

# Child Protection Policy & Guidance

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## 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 Oranga Tamariki (formerly Child, Youth and Family) in their investigation of suspected abuse. Our role is to advocate and escalate concerns about a child's safety and we will report suspected/alleged abuse to these agencies and the Ministry of Education.

We support families/whānau to protect their children.

We provide a safe environment, free from neglect, 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 12 and 13. Additional details of '*Signs and symptoms*' can be found on page 15 of this document along with a list of further training resources on page 11.

## 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 14 of this document.

***An incident record template is also provided on page 17 of this document.***

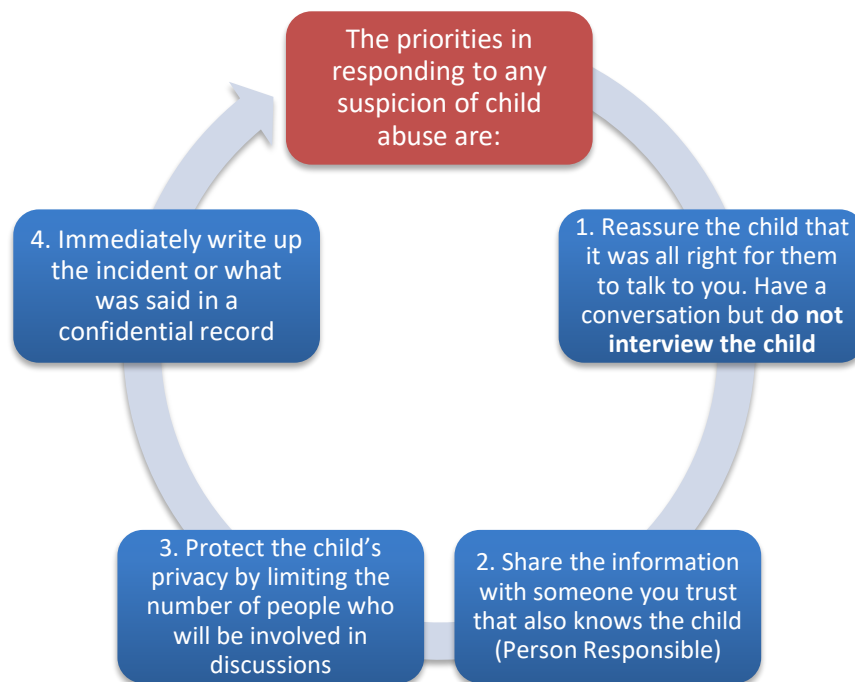
All suspicions or observed incidents or reports of incidents should be reported directly to the Person Responsible as soon as possible, who will immediately take steps to protect the child(ren) and record the report.

If there is clear evidence or reasonable cause to believe an instance of child abuse has taken place, the Person Responsible shall notify Oranga Tamariki: 0508 326 459.

In addition to guiding staff to make referrals of suspected child abuse and neglect to the statutory agencies (i.e., Oranga Tamariki or 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; have a conversation but don't interview 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 poses a serious risk to other children's health and well-being at the Centre, a parent meeting will be called by the Person Responsible to discuss the situation. The final decision of future action will be made by Person Responsible (and the Child Safety Team if appropriate), with consideration to the fact that the Person Responsible has the right to exclude any child if his/her behaviour poses a significant danger to others. This decision will need to be consulted with MoE Learning Support and every effort taken to support the child's developing social competence and understanding of appropriate behaviour (Licensing Criteria 2008: C10).

## 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 Oranga Tamariki 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 Oranga tamariki.*

## Allegations or concerns about staff

When there are suspicions or allegations of abuse by a staff member or volunteer, the Service Provider will take immediate steps to suspend the staff member on full pay and remove them from the environment to ensure that children and the staff member are kept safe. The suspected individual will be excluded from all access to children pending the outcome of a full investigation. We recognise added stress to staff in such situations and will ensure support is available. A template for conducting and reporting the investigation to the Ministry of Education can be found at <https://sexualabuse.org.nz/forms/>

The investigation will seek to establish if there are reasonable grounds to believe that the person has physically ill-treated or abused a child or committed a crime against children; or in guiding or controlling a child, has subjected the child to solitary confinement, immobilisation, or deprivation of food, drink, warmth, shelter, or protection (Reg. 56). Where the investigation concludes that there are reasonable grounds to believe the allegation, the staff member (or volunteer) concerned will continue to be prevented from having any further access to children pending HR processes for serious misconduct and/or dismissal. The person will be informed fully of their rights.

