



## CHILD PROTECTION POLICY

### Policy Statement

Te Tohu o Te Ora o Ngati Awa is committed to protecting and promoting the safety and wellbeing of all children and young persons under 17 years.

Te Tohu o Te Ora o Ngati Awa recognises the primary role of whanau in caring and protecting the child should be valued and maintained, however the child's safety and wellbeing should have priority.

### 1.0 Policy Purpose

The purpose of this policy is to:

- 1.1 Ensure the safety of the child is our prime consideration at all times.
- 1.2 Assist staff to respond appropriately when child abuse or neglect is suspected or identified.
- 1.3 To set out the expected performance and responsibilities of Te Tohu o Te Ora o Ngati Awa staff to manage and report suspected, witnessed, reported or disclosed abuse or neglect of children/young persons that complies with relevant legislation.

### 2.0 Related Documents

The Child Protection policy is to be used in conjunction with the following policies:

- [HR Pol 1.0 Staffing Policy](#)
- Complaints Policy

The Child Protection Policy adheres to the following legislation:

- [Health & Disability Commissioner Act 1994](#)
- [Health Information Privacy Code 1994](#)
- [Oranga Tamariki Act 1989: Children's and Young Persons Wellbeing Act 1989](#) (previously the Child, Young Persons and their Families Act 1989 per the Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017)
- [Privacy Act 1993](#)
- [Human Rights Act 1993](#)
- [Education Act 1989/1998](#)
- [Education \(Update\) Amendment Act 2017](#)
- [Domestic Violence Act 1995](#)
- [Domestic Violence Amendment Act 2008](#)
- [Family Violence Act 2018](#)
- [Family Violence \(Amendments\) Act 2018](#)

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- [Care of Children Act 2004](#)
- [Courts Matters Act 2018](#)
- [Employment Relations Act 2000](#)
- Code of Health & Disability Services Consumers' Rights
- Vulnerable Children's Act 2014
- Vulnerable Children (Requirements for Safety Checks of Children's Workers) Regulations 2015

Other documents that relate to this policy and can be referred are:

- ["Working together to keep children and young people safe. An interagency Guide"](#) (Child, Youth and Family 2011)
- [How can I tell? Recognising Child Abuse.](#) (Child Matters, 5th Edition 2015)
- [Creating a Safe Organisation: A Guide to Developing Child Protection Policies and Safe Working Practices \(Child Matters\)](#)
- [Safer Recruitment Safer Children: Guidance for Choosing Safer People to Work with Children](#)

### 3.0 Policy Scope

- 2.1 This policy applies to all children who are clients of Te Tohu o Te Ora o Ngati Awa, and to those with whom personnel come into contact in the course of their work with Te Tohu o Te Ora o Ngati Awa.
- 2.2 It applies to all staff, people on placement or doing work experience, and volunteers of Tohu o Te Ora o Ngati Awa.
- 2.3 It also applies to any contracted personnel providing support services to whanau and members, (including child care), and to those providing support services to staff.

### 3.0 Definitions

For the purpose of this policy the following definitions apply:

- A child is defined as anyone under 17 years, and who is not married or in a civil union.
- "Staff" is defined as those who are employed directly by, on placement with, or volunteer for, Te Tohu o Te Ora o Ngati Awa.
- **CHILD ABUSE** is the harming (whether physical, emotionally, sexually), ill treatment, abuse, neglect or deprivation of any child or young person. Child abuse can be classified under the following four categories:
  - **PHYSICAL ABUSE** is a non-accidental act on a child that results in physical harm. This includes but is not limited to beating, hitting, shaking, burning, drowning, suffocating, biting, poisoning, or otherwise causing physical harm to a child. Physical abuse is an act or acts that results in inflicted injury to a child or young person. It may include, but is not restricted to bruises and welts, cuts and abrasions, fractures or sprains, abdominal injuries, head injuries, injuries to internal organs, strangulation or suffocation, poisoning, burns or scalds. Physical abuse also involved the fabrication or inducing of illness.
  - **EMOTIONAL ABUSE** is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effect on the child's emotional development. Emotional abuse is an act or omission that results in the impaired psychological, social, intellectual and or emotional functioning and development of a child or young person. It may include but is not restricted to rejection, isolation or oppression; deprivation of affection or cognitive stimulation; verbal abuse, criticism, threats, humiliation, accusations, expectations of or towards the child or young person through exposure to or involvement in illegal or anti-social activities; the negative impact of the mental or emotional condition of the parent or caregiver; the negative impact of substance abuse by anyone living in the same residence as the child or young person. This can include a pattern of rejecting, degrading, ignoring, isolating, corrupting, exploiting, or terrorising a child which may include social media. It may also include age or developmentally inappropriate

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expectations being imposed on children. It also includes the seeing or hearing the ill treatment of others.

