

Child Protection Policy & Guidance

Policy summary

This policy outlines our commitment to child protection. It includes our protocols when child abuse is reported to us or suspected by us. It also includes practice notes on measures to be taken to prevent child abuse. Staff are expected to be familiar with this policy and abide by it.

Purpose statement

We have an obligation to ensure the wellbeing of children in our care and are committed to the prevention of child abuse and neglect and to the protection of all children. The safety and wellbeing of the child is our top priority when investigating suspected or alleged abuse.

We support the roles of the New Zealand Police and Child, Youth and Family in the investigation of suspected abuse and will report suspected/alleged abuse to these agencies.

We support families/whānau to protect their children.

We provide a safe environment, free from physical, emotional, verbal or sexual abuse.

Policy principles

- *The interest and protection of the child is paramount in all actions.*
- *We recognise the rights of family/whānau to participate in the decision-making about their children.*
- *We have a commitment to ensure that all staff are able to identify the signs and symptoms of potential abuse and neglect and are able to take appropriate action in response.*
- *We are committed to supporting all staff to work in accordance with this policy, to work with partner agencies and organisations to ensure our approach to child protection is consistent and high quality.*
- *We will always comply with relevant legislative responsibilities.*
- *We are committed to share information in a timely way and to discuss any concerns about an individual child with colleagues or the Person in Charge.*
- *We are committed to promote a culture where staff feel confident that they can constructively challenge poor practice or raise issues of concern without fear of reprisal.*
- *This policy will be reviewed at least every three years.*

Identifying possible abuse or neglect

Child Abuse is defined in the Children Young Persons and their Families Act as “the harming (whether physically, emotionally, or sexually), ill-treatment, abuse, neglect or deprivation of any child or young person.”

Emotional Abuse

Emotional abuse occurs when a child's emotional, psychological or social well-being and sense of worth is continually battered. This includes confinement, isolation, verbal assault, humiliation, intimidation, infantilisation, or any other treatment that may diminish the sense of identity, dignity, and self-worth. We also include exposure to Family Violence in this category.

Neglect

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

Physical Abuse

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

Sexual Abuse

Sexual abuse includes acts or behaviours where an adult, older or more powerful person uses a child for a sexual purpose. There are 2 different types of child sexual abuse. These are called contact abuse and non-contact abuse.

- **Contact abuse** involves touching activities where an abuser makes physical contact with a child, including penetration. It includes: sexual touching of any part of the body whether the child's wearing clothes or not; rape or penetration by putting an object or body part inside a child's mouth, vagina or anus; forcing or encouraging a child to take part in sexual activity; making a child take their clothes off, touch someone else's genitals or masturbate.
- **Non-contact abuse** involves non-touching activities, such as grooming, exploitation, persuading children to perform sexual acts over the internet and flashing. It includes: encouraging a child to watch or hear sexual acts; not taking proper measures to prevent a child being exposed to sexual activities by others; meeting a child following sexual grooming with the intent of abusing them; online abuse including making, viewing or distributing child abuse images; allowing someone else to make, view or distribute child abuse images; showing pornography to a child; sexually exploiting a child for money, power or status (child exploitation).

Staff should become familiar with the possible physical and behavior clues to child abuse listed on pages 11 and 12. In addition, a copy of Child, Youth and Family's '*Signs of abuse and neglect*' chart can be found on page 14 of this document along with a list of further training resources on page 10.

Further information about identifying child abuse can be found in the book ***Working Together***. This resource is produced by Child, Youth and Family for people in social service agencies, schools, healthcare organisations, community and other groups who have close contact with children and families/whānau. It includes useful information about identifying possible child abuse and an assessment framework. A copy is kept in the office or is available online at: <http://www.cyf.govt.nz/documents/about-us/publications/27713-working-together-3-0-45ppi.pdf>

Responding to suspected abuse or neglect

It is essential to continue to maintain a confidential record, including observations of the child's behaviour for some time following an allegation or incident. The process for responding to child abuse is given in the '**Reporting Process Flowchart**' on page 13 of this document.

An incident report template is also provided on page 15 of this document.

