual or psychological abuse), includes coercive or controlling behaviour, or a pattern of behaviour which may cause harm or cumulative harm’.

Section 11 of the Act describes a range of behaviours constituting psychological abuse where the relationship fits the description above, and includes:

- threats of any kind of abuse;
- intimidation or harassment - watching, loitering near, preventing or hindering

access to or from a person's house, work, or education setting, or any other place that the person visits often;

- following a person or stopping a person in any place, and where it constitutes a trespass;
- damage to property;
- ill-treatment of pets, or any animal where the ill-treatment is likely to affect the wellbeing of the victim;
- financial or economic abuse – including denying or limiting access to financial resources, or restricting access to employment or education;
- hindering or withdrawal of care, or the threat to do so, of someone who by reason of age, disability, health condition, or any other cause, where doing so will affect the person's quality of life;
- hindering or removing (or threatening to hinder or remove) access to any aid or device, medication, or other support that affects, or is likely to affect the person's quality of life;
- tamariki suffer psychological abuse when they witness or hear the physical, sexual or psychological abuse of someone they have a family relationship with. The person responsible for the abuse is regarded as causing this harm to the tamariki. The adult victim of the family violence is not regarded as being responsible for the harm.

### 3.2.5 Definitions

#### **Co-occurrence of Intimate Partner Violence and child maltreatment:**

Tamariki and rangatahi who are exposed to the impacts of both family violence including intimate partner violence (IPV), and are directly abused.

**Cumulative harm:** Cumulative harm is the outcome of exposure to multiple episodes of abuse and/or neglect and/or family violence. *(See references below.)*

**Elder Abuse and neglect:** A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. *(ref. Action on Elder Abuse, 2004; WHO/IINPEA, 2002 in Ministry of Health Family Violence Intervention Guidelines: Elder Abuse and Neglect).*

**Family Violence:** Family violence means violence inflicted against another person by any other person with whom that person is, or has been, in a family relationship. This could be their spouse or partner, or family member, or someone they ordinarily share a household with, or have a close personal relationship with. Violence (physical, sexual or psychological abuse), coercive or controlling behaviour, or a pattern of behaviour which may cause harm or cumulative harm *(ref. section 9, Family Violence Act (2018)).*



**Harm:** The term used to describe physical or psychological abuse, deprivation or neglect that causes damage or injury, including harm caused by a person against another, and self-harm. (*The Oranga Tamariki Act (1989) Section 14AA provides definitions of serious harm.*)

**Intimate Partner Violence:** Intimate partner violence is a form of family violence and refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. (*See Ministry of Health reference below.*)

### 3.2.6 Protocols

1. Family Works services will assess Family Violence risk, and offer safety planning for client whānau and families where needed.
2. Family Works practitioners and services will assess tamariki and rangatahi safety and wellbeing where Family Violence is present.
3. Practitioners will consult with their designated person for tamariki safety when they have concerns regarding Family Violence, or if Family Violence has been disclosed.
4. In completing an assessment of whether Family Violence is occurring, practitioners will consider requesting and sharing information with other organisations (Police, Oranga Tamariki, Health providers or other community organisations) as appropriate. The Ministry of Justice Information Sharing Guidance (see references below), Oranga Tamariki Information Sharing Guidelines, and regional procedures will guide this.
5. In all cases, client consent will be sought before requesting or sharing information where tamariki, rangatahi and whānau and family safety will not be compromised in doing so.
6. All clients are enabled and encouraged to participate in all aspects of service provision.
7. Family Works services and practitioners will be competent to assess and address the often complex safety and wellbeing needs of tamariki and rangatahi and their whānau and families where Family Violence is present, or where past Family Violence impacts on their ability to reach their potential.

### 3.2.7 References

Age Concern: What does elder abuse look like?

[https://www.ageconcern.org.nz/ACNZPublic/Services/EANP/ACNZ\\_Public/Elder\\_Abuse\\_and\\_Neglect.aspx](https://www.ageconcern.org.nz/ACNZPublic/Services/EANP/ACNZ_Public/Elder_Abuse_and_Neglect.aspx)

Family Violence Act (2018)

<http://www.legislation.govt.nz/act/public/2018/0046/latest/whole.html>

Family Violence Clearinghouse articles on the co-occurrence of Family Violence and Child Abuse

<https://nzfvc.org.nz/recommended-reading/intervention-IPV-and-CAN>

Ministry of Health Family Violence Assessment and Intervention Guidelines

<https://www.health.govt.nz/our-work/preventative-health-wellness/family-violence/family-violence-questions-and-answers>