- **SEXUAL ABUSE** is an act that results in the sexual exploitation of a child or young person whether consensual or not. It involves forcing or enticing a child or young person to take part in sexual activities (penetrative and non-penetrative, for example, rape, kissing, touching masturbation), as well as non-contact acts such as involving children in the looking at or production of sexual images, sexual activities and sexual behaviours.

Staff should be aware of their 'duty of care' which precludes developing a sexual relationship with or grooming of a child. A sexual relationship between an adult and a child will always be wrong, unequal and unacceptable.

- **NEGLECT** is the persistent failure to meet a child's basic physical and/or psychological needs, causing long term serious harm to the child's health or development. It may also include neglect of a child's basic or emotional needs. Neglect is lack of action, emotion or basic needs. It is an act or omission that results in impaired physical functioning, injury, and/or development of a child or young person. It may include but is not restricted to:
  - **Physical Neglect:** failure to provide the necessities to sustain the life or health of the child or young person.
  - **Neglectful Supervision:** failure to provide developmentally appropriate and or legally required supervision of the child or young person leading to an increased risk of harm.
  - **Medical Neglect:** failure to seek, obtain or follow through with medical care for the child or young person resulting in their impaired functioning and or development.
  - **Abandonment:** leaving a child or young person in any situation without arranging necessary care for them.
  - **Refusal to assume parental responsibility:** unwillingness or inability to provide appropriate care or control for a child or young person.
  - **Educational Neglect:** allowing truancy, failure to enrol in education or inattention to education needs

**FAMILY VIOLENCE** covers a broad range of controlling behaviours, commonly of a physical, sexual, and/or psychological nature which typically involve fear, intimidation and emotional deprivation. It occurs within a variety of close interpersonal relationships, such as between partners, parents and children, siblings, and in other relationships where significant others are not part of the physical household but are part of the family and/or are fulfilling the function of family. Common forms of violence in families/whanau include:

- spouse/partner abuse (violence among adult partners);
- child abuse/neglect (abuse/neglect of children by an adult<sup>7</sup>);
- elder abuse/neglect (abuse/neglect of older people aged approximately 65 years and over, by a person with whom they have a relationship of trust<sup>8</sup>);
- parental abuse (violence perpetrated by a child against their parent); and
- sibling abuse (violence among siblings).

#### 4.0 Policy Principles

- The interests of the child and/or young person will be the paramount consideration when any action is taken in response to suspected abuse or neglect.
- Children young persons have the right to be protected from abuse and neglect.
- The protection of children and young persons is a Te Tohu O Te Ora o Ngati Awa priority as such, we accept that we have organisational and individual responsibilities to act to protect the safety of vulnerable children and young persons.
- Te Tohu o Te Ora o Ngati Awa works in partnership with whanau, hapu, Iwi and the community in the promotion of positive non-violent parenting practices and relationships and the prevention of child abuse and neglect.

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- All Te Tohu o Te Ora o Ngati Awa staff are obligated to have a full understanding of what to do and who to contact if they encounter or suspect immediate or imminent danger of death or serious harm to any person's safety.
- Where it is suspected that child abuse has been perpetrated by any Te Tohu o Te Ora o Ngati Awa person, the same response to suspected child abuse and neglect processes apply.

## 5.0 Organisational Commitment to Child Protection

### 5.1 Management will ensure:

- There are organisation-wide policies for the appropriate response to, and management of, child abuse and neglect.
- That the child protection policy and procedures comply with legislative requirements, the principles of the Treaty of Waitangi, clinical audits and best practice standards.
- Organisation-wide procedures exist to provide appropriate, adequate support for, and supervision of, staff involved in any incident of child abuse and neglect.
- Organisation wide procedures exist to provide training for staff to identify and deal with child abuse and neglect.