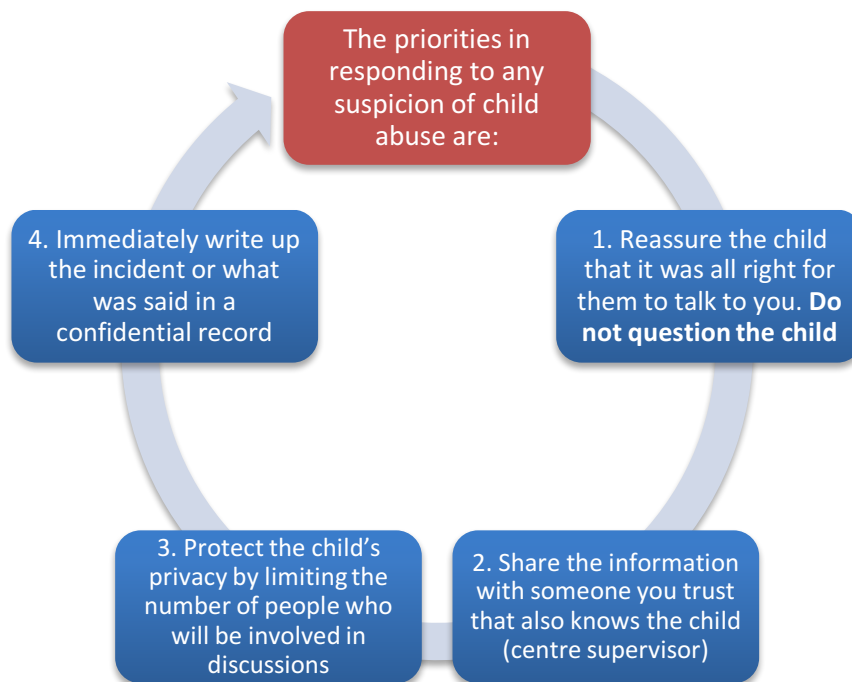
All suspicions or observed incidents or reports of incidents should be reported directly to the Person in Charge as soon as possible, who will immediately take steps to protect the child(ren) and record the report.

If there is clear evidence or reasonable cause to believe an instance of child abuse has taken place, the Person in Charge shall notify Child, Youth and Family: 0508 326 459.

In addition to guiding staff to make referrals of suspected child abuse and neglect to the statutory agencies (i.e., Child, Youth and Family and the Police), this child protection policy will also help staff to identify and respond to the needs of the many vulnerable children whose wellbeing is of concern. In many of these cases the involvement of statutory agencies would be inappropriate and potentially harmful to families/whānau. Throughout New Zealand statutory and non-statutory agencies provide a network of mutually supportive services and it is important for our organisation to work with these to respond to the needs of vulnerable children and families/whānau in a manner proportionate to the level of need and risk.

Staff members will discuss suspicions with a senior staff member. Where appropriate, the person making the allegation will be given a copy of this policy.

Immediate response to suspicion of child abuse



Ongoing care for vulnerable children

Ensure the child's immediate safety - do not alert the suspected abuser.

- *If a child tells of abuse; listen; don't question them.*
- *Say you're glad they told you and you're sorry it happened*
- *Let them know it's not their fault and that you'll do your best to help*
- *Do not ask further questions*
- *Do not put words in the child's mouth*
- *Allow them to tell only as much as they want*
- *Continue to support the child*
- *Ignore negative behaviour*

If a child's behaviour affects other children's health and well being at the Centre, a parent meeting will be called by the Head Teacher to discuss the situation. The final decision of future action will be made by Management and the Child Safety Team, with consideration to the fact that the Head Teacher has the right to exclude any child if his/her behaviour poses a significant danger to others.