Family Violence Intervention Guidelines: Elder Abuse and Neglect

<https://www.health.govt.nz/publication/family-violence-intervention-guidelines-elder-abuse-and-neglect>

Ministry of Justice Information Sharing Guidance

<https://www.justice.govt.nz/justice-sector-policy/key-initiatives/reducing-family-and-sexual-violence/a-new-family-violence-act/information-sharing-guidance/>

Oranga Tamariki Act (1989)

<http://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html>

Oranga Tamariki Practice Standards

<https://practice.orangatamariki.govt.nz/practice-standards/ensure-safety-and-wellbeing/definitions-of-abuse-neglect-and-harm/cumulative-harm/>



## 3.3 National Family Works Policy: The Rights and responsibilities of clients accessing Family Works Services

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### 3.3.1 Policy Statement

Family Works provides safe and responsible services to clients. Tamariki, rangatahi, adults, whānau and families who receive services from Family Works will be informed of their rights and age-appropriate responsibilities, and will receive services which are professional, accountable and in accordance with rights and protections inherent in Te Tiriti o Waitangi.

### 3.3.2 Outcomes

All clients of Family Works feel safe to fully participate in agreed services to meet their needs.

All clients of Family Works are provided with information about their rights and responsibilities as soon as practicable when receiving services from Family Works. This includes privacy and confidentiality, safety, consent, information sharing between professionals in the assessment of risk, and accountability for professional services.

### 3.3.3 Scope

This document provides the overarching protocols that will guide the provision of all services by Family Works staff, students and contractors.

### 3.3.4 Definitions

**Adult:** A person 18 years of age and older.

**Tamariki:** For the purposes of this document a 'tamariki' is defined as being a person under the age of 14 years. 'Rangatahi' is defined as being a person aged 14 and over, but under the age of 18 years of age.

**Client:** Any person who engages with Family Works services, including tamariki, rangatahi, individual adults, whānau and families. Client can also include a person entitled to give consent or act on behalf of a client.

**The Code:** The HDC Code of Health and Disability Services Consumers' Rights Regulation 1996.

**UNCROC:** The United Nations Convention on the Rights of the Child.

### 3.3.5 Family Works Responsibilities

All clients are informed of their rights and responsibilities in an age and culturally appropriate manner.

All clients are enabled and encouraged to participate in all aspects of service provision.

All clients will be informed of their rights and encouraged to feed back on the service they receive from their practitioner and provided access to the relevant forms and processes.

The rights of tamariki and rangatahi as identified in “UNCROC” are promoted and tamariki and rangatahi are enabled and encouraged to exercise their rights.

The obligations of the Children’s Act (2014), Privacy Act (1993), HDC Code of Health and Disability Consumers’ Rights Regulation (1996), Oranga Tamariki Act (1989), and the Social Workers Registration Act (2003) are met.

### 3.3.6 Protocols

Family Works is committed to delivering safe and responsible services to clients, including tamariki and rangatahi. This commitment means that clients will:

1. Be treated with respect, considering their needs, values and beliefs.
2. Have their privacy respected and be informed about how their information will be managed by Family Works.
3. Have their confidentiality respected unless there are serious safety or wellbeing concerns. Tamariki and rangatahi have the same right to confidentiality as adults if they can understand the risks and consequences of any particular decision. Exceptions to this principle are made when the tamariki or rangatahi is likely to be or has been harmed.
4. Be free from discrimination, coercion, harassment and sexual, financial or other exploitation.
5. Be treated with dignity and have their autonomy upheld.
6. Receive services of a professional, ethical and accountable standard.
7. Receive information in a way they understand so they can make informed choices and give informed consent.
8. Actively participate in the service.
9. Have one or more support persons of her/his choice present (except where safety may be compromised or other clients’ rights unreasonably infringed).
10. Be able to provide feedback or complain about services received.
11. Give specific consent for situations where Family Works staff are required to transport tamariki and rangatahi/children who are clients or to see children alone.
12. Not be taken to the homes of Family Works staff except where this is mandated by management and agreed to by staff.

