

Child Protection Guidelines

For Health Workers in Fiji



2012

The 3Rs of Child Protection: Recognise, Respond, Record

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The Paediatric Clinical Services Network will review the guidelines on a regular basis, as required.

Foreword

This document is a significant contribution in strengthening the health sector's role in protecting children from violence, abuse, neglect and exploitation; ensuring children's safety and development, thereby giving children the best start in life, critical for their future and that of Fiji.

Acronyms

| | |
|---------|---|
| CMO | Chief Medical Officer |
| CP | Child Protection |
| CPG | Clinical Practice Guideline |
| CRC | Convention on the Rights of the Child |
| CTO | Care and Treatment Order/s |
| CWD | Child Welfare Decree |
| DesMO | Designated Medical Officer/s |
| DPP | Director of Public Prosecutions |
| DSW | Department of Social Welfare |
| DV | Domestic Violence |
| EDP | Electronic Data Processing |
| EP | Empower Pacific |
| FWCC | Fiji Women's Crisis Centre |
| GBV | Gender Based Violence |
| GDP | Gross Domestic Product |
| HV | Health Volunteer/s |
| HW | Health Worker/s |
| ICD | International Classification of Diseases |
| ISCCANA | Interagency Sub-Committee for Child Abuse, Neglect and Abandonment |
| MDG | Millennium Development Goals |
| MoE | Ministry of Education |
| MoH | Ministry of Health |
| MoU | Memorandum of Understanding |
| NCCC | National Coordinating Committee on Children |
| NHN | National Health Number |
| NGO | Non-Government Organisation/s |
| PATIS | Patient Information System (electronic hospital patient information system) |
| PMO | Principal Medical Officer |
| PS | Permanent Secretary |
| SOU | Sexual Offences Unit (for victims of sexual assault and child abuse) |
| The 3Rs | Recognise, Respond and Record |
| UNICEF | United Nations Children's Fund |
| VAW | Violence Against Women |
| WHO | World Health Organization |

Section I: INTRODUCTION AND CONTEXT

1.1. Introduction

The health sector has a significant role to play in the health and safety of children in Fiji. Health workers (HWs) protect children and their families every day of the week, every week of the year over the course of people's lives.

More than one third of Fiji's population are children.¹ Ensuring children grow up in a safe and secure environment enables their development and health, both immediately and throughout their life. There is now strong evidence that experiences early in life affect lifelong health and wellbeing.

The *Child Protection Guidelines for Health Workers in Fiji* (subsequently referred to as *The CP Guidelines*) are intended for use by all HWs employed by the Fijian Ministry of Health (MoH) and the private health sector in their provision of services to patients in their care.

Aim: To provide a framework and guidelines for HWs in,

- Promoting children's protection and safety and thereby preventing child abuse and neglect
- Responding to concerns of child abuse and neglect
- Responsibilities under the Child Welfare Decree² (CWD; 2010)

1.2. Background

Child abuse and neglect occurs in every society, culture and country. Approximately 20% of women and 5–10% of men report being sexually abused as children, while 25–50% of all children report being physically abused. Additionally, many children are subject to emotional abuse and to neglect.³

Child abuse and neglect is a significant public health problem. Children who have been abused or neglected are more likely to have poor health, social and behavioural outcomes immediately and later in life. The impact of child abuse and neglect is both immediate and long-term, affecting the lives of children, their families and communities. In addition to these physical and personal costs, direct and indirect financial costs also impact on the country.

In 2010 Fiji passed the CWD which mandates HWs, along with other professionals, to report any possible, likely or actual harm to a child and permits designated medical officers (DesMOs) to take out a Care and Treatment Order (CTO) to retain a child in a health facility where there is concern that the child may be at immediate risk of harm. The rationale behind mandatory reporting is that early detection of abuse can help prevent the occurrence of serious injuries and assist coordination between health, social welfare, legal and other responses.

¹ Census 2007, Reference 1

² See Appendix 1, Reference 2

³ WHO (2010), Reference 3

1.3 Definitions

| | |
|----------------------------|--|
| Child | A person below the age of 18 years. ⁴ |
| Child abuse | Child abuse is all forms of physical and/ or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. ⁵ Allowing or causing a child to see or hear domestic violence (DV) is also child abuse. Within this broad definition, there are six categories – physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse; exploitation and exposure to DV. Child maltreatment is an alternative term to child abuse. |
| Child emotional abuse | A range of behaviours by parents or caregivers of children that may cause psychological harm to a child. Examples of such behaviours include persistent criticism, blaming or hostility towards a child, failure of parents to show interest in the child or provide age-appropriate opportunities for the child's development, or unrealistic or inappropriate expectations of a child. |
| Child physical abuse | A non-accidental injury to a child, for example by hitting, shaking, kicking, burning or poisoning. |
| Child protection | Child protection (CP) means the protection of children from violence, abuse, neglect and exploitation. |
| Child sexual abuse | The use of a child for sexual gratification by an adult or significantly older child/adolescent or any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards. Sexually abusive behaviours can include the fondling of genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or any other object, and exposing the child to or involving the child in pornography. |
| Designated medical officer | A doctor appointed to be the designated medical officer (DesMO) by the person in charge of a health centre, hospital or any other health facility. If the person in charge of a health facility is a doctor, he or she is taken to be the DesMO. ⁶ |
| Domestic violence | Violence against a person ("the victim") committed, directed or undertaken by a person ("the perpetrator") with whom the victim is with, or has been with, in a family or domestic relationship. Violence can include threatened or actual physical injury, sexual abuse, |

⁴ Section 3 Child Welfare Decree 2010, Convention on the Rights of the Child, 1989, ratified by Fiji 1993, Reference 5

⁵ World Health Organization (2006), Reference 4

⁶ Section 3 and 16 Child Welfare Decree 2010, Appendix 1, Reference 2

threatening, intimidating or harassing behaviour and causing or allowing a child to see or hear violence.⁷

Exploitation

The use of children for someone else's advantage, gratification of profit. Advantage could be monetary or non-monetary, such as in exchange for food, shelter or higher grades; often resulting in unjust, cruel or harmful treatment of the child. These activities are to the detriment of the child's health or development. Examples include sexual exploitation, such as trafficking children for sexual purposes and economic exploitation, such as use of children in criminal activities or involvement in hazardous work.

Guardian

A person who has been formally recognised as responsible for looking after a child's interest when the parents of the child do not have parental responsibility over him or her or have died.

Health professionals as referred to in Child Welfare Decree (CWD)⁸

- (a) Medical practitioners
- (b) Dental practitioners
- (c) Registered midwives, nurses or nurse practitioners
- (d) Pharmacists or pharmaceutical chemists
- (e) Persons qualified to provide physiotherapy, psychology, podiatric, occupational therapy, acupuncture, chiropractic, chiropody or osteopathy services.

Health volunteer

A health volunteer (HV) may be a village HV, unpaid village nurse, community health worker or member of a village health committee.

Health worker

A health worker (HW) is a staff member employed in the health sector.

Neglect

Failure of a parent or carer to provide for the child's physical and emotional needs, including food, clothing, shelter, medical care or supervision which threatens the safety and well-being of the child; including abandonment.

Different types of neglect include; abandonment, physical neglect, medical neglect, psychological neglect, developmental neglect, supervisory neglect and educational neglect.

Professionals as defined in the CWD

Health, welfare, police and legal professionals, as defined in section 3 of CWD: Teachers likely to be included in CWD amendment.

⁷ Section 3 Domestic Violence Decree 2009, Reference 6

⁸ The CWD cites Section 2 Medical and Dental Practitioner Decree (2010), Reference 7

1.4 Policy Context

These guidelines contribute to the fulfilment of the below policies and international conventions.

- Convention on the Rights of the Child⁹ (CRC; ratified in Fiji 1993)
 - Protection rights: Keeping children safe from harm and all forms of violence
 - Survival and development rights: The basic rights to life, survival and development of one's full potential
- Millennium Development Goals (MDG)
 - MDG 1: Eradicate extreme poverty and hunger
 - MDG 4: Reduce child mortality rates
 - MDG 5: Improve maternal health
- Government of Fiji's national strategic policy, Roadmap for Democracy and Sustainable Development (2009-2014)
 - Communities are served by adequate primary health services thereby protecting, promoting and supporting their well being
 - Communities have access to effective, efficient and quality clinical health care and rehabilitation services
- Ministry of Health's Strategic Plan (2011-2015)
 - MoH Vision: A health population in Fiji that is driven by a caring health care service delivery system
 - Protecting children contributes to the MoH health outcomes 3, 4 and 5; Improved health and reduced maternal, child and adolescent morbidity and mortality

This guideline will be included in;

- Clinical Practice Guidelines (CPG) Manual, MoH, Fiji
 - Developed by the Clinical Services Networks
 - CPG Purpose: To reduce clinical variations in treatments, which can assist and perhaps protect the clinician to practice more safely by providing them with guidelines for evidence based safe practice. These guidelines may also assist in improving not only the patient experience, but may also help to improve the outcomes of their care.¹⁰

This guideline should be read in conjunction with relevant Health policies and other documents.

⁹ Reference 5

¹⁰ Dr Salanieta Saketa, (former) Permanent Secretary for Health, MoH, Fiji www.health.gov.fj

1.5 Legal Context

These guidelines have been informed by the following legislation, which can be accessed in full from the Pacific Islands Legal Information Institute's website <http://www.paclii.org/>

- Child Welfare Decree¹¹ (2010) (see Appendix 1)
 - To ensure mandatory reporting of cases of possible, likely or actual harm in relation to events discovered by a professional to be affecting the health and welfare of children.
- Crimes Decree¹² (2009)
 - To codify the general principles of criminal responsibility under laws of Fiji.
- Domestic Violence Decree¹³ (2009)
 - To eliminate, reduce and prevent DV; to ensure the protection, safety and wellbeing of victims of DV, to implement the Convention on the Elimination of All Forms of Discrimination Against Women, the CRC and related conventions; and to provide a legally workable framework for the achievement of aforementioned.

Cabinet has approved a revision of the Juveniles Act (1973) and the Adoption of Infants Act (1978) to occur in 2012. Future review of *The CP Guidelines* should incorporate relevant information from the revised acts.

¹¹ Appendix 1, Reference 2

¹² Reference 8

¹³ Reference 6

Section II: PUBLIC HEALTH, PREVENTION AND PARTNERSHIPS APPROACH

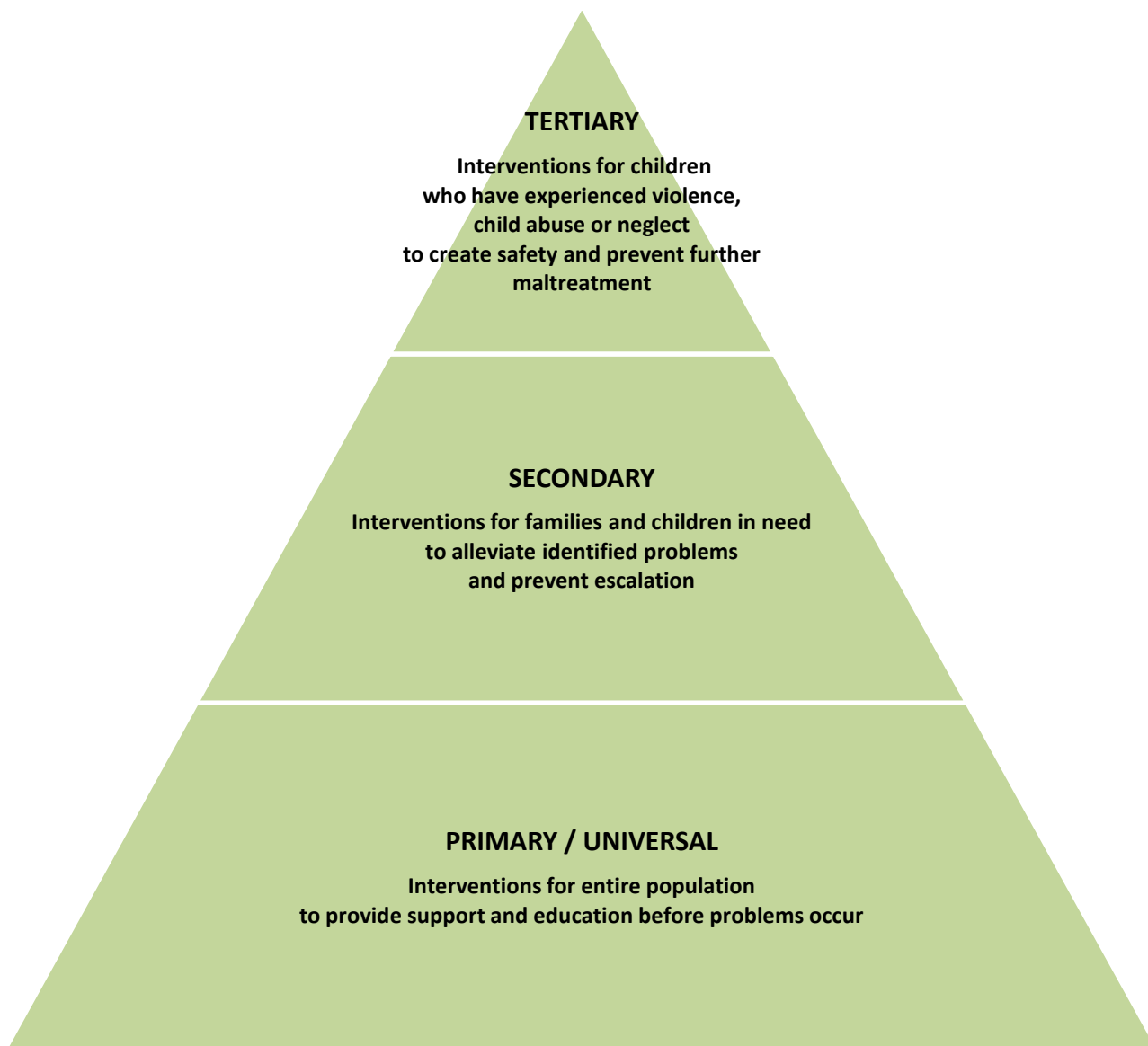
2.1 A Public Health Approach to Child Protection

Public health models attempt to prevent or reduce a particular illness or social problem in a population by identifying the risk factors. They aim to target policies and interventions at the known risk factors and, through recognising and responding to problems if they do occur, minimise the long-term effects of the problem.

HWs are in a unique position to protect children from possible violence, abuse or neglect by providing interventions at the primary, secondary and, where needed, tertiary levels.

- **Primary:** Primary or universal level interventions are those aimed at the entire population in order to provide support and education before problems occur. An example of a primary intervention is a HW or volunteer who provides support and information to a new parent who may be having difficulty settling their newborn.
- **Secondary:** Secondary level or targeted interventions are for families and children who have been identified as being in need or experiencing risk factors. Interventions are to alleviate the identified problems and to prevent escalation of problems which, should they escalate, may lead to abuse or neglect. An example of a secondary intervention is a HW ensuring that a parent receives treatment and support for a mental health illness.
- **Tertiary:** Tertiary level interventions are those for children who have experienced violence, abuse, neglect and exploitation. Interventions for these children should ensure their health and safety, increase their opportunity for their basic needs to be met and prevent continuation of neglect or repeat abuse. An example of a tertiary intervention is a HW working with other agencies to ensure the child is safe, which may include having a safe place to stay, investigation of abuse and that the appropriate caregiver is identified and supported.