The Basic Principles for Responding to Suspected Child Abuse

- *Believe what children tell you and what you see.*
- *Always take action in the short term to ensure the immediate safety of the child. This may mean contacting the CYFS service or the police if you think there is an immediate risk of the child being abused again.*
- *Record clear concerns and observations, factual statements with dates*

- *We recommend that you do not make decisions alone. Consult with someone experienced. If there is no short-term risk, take time to consult thoroughly in order to make a well-informed decision.*
- *Act on your concerns. Don't leave it to someone else or hope it won't happen again. If you have told the person you believe is responsible for taking action and they do not act, take further action yourself.*
- *Seek support for yourself. The tasks and situation will be stressful.*
- *Where abuse may have been perpetrated by a family member or someone close to the family, do not initially inform the family, but ensure that the appropriate person informs them at the appropriate time under guidance from CYF.*

Allegations or concerns about staff

When a staff member is suspected, the same processes apply.

If there is a need to pursue an allegation as an employer, consult with Child, Youth and Family or the Police before advising the person concerned, informing them that they have a right to seek legal advice and providing them with an opportunity to respond. They should also be informed of their right to seek support from the relevant union/representative body. It is vital to follow ordinary disciplinary policies, guided by the employment contract/collective employment contract and relevant statutory obligations.

We commit not to use 'settlement agreements', where these are contrary to a strong culture of child protection. Some settlement agreements allow a member of staff to agree to resign provided that no disciplinary action is taken, and a future reference is agreed. Where the conduct at issue concerned the safety or wellbeing of a child, use of such agreements is contrary to a culture of child protection.

Confidentiality and information sharing

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.

Recruitment and employment (safety checking)

Our prime consideration in employing staff is ensuring they have the skills and attributes which contribute to the children's well being.

Safety checking will be carried out in accordance with the Vulnerable Children Act 2014. This will include: a police vet; identity verification; references and an interview. A work history will be sought and previous employers will be contacted. If there is any suspicion that an applicant might pose a risk to a child, that applicant will **not be employed**.

Where we suspect that a worker or another person at the Centre has perpetrated child abuse, we will report the matter promptly to management and statutory authorities. Staff members under suspicion will be suspended on full pay while the matter is investigated, and they will be informed fully of their rights. Families, whānau, children, staff and others involved in the investigation of the suspected child abuse should have support through organisations in the community, CYF and other agencies.

Training, supervision and support

- *Training, resources and/or advice will be available to ensure that all staff can carry out their roles in terms of this policy, particularly:*
- *Understanding child abuse and indicators of child abuse.*
- *How to reduce the risk of child abuse.*
- *Understanding and complying with legal obligations in regard to child abuse.*
- *Working with outside agencies on child abuse issues.*
- *Planning of environment and supervision to minimise risk.*
- *Dealing with child/parents/family/whānau.*
- *Staff are advised not babysit privately for centre clients.*

This policy will be part of the initial staff induction programme.

Volunteers and Practicum Students

- *Volunteers/students will be welcome into the centre subject to safety checking*
- *At no times will a volunteer or student be left alone with a child or be placed on nappy changing duty.*
- *Where we rely on a TEO to carry out the safety check for students on our behalf, and we will obtain a letter from the TEO confirming this. If any components of the safety check have not been completed by the TEO, we are responsible for completing these. We always complete the identity check and risk assessment, even if these have already been completed by the TEO. A separate letter should be obtained for each named student teacher.*

Parents/Caregivers/Whānau

- *Parents will be involved in the development and review of any child protection policies.*
- *Parents will be encouraged to spend time in the centre and to participate in daily activities.*
- *Parents will have access to information regarding a range of support agencies.*

Supervision Guidelines

Staff working in the Centre are well supervised and visible in the activities they perform with children.

Parents should perform care-taking tasks only with their own children. Visitors to the Centre should not perform care-taking tasks with children or be alone with them. This includes open door policies for private spaces where intimate care-taking of children is required, e.g. toileting, nappy changing and sleeping.

This Centre has established rules about acceptable touching of children, which are discussed regularly with staff and other adults (Positive Guidance Policy). If a child initiates physical contact in the seeking of affection, reassurance, or comfort it is appropriate to respond. It is not appropriate to force unwanted affection or touching on a child.

Physical contact of children during changing or cleansing must be for the purpose of that task only and no more than is necessary. Encourage children to take care of themselves if possible. In making physical contact with children, staff should be guided by the principal that they would do so only to meet the child's physical or emotional needs. Touching should never be initiated to gratify adult's needs. Children should not be asked to take care of adult needs, physical or otherwise. Except in an emergency, children are not taken from the service without parental approval, which is in writing and noted on their enrolment card.