### 3.3.7 References:

*Children's Act 2014*

<http://www.legislation.govt.nz/act/public/2014/0040/latest/whole.html>

*Consumer Guarantees Act 1993*

<http://www.legislation.govt.nz/act/public/1993/0091/latest/DLM311053.html>

*Human Rights Act 1993 and The Human Rights Amendment Act 2001*

<http://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html>

*Oranga Tamariki Act 1989*

<http://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html>

*Privacy Act 1993 and Privacy Amendment Act 2013*

<http://www.legislation.govt.nz/act/public/1993/0028/latest/DLM296639.html>

*Social Workers Registration Act 2003*

<http://swrb.govt.nz/publicinformation#know>

*The HDC Code of Health and Disability Services Consumers' Rights Regulation 1996*

[http://www.hdc.org.nz/the-act--code/the-code-of-rights/the-code-\(full\)](http://www.hdc.org.nz/the-act--code/the-code-of-rights/the-code-(full))

*The UN Convention on the Rights of the Child*

<http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

<http://www.unicef.org/rightsite/files/uncrcchildfriendlylanguage.pdf>



## 3.4 National Family Works Policy: Information Collection and Record Management

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### 3.4.1 Policy Statement

Client information will be collected and managed in a professional manner in line with agency procedures, the protections outlined in Te Tiriti of Waitangi and legislative requirements.

### 3.4.2 Outcomes

All required client information will be collected, recorded and reported accurately, used for the purposes intended and stored safely.

### 3.4.3 Scope

All Family Works staff, students on placement, volunteers and contractors.

All Family Works records, in all formats, created or received by Family Works staff that relate to their work with clients.

### 3.4.4 Definitions

Record management: "The discipline and organisational function of managing records to meet operational business needs, accountability requirements and community expectations". (ref. ISO 15489)

Records: All client information captured. This includes for example: notes from telephone conversations, client file notes and plans, drawings, genograms, risk/screening assessments, emails, texts and phone messages, photos and all recordings audio and video which include clients or their whānau and families, including case management decisions.

### 3.4.5 Collection of client information

Client information is collected for the purposes of:

- Enabling Family Works to provide services and support to clients.
- Keeping up-to-date, client files/records of events that have taken place.
- Providing assurance to all stakeholders, that Family Works services are meeting expected standards.

### 3.4.6 Protocols - Client Reporting and Promotion

1. All information relating to clients gathered by Family Works, is collected, maintained, stored and disposed of in accordance with the Privacy Act (1993), contract requirements, and professional Codes of Ethics.
2. Information is collected for public promotion, contract reporting, and national reporting which may be passed on to government ministers etc. Where clients can be identified they will always be informed of the use, and longevity of use of information. Written client consent will be obtained in these circumstances and kept in accordance with the region's procedures.
3. Consent for the use of photos and other identifying images must be specifically gained, in accordance with regional procedures.
4. Statistical anonymised data may be used by the organisation for organisational purposes such as planning, reflection, reporting and service development. Family Works will regularly collect information from clients about their service experience and results. This information will be used, without names attached, to inform reporting and service development. Surveys should include a brief statement outlining the use of this information. The client's consent to use this information is implicit in their completing the survey.

### 3.4.7 Protocols - Record Management

Client records are to be managed so that:

1. All clients (or their nominated representative) are able to view information held about them by the service, and request correction of any information they have provided. Any information released to clients will need to be prepared and approved by a manager. Regional procedures will provide guidance.
2. All client information both on and off site is kept secure as per regional procedures.
3. All information relating to clients is confidential to the service. Any request for information should be dealt with according to Information sharing provisions under the Oranga Tamariki Act (1989), and Family Violence Act (2018), and regional procedures.
4. The management of archived client information will be covered in regional procedures and in line with legislative requirements.
5. At all times document archiving and destruction procedures as per each region will ensure safety and confidentiality of information.



### 3.4.8 References

*Health and Disability Commissioner Act 1994*

<http://www.legislation.govt.nz/act/public/1994/0088/latest/DLM333584.html>

*MSD Standards for Approval for Child & Family Support Services Level 1 (Section 396(3) of the CYP&F Act 1989 – NZ Government March 2014*

*MSD Standards for Approval for Community Service Level 2 (Section 403(1) of the CYP&F Act 1989 – NZ Government March 2014*

<http://www.msd.govt.nz/what-we-can-do/providers/approvals/index.html>

*The Privacy Act 1993*

<http://www.legislation.govt.nz/act/public/1993/0028/latest/DLM296639.html>

*Oranga Tamariki Act (1989) Information Sharing Guidance*

<https://www.orangatamariki.govt.nz/working-with-children/information-sharing/>

*Family Violence Act (2018) Information Sharing Guidance*

<https://www.justice.govt.nz/justice-sector-policy/key-initiatives/reducing-family-and-sexual-violence/a-new-family-violence-act/information-sharing-guidance/>

*Privacy Commission Escalation Ladder guide to information sharing*

<https://www.privacy.org.nz/assets/InteractiveEscalationLadder/PRCM1000-Escalation-Ladder-Infographic.pdf>



## 3.5 National Family Works Policy: Releasing and Sharing Information

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### 3.5.1 Policy Statement

All client information shared and released, will comply with New Zealand legislation, be in the best interests of the client, in accordance with the protection principles inherent in Te Tiriti o Waitangi, and regional procedures.