Figure 1: Public Health Child Protection Interventions – triangle diagram¹⁴



¹⁴ Adapted from Reference 9

2.1.1 Prevention

At all levels

Figure 1 summarises the three levels of intervention. The triangle shape highlights the relative number of children at each level; that is the majority of interventions are at the primary level and only a minority of interventions are at the tertiary level. The better identification and support that can be provided to families at the primary and secondary levels, the more child abuse and neglect can be prevented. Even in the worst situations, where children have already experienced violence, abuse or neglect, tertiary interventions can play a preventative role, preventing continued neglect or further abuse of an individual child or possible abuse by the same perpetrator to siblings or other children.

Why focus on prevention? – Three key reasons

The three main reasons to focus on prevention are;

1. To give children the best opportunity for their development

The early years are critical for lifelong health and wellbeing. Children raised in supportive, nurturing environments are more likely to have better social, behavioural and health outcomes.¹⁵ The reverse is also true: Children who have been abused or neglected often have poor social, behavioural and health outcomes immediately and later in life.

Research findings demonstrated that exposure to one adverse experience doubled the chance of children having overall poorer physical health at 6 years of age. This likelihood tripled if a child had experienced 4 or more adverse experiences.¹⁶

If families can be supported to provide for their children's physical, emotional and social needs, this provides children with the best opportunity for their development.

2. Supporting families before it is harder to change

When coming into contact with families at a tertiary level, abuse is more pronounced and patterns of parent to child interactions are more fixed. Abuse and neglect is complex and traumatic. Tertiary level CP services are also not as successful as is often assumed.¹⁷

3. Cost-effectiveness

\$1 spent early in life can save \$17 by the time a child reaches mid-life.¹⁸ Costs of child abuse and neglect include; direct costs such as emergency and non-emergency hospital care, mental health treatment, child welfare services and law enforcement, and; indirect costs such as those linked to special education, juvenile criminality and adult criminality (corrections) costs. The lifelong costs of chronic health problems and lost productivity are also significant. *Lifting the Burden of Child Abuse: A Vanuatu Case Study*¹⁹ itemises and quantifies these costs. The costs are equivalent to between 0.5% and 0.75% of Vanuatu's gross domestic product (GDP), increasing to

¹⁵ Reference 10 and 11

¹⁶ Reference 12

¹⁷ Reference 13

¹⁸ Reference 14

¹⁹ Reference 15

approximately 6.8% of annual GDP for lifelong costs. In Fiji, total health expenditure as a percentage of GDP is between 2.5 and 3.5%.²⁰

2.2 The Role of the Health Sector

2.2.1 Ministry of Health (Head Office)

CP sits under Family Health within the Public Health Division within the MoH. The Division is, “Responsible for services ranging from the development and formulation of public health policies and their translation into priority health programmes to the provision of primary health care to the population, as legislated under the Public Health Act 2002. It also includes the evaluation of various public health programmes.... to ensure effective delivery of primary health care to the people of Fiji”.²¹

As with other public health issues, the role of MoH (Head Office) in CP includes policy oversight and ensuring adequate data collection for monitoring, evaluation and planning purposes.

2.2.2 Health Services

- Divisional and Sub-Divisional Hospitals
- Health Centres
- Nursing Stations

Health services provide frontline preventative and curative services. The health sector’s structure consists of 3 divisional hospitals, 19 sub-divisional hospitals, 78 health centres and 101 nursing stations²², with the most local level of care being provided from nursing stations.

HWs intersect with children and their families at important times of their lives; preventing health problems, through universal programs such as vaccinations, and responding to health problems when they arise, such as injuries and illness.

HWs have a key role in recognising when a carer and family need information, counselling and additional support to better care for their child/ren and also in recognising, reporting and responding to children who are suspected of being at risk of harm. Health facilities provide direct care to children in such situations, including medical examinations, reports and treatment for children who have been abused or neglected.

As with other health issues, health services’ CP responses occur at the most local facility to the family with the option of referral to a higher-level / larger facility when required.

2.2.3 Health Volunteers

HVs may be village health nurses, community HVs (also called community HWs) or members of the village health committee.²³ HVs are selected on the basis of their respected role within communities

²⁰ Reference 16 (2011:43) and 17

²¹ Reference 16 (2011: 24-25)

²² Ministry of Health website www.health.gov.fj, accessed December 2011 and Reference 16

²³ For the purposes of this document HV will refer to health volunteer / HVs will refer to health volunteers

and their capacity to educate community members about health topics and prevent and respond to health problems, including supporting families to access health facilities, where needed.

As with other community and health issues, HVs are often well placed to understand specific needs and concerns within the community and individual families. They support families directly and can link families in need to other support within the community network or with services, particularly the health system.

2.3 The Role of Families, the Community and Other Agencies

2.3.1 Families and Communities

Families are the best place for children's needs to be met in order to grow up healthy and to fulfil their potential. The family, both immediate and extended, are the key caregivers of children in Fiji. The community network is also an important source of support to families raising their children.

2.3.2 Department of Social Welfare

The Department of Social Welfare (DSW) is located within the Ministry of Social Welfare, Women and Poverty Alleviation. CP services are one of DSW's key priorities, including managing children at risk and providing child welfare services.

The role of DSW is to assess the welfare needs of the child and make appropriate referrals or interventions as necessary. DSW assists in coordinating services engaged to protect children and has legal powers under the Juveniles Act to remove a child should a child not be safe in their current environment.

The CWD (2010) mandates health, welfare, police and legal²⁴ professionals to report to the DSW Permanent Secretary (PS) all cases of possible, likely or actual harm. Under this decree DSW is the lead agency responsible for coordinating and working with other agencies and individuals, in relation to events discovered by a professional to be affecting the health and welfare of children.

2.3.3 Fiji Police Force

The role of the Fiji Police Force is to secure the safety and security of the people of Fiji and its visitors. This includes conducting prevention and awareness activities in communities and schools. Other roles include investigating alleged crimes, such as child abuse.

Every Police Station has designated CP Officers trained to interview child victims, witnesses and alleged offenders and, where necessary, initiate appropriate criminal court action.

If the child has not been presented to a health service for medical assessment and treatment then part of the role of a police officer is to initiate such actions and coordinate with other agencies involved to arrange case management for the safety and welfare of the child.

The Police Sexual Offences Unit (SOU) is involved with adult and child victims of sexual assault and children who have experienced other forms of abuse.

²⁴ CWD amendment currently before Cabinet will also include teachers

2.3.4 Office of the Director of Public Prosecutions

The role of the Office of the Director of Public Prosecutions (DPP) is to review the investigative evidence involving a complainant of sexual assault on a child following the police charging the defendant, the alleged perpetrator, of the abuse.

The DPP CP Unit has prosecutors trained in international instruments relating to the rights of the child and prosecutorial conduct relating to the prosecution on criminal matters in which a child is a victim and/or witness.

The DPP provide information to the child victim and his or her parents or guardians on the court process, which may include arranging a physical visit to the courtroom to assist the child understand the process if they are to give evidence.²⁵

Where a child is a victim or a major witness, the DPP is involved in all criminal matters from the investigation stage.

2.3.5 Ministry of Education and Fiji Schools

The role of the Ministry of Education (MoE) and Fiji Schools is to assist in the identification of abused or at risk children and also provide preventative programs which aim to help students protect themselves from sexual abuse and to develop positive human relationships.²⁶ Schools are also involved in liaison with other relevant agencies to assist in the coordinated care of a child.

2.3.6 Non-Government Organisations / Faith-based Organisations

The role of Non-Government Organisations (NGOs), such as the Fiji Women's Crisis Centre (FWCC) or Empower Pacific²⁷ (EP), is to provide ongoing support for women and children who have been abused, and when appropriate, the family and other carers. NGOs also conduct training and community education.

EP has a Memorandum of Understanding (MoU) with MoH to provide counselling services for patients either directly within health facilities, where some EP counsellors are based, or via referral.

The FWCC has a 24 hour phone line which can be used by any individual experiencing violence or abuse, or by professionals working with individuals of families presenting with these issues.

2.4 Interagency Partnerships

The care and protection of children is a shared responsibility of parents, other family members, the community and government and NGOs. Specific roles and responsibilities of government and non-government partners are outlined above. Some of the key ways agencies do and can partner in CP are; prevention efforts, referrals, interagency training, joint community awareness activities and response interventions.

²⁵ DPP Child Protection Guidelines (2009)

²⁶ Interagency Guidelines (mid 1990s), further information accessed via Reference 18

²⁷ Formerly known as Pacific Counselling and Social Services

When there is concern regarding possible, likely or actual harm in relation to events discovered to be affecting the health and welfare of a child, professionals are mandated to report this concern to the DSW. In this capacity, DSW has the lead responsibility for CP, however cannot undertake this responsibility without strong collaboration with families, community representatives and other agencies. An example of this collaboration is through the Interagency Sub-Committee for Child Abuse, Neglect and Abandonment (ISCCANA).

The Cabinet of Fiji established the National Coordinating Committee on Children (NCCC) in 1994, following Fiji's ratification of the CRC in 1993. NCCC's purpose is to advise the Government of Fiji on children's issues and oversee the implementation of the CRC. In 1995 the NCCC noted the increasing problems of child abuse and began the ISCCANA. The objectives of the sub-committee are to improve the systems, services and collaboration between agencies that deal with children who are victims and survivors of child abuse, neglect and abandonment and exploitation in addition to improving community awareness on CP issues. Membership is comprised of representatives from DSW, MoH, The Fiji Police Force, the DPP, MoE, FWCC, Ministry of Planning, Save the Children, the Fiji Council of Social Services and United Nations Children's Fund (UNICEF).

Health representatives are members of or Chair National-level and Divisional ISCCANA meetings. Where there is not an existing ISCCANA locally, health representatives are encouraged to partner with local agencies to form an ISCCANA, developing Terms of Reference outlining the purpose, roles and responsibilities of the sub-committee. ISCCANA should maintain regular membership and provide a confidential forum where matters affecting the protection of children can be discussed and addressed drawing on the strengths of agencies present and involving other relevant stakeholders on a needs basis.

The flowchart in Section III (Figure 3) sets out the steps for HWs, DSW and SOU in recognising and responding to possible, likely or actual harm to a child. Individual health facilities may further detail these steps for use within their own organisations.

Section III: HEALTH SECTOR PROCEDURES

The 3Rs of Child Protection: RECOGNISE, RESPOND, RECORD

The 3Rs of CP summarise important considerations and actions for HWs to recognise, respond to and record child abuse and neglect.

1. Recognise
2. Respond
3. Record

Figure 2: The 3Rs of Child Protection: Recognise, Respond and Record

The 3Rs of Child Protection

RECOGNISE

- Recognise that all children need a safe and secure environment to grow up healthy
- Recognise that some families and children are more vulnerable than others and may need extra support at particular times in their lives
- Recognise the important role Health Workers play in the lives of families and children
- Recognise that violence, child abuse and neglect occurs in our communities and is a crime. Consider the possibility
- Recognise signs and symptoms of possible violence, abuse or neglect

RESPOND

- As part of general health care, ask about child and parental wellbeing, listen to response and provide counselling
- Encourage parents in their role of caring for their child or children
- Consider ways to intervene to increase support to families and children in need. This can assist protect children from harm
- If unsure about the safety or care of a child consult with a more experienced colleague
- If concerned a child has been, is being or is likely to be harmed, report to Department of Social Welfare (DSW), using the Child Welfare Decree (CWD) Notification Form. Also contact Sexual Offences Unit (SOU) if there are possible criminal matters for investigation

RECORD

- Record details on the CWD notification form. Send to DSW, Divisional Child Protection (CP) Focal Point / Consultant Paediatrician and include in medical record
- Divisional hospitals to include all CWD notification forms in Divisional CWD Notifications Folder and enter into Patient Information System (PATIS)
- Relate with the head of the facility, the family and other organisations involved with the family, as appropriate. Record in medical record

3.1 Recognise

Recognise that all children need a safe and secure environment to grow up healthy

Children who live in safe and secure environments have the best opportunity to grow up healthy. Children raised in supportive, nurturing environments are more likely to have better social, behavioural and health outcomes.²⁸ The reverse is also true: Children who have been abused or neglected (emotionally or physically) often have poor social, behavioural and health outcomes immediately and later in life.

Exposure to one adverse life experience, such as abuse, has been demonstrated to double the chance of children having overall poor physical health at 6 yrs of age. This likelihood was found to be tripled if a child had experienced 4 or more adverse experiences.²⁹

HWs can contribute to a parents' role in providing safe and secure environments in a number of ways, including assisting parents to have realistic expectations of developmental stages for their child and the level of supervision and care that is needed, especially for younger children.

Recognise that some families and children are more vulnerable than others and may need extra support at particular times in their lives

Some children and families can be more vulnerable than others due to a range of factors. For example, a child who has a disability or chronic illness, families where there is conflict and DV or where parents are isolated and lack support can contribute to or increase the likelihood of a negative outcome for the child in the future. Protective factors, such as supportive caring parents, access to support in the community and/or support services increase the likelihood for a positive outcome for the child. Also see Section 3.1.2, Carer Issues for Consideration.

Recognise the important role Health Workers play in the lives of families and children

HWs come into contact with families at critical points of families' lives; birth, illness or injury. HWs play a role in assisting families dealing with these events, from womb to tomb, and can also link families who may require additional support to community networks or support services. Also see Section 2.2, The Role of the Health Sector.

Recognise that violence, child abuse and neglect occurs in our communities and is a crime.

Consider this as a possibility

Although parents love their children, unfortunately some children are exposed to domestic and family violence, child abuse and neglect, including abandonment. The extent of child abuse and neglect in Fiji is not fully known. It is likely the majority of children who are abused or neglected experience this without coming to the attention of service providers. The dynamics of abuse often involve secrecy or, in the case of neglect, can be gradual and build up over time and therefore can be difficult to identify.

Whatever the cause of abuse or neglect, children are vulnerable and these actions are a crime in Fiji. Consider this as a possibility, particularly where there are signs in the history or physical, behavioural or developmental signs (as tabled in Section 3.1.1, Signs of Child Abuse and Neglect).

²⁸ References 10 and 11

²⁹ Reference 12

Recognising signs and symptoms of possible violence, abuse and neglect

Signs or symptoms do not always mean that abuse, neglect or other violence has or is occurring. Likewise, abuse and neglect can occur without clear signs and symptoms. A belief or suspicion that harm has occurred may be based on a number of signs or a single sign. The below signs or symptoms should be a flag to HWs that abuse or neglect is occurring, may have occurred or could possibly occur. The table below categorises signs in the history, physical signs and behavioural or developmental signs (See reference 19: The table has been adapted by Fijian Health Workers from a NZ Ministry of Health resource).