Protection of Staff

This Centre is committed to providing a safe working environment for all our staff and ensure that employee privacy is protected. We take all reasonable steps to ensure staff safety. The centre will not disclose personal information (including personal address, phone numbers and personal circumstances) of any employee, to any child, parent or member of the public. Information will be kept secure in a locked filing cabinet in the office and only employees with specific authority will be permitted access to confidential employee information.

We require staff to be observant. If you have a concern regarding a child (ie observation of an unusual behaviour, evidence of injury etc) then you must document this concern and pass it onto your Supervisor. We recommend that staff report any such observations immediately to the Centre Supervisor who will help them determine the appropriate course of action. We recommend that you don't act alone. Your written observation/statement will be retained by the centre as confidential information and kept on file for our records.

We recommend that you consult with other team members and the Centre Supervisor to make a final decision whether it is appropriate to report your observation to an external agency (guidelines previously stated throughout the policy). Your statement/identity will not be revealed by

the centre to any third party (except any agencies required to support the centre) and only in consultation with you or as required by law.

For the protection of staff who, through the course of their work, are caring for children's bodily needs the following should be noted. All details of care given in respect to children's genital areas must be recorded with date, time and action taken, as soon as possible after the event. This includes: washing genitals (toileting sheet), applying medication to genitals (medicine book), inspection of genital areas if soreness, itching or injury is suspected (accident book). Children under two years old have this information recorded on their daily record sheet. Teachers are not to be left alone with children where a situation could arise where allegations of sexual abuse could be made.

Never photograph a child's ano-genital area, even as a record of your concern.

Alcohol/Drugs

The centre has a zero tolerance for the use of drugs at any time. Where there is evidence of this the matter will be reported to the Education Council for investigation. We have policies in place to ensure that no staff member is under the influence of drugs or alcohol whilst working in the Centre.

If any parent arrives to pick up their child whilst suspected to be under the influence of drugs or alcohol, staff will use their discretion to decide whether the child is safe to be driven by the parent. Staff can offer to call another family member to pick up the child if they see fit. Where drivers are non cooperative, staff should call the police.

CHILD SAFETY TEAM

A Child Safety Team of 2 staff members is responsible for reviewing and implementing the policy of the Centre. These staff members are given initial training in child abuse and are to attend refresher meetings as they become available, or organised by the Manager. The team reports to the Manager and is to ensure that policy and implementation of policy is culturally sensitive and appropriate. Any member of the team can call a meeting at any time.

Advice

Any member of the Child Safety Team may talk unofficially to any appropriate health professional in confidence before the referral procedures are implemented.

Visitors to the Centre

The Head Teacher is responsible for ensuring that visitors to the Centre know what adult behaviour is deemed appropriate.

Inappropriate touching for visitors is: hugs, kisses, tickling, stroking, sitting child on knee, carrying children, changing children's clothes.

Appropriate touching is: holding hands (e.g. taking children inside), helping children in or out of a swing, physical removal from potentially dangerous situations.

The Head Teacher arranges with teachers to inform visiting students of our policy, and speaks personally to the students where possible before any students arrive. Visitors, trainees etc. never toilet or change nappies.

Prevention of abuse in the Centre

- No closed doors on children's toilets.
- Toilet/baby change door to be open at all times when children are in the room.
- Sleeping room and office to have glass windows
- Office door to be kept open if a child is present
- No child is to be in the garden shed.
- No child is to accompany a solitary staff member on any trip outside the Centre
- Trips to any private home or building are only to be undertaken with more than one staff member and/or adult present.

Curriculum

Safety from abuse is part of our education programme. We ensure that children develop respect for their own and others' bodies, minds and spirits. We encourage good self-esteem, awareness of body health, and such concepts as "My body belongs to me" and "I have the right to say no." Our educational programme is based on the *Amazing ME* and *Keeping Ourselves Safe* and a range of books including:

Briggs, F. & Hawkins, R. (1997). *Child Protection: a guide for teachers and childcare professionals*. Australia, NSW: Allen & Unwin.