### 5.2 All employees of Te Tohu o Te Ora o Ngati Awa have responsibility for the safe management of identified and suspected child abuse and neglect. Those responsibilities include:

- To know that the policy exists and where to locate it if required
- Have an understanding of what the policy covers and what to do if they suspect child abuse or neglect.
- To attend initial training, refresher training and regular updates appropriate to their area of work.
- To seek advice from their manager, Care and Protection Coordinator, team leader or supervisor, when child abuse is suspected or identified.

## 6.0 Identifying possible abuse or neglect

### 6.1 All Te Tohu o Te Ora o Ngati Awa employees should be able to recognise signs of child abuse and neglect. Any concerns that a child is showing signs of potential abuse or neglect should be reported to their manager, Care and Protection Coordinator, team leader or supervisor.

### 6.2 Training will be provided to staff appropriate to their position, to ensure they are able to recognise signs of child abuse and neglect.

### 6.3 Information on identifying possible abuse or neglect is detailed in "*Working together to keep children and young people safe. An interagency Guide*" (Child, Youth and Family 2011). This document should be read in conjunction with this policy.

### 6.4 Staff need to be aware of the indicators of potential abuse and neglect. Appendix 2 provides a list of "*Potential Indicators of Abuse*" staff should be aware; however, this is not an exhaustive list.

## 7.0 Responding to suspected abuse or neglect

### 7.1 When abuse is suspected, witnessed, disclosed or an allegation made against another person, the first consideration will be to ensure the safety of the child.

### 7.2 Staff will not act alone about suspicions, but will consult with their manager, Child and Protection Coordinator, team leader, supervisor or the Care & Protection Coordinator, who will be committed to taking action as outlined in the procedures.

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- 7.3 In all cases where a staff member has a concern about a child or young person being or likely to be abused or neglected, they will report this to their manager, Care and Protection Coordinator, team leader or supervisor.
- 7.4 The decision to inform a parent/caregiver about a referral to Oranga Tamariki and/or the Police will be done with consideration to the immediate safety of the child.
- 7.5 Although the parent or caregiver of the child will usually be informed of concerns, there may be times when those with parental responsibility may not be initially informed. This may happen when:
- The parent or caregiver is the alleged perpetrator
  - It is possible that the child may be intimidated into silence
  - There is a strong likelihood that evidence may be destroyed
- 7.6 Permission of a parent/guardian is required for any medical examination of a child or young person under 17 years.
- Exceptions are:** Authorised persons working under Section 125, Health Act 1956, who have the statutory power to enter a school or early childhood centre to examine a child without a court order or parental consent. These authorised persons are a Medical Officer employed in the Ministry and person authorised by the Ministry of Health i.e. Public Health Nurses.
- 7.7 Victims should always be consulted where a support person is being provided for to ensure that the person is appropriate, and acceptable to the victim and does not further endanger them.
- 7.8 Staff will not question extensively a child who has disclosed abuse, or who is displaying signs of possible abuse. However, it is important that a child is listened to and responded to appropriately.
- 7.9 In all cases of suspected abuse, the information and concerns will be made available only to those staff who have a need to know. This will be determined by management and the Care and Protection Coordinator.
- 7.10 All staff members involved will be kept informed as far as possible within the limits of confidentiality and the need to protect the best interest of the child. This will be determined by the Designated Person for Child Protection.
- 7.11 A referral to Oranga Tamariki (Ministry for Children) may be made at any time.

## 8.0 Reporting Concerns to Oranga Tamariki of suspected child abuse or neglect

- 8.1 All reports of concern to Oranga Tamariki, must be approved by management.
- 8.2 Where Oranga Tamariki has an on-going involvement with the child or their family, and the worker considers that a child's behaviour gives cause for concern it is appropriate to talk to the child's caregiver and Oranga Tamariki social worker.
- 8.3 Where there is an immediate concern it is important that the worker talks to someone directly to ensure they are aware of the concern; do not leave a voicemail message. If the Oranga Tamariki Social Worker is unavailable, then please contact their supervisor or call the National Contact Centre (0508 FAMILY) and ask for the duty MVCOT social worker at the Child's MVCOT site. Issues of concern are listed below but this is not an exhaustive list.
- 8.4 All reports of concern will be recorded in the Report of Concern register.
- 8.5 Casenotes will be completed for all:

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- Incidents witnessed that gives staff cause for concern regarding the safety of a child
- Disclosures about abuse or neglect
- Suspicions staff have when working with tamariki or whanau where tamariki are present
- Notifications and discussions to management, supervisor, team leader of Designated Person for Child Protection re child safety concerns
- Discussions had with whanau or other professionals working with the whanau
- Information that is brought to the notice of staff pertaining to the safety of a child

8.6 Casenotes and documentation will be robust, clear, objective and accurate.

8.7 All disclosures will be recorded verbatim.

## 9.0 Allegations or concerns about staff

9.1 All matters involving allegations against staff need to be escalated to management.

9.2 To ensure the child is kept safe, management may take steps to remove the staff member against whom an allegation has been made from the environment, subject to the requirements of the applicable individual employment contract and relevant employment law.

## 10. Confidentiality and Information Sharing

10.1 All observations, after an investigation has been notified, shall be kept in writing but the file will be sealed for confidential reasons.

10.2 The Privacy Act 1993 and the Children, Young Persons and their Families Act 1989 allow information to be shared to keep children safe when abuse or suspected abuse is reported or investigated. Note that under sections 15 and 16 of the CYPF Act, any person who believes that a child has been, or is likely to be harmed physically, emotionally or sexually, or ill-treated, abused, neglected or deprived may report the matter to Child Youth and Family or the Police and, provided the report is made in good faith, no civil, criminal or disciplinary proceedings may be brought against them.

## 11. Recruitment and Employment (safety checking)

11.1 Our Staffing Policy reflects a commitment to child protection by including comprehensive screening procedures. Safety checks will be carried out, as required by the Vulnerable Children Act.

## 12. Training, supervision, support and staff welfare

12.1 Management will support initial child protection training for all core child workers.

12.2 All staff with service delivery responsibilities are required to undertake child abuse and neglect intervention training.

12.2 Staff involved with child abuse and neglect, and family violence cases will have access to clinical supervision.

## 13. Cultural Input

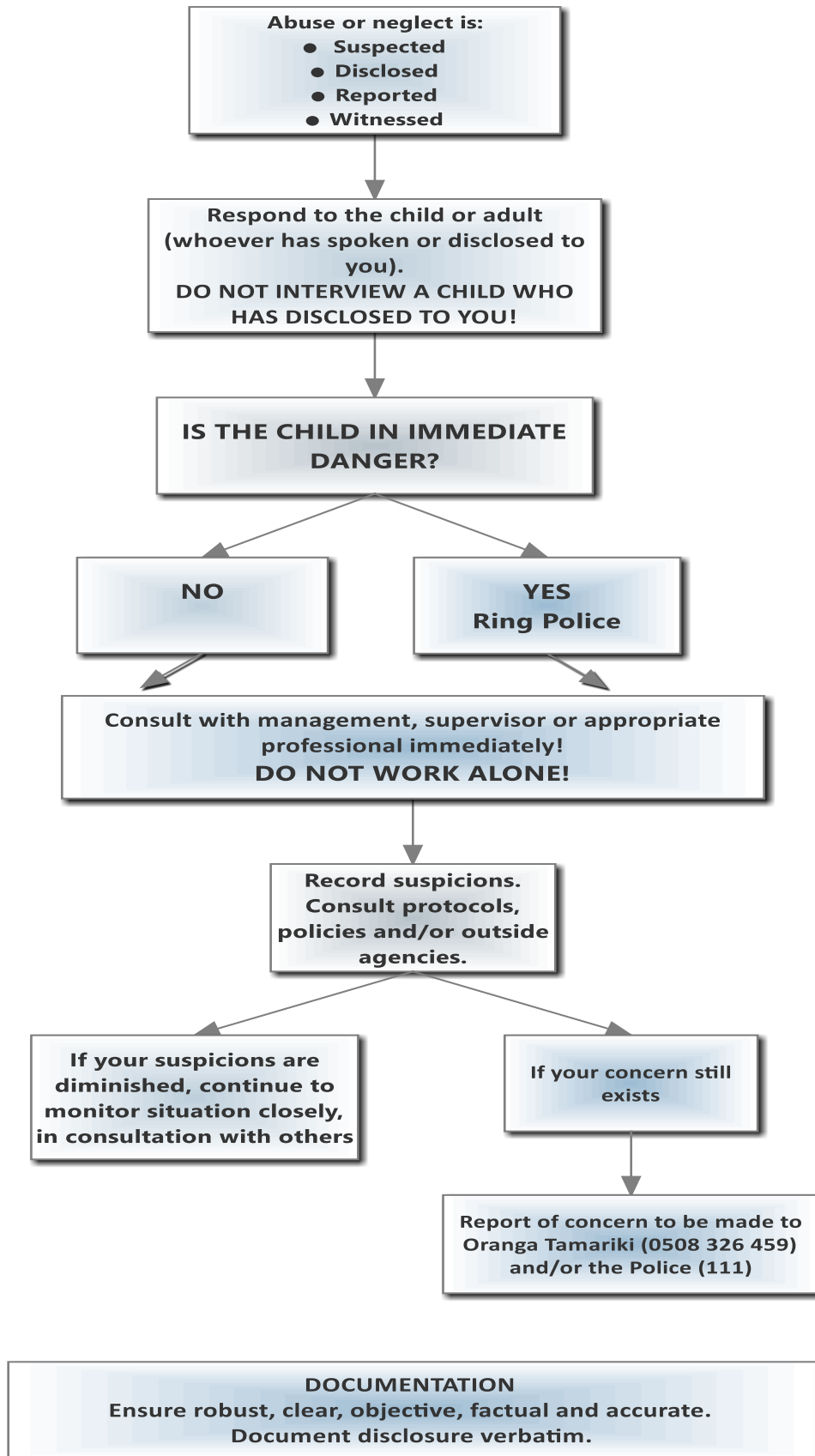
13.1 Official interpreting services will be offered if English is not the first language.