3.1.1 Signs of Child Abuse and Neglect

| Signs in the History | Physical Signs | Behavioural and Developmental Signs |
|--|---|--|
| History inconsistent with injury presented | Multiple injuries, especially where injuries occurred at different ages: bruises, welts, cuts and abrasions | Aggression |
| Parental delay in seeking help | Scalds and burns, especially in unusual places or in unusual shapes | Anxiety and regression |
| Past abuse or family violence | Pregnancy | Obsessions |
| Disclosure by the child | Sexually transmissible infections, including HIV | Overly responsible behaviour |
| Exposure of the child to domestic/ family violence, pornography, alcohol or drug abuse | Genital injuries | Frozen watchfulness |
| Severe social stress for the family or parent/s | Unexplained failure to thrive | Sexualised behaviour |
| Parental isolation and lack of support | Poor hygiene | Fear |
| Parent/s abused as a child | Dehydration or malnutrition | Sadness |
| Mental illness in a parent, including post-natal depression | Fractures, especially in infants or in specific patterns | Defiance |
| Unrealistic expectations of the child | Poisoning, especially if has occurred more than once | Self-mutilation |
| Inappropriate or inconsistent discipline (especially thrashings or any physical punishment of babies) | Where breathing has stopped, especially if has occurred more than once | Suicidal thoughts, plans or actions |
| Terrorising, humiliating or oppressing the child | Retinal haemorrhage | Withdrawal from family |
| Neglecting the child | Rapid improvement in hospital | Substance abuse |
| Promoting excessive dependency in the child | | Overall developmental delay, especially if failure to thrive is also present |
| Actively avoiding seeking medical care or failing to follow medical care, without which the child suffers harm | | Patchy or specific developmental delay: motor, emotional, speech and language, social, cognitive, vision and hearing |

Definitions of different types of child abuse and neglect are provided earlier in this document in Section 1.3, Definitions. These include child physical abuse, child emotional/ psychological abuse, child sexual assault and neglect, including medical neglect and abandonment. It is often the case that more than one type of abuse and neglect are occurring at the same time.

When a HW is concerned regarding one or more of these signs they should consult with a more experienced colleague, ask further questions of the family and/or undertake a physical examination; if suspicion remains, report to DSW. More guidance regarding HW response is provided below.

3.1.2 Carer Issues for Consideration

Parental substance misuse

High rates of child maltreatment have been reported in families with parental substance misuse.³⁰ The numerous effects associated with intoxication, drug use and withdrawal symptoms include: poor coordination; memory and attention impairment; nausea and vomiting; and unpredictable mood swings. Parents may also become involved in a range of illegal or risky activities, such as theft or prostitution, in order to support their habit, which may also place their child at risk.³¹ The effects of substance misuse can impair a parent's ability to:

- be responsive and sensitive to their child's emotional needs
- meet the child's feeding and sleeping needs
- ensure the child and their physical environment is clean³²

Parental mental illness

There are many different types of mental illness and mental health problems which may affect parenting in different ways. Mental illness can cause the parent to withdraw, lack emotional engagement, be less responsive to their child/ren or be more negative.³³ A parent with a mental illness may have a disturbance in their sense of self, and experience disordered personal relationships, variable changes in mood, disturbed thinking patterns and may engage in significant self-harm.³⁴ They may be fearful of abusing their child and so become withdrawn, or alternatively they may feel an intense need to protect and so appear intrusive and anxious.³⁵ Severe mental illness involving hallucinations and delusions or fixed beliefs about the child may put the child at risk of serious harm including violence or abuse and, sometimes, death.³⁶ Parents may be unable to care for their child if they lack insight into their illness, have trouble coping with the side effects of medication, or their symptoms remain untreated or are poorly controlled.

³⁰ Reference 20

³¹ Reference 21

³² Paragraph is direct quote from Reference 22

³³ Reference 23 and 24

³⁴ Reference 25

³⁵ Reference 23

³⁶ Reference 25

HWs who have contact with a parent who has a mental health problem should aim to address the mental health needs of the parent, confirm the parent has support and that the safety and wellbeing of their children is ensured.

Domestic and family violence

Domestic and family violence also referred to as Violence Against Women (VAW) or Gender Based Violence (GBV), has a significant impact on the physical, psychological and social health of many people, most commonly women and children. In Fiji, causing or allowing a child to see or hear violence is a crime.³⁷ Internationally domestic and family violence is also now recognised as abusive to children. Children can live in fear and uncertainty, be used as part of the violence and discord or be victims of physical violence either intentionally or unintentionally. These circumstances impact on a child's psychological and emotional development. Violence in the home has also been strongly linked to direct violence against children.

DV is an issue of significant concern in the South Pacific region. In one survey, 80% of women had witnessed violence in the home, 66% reported being abused by their partners with nearly half reporting repeated abuse, and 44% reported being physically abused while pregnant.³⁸ The dynamic of this form of violence is complex and for a variety of reasons women continue to live in the same household with a violent husband. Almost 70% of Fijian women who answered a HW's screening question, "Have you ever been in a relationship with someone who hurts or threatens you?" reported still being in that relationship (EP report).

HWs may utilise screening questions that have been designed by EP for use in Fiji. The questions are;

1a. Have you ever been in a relationship with someone who hurts or threatens you?

If yes,

- 1b. Is this your current husband/partner or family member?
2. Do you ever feel afraid of your husband/partner?
3. Have you been exposed to physical violence in the last 6 months?
4. Would you like to be referred to a counsellor to discuss this further?

If the person would like to be referred to a counsellor, EP has an MoU with MoH to provide counselling services; the FWCC is an alternative service and can be accessed 24 hours a day (see Appendix 6, CP Service Directory, for contact numbers). HWs should consult with an experienced colleague regarding the possible risk of harm to children in such households and report to DSW.

3.2 Respond

As part of general health care, ask about child and parental wellbeing, listen to response and provide counselling

The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Life events, illness and injuries

³⁷ Part I, Section 2, Domestic Violence Decree, 2009, Reference 6

³⁸ Reference 26

can all affect a person's health and family life. HWs have an excellent opportunity to ask about a person's wellbeing, listen to the response and provide counselling, if needed.

Encourage parents in their role of caring for their child or children

When patients and the community consider a HW or health service as judgemental, a significant barrier occurs for people accessing health services; they will be less likely to use or return to a health service. Patients who receive quality health services, including good diagnosis, treatment and care are more likely to have better health outcomes and return when other needs arise.

Parenting can be a stressful experience, particularly when there are health issues for a child or other issues occurring within the family or community. Encouragement from HWs can be a significant contribution for parents in their role of caring for their child or children.

Consider ways to intervene to increase support to families and children in need. This can assist protect children from harm

Where a HW has identified vulnerable children and families, consider ways to intervene, which will increase support to the family. This may be through counselling directly, referral to a counsellor or community resource or referral/ report for practical assistance (see Appendix 6, CP Service Directory). Invite a parent to return to the health facility in the future.

If unsure about the safety or care of a child consult with a more experienced colleague

HWs: As per usual practice any HW can consult and/ or refer any patient to another health facility. Within the health system there is a clear direction and process on where to direct questions and referrals. Nursing Stations are staffed by a solo practitioner and can direct queries to Health Centres. Similarly Health Centres can consult and/or refer to sub-divisional hospitals, which then can refer to divisional hospitals, should this be required. HWs are also able to call directly to tertiary-level facilities, such as the Colonial War Memorial Hospital, for advice.

HWs can consult with experienced colleagues locally, their Divisional Health CP Focal Point (see Section 4.1, Health Child Protection Focal Points) or Consultant Paediatricians. Consultant Paediatricians are on-call 24 hours a day, 365 days a year at the Divisional level. Consultant Paediatricians must be sent a copy of all CWD notifications made to DSW. For HWs without access to a copier or fax machine, Consultant Paediatricians should be contacted to complete the CWD notification form for forwarding to DSW (see Section 3.3.2, Mandatory Reporting to DSW).

HVs: The CWD (2010) does not mandate HVs to report CP concerns to the DSW, however they have an important role to play in identifying families who may require additional support; some of these families may not otherwise attend a health facility.

If a HV becomes aware of a child who has been, may have been or is likely to be abused or neglected, HVs should discuss this concern and the best response with their zone nurse or relevant health professional manager.

If concern remains following consultation with a colleague, report to the DSW (see Section 3.3.2, Mandatory Reporting to DSW). The HW should do so or support the HV to do so, as appropriate.

If concerned a child may have experienced child abuse and neglect, or is likely to, report to DSW, using the CWD Notification Form. Contact SOU Unit if there are criminal matters for investigation

HWs that suspect or have reasonable suspicion that a child may have experienced harm are required to notify DSW of this concern (see Section 3.3.2, Mandatory Reporting to DSW).

3.2.1 Likely Pathways

There are two main ways that HWs come into contact with children who have been or may have been abused, neglected or exposed to DV; where the concern arises from the child's (or their parent's) contact with the health service or where a health facility is contacted by another agency or individual regarding a child.

Concern arising at a health facility

The child presents to the health facility with symptoms, which may be signs of abuse or neglect. The parent/ guardian may or may not have concerns about abuse or neglect. The HW should undertake a physical examination and take a history from the parent. The HW should consult with an experienced colleague and if suspicion remains make a report to the DSW (see Section 3.3.2, Mandatory Reporting to DSW, for procedure).

Concern arising from another organisation or individual

Where a referral is made to a health service from another organisation or individual the recognition of possible child abuse or neglect has usually been made by another agency. Where this referrer is not the DSW and is another professional, HWs should confirm that a CWD notification form (see Appendix 2) has already been sent by this professional to DSW. Where this has not occurred, HWs should encourage the professional to do so, as mandated in the CWD. Where the referrer is not a professional (as defined in CWD), the HW can either invite the person to bring the child to a health facility or provide information so the referrer can contact DSW or the Police directly, depending on the circumstances.

In emergency situations, members of the public or other organisations are able to contact the health service through Consultant Paediatricians who are on-call 24 hours a day. When a police officer contacts a health facility the usual role of the HW in this instance is for a medical examination and treatment. Medical officers trained in providing such examinations or experienced working with children should be utilised.

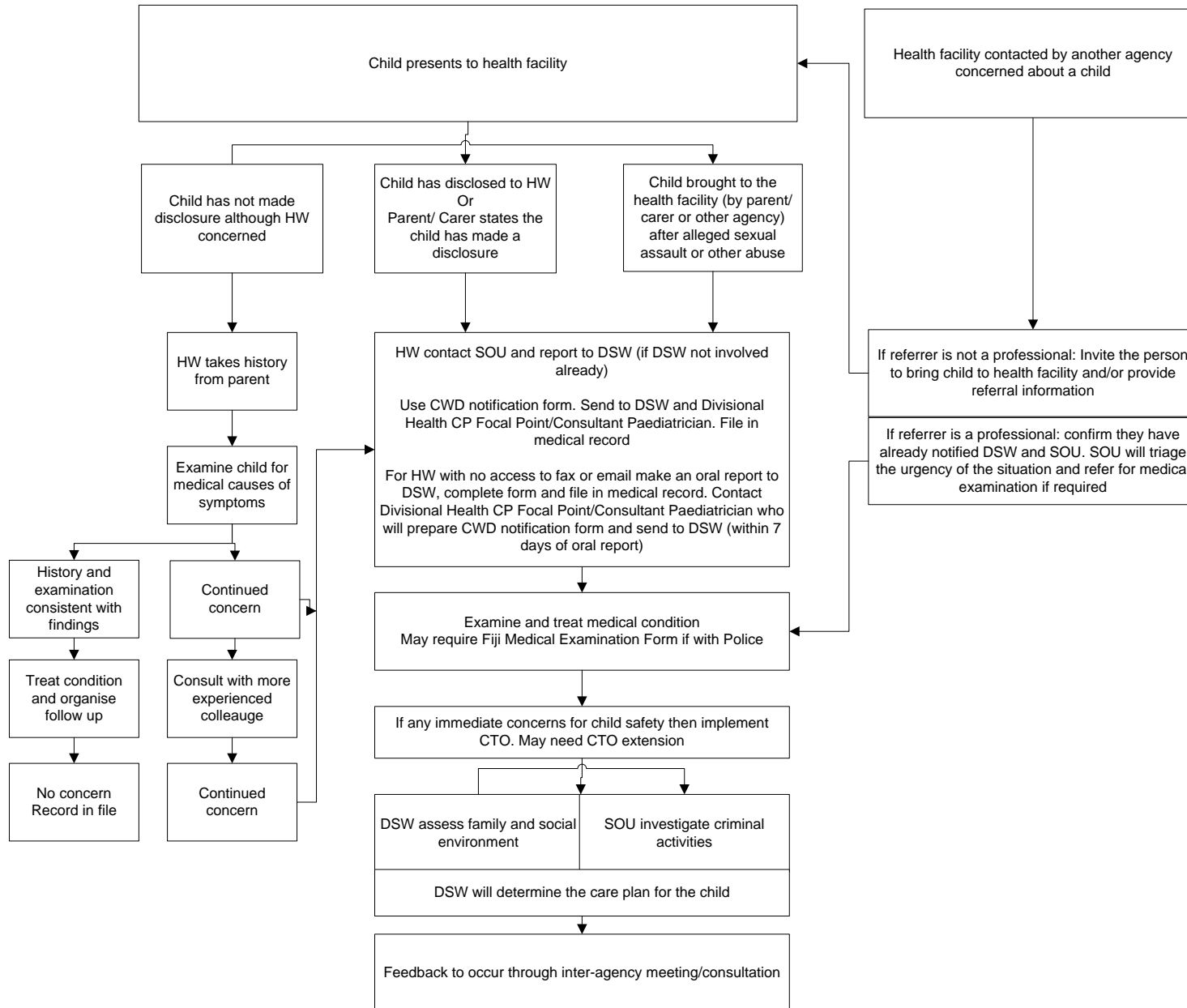
When a medical examination is required for criminal investigation purposes, standard practice is for the police officer to contact the relevant medical officer and alert the health service that they require a medical examination on a child where there are allegations of child abuse or neglect. The police bring the child and carer to the health facility with a Fiji Police Medical Examination Form, which is completed by the doctor following the examination of the child. A copy of the Fiji Police Medical Examination is placed in the medical record.

When a DSW Social Welfare Officer brings a child to a health facility for a medical examination it is unnecessary for HWs to make a CWD notification report. Relevant details however should be recorded in the file, including the name of the DSW Social Welfare Officer.

In situations where a HW does not suspect that a child may have been at risk of harm and a parent remains concerned that their child may have been abused, they are able to notify DSW directly.

Pathways for children who have been identified as being at harm or risk of harm are shown in the below flowchart (Figure 3).

Figure 3: Interagency Child Protection Flowchart



HWs do not have to be certain or prove that abuse or neglect has occurred, however they must provide details of the harm or likely harm, which has or may have occurred. The DSW and / or Fiji Police's SOU assess and investigate these suspicions to ensure the safety of the child and determine if criminal proceedings are required. Information provided by HWs plays an important role in risk assessment undertaken by DSW and in possible criminal proceedings by Fiji Police and/or DPP.

The steps by interagency partners may occur in a short period of time or over days or weeks; the severity of the situation, the risk of harm to the child and the parent's or other family members' capacity to protect the child from harm all impact on the urgency of the response. Planning the best response to promote the immediate and ongoing safety and health of the child is often a joint effort, including family members who are not suspected of abuse or neglect. This may involve finding a safe place for the child with other family members, medical care, criminal investigation of the perpetrator of abuse and social assistance to the family to better meet the physical and emotional needs of the child.