This Policy provides Family Works practitioners with a legal and operational framework within which to make decisions about releasing and sharing client information.

### 3.5.2 Outcomes

The rights and needs of Family Works clients are safeguarded by careful consideration of the implications of sharing and releasing their information; and ensuring Family Works staff have an understanding of the cultural and legal environment within which Family Works practices.

Family Works staff will know the circumstances under which confidential client information may be released to or shared with others.

### 3.5.3 Scope

All Family Works staff, students on placement, volunteers and contractors.

### 3.5.4 Definitions in the context of this policy

**Release of information:** Providing client information requested to another person/organisation.

**Sharing of information:** Mutual providing and receiving of information to inform planning and service delivery.

**Staff:** Paid staff, students on placement, volunteers and contractors.

### 3.5.5 Legislation relevant to releasing and sharing information

Section 66C of the Oranga Tamariki Act (1989) includes information sharing provisions for information sharing between professionals working with whānau and families to support decision-making on responding to the wellbeing and safety needs of tamariki, rangatahi and their whānau and families. As a general rule, practitioners will use their professional judgement about the information to be shared. The Oranga Tamariki Information Sharing Guideline provides guidance to support this.

Under Section 66 of the Oranga Tamariki Act (1989), practitioners are required to provide information requested by Oranga Tamariki that relates to or affects the safety or wellbeing of tamariki or rangatahi.

Under Section 18 of the Family Violence Act (2018), Family Violence agencies and social services practitioners are encouraged to ‘...collaborate to identify, stop, prevent and otherwise respond to Family Violence’. The Ministry of Justice has developed guidelines to support the sharing of information in the prevention, assessment and response to Family Violence concerns.

Under Principle 11 (f ii) of the Privacy Act (1993) information can be shared where ‘the intent is to prevent or lessen the a serious threat to the life or health of an individual concerned or another individual’.

### 3.5.6 Protocols

These protocols ensure the conditions, under which staff may share client information, are clear.

1. Staff will ensure that clients (and themselves) are fully informed about the differences between releasing and sharing information.
2. In all client work, practitioners will seek and obtain client consent to share information (obtain information from others and release information to others) for the purpose of gaining or enhancing client safety and wellbeing and/or delivering coordinated and integrated services.
3. Family Works generally releases or shares client information with the understanding and permission of the client unless there are serious safety or wellbeing concerns in doing so. This includes all clients regardless of age. Tamariki will be advised in an age-appropriate way, and information shared will be in their best interests.
4. In direct work with tamariki, the practitioner will encourage them to share their private information with protective parents/caregivers and significant others - if the tamariki’s best interest is enhanced in doing so.
5. Exceptions to the above occur when it is necessary to explore potential care and protection concerns. Where it may not be known if it is safe to discuss matters with the parent/caregiver, practitioners will assess immediate safety of tamariki, and ensure all appropriate steps have been taken to safeguard them. The release of personal information under the Privacy Act (1993) without client permission is legally permissible where there are serious threats to the safety, life or health of the client or another person. In all other situations, client permission must be sought before releasing information.
6. Requests for client information from other services involved in the support of tamariki, rangatahi and their whānau and families will be responded to in accordance all relevant legislation. Regional procedures will apply.

7. Staff may be asked to provide information to Oranga Tamariki, or Police. The staff member must identify the person making the request, and the purpose of the request for information. Unless there is a serious child safety or welfare issue, we may only provide information if the client has given permission. If the client has not already provided consent to release or share information, then they should be approached to provide this. Regional procedures will apply.
8. With the appropriate legal authority, client information may be requested under subpoena, court order for the production of documents, Coroner's Court or Mortality Review Committee. All such requests will be referred to the service manager.
9. Decisions about releasing and sharing information need to be made on a case by case basis in consultation with a relevant manager/s. The Family Works regional designated person for child protection should be consulted for guidance and advice where appropriate.