Frederico J. (2008). *Some parts are not for sharing*. USA, OK: Tate Publishing

Hansen D. (2007). *Those are my private parts*. USA, CA: Empowerment Productions

King Z. & King K. (2010). *I said No!* USA, CA: Boulden Publishing

Nelson M. (1987). *What's wrong with bottoms?* NZ: Random House

Young New Zealanders Foundation (2014). *Amazing Me*. New York: Puffin

Resources:

- Booklet: *Sexual Abuse SAY NO!* Published by Sexual Abuse Education (Rotorua)
- Booklet: *Working Together. Child, Youth and Family*
- Booklet: *How can I tell?* Published by Child Matters (Hamilton) 07 838 3370
- Leaflet: *Common and infrequent sexual behaviours in children ages 2-12.* Published by Sexual Abuse Education (Rotorua)
- Parent Leaflet: *What can you do about child sexual abuse?* Sexual Abuse Education
- Leaflet: *When a child tells.* Sexual Abuse Education (Rotorua)
- *The Police: Keeping Ourselves Safe*
- Website: www.sexualabuse.org.nz

Contacts

Child, Youth and Families: 0508 FAMILY (0508 326 459)

Special Education Traumatic Incident Coordinator 0800 84 83 26

Attachments

'Child Abuse Reporting Process' flowchart

Child, Youth and Family: *Signs of Abuse and Neglect*

Record of Incident template

Links to other policies

Physical clues to child abuse

Physical abuse

- *Unexplained bruises, welts, cuts, abrasions*
- *Suspicious locations include: Face, lips, gums, mouth, eyes torso, back, buttocks, back of legs, external genitalia*
- *Bruises of different colours in different stages of healing*
- *Shape of suspicious injuries*
- *Clustered, form regular patterns*
- *Teeth marks, hand prints, fingertips*
- *Imprint of article (e.g. belt)*
- *Unexplained burns*
- *Small circular burns*
- *Immersion burns*
- *Burns showing a pattern (e.g. iron)*
- *Rope burns on arms, legs, neck, torso*
- *Unexplained injuries*
- *Fractures of skull, facial bones, spine*
- *Dislocations of hip or shoulder*
- *Multiple fractures at different stages of healing*
- *Bald patches resulting from hair pulling*
- *Any fractures in infants*

Sexual abuse

- *Unusual or excessive itching or pain in the anogenital*
- *Torn, stained or bloody underwear*
- *Bruises, lacerations, redness, swelling or bleeding in the anogenital area*
- *Blood in urine or stool*
- *Pain experienced in urination or bowel movement*
- *Sexually transmitted disease*
- *Urinary infection*

Neglect

- *Inappropriately dressed for season or weather*
- *Is often very dirty or unbathed*
- *May have severe untreated nappy rash or other persistent skin disorders resulting from lack of hygiene*
- *Inadequately supervised*
- *Left with inappropriate care-giver*
- *Has unattended health problems*
- *Malnourished*
- *Inadequate housing*
- *Non-organic failure to thrive*

Emotional abuse

- *Bed-wetting or bed soiling*
- *Frequent psychosomatic complaints*
- *Non-organic failure to thrive*
- *Appears pale, emaciated, has sunken cheeks*
- *BMI extremely low (e.g. wrinkled buttocks)*
- *Dehydration (skin may feel like paper)*
- *Prolonged vomiting or diarrhoea*
- *Falling behind significant milestones*
- *Malnutrition*
- *Dressed differently to, or has deprived physical living conditions to, other children in the family*

Non-organic failure to thrive

Non-organic failure to thrive has traditionally been regarded as due primarily to maternal rejection and neglect. However, a more balanced view of the mother-child relationship should be taken. The basis on which intervention is made should be direct observation of the parent and child relationship in as many different environmental contexts as feasible, especially during feeding.