3.2.2 Care and Treatment Orders

In situations where a HW assesses a child would be at immediate risk of harm should they leave the health facility and return home, a DesMO has the authority and responsibility to make a Care and Treatment Order (CTO; see Appendix 3). The CTO allows a health facility to admit or retain a child for a period of 48 hours, with or without parental consent. The CTO should result in time for a notification to be made to DSW, along with information on the CTO, and assessment of the situation of the child and family by DSW and, in criminal matters, an investigation by the Police's SOU. The DesMO is responsible for completing the CTO form and forwarding to DSW (see Section 3.3.3, Care and Treatment Order, Release and Extension).

DesMO, with the agreement of another DesMO, can extend the CTO for a further 48 hours (totalling 96 hours from the time of the initial CTO), should more time be needed. A CTO Extension form is required (see Appendix 4) and should be forwarded to DSW and the person in charge of the health facility.

Upon conclusion of the original CTO, or the CTO extension, a CTO Release Form (see Appendix 5) is completed.

DesMO are responsible for explaining the CTO to the child, where a child is capable of understanding it, the purpose and effect of the order. The DesMO should also seek to explain to a family member, who is not under suspicion, the terms, conditions and rationale of the CTO.

Should the DesMO be assured that a family member can provide adequate protection and care, a CTO would not be necessary. CTOs are to be carried out as a measure to protect the child from immediate harm and to allow time for an assessment to be undertaken and protective measures put into place by the DSW and other partners.

3.3 Record

Recording CP concerns uses existing documentation processes within the health sector and specific interagency forms based on the CWD (2010) and prosecutorial needs. This section summarises the main recording responsibilities and tools; patient files, including discharge summaries, CWD notification form, care and treatment forms, medical and court reports. Data collection in relation to children who have or may have experienced harm is also important for follow up of individual families and monitoring and evaluating the health sector's CP response (see Section 4.2, Data Collection, Monitoring and Evaluation).

This section begins with recording points from 'The 3Rs of Child Protection'.

Record key details on the CWD Notification Form and notify DSW by sending form, can ring to discuss as well

Where HWs reasonably suspect that a child has, may have or is likely to experience harm they are required to notify the DSW of this concern, using the CWD notification form (see Appendix 2).

The CWD notification form includes sections for details required by DSW as specified in the CWD (2010). This form constitutes a written report. Where necessary a HW may give oral notice, however a written report (CWD notification form) is also required within seven days of the oral notice.

HWs must give the notice even in circumstances where he or she no longer believes the child has been, is being or is likely to be harmed.³⁹ The PS upon receiving the notice (CWD notification form) may request further information from the HW either in writing or verbally⁴⁰ (also see Section 4.3, Information Sharing).

Include CWD Notification Form in child's file and complete relevant data collection

In addition to sending the CWD notification form to DSW, a copy of the form is to be included in the child's medical record. The head of the health facility should also be informed if they have not already been involved. Also see Section 4.2, Data Collection, Monitoring and Evaluation, regarding data collection processes.

Relate to the head of the facility, the family and liaise with other organisations involved with the family

Determining whether to discuss the report with a family member or carer is at the discretion of the HW. Wherever possible HWs should try and support a family's role as the primary caregiver and involve parents in matters affecting their child or children. In situations where a parent may be suspected of harming their child, HWs should consult with an experienced colleague about the best approach in relating to this family member. Locating a family member or carer who is not under suspicion and can provide a safe place for the child will be a key step that DSW may be involved with and any information from HWs that can support this process will be of use.

HWs may be required to give additional information to other agencies (see Section 4.3, Information Sharing), such as DSW, and are a key partner in ensuring the best outcomes for the child.

³⁹ Part 2, 6 (3) CWD (2010), Appendix 1, Reference 2

⁴⁰ Part 2, 7 (1) CWD (2010), Appendix 1, Reference 2

3.3.1 Patient Files

A national health number (NHN) is allocated to a person the first time they present to a health facility. The NHN stays with an individual for their lifetime, utilised at every presentation to a health facility.

HWs record all relevant information in a patient's medical record, including any consultations which occur in relation to the child's presentation, treatment and follow up. As is usual practice, HWs ensure that notes are legible, dated, signed, use non-judgemental language and are stored in a secure environment. Where there is concern about violence, child abuse or neglect HWs should state facts or provide an explanation as to clinical judgement, where possible citing symptoms and behaviours and using direct quotes from parent, guardian and child. Until there is proof of criminal activity HWs should use the term "alleged" when referring to possible perpetrators of abuse or neglect.

3.3.2 Mandatory Reporting to DSW

According to section 4 of the CWD (2010) a report to the DSW PS is required when,

"A professional becomes aware or reasonably suspects during the practice of his or her profession that a child has been or is being, or is likely to be harmed; and

As far as he or she is aware, no other professional has notified the PS about the harm of likely harm".

All cases of possible, likely or actual harm discovered by a professional to be affecting the health and welfare of children are mandated by law to be reported to the DSW PS. The CWD notification form (see Appendix 2) is to be used for this purpose.

This form provides key information to the DSW on the child, details of the harm or likely harm of which the professional is aware or that the professional suspects, and details of the HW making the report.

Information on the form should provide DSW with sufficient information to prioritise how urgent their response should be, how to locate the child and who they can speak with for more information, that is the HW who has made the notification.

HWs may seek further information from other professionals about the harm, likely harm or any other factors relevant to forming a reasonable suspicion.⁴¹ The PS upon receiving a CWD notification can also request HWs to provide further information to assist in properly assessing the harm or likely harm. HWs must comply with this request. Refusal could attract a fine of \$5000 unless the HW is unable and can give proper reason to the PS.⁴²

A verbal report can precede or accompany the CWD notification form, but cannot replace a written report using this form. Where a professional has given an oral notice a written notice utilising the CWD notification form must be provided within 7 days.⁴³

⁴¹ Part 2, Section 5 (2) CWD (2010), Appendix 1, Reference 2

⁴² Part 2, Section 7 (1-2) CWD (2010), Appendix 1, Reference 2

⁴³ Part 2, Section 6, CWD (2010), Appendix 1, Reference 2

Copies of the complete CWD notification form need to be;

- Sent to DSW
- Included in the medical record
- Included in the CWD Notifications Folder at Divisional level (see Section 4.2.1, Divisional CWD Notifications Folder)

HWs with access to a photocopier and fax machine should follow the following procedure,

1. Complete the CWD notification form and file in medical record
2. Send copy of CWD notification form to DSW and
3. Send copy of CWD notification form to Divisional Health CP Focal Point or Consultant Paediatrician
4. Divisional CP Focal Point or Consultant Paediatrician places copy in CWD Notifications Folder at Divisional level
5. All notifications (as collected in Divisional CWD Notifications Folder) entered into PATIS

HWs with no access to a photocopier or fax machine should follow the following procedure,

1. Complete the CWD notification form and file in medical record
2. Make an oral report to DSW, utilising information obtained from step 1
3. Contact Health CP Focal Point or Divisional Consultant Paediatrician, consult and provide details from step 1
4. Divisional Health CP Focal Point, Consultant Paediatrician, or delegate, completes copy of CWD notification form, sends to DSW within 7 days of oral report and places copy in CWD Notifications Folder at Divisional level
5. All notifications (as collected in Divisional CWD Notifications Folder) entered into PATIS

Private health practitioners are also encouraged to provide a copy of any CWD notification they have made to the relevant Consultant Paediatrician for inclusion in the CWD Notifications Folder. This will assist linkages across agencies and also ensure that all actual or suspected cases of child abuse and neglect in each division are collated, providing valuable information for and from the health sector.

HWs are not required to notify DSW via the CWD notification form if they are aware that another professional has already notified the DSW PS about the harm or likely harm. When HWs become aware through another professional of a child who has been harmed, or is at risk of harm, they should ensure the first professional involved with the child has already made a report to DSW PS, utilising the CWD 2010 notification form. Encourage this to occur if it has not already been done.

3.3.3 Care and Treatment Order, Release and Extension

In situations where a DesMO makes a CTO (see explanation in Section 3.2.2, Care and Treatment Orders) for a child, a CTO form is to be used for this purpose (see Appendix 3). CTOs last up to 48 hours from making the CTO. At the completion of this time a CTO Release form is to be completed (see Appendix 5). In situations where the order is extended, a CTO Extension form is to be completed (see Appendix 4). The extension is up to 96 hours from the time the CTO was first made.

Copies of the original CWD notification form and all CTO forms, excluding the release form, are required to be sent to the DSW PS, the person in charge of the health facility and included in patient medical files.

In situations where the main patient is an adult and there is concern their child or children may be at risk of harm or have experienced harm, a new file should be made up for the child if seen by a HW. If a HW has not seen the child/ren however is concerned that the patient's child/ren are at risk of harm, the HW should complete a CWD notification form, reporting this concern to DSW. When the HW has not seen the child/ren the CWD notification form would be filed in the parent's file.

3.3.4 Fiji Police Medical Examination Forms

See Section 3.2.1, Likely Pathways. When a medical examination is required by police, usual practice is for the police to bring the child and carer to the health facility with a Fiji Police Medical Examination Form, to be completed by the doctor following the examination of the child. A copy of the Fiji Police Medical Examination is placed in the medical record.

3.3.5 Discharge Summaries

Discharge summaries are routinely completed by doctors for all inpatients being discharged, using a standardised form. These forms include a "Follow Up Treatment and Management" section. Follow up actions planned by health staff or other agencies to promote the child's health, safety and welfare should be recorded in this section of the discharge summary.

3.3.6 Medical and Court Reports

Medical reports or court reports may be requested by the DPP or Fiji Police. Doctors requested to prepare such reports can consult with Consultant Paediatricians.

Medical practitioners can also be requested to conduct a medical examination prior to the boarding out of a juvenile. A report of the medical examination will be placed on the juvenile's record at the Department of Social Development and Welfare (Cap.255, section 78 Boarding out of Juvenile, point 5, Juvenile's Act (Ch 56)).

Section IV: SUPPORTING MECHANISMS AND PRACTICES

4.1 Health Child Protection Focal Points

Divisional-level health services are required to select and resource Health CP Focal Points. These are new roles within the health sector and will be in addition to existing responsibilities. The Health CP Focal Point role includes; being available for HWs and HVs to discuss possible concerns about child abuse and neglect and the best response, such as appropriate referrals, acting as liaison person between health services and other agencies, assisting with recording information from Divisional CWD Notifications Folder (see Section 4.2.1) into PATIS and assisting CP Lead Trainers (see Section 4.4, Training) coordinate mandatory CP training within their division and collating Divisional-level training reports for the MoH National Family Health Advisor.

Health CP Focal Points should have good communication skills, good liaison, networking and referral skills, allocated time within their work role (ideally added to job description, when reviewed), sufficient knowledge regarding child abuse and neglect and CP procedures, (including having completed mandatory training) and an identified supervisor attached to either the Principal Medical Officer (PMO) or the Chief Medical Officer (CMO) to provide additional advice and support.

4.2 Data Collection, Monitoring and Evaluation

The CWD notification forms provide an excellent means of collecting data regarding children who have been identified as having experienced possible, likely or actual harm presenting to health facilities across Fiji.

4.2.1 Divisional CWD Notifications Folder

Each Divisional Hospital is required to create a CWD Notifications Folder. A copy of every CWD notification made to DSW from the respective division is to be filed in this folder and stored in a secure location. As per Section 3.3.2 (Mandatory Reporting to DSW), government health services must send a copy of all CWD notification forms to their Consultant Paediatrician or Health CP Focal Point at their Divisional hospital. Private health practitioners are also encouraged to do so.

Divisional hospitals will be required to collate information from the CWD Notifications Folder and arrange for each child of concern to be entered into the PATIS system (see Section 4.2.2, PATIS and Child Protection). This should occur on a quarterly basis by the Health CP Focal Points. The Family Health Advisor can request the MoH Health Information Unit to collate national data when required by Health Managers or other agencies on a six-monthly basis or annually.

4.2.2 PATIS and Child Protection

Over the last 10 years data obtained through the PATIS system has not reflected the health system's ongoing work with children who have, or been suspected to have, experienced abuse and neglect. To improve this, divisional-level hospitals are now assigned responsibility (since July 2012) for ensuring all children who have been reported to DSW are recorded in the PATIS system. This includes inpatient and outpatient cases. This can occur on a quarterly basis using the information filed in the CWD Notifications Folder.

PATIS codes are from the WHO International Classification of Diseases (ICD). Relevant codes for child abuse and neglect can be found under Maltreatment Syndromes in T74.⁴⁴

T74.0 Neglect or abandonment

T74.1 Physical abuse

Battered:

- Baby or child syndrome not otherwise specified (NOS)
- Spouse syndrome NOS

T74.2 Sexual abuse

T74.3 Psychological abuse

T74.8 Other maltreatment syndromes

Mixed forms

T74.9 Maltreatment syndrome, unspecified

Effects of:

- Abuse of adult NOS
- Child abuse NOS

Current injury, if applicable, should be coded first. For example, if a child has a fractured arm as a result of neglect or abuse, the specific injury (fractured arm) should be coded as the principle diagnosis. An external cause code should also be assigned to describe the mechanism of the injury, such as T74.1.

In situations where abuse is suspected or a child is at risk of possible abuse or neglect, however there are no current injuries or conditions, a code from the category T74 Maltreatment Syndromes should be assigned as the principle diagnosis.

HWs should also consider the psychosocial context and utilise relevant ICD Z60 codes such as; Z63.2 Inadequate family support, Z63.7 Stressful life events affecting family and household, or Z62 inadequate parental supervision and control.

For further information on monitoring and evaluation see the *Monitoring Plan to Strengthen Child Protection within the Health Sector* (to be developed in 2012), report to the MoH available from the National Family Health Advisor.

4.3 Information Sharing

4.3.1 Protection for Health Workers

HWs are required to provide information to the DSW PS or to another professional when there is reasonable suspicion that a child has been, is being or is likely to be harmed. There is no liability civilly, criminally or under an administrative process for giving such information.

The CWD (2010) Part II section 8 allows for and protects professionals in providing such information in order to protect children from abuse and neglect. Such sharing of information does not

⁴⁴ Reference 27

contravene any professional code of ethics, confidentiality agreements or any written law. Health professionals (and other persons) are not liable to disciplinary action for giving this information.

The identity of HWs (and other persons) providing information about actual or possible harm to a child should remain confidential; any breach is liable to a \$5000 fine. Exceptions to information-giver's identity remaining confidential are outlined in the CWD (2010) section 9(1)a-c,

- In legal proceedings where the evidence of the identity of the person is relevant to the proceedings;
- Disclosure is in the public interest; and
- The possible interests of disclosure on the safety or welfare of the child, the person and their respective families.

4.3.2 Proof of Identity

Information sharing regarding concerns of child abuse and neglect occur in two different directions; when HWs *provide* information to another professional and when HWs *receive* information from another person.

HWs providing initial information to the DSW are required to complete the CWD notification form. This form has been modified by MoH to include identifying information of the HW such as practicing license registration, for licensed professional groups, and electronic data processing (EDP) number, for all public sector employees. When requests for additional information are made to a HW from DSW or another professional, HWs can provide similar identifying information.