### 3.5.7 The Gillick Principle

The Gillick Principle states that a tamariki or rangatahi can consent to service when they have sufficient maturity and understanding to weigh the risks and consequences of that decision – see *Gillick v West Norfolk Area Health Authority* (1985) 3 All ER 402.

Practitioners should be aware of the possible implications for rangatahi and Family Works, if parental consent is not sought when working with tamariki or rangatahi. Regional procedures will guide this.

Wherever possible rangatahi should be encouraged to involve their guardians/parents in their decision to access Family Works services. If this consent is not given and providing a service is deemed to be in rangatahi's best interests, Family Works may consider providing this service if they are assessed as having the understanding and maturity to form a balanced judgement.

Section 38, of the Care of Children Act 2004 provides the legal framework for young women of whatever age, to consent to or refuse to consent to a termination of pregnancy.

### 3.5.8 Request for information from Oranga Tamariki

The Oranga Tamariki Social Worker should always identify him/herself.

Ask for their name and site and call them back through the Call Centre if their name is not familiar to you.

Ascertain the nature and purpose of the information required. Ask that the request be put in writing.

Advise them of the Family Works policy about the release of information as per the general protocols above.

Discuss the request with your manager and advise the Oranga Tamariki Social Worker of the outcome. Remember that any information discussed with the social worker may be recorded in writing on the CYRAS system even if it was an 'off the record' conversation.

Any information you provide is subject to disclosure under the Official Information Act (1982) and may be quoted in reports to the court or in affidavits.

If information provided is going to be used in reports, request to see a draft prior to filing or release of the report.

Fully document any information released or shared, ideally in consultation with tamariki or rangatahi, individual adult, family or whānau.

Should you be required to be a witness in a court case, or to prepare an affidavit, consult with your manager to ensure you receive appropriate support.

### 3.5.9 Request for information from Lawyers, Psychologists or Lawyer for the child

The Family Works practitioner should:

- Identify the lawyer, psychologist or lawyer for the child.
- Ascertain the nature and purpose of the information required. Ask that the request be put in writing.
- Discuss the request with your Manager and advise the lawyer, psychologist or counsel for child of the outcome.
- Any information shared should only occur following discussion with your Manager, and with the consent of the client if it is deemed safe to do so.

### 3.5.10 Requests for Information about deceased clients

In the case of deceased clients, consent to release information will be sought from the next of kin, or those who are acting, or who acted as executor and trustee of the deceased client's estate.

Ascertain the nature and purpose of the information required. Ask that the request be put in writing if appropriate.

Discuss the request with your manager and advise the person requesting the information of the outcome.

Refer to regional procedures.

### 3.5.11 References

*Family Violence Act 2018*

<http://www.legislation.govt.nz/act/public/2018/0046/latest/whole.html>

*Family Violence Act (2018) Information Sharing Guidance*

<https://www.justice.govt.nz/justice-sector-policy/key-initiatives/reducing-family-and-sexual-violence/a-new-family-violence-act/information-sharing-guidance/>

*Gillick v West Norfolk Area Health Authority (1985) 3 All ER 402*

<http://www.bailii.org/uk/cases/UKHL/1985/7.html>

[http://www.nspcc.org.uk/Inform/research/briefings/gillick\\_wda101615.html](http://www.nspcc.org.uk/Inform/research/briefings/gillick_wda101615.html)

*Official Information Act (1982)*

<http://www.legislation.govt.nz/act/public/1982/0156/latest/DLM64785.html>

*Oranga Tamariki Act 1989*

<http://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html>

*Oranga Tamariki Act (1989) Information Sharing Guidance*

<https://www.orangatamariki.govt.nz/working-with-children/information-sharing/>

*The Privacy Act 1993*

<http://www.legislation.govt.nz/act/public/1993/0028/latest/DLM297038.html>

*Privacy Commission Escalation Ladder guide to information sharing*

<https://www.privacy.org.nz/assets/InteractiveEscalationLadder/PRCM1000-Escalation-Ladder-Infographic.pdf>



## 3.6 National Family Works Policy: Complaints/ Compliments/Feedback

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### 3.6.1 Policy Statement

All feedback about Family Works services is welcome. Where complaints are received, Family Works regions will respond in a respectful and timely way.

This policy provides a Family Works position on responding to feedback from clients and others experiencing our services. All feedback should provide opportunities to inform or improve professional practice, and service review and development.