Behavioural clues to child abuse

Physical abuse

- *Cannot recall how injuries occurred*
- *Offers inconsistent explanations*
- *Is wary of adults or of a particular individual*
- *May cringe or flinch if touched*
- *May display a vacant stare or frozen watchfulness*
- *May be extremely aggressive or extremely withdrawn*
- *Indiscriminate affection-seeking behaviour*
- *Extremely compliant or eager to please*
- *Tries to protect parents or caregiver*
- *Acts out negative behaviour or language in play*
- *Frequently provokes punishment*
- *Dressed inappropriately to hide bruises or other injuries*
- *Afraid to go home*
- *Describes abusive situations*
- *Regressive behaviour*
- *General sadness*
- *Could have vision or hearing delay*
- *Is aggressive to animals or other children*

Sexual Abuse

- *Age-inappropriate sexual play with toys, self, others, e.g. demonstrates explicit sex acts*
- *Age-inappropriate sexual drawings or descriptions*
- *Unusual or sophisticated sexual knowledge*
- *Refuses to go home, or to another's home for no apparent reason*
- *Discloses or describes sexual activity or hints at it*
- *Comments like "I've got a secret" or "I don't like uncle"*
- *Fear of certain people*
- *Fear of certain places (bathroom, bedroom)*
- *Regressive behaviour*

Neglect

- *Developmental lags, possible global delays*
- *Demonstrates lack of attachment to carers*
- *Demonstrates indiscriminate attachment to other adults*
- *Is left at home alone or unsupervised*
- *Demanding of affection or attention*
- *May steal food*
- *Has a poor social skill*
- *Has no understanding of basic hygiene*
- *Discloses*

Emotional abuse

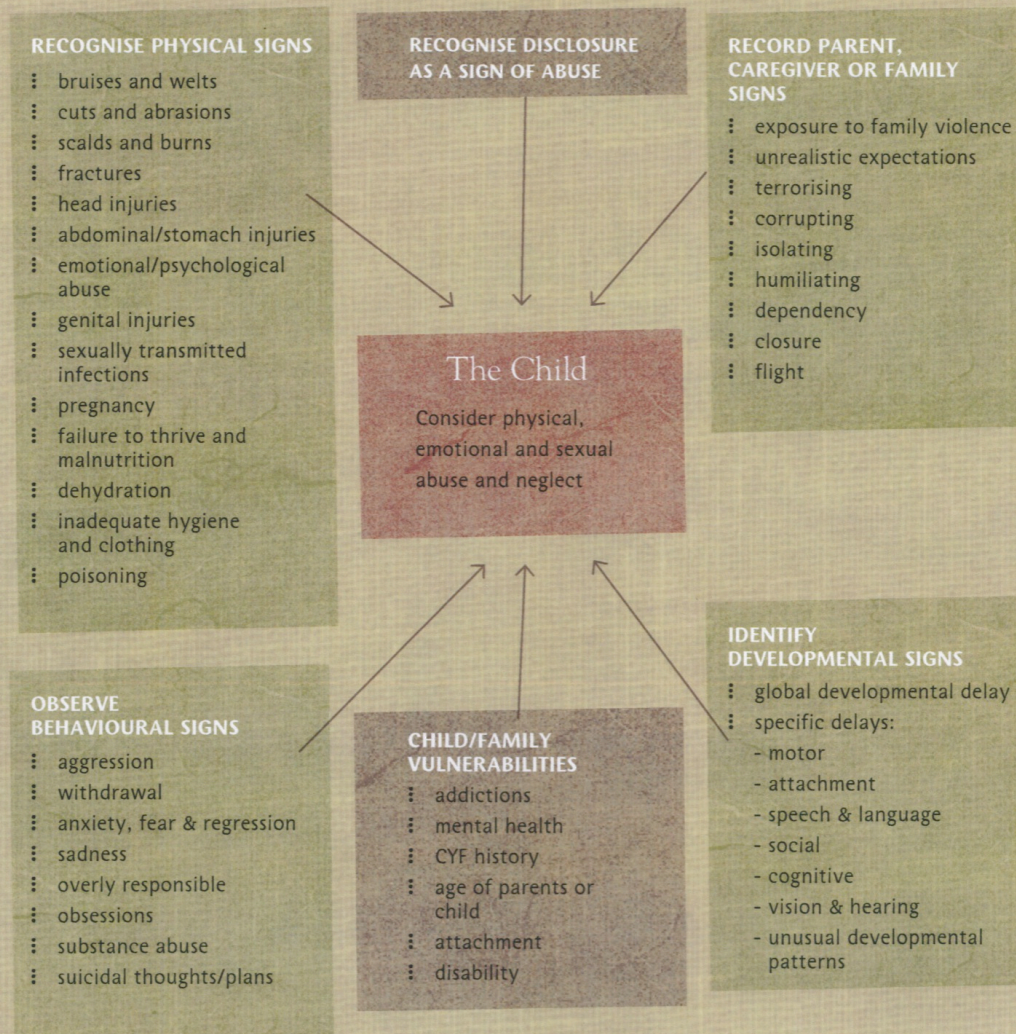
- *Developmental lags, possible global delays*
- *Depression, anxiety, withdrawal or aggression*
- *Self-destructive behaviour*
- *Overly compliant*
- *Displays extreme attention-seeking behaviour*
- *Extreme inhibition in play*
- *Models negative behaviour in play (spanking, yelling at dolls)*
- *Frequent psychosomatic complaints*
- *Nightmares, poor sleep patterns*
- *Antisocial behaviour*
- *Lack of self-esteem*
- *Obsessive behaviours*
- *Appears generally sad*