HWs receiving information regarding possible, likely or actual harm to a child should confirm the identity of the person providing this information, including their relationship to the child and how they became aware of this concern. Usually when HWs receive information it is from a concerned relative or another professional. In circumstances where there is some suspicion as to the identity and motive of the caller, HWs should exercise caution. An example of false information being provided to a HW may be in circumstances related to marital discord and custody proceedings.

If there is suspicion regarding the identity of the person providing information HWs can; request to see identification of the person or ask for the request in writing (if from an organisation on official letterhead). If the person is providing information over the phone, alleging a child has been abused or neglected, and there is suspicion on the motivations of the caller, the HW should take the contact details of the caller and offer to call back and/ or request the person to present to the health facility with identification. In the interim, HWs should consult with an experienced colleague and arrange for assistance in responding to the person.

4.4 Training

Health Managers, Training Coordinators and others responsible for HW training will ensure that all HWs have completed CP training. The two mandatory trainings for HWs are;

- 1-hour induction/ in-service training for all HWs
- 1-day training for all HWs involved with children

The 1-hour training for all staff and the 1-day training for staff involved with children are mandatory training for HWs. Both of these trainings have been accredited with continuing professional development points.

HWs with specific CP responsibilities, such as DesMOs, should also be supported to access specialised training, including forensic medical examinations and court report writing training, where available. For HWs interested in courses related to the dynamics of violence or for potential courses in counselling skills, contact FWCC or EP.

Other child health training being developed and implemented should also consider ways of integrating CP messages, such as 'The 3Rs of Child Protection', into the training in order to create links for HWs in how such training relates to HWs role in protecting children from harm.

New training modules for HVs are currently being developed (2012). Issues of child abuse and neglect are included in the Environment Module. HVs should be encouraged to access training that may be occurring in their communities, such as Children are a Special Gift from God, training for community members from the DSW and UNICEF (also being developed in 2012).

For further information regarding CP training, see the *Child Protection Training Plan* (to be developed 2012), report to the MoH or contact the MoH National Family Health Advisor.

4.5 Ensuring Health Facilities are Safe for Children and Staff

MoH is committed to ensuring health facilities are safe places for children, families and staff. Health Managers will ensure that the safest possible environments and practices are in place, such as;

- Careful recruitment of staff⁴⁵ and volunteers
- CP training for staff involved with children, and all staff to receive CP training as part of induction
- Supervision and support provided to staff to discuss clients/ patients where there are concerns about child abuse and neglect
- Private space made available to speak with clients where there is concern about violence, abuse or neglect
- Exercising clinical judgement in how the child will be spoken with, ideally with a parent or guardian other than when this person may be viewed as a suspected perpetrator of abuse or neglect. In situations where a client or their parent has challenging behaviour, two HWs should see the child to minimise potential risk of HWs being accused of abuse
- Procedures to respond to complaints or misunderstandings from clients, staff or volunteers. Usual practice is that patients can lodge complaints against the treatment received in any government or private health facility by writing directly to the hospital authority or to the PS for Health in the case of the public system. Where a complaint involves a HW, the matter is dealt with by the regulatory professional body⁴⁶

⁴⁵ This could include signed declaration, reference check question, "Do you consider this person suitable to work with children?" along with usual identification checks

⁴⁶ Reference 16, pg 41

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Appendixes

1. Child Welfare Decree (2010)
2. Child Welfare Decree Notification Form (DSW existing form with minor MoH additions)
3. Care and Treatment Order Form
4. Care and Treatment Order Extension Form
5. Care and Treatment Order Release Form
6. Child Protection Service Directory (2011)



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CHILD WELFARE DECREE 2010
 (DECREE NO. 44 OF 2010)

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CHILD WELFARE DECREE 2010
 (DECREE NO. 44 OF 2010)

IN exercise of the powers vested in me as the President of the Republic of Fiji and the Commander in Chief of the Republic of Fiji Military Forces by virtue of the Executive Authority of Fiji Decree 2009, I hereby make the following Decree—

**A DECREE TO PROMOTE AND PROTECT THE HEALTH
 AND WELFARE OF CHILDREN THROUGH MANDATORY REPORTING**

PART 1—PRELIMINARY

Short title and commencement

- 1.—(1) This Decree may be cited as the Child Welfare Decree 2010.
- (2) This Decree shall commence on the 6th day of September, 2010.

Purpose of the Decree

2. The purpose of this Decree is to—

- (a) ensure mandatory reporting of cases of possible, likely or actual harm in relation to events discovered by a professional to be affecting the health and welfare of children;
- (b) emphasise the duty of care of the professional in handling cases of possible child abuse and outlining the reporting requirements of such cases in their care; and
- (c) to protect the confidentiality and integrity of cases and of the professionals handling these cases.

Interpretation

3.—(1) In this Decree, unless the context otherwise requires—

“child” means a person below the age of 18 years;

“designated medical officer” means a doctor appointed under section 16;

“Director” means the Director of Social Welfare;

“Permanent Secretary” means the Permanent Secretary for Women and Social Welfare;

“professional” means a health professional as defined in the Medical and Dental Practitioner Decree 2010, a welfare officer as defined in the Juveniles Act (Cap. 56) a Police Officer as defined in the Police Act (Cap. 85) or a legal practitioner as defined in the Legal Practitioners Decree 2009.

PART 2—MANDATORY REPORTING

Professional's duty to report

4. Where a professional—

- (a) becomes aware or reasonably suspects during the practice of his profession, that a child has been or is being, or is likely to be harmed; and
- (b) as far as he is aware, no other professional has notified the Permanent Secretary under this section about the harm or likely harm;

the professional must immediately give notice of the harm or likely harm to such child to the Permanent Secretary in writing or by facsimile, email or other reliable means of communication, where necessary the professional may, subject to section 6 give oral notice under this section.

Contents of report

5.—(1) A notice under section 4 of this Decree must include as much of the following information in each case to the extent that the professional can reasonably obtain it—

- (a) the child's name;
- (b) the child's date of birth;
- (c) the place or places where the child lives;
- (d) the names of the child's parents;
- (e) the place or places where the parents live or may be contacted;
- (f) details of the harm or likely harm of which the professional is aware or that the professional suspects; and
- (g) the professional's name, address and telephone number.

(2) The professional may seek further information about the harm, likely harm or any other factors the professional deems relevant in forming a reasonable suspicion about the matter.

Follow-up notice

6.—(1) Where a professional has given an oral notice under section 4, he must within 7 days after giving the oral notice, give the Permanent Secretary written notice about the harm or likely harm.

(2) The follow-up notice must include the information set out in section 5 subsections (1) (a) to (g) inclusive at the time that the notice is given.

(3) The professional must give the notice even if he no longer believes or suspects the child has been, is being, or is likely to be harmed.

Further information

7.—(1) The Permanent Secretary upon receiving a notice under sections 4, 5 or 6 and, if he considers that further information is needed to properly assess the harm or likely harm, may ask the professional orally or in writing for further information within a stated time.

(2) The professional must comply with the request of the Permanent Secretary unless the professional is unable, or for proper reason given to the Permanent Secretary, to do so.

Protection from liability

8.—(1) Where a professional or other person—

(a) acting honestly and in good faith gives information to the Permanent Secretary or to another professional that the person giving the information is aware or reasonably suspects that a child has been, is being, or is likely to be harmed; or

(b) gives any information relating to the harm referred to in (a);

that person is not liable civilly, criminally or under an administrative process for giving that information.

(2) Without limiting subsection (1), in a proceeding for defamation the professional or other person has a defence of absolute privilege for publishing the information.

(3) If the professional or other person would otherwise be required to maintain confidentiality about the information under any written law, oath, and rule of law or practice, that person—

(a) does not contravene any written law, oath, rule of law or practice by giving the information; and

(b) is not liable to disciplinary action for giving the information.

(4) Any professional who gives the information required to be given under this Decree is deemed not to have breached any code of professional etiquette or ethics, or to have departed from accepted standards of professional conduct.

Confidentiality

9.—(1) Where any person gives information to a professional on the basis of which a professional may make a report under sections 4, 5 or 6, the professional must not disclose the identity of the person giving the information except—

(a) as permitted by this Decree;

(b) in the course of performing a function under the Juveniles Act (Cap. 56); or

(c) by way of evidence given in a legal proceeding.

(2) Any professional who other than as permitted under this Decree discloses the identity of the person giving information is guilty of an offence and is liable to a default fine of \$5000.

(3) In any legal proceeding the identity of a person giving information relating to possible or actual harm to a child to a professional may not be given in evidence unless the court of tribunal grants leave, having considered whether—

(a) the evidence of the identity of the person is relevant to the proceedings;

(b) disclosure is in the public interest; and

(c) the possible effects of disclosure on the safety or welfare of the child, the person and their respective families.

PART 3—CARE AND TREATMENT ORDERS FOR A CHILD

Powers of medical officers

10.—(1) Where a designated medical officer becomes aware or reasonably suspects that a child at a health centre, hospital, surgery, or other place, where the child—

(a) has been harmed or is at risk of harm; and

(b) is likely to leave or be taken from the facility and suffer harm if the designated medical officer does not take immediate action,

the designated medical officer may order that the child be held at the same or a different health centre, hospital or doctor's surgery and such order shall be called a care and treatment order.

- (2) A care and treatment order must be in written form and must contain—
- (a) details of the child's condition;
 - (b) the reasons for the order;
 - (c) the name of the health facility where the child is currently held;
 - (d) the time of the making of the order.

(3) A designated medical officer must, where a child is capable of understanding it, explain to the child the purpose and effect of the order.

(4) The designated medical officer must give to the person in charge of the health facility notice of the care and treatment order as soon as practicable after the child is held, together with any reason for such order and any other information that may be relevant pursuant to the making of the order.

Procedure

11.—(1) Any child held in a medical facility in accordance with a care and treatment order must within 48 hours of the time of the making of the order be—

- (a) released into the custody of a parent or guardian;
- (b) referred to the Permanent Secretary or the Director to exercise his or her powers under the Juvenile's Act (Cap 56.); or
- (c) transferred to another health facility.

(2) A care and treatment order may be extended beyond 48 hours to up to 96 hours by the designated medical officer if—

- (a) the initial designated medical officer has consulted with another designated medical officer who agrees that the order should be extended; and
- (b) a written record of the extension is made by the initial designated medical officer, including in the record—
 - (i) the initial designated medical officer's name, address and telephone number;
 - (ii) the reasons for the extension of the order;
 - (iii) the name, address and telephone number of the consulted designated medical officer; and
 - (iv) the date and time to which the order is extended.

(3) A designated medical officer extending the care and treatment order for a child must advise the person in charge of the health centre or facility about the extension of the order and provide to such person a copy of the notice under subsection (1) (b) of this section.

(4) A designated medical officer extending the care and treatment order must forthwith inform the Permanent Secretary in writing of the extension of the order.

(5) A designated medical officer extending the care and treatment order must inform the parents or guardian of the child about the extension of the order the reasons for it and the time when the order lapses and if applicable the right of the parents to receive back custody of the child.

Enforcement

12. A designated medical officer may request any person to provide such assistance as is reasonably necessary to hold any child at a health facility or to transfer a child to another health facility.

Duration and Release

13.—(1) A care and treatment order commences at the time the order is signed and ends 48 hours thereafter or where the order has been extended ends at the time to which it has been extended.

- (2) A child must be released at the end of a care and treatment order or during such order.

(3) Upon release, the designated medical offer must make a written record of the release recording—

- (a) the reasons for the release;
- (b) the time of the release; and
- (c) the person into whose care the child is released.

(4) Not more than one care and treatment order and one extension thereof may be made in respect of a child where the risk of harm, arises from the same event or circumstances that give rise to the care and treatment order and, where applicable the extension thereof.

Medical examinations and information

14.—(1) A child held under a care and treatment order at any health facility may be medically examined with or without the consent of the child's parents, at the discretion of the designated officer.

(2) A designated medical officer may request from another medical officer or professional any information possessed by the medical officer relevant to the health of the child.

(3) A medical officer requested to give information for treatment of a child under subsection 2 may give the requested information, and is not thereby in breach of any written law, rule of law or practice or code of professional ethics.

(4) A designated medical offer may transfer a child who is the subject of a care and treatment order to another health facility should he sees fit.

(5) The care and treatment order continues to apply to the child during and after the transfer referred to in subsection (3).

(6) The designated medical officer must inform the parents of the child of the transfer and the reasons for it, unless the designated medical offer believes on reasonable grounds that the parent or parents may be charged with a criminal offence for harming or harm caused to the child.

(7) A designated medical officer, if asked by a parent of the child held at a health care facility must—

- (a) make available details of an alternative doctor or doctors who may be chosen by the parent of the examination or treatment undertaken for the child; and
- (b) allow the child to be independently examined by such other doctor or those doctors at that facility.

Best interests of the child

15.—(1) This Decree is to be administered subject to the principle that at all times the welfare and best interests of the child are paramount and under the following principles—

- (a) every child has a right to protection from harm or likely harm;
- (b) families have the primary responsibility for the physical, psychological and emotional well-being of their children;
- (c) the preferred way of ensuring a child's well-being is through the support of the child's family and extended family;
- (d) any powers exercised under this Decree must be exercised in a way that is open, fair, and respects the rights of people affected by their exercise, and in particular in a way that ensures—
 - (i) the views of a child and a child's immediate and extended family are considered; and
 - (ii) a child and the child's parents have the opportunity to take part in making decisions affecting the well-being of the child;
- (e) a child should be kept informed of matters affecting or her in a way and to an extent that is appropriate having regard to the child's age and ability to understand.

(2) The Permanent Secretary may issue guidelines further enunciating these principles.

Designated medical officers

16.—(1) The person in charge of a health centre, hospital or any other health facility may appoint a doctor to be a designated medical officer.

(2) If the person in charge of a health facility is a doctor, he or she is taken to be designated medical officer while that person is in charge of that facility.

PART 4—OFFENCES

Failure to give notice

17. Any professional who fails to give a notice under sections 4, 5 or 6 of this Decree commits an offence and is liable to a fine not exceeding \$5000.

Failure to give requested information

18. Any professional who refuses to or fails to give the requested information under section 7(1) and (2) of this Decree, commits an offence and is liable to a fine not exceeding \$5000, but a professional is not liable to be prosecuted for an offence hereunder unless the Permanent Secretary, when making a request, warns the professional it is an offence to comply with the request in the absence of a justifiable and reasonable excuse.

Obstruction

19. Any person who—

- (a) obstructs a designated medical officer or any person authorised by a designated medical officer under section 15 subsection (1) in holding a child under a care and treatment order; or
- (b) removes a child from a health facility knowing that the child is the subject of a care and treatment order or;
- (c) keeps a child in his or her custody knowing that the child is the subject of a care and treatment order;

commits an offence and is liable to a fine not exceeding \$10,000 or an imprisonment term not exceeding 18 months or both.

Decree binds the State

20. This Decree binds the State.

Given under my hand this 8th day of September 2010.

EPELI NAILATIKAU
President of the Republic of Fiji

CHILD WELFARE DECREE (2010) NOTIFICATION FORM

| | | |
|------------|---|--|
| TO: | The Permanent Secretary Ministry for Women and Social Welfare Suva Fax: 330 3829 [^] | Consultant Paediatrician Health Division _____ Fax Western Division: Fax Northern Division: Fax Eastern/ Central Division: |
|------------|---|--|

In accordance with Section 4 and 5 of the Child Welfare Decree 2010, I hereby notify you the details of the harm/likely harm suffered by the under mentioned child.