### 3.6.2 Outcome

All complaints will be treated respectfully and clients who complain about services will be provided the opportunity to be heard in a culturally safe way and be assured of a timely response.

Clients are provided an opportunity to vent concerns even when a complaint may not be upheld.

All feedback will be recorded and contribute to service review, development and celebration.

### 3.6.3 Scope

This Policy applies to all Family Works staff, students on placement, volunteers and contractors.

### 3.6.4 Definitions

**Complainant:** A person or party making a complaint, either directly or through someone acting on their behalf.

**Complaint:** An expression of dissatisfaction or unmet expectation by or on behalf of a client, staff member, volunteer, contractor or stakeholder.

**Feedback:** Comments or communication received about services provided by staff, or the organisation. This may be positive feedback, a formal complaint, or informal concern raised but not defined as a complaint.



### 3.6.5 Protocols

1. Clients will receive client complaint/compliment/feedback information as part of their client information pack.
2. Staff will ensure clients are made aware of their right to provide feedback to the organisation, and that complaints can also be made to the Health and Disability Commission, and professional bodies representing practitioners.
3. Regional procedures will be followed for dealing with complaints.
4. The complaint/compliment/feedback register will be regularly reviewed by each region to inform quality assurance and service development.

### 3.6.6 Advocacy

Clients are entitled to access independent advice/advocacy services.

The Health and Disability Commissioner's office provides information and access to advocacy services for all consumers of health and disability services (eg, clients/family/whānau).

Clients should be made aware of their right to access this service including information regarding independent advocacy and the Code of Health and Disability Services Consumers' Rights.

### 3.6.7 References

*The HDC Code of Health and Disability Services Consumers' Rights Regulation 1996*  
<http://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/>

*MSD Standards for Approval for Child & Family Support Services Level 1 (Section 396(3) of the Oranga Tamariki Act 1989:*

*Children's and Young People's Well-being Act 1989 – NZ Government March 2014*

*MSD Standards for Approval for Community Service Level 2 (Section 403(1) of the Oranga Tamariki Act 1989: Children's and Young People's Well-being Act 1989 – NZ Government March 2014*

<http://www.msd.govt.nz/what-we-can-do/providers/approvals/index.html>

## 3.7 National Family Works Policy: Creating a Professional Workforce

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### 3.7.1 Policy Statement

All Family Works practitioners will be skilled, qualified, or completing relevant qualifications as required by the role they are employed for. Staff who are able, will be registered with their relevant professional body.

All staff will be competent to carry out the activities Family Works requires of them.

Staff will work with Tangata Whenua in a way that is consistent with the principles inherent in Te Tiriti o Waitangi, and work with all clients and others in a professional and culturally competent way.

### 3.7.2 Outcomes

Practitioners will be competent to undertake the work required of them, and adaptable to respond to changing organisational, cultural and community contexts.

Competency will be assessed by eg; meeting professional body requirements, and through feedback into performance appraisals.

Family Works is committed to providing high quality services to all clients. The continually developing legislative, societal, organisational and contractual contexts we work within require Family Works regions to deliver services that are adaptable and responsive to client cultural and community needs. Practitioners, supervisors and management staff need to be skilled and adaptable to work effectively in this environment.

This policy outlines our expectation that practitioners will have, or be working towards completing, relevant qualifications required for the role they are employed in. They will gain and maintain professional body membership and annual practicing certificates as required by their agency and registration, if available to them. They will also identify and have opportunities to continue their professional development. All staff will undertake cultural competency development training as per their region's procedures under Te Pātikitiki o Kōtahitanga, Presbyterian Support's national Working with Māori Policy.

### 3.7.3 Scope

Family Works social workers, social workers in schools (SWiS), counsellors, psychologists, students on placement, interns and other staff engaged in providing casework services.

Each Family Works region has its own procedures in place to guide local professional workforce development.



### 3.7.4 Protocols

1. Family Works employs competent staff who work in a professional way and are assessed by Family Works as fit and proper for employment. Regions will have service-specific guidelines and HR Policies to identify the professional qualifications and person specifications required for each position.
2. Family Works provides services staffed by suitably qualified staff.
3. Family Works may support staff to complete professional requirements. All Family Works staff are informed of the organisational professional requirements and these are recorded in their employment agreements.
4. Family Works provides professional development opportunities eg, acting up, supervision of student fieldwork placement/internships, and in some instances, supervision related to other agencies.
5. Practitioners will actively engage in expanding their knowledge through internal and external professional development opportunities as agreed with regional management.
6. Practitioners will participate in performance appraisals that provide feedback on their work and plan ongoing training and support.
7. All staff will undertake cultural competency training and support as per regional procedures.