13.2 Cultural support for refugees and new migrants should be provided where this available and practicable. Strategies for intervention may need to be developed in collaboration with community leaders.

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**Appendix 1 - Procedures for Responding & Reporting Child Abuse or Neglect**



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## Appendix 2 - Potential indicators of abuse

Indicators are signs or symptoms that, when found either on their own or in various combinations, point to possible abuse, family violence or neglect. In many cases, indicators are found in combinations or clusters.

### Indicators do not necessarily prove or mean that a child has been harmed.

Indicators are clues that alert us that abuse may have occurred and that a child may require help or protection. Sometimes indicators can result from life events which do not involve abuse e.g. accidental injury. The indicators below are not exhaustive lists and should be taken as examples.

It is the responsibility of Oranga Tamariki and the Police to conduct an assessment or investigation, as may be necessary or desirable, of the indicators to determine whether the child has been or is likely to be harmed through abuse or neglect. Frontline Ministry staff are required to be aware of, and able to identify, the potential indicators. Ministry staff are required to take steps to report any issues or concerns to their line manager and/or identified child protection subject matter expert so that appropriate actions can be taken.

If any member of staff is concerned about the safety of a child, it is important to report those concerns. Staff can call 0508 FAMILY (0508 326 459) for advice. Oranga Tamariki staff will discuss any concerns and can provide confidential practice advice.

## Physical abuse

### Physical indicators (often unexplained or inconsistent with explanation given):

- bruises and welts
- cuts and abrasions
- burns
- fractures and dislocations - particularly in very young children
- multiple fractures at different stages of healing.

### Behavioural indicators:

- gives inconsistent or vague explanations regarding injuries
- is wary of adults or a particular person
- vacant stare or frozen watchfulness
- cringes or flinches if touched unexpectedly
- may be extremely compliant and eager to please
- dresses inappropriately to hide bruising or injuries
- runs away from home or is afraid to go home
- may regress (e.g. bedwetting) • may indicate general sadness
- could have vision or hearing delay • is violent to other children or animals.

### Caregiver indicators:

- gives inconsistent or vague explanations regarding injuries
- may appear unconcerned about the wellbeing of the child
- may state the child is prone to injuries or lies about how they occur
- delays in seeking medical attention
- may take the child to multiple medical appointments and seek medical treatment without an obvious need.

## Sexual abuse

### Physical indicators:

- unusual or excessive itching or pain in the genital or anal area
- stained or bloody underclothing

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- bruises or bleeding in the genital or anal area
- blood in urine or stools • sexually transmitted infections
- pregnancy
- urinary tract infections
- discomfort in sitting or fidgeting as unable to sit comfortably.