- a) **CHILD'S NAME**.....
- b) **CHILD'S DATE OF BIRTH**.....
- c) **PRESENT RESIDENCE OF CHILD**.....

d) NAMES OF CHILD'S PARENTS :

- i) Father's Name.....
- ii) Mother's Name.....
- iii) Guardian's Name.....

e) RESIDENTIAL ADDRESS OF PARENTS AND THEIR PHONE CONTACTS

- i) Father- Home (landline).....mobile.....office.....
- ii) Mother-Home (landline).....mobile.....office.....
- iii) Guardian-Home (landline).....mobile.....office.....

f) DETAILS OF THE HARM THE PROFESSIONAL IS AWARE OR THE PROFESSIONAL SUSPECTS (Include additional details on another page):

.....

.....

.....

.....

.....

g) PROFESSIONAL'S NAME, ADDRESS & TELEPHONE NUMBER:

Rank.....No*.....Name.....TelNo.....EDP#.....

h) OTHER DETAILS

- i) Date and time reported.....
- ii) By whom.....
- iii) Report number.....

.....
(Signature of professional)

.....
(Date)

[^]Permanent Secretary's office phone 3312199

* Refers to practicing licence registration, include if profession is licensed

EDP refers to Electronic Data Processing number, relevant for all public sector employees

CARE AND TREATMENT ORDER

To: The Permanent Secretary, Ministry for Social Welfare, Women and Poverty Alleviation

Fax: 3303829 Department of Social Welfare Permanent Secretary's Office Fax¹

Copy to: _____ Person in charge of the health facility

In accordance with Part 3 of the Child Welfare Decree 2010, I hereby notify you of the care and treatment order (CTO) for the under mentioned child.

- A) Child's Name: _____
- B) Child's Date of Birth: _____
- C) Child's National Health Number: _____
- D) Child's MCH Clinic: _____

| | | | |
|-----------|-------|---|-------|
| CTO start | | CTO ends (<i>Up to 48 hours from CTO start</i>) | |
| Date: | Time: | Date: | Time: |

Details of the child's condition:

Reasons for the CTO:

Health facility where the child is currently held: _____

- Designated Medical Officer has explained to the child and carer the purpose and effect of the CTO

Name Designated Medical Officer: _____

Medical Registration Number²: _____

Signature: _____

Telephone Number: _____

¹ Department of Social Welfare Permanent Secretary's Office Phone: 3312199

² Registered under the Fiji Medical and Dental Practitioners Decree (2010)

CARE AND TREATMENT ORDER EXTENSION

To: The Permanent Secretary, Ministry for Social Welfare, Women and Poverty Alleviation

Fax: 3303829 Permanent Secretary's Office Phone

Copy to: _____ Person in charge of the health facility

| CTO start | | CTO end/ CTO Extension start <i>(Up to 48 hours from CTO start)</i> | | CTO Extension end <i>(Up to 96 hours from CTO start)</i> | |
|-----------|-------|--|-------|---|-------|
| Date: | Time: | Date: | Time: | Date: | Time: |

In accordance with Section 3 of the Child Welfare Decree 2010, I hereby notify you of the extension of the care and treatment order (CTO) for the under mentioned child.

Child's Name: _____

Child's Date of Birth: _____

Reasons for extending the Care and Treatment Order

- Designated medical officer has informed parents or guardian of child about the extension of the CTO, the reasons for the extension and the time when the order ends and, if applicable, the right of the parents to receive back custody of the child.

| Initial designated medical officer | Consulted designated medical officer |
|--|--|
| Name: Signature: Medical Registration number: Telephone number: Address: | Name: Signature: Medical Registration number: Telephone number: Address: |

CARE AND TREATMENT ORDER RELEASE

| | |
|-------------|-------|
| CTO Release | |
| Date: | Time: |

Reason for release:

- Released into the custody of parent or guardian

Name of parent/ guardian _____

Relationship to child _____

- Referred to the Permanent Secretary for Women and Social Welfare or Director

- Transferred to another health facility

Name of health facility _____

Contact person at new health facility _____

| |
|--|
| Designated Medical Officer |
| Name: |
| Medical Registration Number ¹ : |
| Signature: |
| Telephone Number: |

¹ Registered under the Fiji Medical and Dental Practitioners Decree (2010)



FIJI

CHILD PROTECTION

Services Directory

2011

This directory was developed to help connect children and families with the help they need.

The aim is have information about services easy to access and use to ensure the best possible outcomes for children in Fiji.

2011 Version. Prepared by Empower Pacific for Department of Social Welfare, supported by UNICEF. Final 2012 version to have Health included.

Child Protection in Fiji

Many children in Fiji experience various types of abuse. We need to work together to prevent and respond to child abuse so that children can live to their full potential.

Supporting a child protection continuum of care requires strengthening social service systems in Fiji and actively engaging, empowering and mobilising communities.

Through community awareness, partnership and involvement, we can prevent child abuse and neglect and provide children with safety, stability, and continued well-being.

Service providers and communities have outlined the need for information. This service directory was developed to help connect people with the services they need.

How to use this directory

Information is divided into three by regional Divisions; Northern, Western and Central/ Eastern.

Services are grouped together around services they provide to make it easier to find what you need.



Working out what services you need, can be difficult.

Use the sections below to help you decide where to go.



Prevention | *Prevention is building knowledge with individuals, families and communities to understand and be aware of what leads to child abuse, and how to prevent it from happening.*

- You feel that a community needs to have a stronger understanding of child abuse and protection
- There have been a number of incidents of child abuse in an area, and a targeted prevention and awareness approach may be appropriate

Promotion | *Promotion is about increasing public support and national awareness of child protection issues.*

- You want to get involved in national child rights and protection activities such as PCAN (Prevention of Child Abuse and Neglect Day)
- Lobbying for law reforms

Response | *Response is what we do when we have some concerns about a child's care and wellbeing which are not of an immediate safety concern.*

- You know that a child's basic needs are not being met – where do you go for help?

Crisis Intervention | *Crisis Intervention is what happens when a case of serious child abuse or neglect requires immediate attention for the safety of a child or children.*

- A case of child abuse has been reported – what do you do and where do you go for help?

Updating the Directory

Service Directories are only as good as the information in it.

This directory will need to be updated on an annual basis.

If you know that some information is not correct or a service has not been included, please forward the information to:

Attn: Senior Welfare Officer – Child Protection Service Directory
Department of Social Welfare
72 Suva St, Toorak, Suva
PO Box 2127, Govt Buildings, Suva

Ph: 331 5754

The updated information will be available from the Department of Social Welfare annually.

The Western Division

Ba • Rakiraki • Lautoka • Ra • Tavua • Sigatoka • Nadi

PREVENTION

Department of Social Welfare

Prevention Services

- Community Child Protection Awareness
- National Prevention of Child Abuse and Neglect Day Annual Celebrations and Awareness
- Promote and advocate for strong national legislation
- Television and radio advertising to promote the issues of child protection and domestic violence
- Family Assistance and Income Generating opportunities to alleviate poverty and need

LOCATION

Ba | Koronubu St

Lautoka | Tavewa Ave

Nadi | Koroivolu Rd

Rakiraki | Vaileka House

Sigatoka | Lawaqa St

Tavua | Vatia St

PHONE:

667 4245 / 667 1368

666 0241 / 666 1583

670 0430

669 4432

650 0127

668 0388

Police

To secure the safety and security of the people of Fiji and its visitors.

Prevention Services

- Prevention and awareness in communities and schools
- Community outreach

LOCATION

Lautoka Police Station

Lautoka Market Community Police Post

Lomolomo Community Police Post

Vuda Community Police Post

Tavakubu Community Police Post

Natokowaqa Community Police Post

Adams Place Community Police Post

Vitogo Community Police Post

Shirley Park Community Police Post

Nadi Police Station

Nawai Community Police Post

Mulomulo Community Police Post

Nadi Market Community Police Post

PHONE NUMBER

666 0222

666 6696

628 0367

665 0550

664 0231

666 3306

666 6305

665 1400/ 990 5026

666 9493

670 0222

628 3322

628 0729

670 1500

| | |
|-----------------------------------|--------------------|
| Kennedy Community Police Post | 670 2621 |
| Nawaicoba Community Police Post | 674 0022 |
| Namaka Police Station | 672 2222 |
| Airport Community Police Post | 672 2355 |
| Sabeto Police Station | 672 2285 |
| Sigatoka Police Station | 650 0222 |
| Korolevu Community Police Post | 653 0122 |
| Korotogo Community Police Post | 652 0565 |
| Kulukulu Community Police Post | 650 0727 |
| Cuvu Community Police Post | 650 0155 |
| Vatudradra Community Police Post | 628 1222 |
| Kavanagasau Community Police Post | 628 2789 |
| Vunahalu Community Police Post | 650 1919/ 628 0862 |
| Ba Police Station | 667 4222 |
| Raviravi Community Police Post | 667 1790 |
| Vatulaulau Community Police Post | 667 3322 |
| Nukuloa Community Police Post | 628 0005 |
| Koronubu Community Police Post | 628 6333 |
| Rakiraki Police Station | 669 4222 |
| Nalawa Police Station | 629 9288 |
| Keiyasi Police Station | 628 1466 |
| Tavua Police Station | 668 0222 |
| Vatukoula Police Station | 668 0622 |

Save the Children Fiji

Save the Children Fiji promotes children's rights and responds to their needs by facilitating lasting improvements that enable children to become responsible citizens.

Prevention Services

Child Rights Awareness and Training

- General advocacy, research, education and training aiming to protect children at risk of abuse, exploitation and violence. Children's participation is brought to the forefront through the facilitation of children's forums and the ongoing activities of our child-led initiative

Early Childhood Education

- The Mobile Playgroup Programme provides basic education for economically disadvantaged children, using a mobile kindergarten facility which integrates community development with educational objectives that support both children and their families.

Phone: 666 9418

Email: info@savethechildren.org.fj

Fax: 666 4761

Website: www.savethechildren.org.fj

Address: Rogorogivuda Building, Tavewa Ave, Lautoka

Postal: PO Box 2798, Lautoka

Fiji Women's Crisis Centre | Ba • Nadi • Rakiraki

Fiji Women's Crisis Centre has branches in Ba, Nadi and Rakiraki. It is a multi-racial, non-government organisation committed to the betterment of women's lives through collective efforts against violence.

Prevention Services

Community Education and Public Advocacy

- Giving talks, running workshops and seminars (in collaboration with the Fiji Women's Crisis Centre based in Suva) on the issues of violence against women and children.
- The Nadi Women's Crisis Centre library services are open to members of the public who are looking for

information on violence against women and children and other related issues.

www.fijiwomen.com

LOCATION

Nadi | 84 Sagayam Road
Ba | 6 Nukudrala St, Ba
Rakiraki |

PHONE

670 7558 | PO Box 2663, Nadi Town
667 0466

Empower Pacific (Pacific Counselling and Social Services)

To counsel, educate and advocate to enhance the psychological, social, spiritual and physical well being of individuals, families and communities through the provision of proactive, comprehensive and professional services.

Prevention Services

- Workshops/ training on Child Protection issues
- Professional Social Work and Counselling Services for identification of issues and early intervention, referrals to DSW and other services where appropriate
- Income Generation Program to alleviate extreme poverty

LAUTOKA

Community Services Centre

Phone: 665 0482

Website: www.pcsc.com.fj

Email: csc@pcsc.com.fj

Address: Meghji Arjun Building, 1st Floor, 157 Vitogo Parade

Fax: 666 0482

Postal: PO Box 5693, Lautoka

LAUTOKA

Counselling Centre

Phone: 625 4226 / 666 0399 ext 3513

Website: www.pcsc.com.fj

Email: lautoka@pcsc.com.fj

Address: Lautoka Hospital, Old Hospital Road

Fax: 666 0482

Postal: PO Box 5693, Lautoka

NADI

Counselling Centre

Phone: 670 8269 / 670 1127 ext 125

Website: www.pcsc.com.fj

Email: nadi@pcsc.com.fj

Address: Nadi Hospital, Old Hospital Road

Fax: 666 0482

Postal: PO Box 5693, Lautoka

PROMOTION

Department of Social Welfare

Promotion Services

- National Prevention of Child Abuse and Neglect Day Annual Celebrations and Awareness
- Promote and advocate for strong national legislation
- Television and radio advertising to promote the issues of child protection and domestic violence

LOCATION

Ba | Koronubu St

PHONE:

667 4245 / 667 1368

| | |
|--------------------------|---------------------|
| Lautoka Tavewa Ave | 666 0241 / 666 1583 |
| Nadi Koroivolu Rd | 670 0430 |
| Rakiraki Vaileka House | 669 4432 |
| Sigatoka Lawaqa St | 650 0127 |
| Tavua Vatia St | 668 0388 |

Police

To secure the safety and security of the people of Fiji and its visitors.

Promotion Services

- Community Child Protection Awareness
- National Prevention of Child Abuse and Neglect Day Annual Celebrations and Awareness

Details of locations and contacts are in the Prevention Section

Fiji Women's Crisis Centre | Ba • Nadi • Rakiraki

Fiji Women's Crisis Centre has branches in Ba, Nadi and Rakiraki. It is a multi-racial, non-government organisation committed to the betterment of women's lives through collective efforts against violence.

Promotion Services

Community Education and Public Advocacy

- Lobbying for law reforms
- Lobbying locally for women's human rights
- Organising and participating in International and National Campaigns on violence against women and children.

Information Services

- Documenting the experiences of women and children who are survivors of violence
- Statistical data on violence against women and children

www.fijiwomen.com

LOCATION

Nadi | 84 Sagayam Road
Ba | 6 Nukudrala St, Ba
Rakiraki |

PHONE

670 7558 | PO Box 2663, Nadi Town
667 0466

Save the Children Fund

Save the Children Fiji promotes children's rights and responds to their needs by facilitating lasting improvements that enable children to become responsible citizens.

Promotion Services

Kids Link Fiji - The organisation includes children aged 12 – 18 years old, enabling children to claim their rights, leading to a responsibility to use these rights to further enhance children's well-being and to ensure that their rights are maintained.

Activities include

- Community visits

- Workshops and 'clean up' campaigns
- Involvement in various media campaigns to address issues affecting children in Fiji today
- Community outreach programs to raise awareness and advocacy on child protection.
- Involvement in advocating children's rights and participation at a government and policy level

Research and Advocacy

- Provide information necessary to advocate for policy changes to bring about improvements to children's lives. Publications include *Keeping Children at School*, *Impacts of the Political Crisis on Children*, *Commercial Sexual Exploitation of Children*, *Emotional and Physical Punishment of Children*.

Capacity Building

- Assists with capacity building of partner agencies (government institutions or NGOs) that work in areas relating to children's issues, in order to impact more on children's lives.