### 3.7.5 Professional bodies

#### Social Workers

- Registration or eligibility for registration with the SWRB.
- Full membership of ANZASW.
- Both ANZASW and the SWRB require evidence of continuing professional development.

#### Counsellors

- Full membership, or eligibility to become full members, of NZAC or NZCCA.
- Both of the above require evidence of continuing professional development.
- When counselling becomes a regulated profession a full review of organisational requirements will be undertaken.

#### Psychologists

- Full membership, or eligibility to become full members, of NZ Psychologists Board.
- A current NZPB Practicing Certificate.
- The above requires evidence of continuing professional development.

### 3.7.6 References

Aotearoa NZ Association of Social Workers

<http://anzasw.org.nz/>

NZAC Membership Criteria

<http://www.nzac.org.nz/>

NZCCA Membership Requirements

<http://www.nzcca.org.nz/>

NZ Psychologists Board

<http://www.psychologistsboard.org.nz/>

Social Workers Registration Act, 2003

<http://www.swrb.org.nz/>



## 3.8 National Family Works Policy: Clinical & Management Supervision

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### 3.8.1 Policy Statement

All Family Works practitioners will receive effective supervision which supports their professional competence, ethical and safe practice, development as a professional, and their wellbeing.

Family Works understands that the professional competence of practitioners delivering Family Works services is critical to facilitate effective results for clients. Family Works is committed to supporting practitioners to practice safely and have opportunities for developing culturally competent, reflective practice, case review, skill development and self-care.

Some regional organisations employ staff in casework roles that do not require a qualification, and where this is the case, these staff will work under the direct supervision of qualified practitioners and/or supervisors.

### 3.8.2 Outcomes

Practitioners are safe, supported, valued, challenged and developed.

Family Works clients receive professional, culturally appropriate services.

There are common understandings and expectations about supervision across Family Works regions.

That Social Workers Registration Board (SWRB), Aotearoa NZ Association of Social Workers (ANZASW), New Zealand Christian Counsellors Association (NZCCA), New Zealand Association of Counsellors (NZAC) and NZ Psychologists Board (NZPB) supervision requirements and guidelines are met.

Contractual obligations are met.

### 3.8.3 Scope

This policy applies to:

- Family Works social workers, counsellors, psychologists and their professional supervisors.
- All staff and volunteers as indicated above, and who deliver or assist in the delivery of casework.
- Social work and counselling students on placement, and psychology interns.

Note: Each region has its own arrangements regarding the frequency and nature of supervision based on a clear commitment to supporting a professionally competent workforce and staff development.

### 3.8.4 Protocols for supervisors

1. Supervision processes support strengths-based practice and establish accountability to clients and Family Works.
2. Each Family Works region will have supervision procedures which determine the relationship between the supervisor, practitioner and regional Family Works centre.
3. Staff use their judgement and skills to deliver services effectively to clients. Supervision is a process that enables staff to reflect on their work and to practice ethically, safely and effectively.
4. Practice supervision is a specialised area of professional work and any supervision relationship entered into, must be with skilled supervision practitioners and be approved by the practitioner's line manager.
5. Supervisors will:
  - be members of a recognised professional body;
  - adhere to the Code of Ethics of the professional body;
  - be receiving supervision for their practice in supervision;
  - have completed training in professional supervision and preferably hold a recognised qualification in supervision;
  - recognise limitations to their competence and refer on when appropriate;
  - communicate with Family Works line manager when they are aware of ongoing or serious unsafe practice;
  - be familiar with, and supportive of FWNZ's practice frameworks;
  - provide supervision from a strengths-based perspective;
  - attend to the ongoing development of their supervision practice;
  - keep supervision records detailing what has been covered in supervision and any follow-up actions.



### 3.8.5 Supervision definitions

**Professional social work supervision:** A process in which the supervisor enables, guides and facilitates the social worker(s) in meeting certain organisational, professional and personal objectives. These objectives are professional competence, accountable and safe practice, continuing professional development, education and support.

**Professional counsellor's supervision:** For counsellors to reflect on and develop effective and ethical practice. It also has a monitoring purpose with regard to counsellors' work. Supervision includes personal support, mentoring, professional identity development and reflection on the relationships between persons, theories, practices, work contexts and cultural perspectives.