#### **Behavioural indicators:**

- age-inappropriate sexual play or language
- sophisticated or unusual sexual knowledge
- refuses to go home (or to a specific person's home) for no apparent reason
- fear of a certain person
- depression or anxiety
- withdrawal or aggression
- self-destructive behaviour
- overly compliant and eager to please
- extreme attention seeking behaviours or extreme inhibition
- dresses inappropriately to hide bruising or injuries or in a non-age appropriate provocative manner
- eating disorders
- compulsive behaviours
- vacant stare or frozen watchfulness
- cringes or flinches if touched unexpectedly
- runs away from home or is afraid to go home
- may regress (e.g. bedwetting)
- may indicate general sadness.

#### **Caregiver indicators:**

- may be unusually overprotective of the child
- accuses the child of being sexually provocative
- misuses alcohol or drugs
- invades privacy (e.g. interrupting a child during dressing or in the bathroom)
- may favour the victim over other children.

### **Emotional abuse**

#### **Physical indicators:**

- bed wetting or bed soiling with no medical cause
- frequent psychosomatic complaints (e.g. headaches and nausea)
- pale and emaciated
- prolonged vomiting or diarrhoea
- malnutrition
- dressed differently to other children in the family/whānau.

#### **Behavioural indicators:**

- severe developmental lags with obvious physical cause
- depression or anxiety
- withdrawal or aggression
- self-destructive behaviour
- overly compliant
- extreme attention seeking behaviours or extreme inhibition
- running away from home or avoiding attendance at school
- poor sleeping patterns
- anti-social behaviours
- lack of self-esteem

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- obsessive behaviours
- eating disorders.

#### Caregiver indicators:

- labels the child as inferior or publicly humiliates the child (e.g. name calling)
- treats the child differently from siblings or peers in ways that suggest dislike
- actively refuses to help the child
- threatens the child with physical harm or death
- locks the child in a closet or room for extended periods of time
- teaches or reinforces criminal behaviour
- withholds physical and verbal affection
- keeps the child at home in the role of servant or surrogate parent
- has unrealistic expectations of the child
- involves the child in adult issues such as separation or disputes
- exposes child to situations of arguing and violence in the home.

## Neglect

#### Physical indicators:

- dressed inappropriately for the season or the weather
- often extremely dirty and unwashed
- severe nappy rash or other persistent skin disorders
- inadequately supervised or left unattended frequently or for long periods
- may be left in the care of an inappropriate adult
- does not receive adequate medical or dental care
- malnourished - this can be both underweight or overweight
- lacks adequate shelter.

#### Behavioural indicators:

- severe developmental lags without an obvious physical cause
- lack of attachment to parents or caregivers
- indiscriminate attachment to other adults
- poor school attendance and performance
- demanding of affection and attention
- engages in risk taking behaviour such as drug and alcohol abuse
- poor social skills
- no understanding of basic hygiene.

#### Caregiver indicators:

- puts their own needs ahead of the needs of the child
- fails to provide the basic needs of the child
- demonstrates little or no interest in the life of the child
- leaves the child alone or inappropriately supervised
- drug and alcohol use
- is depressed.

## Intimate partner violence

Children may also be negatively impacted by adult-to-adult intimate partner violence, which includes physical and/or sexual violence, threats to harm people, pets or property and causes family/whānau members to live in fear. Where there is intimate partner violence, children are affected, either emotionally or physically, even if they are not personally injured or physically present.

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Indicators in a child exposed to an environment where intimate partner violence occurs:

- physical injuries consistent with the indicators of physical abuse
- absenteeism from school
- bullying or aggressive behaviour
- complaints of headaches or stomach aches with no apparent medical reason
- talking or describing violent behaviours.

Indicators in the intimate partner victim:

- physical injuries including bruising to chest and abdomen, scratches, black eyes, broken bones etc.
- depression and anxiety
- inconsistent explanations for injuries
- fearful and submissive.

Indicators in the perpetrator of intimate partner violence:

- isolates and controls partner and children
- threatens and uses aggressive and physical abuse towards partner and children and pets
- minimises and denies own behaviour
- blames the victim for their own behaviour.

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