Phone: 666 9418

Email: info@savethechildren.org.fj

Fax: 666 4761

Website: www.savethechildren.org.fj

Address: Rogorogovuda Building, Tavewa Ave, Lautoka

Postal: PO Box 2798, Lautoka

RESPONSE

Department of Social Welfare

Response Services

- Community outreach
- Case assessment and referrals to appropriate organisations, action taken where necessary
- Family Assistance and Income Generating opportunities to alleviate poverty and need
- Homes for children in need of care and protection

LOCATION

Ba | Koronubu St

Lautoka | Tavewa Ave

Nadi | Koroivolu Rd

Rakiraki | Vaileka House

Sigatoka | Lawaqa St

Tavua | Vatia St

PHONE:

667 4245 / 667 1368

666 0241 / 666 1583

670 0430

669 4432

650 0127

668 0388

Police

To secure the safety and security of the people of Fiji and its visitors.

Response Services

- Investigations of crimes
- Referrals to Department of Social Welfare and other services
- Information giving

Details of locations and contacts are in the Prevention Section

- Workshops and 'clean up' campaigns
- Involvement in various media campaigns to address issues affecting children in Fiji today
- Community outreach programs to raise awareness and advocacy on child protection.
- Involvement in advocating children's rights and participation at a government and policy level

Research and Advocacy

- Provide information necessary to advocate for policy changes to bring about improvements to children's lives. Publications include *Keeping Children at School*, *Impacts of the Political Crisis on Children*, *Commercial Sexual Exploitation of Children*, *Emotional and Physical Punishment of Children*.

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Phone: 666 9418

Email: info@savethechildren.org.fj

Fax: 666 4761

Website: www.savethechildren.org.fj

Address: Rogorogovuda Building, Tavewa Ave, Lautoka

Postal: PO Box 2798, Lautoka

RESPONSE

Department of Social Welfare

Response Services

- Community outreach
- Case assessment and referrals to appropriate organisations, action taken where necessary
- Family Assistance and Income Generating opportunities to alleviate poverty and need
- Homes for children in need of care and protection

LOCATION

Ba | Koronubu St

Lautoka | Tavewa Ave

Nadi | Koroivolu Rd

Rakiraki | Vaileka House

Sigatoka | Lawaqa St

Tavua | Vatia St

PHONE:

667 4245 / 667 1368

666 0241 / 666 1583

670 0430

669 4432

650 0127

668 0388

Police

To secure the safety and security of the people of Fiji and its visitors.

Response Services

- Investigations of crimes
- Referrals to Department of Social Welfare and other services
- Information giving

Details of locations and contacts are in the Prevention Section

Save the Children Fund

Save the Children Fiji promotes children's rights and responds to their needs by facilitating lasting improvements that enable children to become responsible citizens.

Response Services

Emergency Relief

- During times of emergency and natural disasters, support for children in the form of a school feeding programme, bus fare assistance, clothing, stationery and school books as well as school fees.

Phone: 666 9418

Email: info@savethechildren.org.fj

Fax: 666 4761

Website: www.savethechildren.org.fj

Address: Rogorogivuda Building, Tavewa Ave, Lautoka

Postal: PO Box 2798, Lautoka

Empower Pacific (Pacific Counselling and Social Services)

To counsel, educate and advocate to enhance the psychological, social, spiritual and physical well being of individuals, families and communities through the provision of proactive, comprehensive and professional services.

Response Services

- Child Protection Case Management
- Professional Social Work Services to work with families, referrals to DSW and other services where appropriate
- Professional Counselling Services for cases of trauma/ abuse
- Income Generation Program to alleviate extreme poverty

LAUTOKA

Community Services Centre

Phone: 665 0482

Email: csc@pcss.com.fj

Fax: 666 0482

Website: www.pcss.com.fj

Address: Meghji Arjun Building, 1st Floor, 157 Vitogo Parade

Postal: PO Box 5693, Lautoka

LAUTOKA

Counselling Centre

Phone: 625 4226 / 666 0399 ext 3513

Email: lautoka@pcss.com.fj

Fax: 666 0482

Website: www.pcss.com.fj

Address: Lautoka Hospital, Old Hospital Road

Postal: PO Box 5693, Lautoka

NADI

Counselling Centre

Phone: 670 8269 / 670 1127 ext 125

Email: nadi@pcss.com.fj

Fax: 666 0482

Website: www.pcss.com.fj

Address: Nadi Hospital, Old Hospital Road

Postal: PO Box 5693, Lautoka

Fiji Women's Crisis Centre | Ba • Nadi • Rakiraki

Fiji Women's Crisis Centre has branches in Ba, Nadi and Rakiraki. It is a multi-racial, non-government organisation committed to the betterment of women's lives through collective efforts against violence.

Response Services

Counselling and Support Services

- Free and confidential, non-judgmental crisis counselling for victims/survivors of domestic violence, sexual assault, child abuse and sexual harassment.
- Legal advice
- Accompanying or referrals to court, police stations, hospitals and other agencies upon request.
- 24-hour telephone counselling on phone number 3313 300 (operating from Suva)
- Providing emotional support and options for clients to be able to make choices for themselves.

www.fijiwomen.com

LOCATION

Nadi | 84 Sagayam Road

Ba | 6 Nukudrala St, Ba

Rakiraki | Lot 2 Yaratale Rd, Vaileka

PHONE

670 7558 | PO Box 2663, Nadi Town

667 0466

Bayly Welfare and Education

Basic welfare and education support for families in need of support.

Response Services

- Food package distribution for families in need
- Assistance with school fees and education essentials

Phone: 666 4598

Website: www.baylytrust.org

Email:

Address: 5 Nede St, Lautoka

Fax:

Postal:

The Salvation Army – Lautoka Family Care Centre

Response Services

Basic welfare and urgent accommodation for women and children in need of support.

Phone: 665 0952

Website:

Email: fiji_dhq@nzf.salvationarmy.org

Address: 38 Sukanaivalu Road, Waiyavi, Lautoka

Fax:

Postal: P.O Box 14412, Suva

Ba School for Special Education

The school serves disabled children, giving them an opportunity for education. The school opened in 1993 and is the only special school in the Ba - Tavua education district of 75 schools. Students range in age from 6-22 years old with mild to severe physical and learning disabilities.

Response Services

- Education for children with disabilities

Phone: 667 4711

Website:

Email:

Address: Lot 3, Varadoli, Ba

Fax:

Postal:

Fiji Crippled Children's Society | Lautoka • Sigatoka • Ba • Nadi

The Fiji Crippled Children's Society is a charitable organization focusing on the provision of treatment and education for children with physical disabilities and hearing impairments. The society also manages a hostel for children from areas in the country where no special education resources are available.

Response Services

- Treatment and education for children with physical disabilities and hearing impairments
- Support for those living with a disability away from urban centres

LOCATION

Lautoka | Hospital Rd
Sigatoka |
Ba |
Nadi |

PHONE

666 7104 | P.O. Box 753, Lautoka
650 0898 | P.O. Box 1152, Sigatoka
666 1526 | P.O. Box 2819, Ba
670 0872 | P.O. Box 125, Nadi

Lautoka Society for the Intellectually Handicapped

The organisation serves intellectually disabled children, giving them an opportunity for education.

Response Services

- Information
- Education

Phone: 666 3197

Website:

Email:

Address:

Fax:

Postal: P.O. Box 753, Lautoka, Fiji

Project HEAVEN

Response Services

- National screening for hearing and vision impairment through primary and secondary schools.
- Eye glasses & hearing aids

Phone: 332 0921

Website:

Email: proheaven@connect.com.fj

Address: Tamavua Hospital, Tamavua, Suva

Fax:

Postal:

Fiji Disabled People's Association

The Fiji Disabled Peoples Association is a National, cross disability Disabled Peoples Organization (DPO) and an affiliate of the Fiji National Council for Disabled Persons. FDPA believes that all human beings regardless of their differences have an equal and an inalienable right to health, education, employment, housing, transport, Accessibility and all other opportunities available to the general population.

To safeguard these rights, FDPA promotes the principle that disabled persons must have a strong voice,

representing a majority share in the decision making process at all levels on issues impacting their lives. Services include Advocacy and legislation, Awareness & Training, Support Services, Community Development, Empowerment, Establishment of affiliates/branches

Response Services – Western

- Home Care
- Advocacy
- Housing adaptation
- Mobilisation aids for those with a disability

Phone: 666 5985

Website: www.fdpa.org.fj

Email: westerndisabled@yahoo.com

Address: 6 Malolo St, Lautoka

Fax: 666 5110

Postal: P.O. Box 249, Lautoka

Ba Methodist Lifeline of Fiji

Lifeline connects people with care by providing services in Suicide Prevention, Crisis Support and Mental Health Support. Fiji's services are an extension of the Australian organisation Lifeline.

Response Services

- Counselling and support for those experiencing mental health issues

Phone: 667 0565

Website: www.lifeline.org.au

Email:

Address: Namosau, Ba

Fax:

Postal: P.O. Box 192

Fiji Association for the Deaf

Fiji Association for the Deaf (FAD) is a self-help group run by the Deaf for the Deaf. FAD was formed in 2002 and is the only Deaf association in Fiji. FAD works to advocate for, empower, and educate people who are Deaf and Hard of Hearing.

Response Services

- Sign language classes
- Sign language training for staff working with deaf people
- Employment services for deaf people
- Awareness activities for the general community
- Community services such as sporting teams and events for deaf people
- A Fiji Sign Language Dictionary
- Training of deaf members in human rights, advocacy and Fiji sign language research

Phone: 667 0565

Website:

Email: fjideaf@connect.com.fj

Address:

Fax:

Postal: P.O. Box 15178 , Suva

Fiji Red Cross Society

Response Services

- Transport for Disabled
- Healthcare programmes
- Rehabilitation

- Disaster Preparedness & Response

Phone: **Website:** www.redcross.com.fj
Email: **Address:**
Fax: **Postal:**

Tavua Welfare Society

Response Services

- Support and assist poor children's education needs and groceries

Phone: **Website:**
Email: **Address:**
Fax: **Postal:** P.O. BOX 351, Tavua

CRISIS INTERVENTION

Police

To secure the safety and security of the people of Fiji and its visitors.

Crisis Intervention Services

- Accepting calls of concern and assessing for appropriate intervention
- Ensuring immediate safety for children and safe caregivers
- Facilitating evidential basis of crime prosecution

Details of locations are in the Prevention Section

Department of Social Welfare

Crisis Intervention Services

- Accept calls of concern and assessing for appropriate intervention
- Case management and Care Orders where necessary
- Referrals to Police and Health for cases of child abuse
- Work with Police to ensure immediate safety of children is established
- Homes for children in need of care and protection

| LOCATION | PHONE: |
|--------------------------|---------------------|
| Ba Koronubu St | 667 4245 / 667 1368 |
| Lautoka Tavewa Ave | 666 0241 / 666 1583 |
| Nadi Koroivolvu Rd | 670 0430 |
| Rakiraki Vaileka House | 669 4432 |
| Sigatoka Lawaqa St | 650 0127 |
| Tavua Vatia St | 668 0388 |

The Eastern/ Central Division

Suva • Nausori • Tailevu • Navua

PREVENTION

Department of Social Welfare

Prevention Services

- Community Child Protection Awareness
- National Prevention of Child Abuse and Neglect Day Annual Celebrations and Awareness
- Promote and advocate for strong national legislation
- Television and radio advertising to promote the issues of child protection and domestic violence
- Family Assistance and Income Generating opportunities to alleviate poverty and need

LOCATION

Suva | 77 Suva St

Nasinu

Nausori | Vunivuni Hill

Vunidawa

Navua

PHONE:

331 5754

368 3395

347 8361/ 347 8352

368 3093

346 0401

Police

To secure the safety and security of the people of Fiji and its visitors.

Prevention Services

- Prevention and awareness in communities and schools
- Community outreach

LOCATION

Central Police Station

Suva Market Community Police Post

Muaiwalu Community Police Post

Suva South Community Police Post

Navua Police Station

Pacific Harbour Community Police Post

Wainadoli Community Police Post

Lami Police Station

Qauia Community Police Post

Delainavesi Community Police Post

Samabula Police Station

Tamavua Community Police Post

Namadi Community Police Post

Wailoku Community Police Post

Grantham Plaza Community Police Post

Raiwaqa Police Station

Flagstaff Community Police Post

PHONE NUMBER

331 1222

331 1122

331 4775

330 9822

346 0222

345 0156

330 9822

336 1222

336 3733

336 4020

338 1222

332 0731

332 2584

368 3019

338 1869

338 3222

330 7900

| | |
|---------------------------------------|----------|
| Muanikau Community Police Post | 330 0888 |
| Toorak Community Police Post | 330 2760 |
| Suva Point Community Police Post | 330 7057 |
| Nabua Police Station | 338 4000 |
| Vatuwaqa Community Police Post | 338 3622 |
| Valelevu Police Station | 339 3222 |
| Vivras Community Police Post | 334 5050 |
| Kinoya Community Police Post | 339 8944 |
| Caubati Community Police Post | 339 7845 |
| Newtown Community Police Post | 990 5312 |
| Dokanaisuva Community Police Post | 332 1953 |
| Kalabu Community Police Post | 339 2522 |
| Nasinu Police Station | 339 2222 |
| Colo-i-Suva Community Police Post | 332 0706 |
| Tuirara Community Police Post | 339 2551 |
| Narere Community Police Post | 368 3355 |
| Kadavu Police Station | 368 1268 |
| Vanuabalavu Police Station | 828 0890 |
| Lakeba Police Station | 828 0999 |
| Moala Police Station | 603 0307 |
| Eastern Region Headquarters | 347 8177 |
| Nausori Police Station | 347 7222 |
| Nausori Airport Community Police Post | 347 6221 |
| Wainibokasi Community Police Post | 347 5358 |
| Koronivia Community Police Post | 362 7016 |
| Sawani Community Police Post | 348 5000 |
| Baulevu Community Police Post | 368 5397 |
| Raralevu Community Police Post | 347 8541 |
| Muaniwani Community Police Post | 368 3762 |
| Nakasi Police Station | 341 0722 |
| Vunidawa Police Station | 368 5392 |
| Korovou Police Station | 343 0222 |
| Natovi Jetty Community Police Post | 368 3021 |
| Nayavu Community Police Post | 368 3700 |
| Waidalice Community Police Post | 368 3761 |
| Dawasamu Community Police Post | 368 3763 |
| Levuka Police Station | 344 0222 |
| Qarani Community Police Post | 368 3060 |
| Koro Police Station | 368 1002 |

Save the Children Fiji

Save the Children Fiji promotes children's rights and responds to their needs by facilitating lasting improvements that enable children to become responsible citizens.

Prevention Services

Child Rights Awareness and Training

- General advocacy, research, education and training aiming to protect children at risk of abuse, exploitation and violence. Children's participation is brought to the forefront through the facilitation of children's forums and the ongoing activities of our child-led initiative

Early Childhood Education

- [The Mobile Playgroup Programme](#) provides basic education for economically disadvantaged children, using a mobile kindergarten facility which integrates community development with educational objectives

that support both children and their families.

Phone: 331 3178

Email: info@savethechildren.org.fj

Fax: 330 2214

Website: www.savethechildren.org.fj

Address: Pender Street, Suva

Postal: PO Box 2249, Government Buildings, Suva

Empower Pacific (Pacific Counselling and Social Services)

To counsel, educate and advocate to enhance the psychological, social, spiritual and physical well being of individuals, families and communities through the provision of proactive, comprehensive and professional services.