Reporting Process Flowchart



Signs of abuse and neglect

The physical and behavioural signs, symptoms and history listed below, may indicate abuse or neglect. However they are not specific to abuse or neglect. In certain situations, contexts and combinations they may indicate other conditions. All signs must be examined in the total context of the child or young person's situation.



www.practicecentre.cyf.govt.nz

 **child, youth
and family**
A service of the Ministry of Social Development

newzealand.govt.nz

Strictly Confidential

Record of Incident or Allegation

Name/s of child/ren: _____

Date: _____ Time: _____

What happened or was alleged? (Be clear, use anatomical words):

How did the teacher manage the behaviour/situation?

How did the child/ren respond?

What action was taken?

Staff involved:

Notetaker: _____



Hosted by: The Ole Schoolhouse Early Childhood Centre
15 Toko Street, Victoria, Rotorua 3010
www.sexualabuse.org.nz • Email: education@sexualabuse.org.nz

Links to Other Policies

Examples of other policies to include requirements of this child protection policy are given here:

	These policies....	... should include the following details related to this Child Protection Policy:
1	Personnel	Ensure all new employees including relievers and students are screened with a VCA safety check. Repeat safety check every 3 years
2	Sun Protection (Sunsmart)	Be visible to other adults when applying sunscreen.
3	Sleeping Policy	Student teachers do not assist with sleeping unless accompanied by a full member of the teaching team. Relievers up to discretion of the Manager or Supervisor.
4	Programme Assessment and Evaluation	Adequate supervision of staff and other adults when with children. Adequate supervision of private spaces, e.g. toilet area, sleeping area, outdoor areas Curriculum successfully teaches children about safe and unsafe touching, the names of body parts, how to say “no”, to tell a trusted adult as soon as possible, and about why some secrets are not good secrets to keep. All adults working at the service are open about discussing good and poor practice.
5	Excursions	Unless you are a home-based service, ensure more than one adult is on excursions and walks with children Parent/ Guardian consent must be obtained.
6	Complaints	Ensure complaints procedure is displayed Include how parent and staff complaints can go forward to inform the Teacher’s Council (for example if an abuser is a registered teacher) and the Ministry of Education.
7	Positive Guidance	Adults working at the service to model the appropriate behaviour, including safe touching (e.g. display of affection and empathy when a child is hurt).
8	Appraisal	Establish staff roles and expectations of adult behaviour with children. Respectful to children as well as each other. Keep professional and personal lives separate Knowledgeable about the vulnerability of children and aware that it is not possible to know that an abuser is not already involved in the service. Ask questions and challenge poor practice.
9	Philosophy & Curriculum Policy	Provide opportunities for children to understand about personal safety and positive self-esteem. All staff and others who assist at the service (including students on teaching practice) are supported to ask questions and challenge poor practice.