**Psychologists Supervision:** "is defined as a scheduled time to meet with a respected professional colleague for the purpose of conducting a self-reflective review of practice, to discuss professional issues and to receive feedback on all elements of practice, with the objectives of ensuring quality of service, improving practice and managing stress. A distinction is drawn between the term "clinical supervision" as used within the psychology profession and the way some other stakeholder groups use the term "supervision" for example, employers may use the term to refer to line management monitoring. Under the Act "supervision" is defined as "the monitoring of, and reporting on, the performance of a health practitioner by a professional peer" whereas "oversight" is defined as "professional support provided... by a professional peer for the purposes of professional development". The latter definition more closely reflects supervision as it is routinely practised within our profession, and as it is used in these guidelines."

**Supervision as a partnership:** A developmental model of supervision, and a useful approach for working with the developing competency of students and new practitioners: "Supervision is an eclectic interdisciplinary approach with two central aspects – one is to establish the accountability of the worker to the organisation; the second is to promote and enable the worker's development as a professional person. Supervisors in this model are proactive, good role models and personally effective. The style enables workers to become increasingly self-directed, use experience as a resource for learning, is developmentally oriented, and, problem centred."

**Group supervision:** A negotiated process whereby practitioners come together in an agreed format to reflect on their work by pooling their skills, experience and knowledge in order to improve both individual and group capacities. An appointed supervisor facilitates the group. Practitioners can share relevant learning experiences and knowledge in a way that provides access to more knowledge than the supervisor alone could provide. In some groups the supervisor can lead the group in a fairly structured way, setting the time allotted to each practitioner and working with each one in a fairly focused way.



**Cultural supervision** is professional supervision from a cultural perspective and has a focus on addressing practice issues a practitioner may have when delivering services to clients from a particular culture. The supervisor should be of that culture and able to provide explanation, guidance, and support to assist the practitioner's future client engagement. The practitioner should have already been trained in cultural capability such as cultural awareness and cultural safety. Cultural supervision can be individual or group supervision.

**Cultural supervision also includes kaupapa Māori supervision** (by Māori, for Māori) for the purpose of building Māori cultural identity, cultural knowledge and cultural skill to assist with the management of complex issues. This form of supervision may be utilised in response to the additional expectations often placed on Māori practitioners to represent tangata whenua and to support non-Māori practitioners in developing their cultural competence.

Note that this type of cultural supervision also applies to practitioners of other ethnicities undertaking the additional mentoring and coaching roles identified above, within their organisation.

**Cultural consultation:** The purpose of cultural consultation is to build the practitioner's cultural capability as they develop and deliver their practice. It will usually be requested when a practitioner is involved with clients of a different ethnicity from their own to enable them to better understand and work with, the cultural worldview and context of their clients. The cultural consultant will provide advice on culture and cultural context, however, may not necessarily be a professional supervisor.

**External supervision:** is provided by a person who is not in a line management relationship to the practitioner, or a supervisor appointed from within the practitioner's agency, and meets the criteria for selection.

**Live supervision:** is an observation of practice conducted in the presence of the client, always undertaken with the consent of the client and the practitioner.

**Peer supervision:** involves a group of similarly trained practitioners who meet together to informally supervise one another, discussing cases and ethical issues and providing support and feedback about their work. Practitioners assume the basic responsibility of their own cases and are free to consult and interact with their peers.

**Line management:** relates to the accountability of the practitioner for meeting organisational and contractual requirements such as: managing workloads and time, record keeping, client family outcomes, matters of health and safety, and professional development; in line with contractual and performance measures. It should include some aspects of practice supervision.

### 3.8.6 References

*ANZASW Supervision Policy*

<https://anzasw.nz/wp-content/uploads/ANZASW-Supervision-Policy-Updated-February-2015.pdf>

*NZ Psychologists Board Guidelines on Supervision 2010*

[http://www.psychologistsboard.org.nz/cms\\_show\\_download.php?id=220](http://www.psychologistsboard.org.nz/cms_show_download.php?id=220)

*NZAC Code of Ethics*

[http://www.nzac.org.nz/code\\_of\\_ethics.cfm](http://www.nzac.org.nz/code_of_ethics.cfm)

*NZCCA Statement on Supervision*

<http://www.nzcca.org.nz/member-directory/supervision-statement/>

*SWRB Supervision Expectations for Registered Social Workers*

<http://www.swrb.govt.nz/policy>