Prevention Services

- Workshops/ training on Child Protection issues
- Professional Social Work and Counselling Services for identification of issues and early intervention, referrals to DSW and other services where appropriate
- Income Generation Program to alleviate extreme poverty

SUVA

Phone: 310 0191 (ext 1320)

Email: suva@pcss.com.fj

Fax: 666 0482

Website: www.pcss.com.fj

Address: CWM Hospital (next to the Diabetes Clinic on Waimanu Road)

Postal: PO Box 13351, Suva

Fiji Women's Crisis Centre

Fiji Women's Crisis Centre is a multi-racial, non-government organisation committed to the betterment of women's lives through collective efforts against violence.

Prevention Services

Community Education and Public Advocacy

- Giving talks, running workshops and seminars (in collaboration with the Fiji Women's Crisis Centre based in Suva) on the issues of violence against women and children.
- The Fiji Women's Crisis Centre library services are open to members of the public who are looking for information on violence against women and children and other related issues.

Phone: 331 3300

Email: fwcc@connect.com.fj

Fax: 331 3650

Website: www.fijiwomen.com

Address: 88 Gordon Street, Suva

Postal: P.O Box 12882, Suva

Fiji Council of Social Services

Prevention Services

- Community Awareness
- Strengthening Families Workshop

Phone: 331 2649/ 331 9015

Email: fcoss@kidanet.net.fj

Fax: 330 2936

Website:

Address: 256 Waimanu Rd, Suva

Postal: P.O Box 13476, Suva

Fiji Scouts Association – Headquarters

Prevention Services

- Community Child Abuse Prevention and Awareness

Phone: 331 4749

Website:

Email:

Address:

Fax:

Postal:

Fiji Girl Guides Association - Headquarters

Prevention Services

- Community Child Abuse Prevention and Awareness

Phone: 330 0980

Website:

Email:

Address:

Fax:

Postal:

PROMOTION

Department of Social Welfare

Promotion Services

- National Prevention of Child Abuse and Neglect Day Annual Celebrations and Awareness
- Promote and advocate for strong national legislation
- Television and radio advertising to promote the issues of child protection and domestic violence

LOCATION

Suva | 77 Suva St

Nasinu

Nausori | Vunivuni Hill

Vunidawa

Navua

Suva | 77 Suva St

PHONE:

331 5754

368 3395

347 8361/ 347 8352

368 3093

346 0401

331 5754

Police

To secure the safety and security of the people of Fiji and its visitors.

Promotion Services

- Community Child Protection Awareness
- National Prevention of Child Abuse and Neglect Day Annual Celebrations and Awareness

Details of locations and contacts are in the Prevention Section

Fiji Women's Crisis Centre

Fiji Women's Crisis Centre has branches in Ba, Nadi and Rakiraki. It is a multi-racial, non-government organisation committed to the betterment of women's lives through collective efforts against violence.

Promotion Services

Community Education and Public Advocacy

- Lobbying for law reforms
- Lobbying locally for women's human rights
- Organising and participating in International and National Campaigns on violence against women and children.

Information Services

- Documenting the experiences of women and children who are survivors of violence
- Statistical data on violence against women and children

Phone: 331 3300

Website: www.fijiwomen.com

Email: fwcc@connect.com.fj

Address: 88 Gordon Street, Suva

Fax: 331 3650

Postal: P.O Box 12882, Suva

Save the Children Fund

Save the Children Fiji promotes children's rights and responds to their needs by facilitating lasting improvements that enable children to become responsible citizens.

Promotion Services

Kids Link Fiji - The organisation includes children aged 12 – 18 years old, enabling children to claim their rights, leading to a responsibility to use these rights to further enhance children's well-being and to ensure that their rights are maintained.

Activities include

- Community visits
- Workshops and 'clean up' campaigns
- Involvement in various media campaigns to address issues affecting children in Fiji today
- Community outreach programs to raise awareness and advocacy on child protection.
- Involvement in advocating children's rights and participation at a government and policy level

Research and Advocacy

- Provide information necessary to advocate for policy changes to bring about improvements to children's lives. Publications include *Keeping Children at School*, *Impacts of the Political Crisis on Children*, *Commercial Sexual Exploitation of Children*, *Emotional and Physical Punishment of Children*.

Capacity Building

- Assists with capacity building of partner agencies (government institutions or NGOs) that work in areas relating to children's issues, in order to impact more on children's lives.

Phone:

Website: www.savethechildren.org.fj

Email: info@savethechildren.org.fj

Address:

Fax:

Postal:

RESPONSE

Department of Social Welfare

Response Services

- Community outreach
- Case assessment and referrals to appropriate organisations, action taken where necessary
- Family Assistance and Income Generating opportunities to alleviate poverty and need
- Homes for children in need of care and protection

LOCATION

Suva | 77 Suva St

Nasinu

Nausori | Vunivuni Hill

Vuindawa

Navua

PHONE:

331 5754

368 3395

347 8361/ 347 8352

368 3093

346 0401

Police

To secure the safety and security of the people of Fiji and its visitors.

Response Services

- Investigations of crimes
- Referrals to Department of Social Welfare and other services
- Information giving

Details of locations and contacts are in the Prevention Section

Empower Pacific (Pacific Counselling and Social Services)

To counsel, educate and advocate to enhance the psychological, social, spiritual and physical well being of individuals, families and communities through the provision of proactive, comprehensive and professional services.

Response Services

- Child Protection Case Management
- Professional Social Work Services to work with families, referrals to DSW and other services where appropriate
- Professional Counselling Services for cases of trauma/ abuse
- Income Generation Program to alleviate extreme poverty

Phone: 310 0191 (ext 1320)

Email: suva@pcss.com.fj

Fax: 666 0482

Website: www.pcss.com.fj

Address: CWM Hospital (next to the Diabetes Clinic on Waimanu Road)

Postal: PO Box 13351, Suva

Bayly Welfare and Education

Basic welfare and education support for families in need of support.

Response Services

- Food package distribution for families in need
- Assistance with school fees and education essentials

Phone: 331 2378

Website: www.baylytrust.org

Email:

Address: 193 Rodwell Rd, Suva

Fax:

Postal:

Fiji Women's Crisis Centre

Fiji Women's Crisis Centre has branches in Ba, Nadi and Rakiraki. It is a multi-racial, non-government organisation committed to the betterment of women's lives through collective efforts against violence.

Response Services

Counselling and Support Services

- Free and confidential, non-judgmental crisis counselling for victims/survivors of domestic violence, sexual assault, child abuse and sexual harassment.
- Legal advice
- Accompanying or referrals to court, police stations, hospitals and other agencies upon request.
- 24-hour telephone counselling on phone number 331 3300 (operating from Suva)
- Providing emotional support and options for clients to be able to make choices for themselves

Phone: 331 3300

Website: www.fijiwomen.com

Email: fwcc@connect.com.fj

Address: 88 Gordon Street, Suva

Fax: 331 3650

Postal: P.O Box 12882, Suva

The Salvation Army – Suva Family Care Centre

Response Services

Basic welfare and urgent accommodation for women and children in need of support.

Phone: 330 5518

Website:

Email: fiji_dhq@nzf.salvationarmy.org

Address: 21 Spring St, Toorak

Fax: 330 3112

Postal: P.O Box 14412, Suva

Project HEAVEN

Response Services

- National screening for hearing and vision impairment through primary and secondary schools.
- Eye glasses & hearing aids

Phone: 332 0921

Website:

Email: proheaven@connect.com.fj

Address: Tamavua Hospital, Tamavua, Suva

Fax:

Postal:

CRISIS INTERVENTION

Police

To secure the safety and security of the people of Fiji and its visitors.

Crisis Intervention Services

- Accepting calls of concern and assessing for appropriate intervention
- Ensuring immediate safety for children and safe caregivers
- Facilitating evidential basis of crime prosecution

Details of locations are in the Prevention Section

Department of Social Welfare

Crisis Intervention Services

- Accept calls of concern and assessing for appropriate intervention
- Case management and Care Orders where necessary
- Referrals to Police and Health for cases of child abuse
- Work with Police to ensure immediate safety of children is established
- Homes for children in need of care and protection

LOCATION

Suva | 77 Suva St

Nasinu

Nausori | Vunivuni Hill

Vuindawa

Navua

Suva | 77 Suva St

PHONE:

331 5754

368 3395

347 8361/ 347 8352

368 3093

346 0401

331 5754

The Northern Division

Labasa • Taveuni • Bua

PREVENTION

Department of Social Welfare

Prevention Services

- Community Child Protection Awareness
- National Prevention of Child Abuse and Neglect Day Annual Celebrations and Awareness
- Promote and advocate for strong national legislation
- Television and radio advertising to promote the issues of child protection and domestic violence
- Family Assistance and Income Generating opportunities to alleviate poverty and need

| LOCATION | PHONE: |
|----------------------|--------------------|
| Labasa Hospital Rd | 881 1534/ 881 1536 |
| Nabouwalu | 883 6166 |
| Savusavu Main Rd | 885 0365 |
| Taveuni Waiyevo | 888 1469 |

Police

To secure the safety and security of the people of Fiji and its visitors.

Prevention Services

- Prevention and awareness in communities and schools
- Community outreach

| LOCATION | PHONE NUMBER |
|-------------------------------------|--------------|
| Northern Region Headquarters | 881 1222 |
| Labasa Police Station | 881 1222 |
| Labasa Market Community Police Post | 881 4151 |
| Delailabasa Community Police Post | 828 0919 |
| Wainikoro Community Police Post | 828 0919 |
| Seaqaqa Police Station | 8860222 |
| Savusavu Police Station | 885 0222 |
| Saqani Community Police Post | 828 0916 |
| Korotasere Community Police Post | 828 0925 |
| Tukavesi Police Station | 828 3045 |
| Wailevu Community Police Post | 828 0920 |
| Rabi Community Police Post | 828 0867 |
| Taveuni Police Station | 888 0222 |
| Matei Community Police Post | 888 0224 |
| Nabouwalu Police Station | 883 6022 |
| Lekutu Community Police Post | 828 0706 |
| Dreketi Community Police Post | 828 0917 |

Fiji Women's Crisis Centre – Labasa

Fiji Women's Crisis Centre is a multi-racial, non-government organisation committed to the betterment of women's lives through collective efforts against violence.

Prevention Services

Community Education and Public Advocacy

- Giving talks, running workshops and seminars (in collaboration with the Fiji Women's Crisis Centre based in Suva) on the issues of violence against women and children.

- The Fiji Women's Crisis Centre library services are open to members of the public who are looking for information on violence against women and children and other related issues.

Phone: 881 4609

Website: www.fijiwomen.com

Email: fwcc@connect.com.fj

Address:

Fax:

Postal: PO Box 319, Labasa

Save the Children Fiji

Save the Children Fiji promotes children's rights and responds to their needs by facilitating lasting improvements that enable children to become responsible citizens.

Prevention Services

Child Rights Awareness and Training

- General advocacy, research, education and training aiming to protect children at risk of abuse, exploitation and violence. Children's participation is brought to the forefront through the facilitation of children's forums and the ongoing activities of our child-led initiative

Early Childhood Education

- The Mobile Playgroup Programme provides basic education for economically disadvantaged children, using a mobile kindergarten facility which integrates community development with educational objectives that support both children and their families.

Phone: 881 8700

Website: www.savethechildren.org.fj

Email: info@savethechildren.org.fj

Address:

Fax: 881 8700

Postal: PO Box 2076, Labasa

PROMOTION

Department of Social Welfare

Promotion Services

- National Prevention of Child Abuse and Neglect Day Annual Celebrations and Awareness
- Promote and advocate for strong national legislation
- Television and radio advertising to promote the issues of child protection and domestic violence

LOCATION

Labasa | Hospital Rd

Nabouwalu

Savusavu | Main Rd

Taveuni | Waiyevo

PHONE:

881 1534/ 881 1536

883 6166

885 0365

888 1469

Fiji Women's Crisis Centre – Labasa

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Promotion Services

Community Education and Public Advocacy

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- Organising and participating in International and National Campaigns on violence against women and children.

Information Services

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- Statistical data on violence against women and children

Phone: 881 4609

Website: www.fijiwomen.com

Email: fwcc@connect.com.fj

Address:

Fax:

Postal: PO Box 319, Labasa

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Promotion Services

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Capacity Building

- Assists with capacity building of partner agencies (government institutions or NGOs) that work in areas relating to children's issues, in order to impact more on children's lives.

Phone: 881 8700

Website: www.savethechildren.org.fj

Email: info@savethechildren.org.fj

Address:

Fax: 881 8700

Postal: PO Box 2076, Labasa

RESPONSE

Department of Social Welfare

Response Services

- Community outreach
- Case assessment and referrals to appropriate organisations, action taken where necessary
- Family Assistance and Income Generating opportunities to alleviate poverty and need
- Homes for children in need of care and protection

LOCATION

Labasa | Hospital Rd
Nabouwalu
Savusavu | Main Rd
Taveuni | Walyevo

PHONE:

881 1534/ 881 1536
883 6166
885 0365
888 1469

Empower Pacific (Pacific Counselling and Social Services)

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Response Services

- Child Protection Case Management
- Professional Social Work Services to work with families, referrals to DSW and other services where appropriate
- Professional Counselling Services for cases of trauma/ abuse
- Income Generation Program to alleviate extreme poverty

Phone: 881 3111

Website: www.pcscs.com.fj

Email: labasa@pcscs.com.fj

Address: Civic Investment Building, Rosawa St, Labasa

Fax: 666 0482

Postal: PO Box 4055, Labasa

Labasa Women's Crisis Centre

Fiji Women's Crisis Centre is a multi-racial, non-government organisation committed to the betterment of women's lives through collective efforts against violence.

Response Services

Counselling and Support Services

- Free and confidential, non-judgmental crisis counselling for victims/survivors of domestic violence, sexual assault, child abuse and sexual harassment.
- Legal advice
- Accompanying or referrals to court, police stations, hospitals and other agencies upon request.
- 24-hour telephone counselling on phone number 3313 300 (operating from Suva)
- Providing emotional support and options for clients to be able to make choices for themselves.

Phone:

Website: www.fijiwomen.com

Email: fwcc@connect.com.fj

Address:

Fax:

Postal:

Bayly Welfare and Education

Basic welfare and education support for families in need of support.

Response Services

- Food package distribution for families in need
- Assistance with school fees and education essentials

Phone: 881 5139

Website: www.baylytrust.org

Email:

Address: Lot 4, Siberia Rd, Labasa

Fax:

Postal:

The Salvation Army – Labasa Family Care Centre

Response Services

Basic welfare and urgent accommodation for women and children in need of support.

Phone: 881 1898

Website:

Email: fiji_dhq@nzf.salvationarmy.org

Address: Sarwan Singh St, Labasa

Fax:

Postal: P.O Box 14412, Suva

Project HEAVEN

Response Services

- National screening for hearing and vision impairment through primary and secondary schools.
- Eye glasses & hearing aids

Phone: 332 0921

Website:

Email: proheaven@connect.com.fj

Address: Tamavua Hospital, Tamavua, Suva

Fax:

Postal:

CRISIS INTERVENTION

Police

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- Work with Police to ensure immediate safety of children is established
- Homes for children in need of care and protection

LOCATION**PHONE:**

| | |
|----------------------|--------------------|
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| Nabouwalu | 883 6166 |
| Savusavu Main Rd | 885 0365 |
| Taveuni Waiyevo | 888 1469 |