The person managing the child abuse issue will not be the same person as that managing the employment issue. If there is a need to pursue an allegation as an employer, consult with Oranga Tamariki or the Police before advising the person concerned. In addition, notify the local Ministry of Education office (HS34). Inform the suspected person 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. If there is insufficient evidence to pursue a criminal prosecution, then a disciplinary investigation may still be undertaken if there is "reasonable cause to suspect" that abuse may have occurred. The allegation may represent inappropriate behaviour or poor practice by a member of staff which needs to be considered under internal disciplinary procedures.

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.

Under the Education Act, employers must make a mandatory report to the Education Council in certain circumstances. It is the expectation of the Teaching council that an employer will bring an allegation of serious misconduct to their attention **early in the process** and that a conclusive assessment of the circumstances is **not** required by the employer prior to doing this. Failing to make a report is an offence, which carries a fine of up to \$25,000 unless there is reasonable justification.

## Protected Disclosure

The Protected Disclosures Act 2000 encourages employees to disclose and report information about serious wrongdoing in the workplace. This Act provides protection for these employees from criminal and legal retribution and outlines the internal procedure to be followed when investigating the matter.

## When to make a Mandatory Report

Employers must IMMEDIATELY report to the Teaching Council when:

- a teacher is dismissed for any reason
- a teacher resigns from a teaching position, if within the 12 months preceding the resignation the employer advised the teacher it was dissatisfied with, or intended to investigate, any aspect of the teacher's conduct or competence, or on the expiry of the teacher's fixed-term contract
- a teacher ceases to be employed by the employer, and within the following 12 months the employer receives a complaint about the teacher's conduct or competence while he or she was an employee
- An allegation has been made that the teacher has engaged in serious misconduct
- the employer is satisfied that, despite completing competence procedures with the teacher, the teacher has not reached the required competence level.

## Confidentiality and information sharing

The Privacy Act 2020 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. Child protection information must be shared as soon as possible with the tamaiti's new school or ECE. **Best Practice:** Inform parents of your intention **if it is safe** to do so. However, **parental consent is not required to transfer this information as it will be used to prevent harm to a tamaiti**. Where parents object, the facts should be recorded and note the reasons for your decision to transfer information.

## 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 Children's Regulations 2015. This will include: identity verification; a police vet; work history; references and an interview as outlined in our **Staff Safety Checking Policy**. A detailed evaluation of the information gathered will be undertaken. If there is any suspicion that an applicant might pose a risk to a child, that applicant will **not be employed**. Detailed records of the Safety check will be maintained, including copies of all original documents sighted, for as long as the person is employed by the organisation.

Safety checking is a detailed and complex process and is fully explained in our Safety checking Policy and Procedure: [sexualabuse.org.nz/safety-checking-staff-new-requirements](https://sexualabuse.org.nz/safety-checking-staff-new-requirements)

### *Training, supervision and support*

We commit to bi-annual staff training and consistent review of our reporting process to ensure it is fully understood by all staff.

- *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 will not perform care-taking tasks with children or be alone with them. There is an open door policy 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 principle 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 Person Responsible. We recommend that staff report any such observations immediately to the Person Responsible 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 Person Responsible 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 staff use of drugs and suspicions will be reported to the Teaching Council. Our 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 but where drivers are non-cooperative, staff should call the police (111).

## **CHILD SAFETY TEAM** *(delete this section if it does not apply to your Service)*

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 Person Responsible. The team reports to the Person Responsible 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 or agency in confidence before the referral procedures are implemented.

## **Visitors to the Centre**

The Person Responsible 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 Person Responsible 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

Barden, P. (2013). *I'm the boss of my body*. ISBN: 9780646931968.

Sanders, J (2015). *Body Safety Education: A parents' guide to protecting kids from sexual abuse*. Australia, Victoria: E2E Publishing. ISBN 978-0-9871860-8-9

Sanders J & Zamazing C (2015). *No Means No*. Australia, Victoria: Upload Publishing. ISBN: 978-1-925089-22-6

## Resources:

- Booklet: *Sexual Abuse SAY NO! Published by Sexual Abuse Education (Rotorua)*
- Booklet: *Working Together: An inter-agency guide. Oranga Tamariki (2018)*
- 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)*
- Website: [www.sexualabuse.org.nz](http://www.sexualabuse.org.nz)
- Website: [www.safeguardingchildren.org.nz](http://www.safeguardingchildren.org.nz)

## Contacts

Oranga Tamariki: 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 templates

Links to other policies

# Physical clues to child abuse

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## 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

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## 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

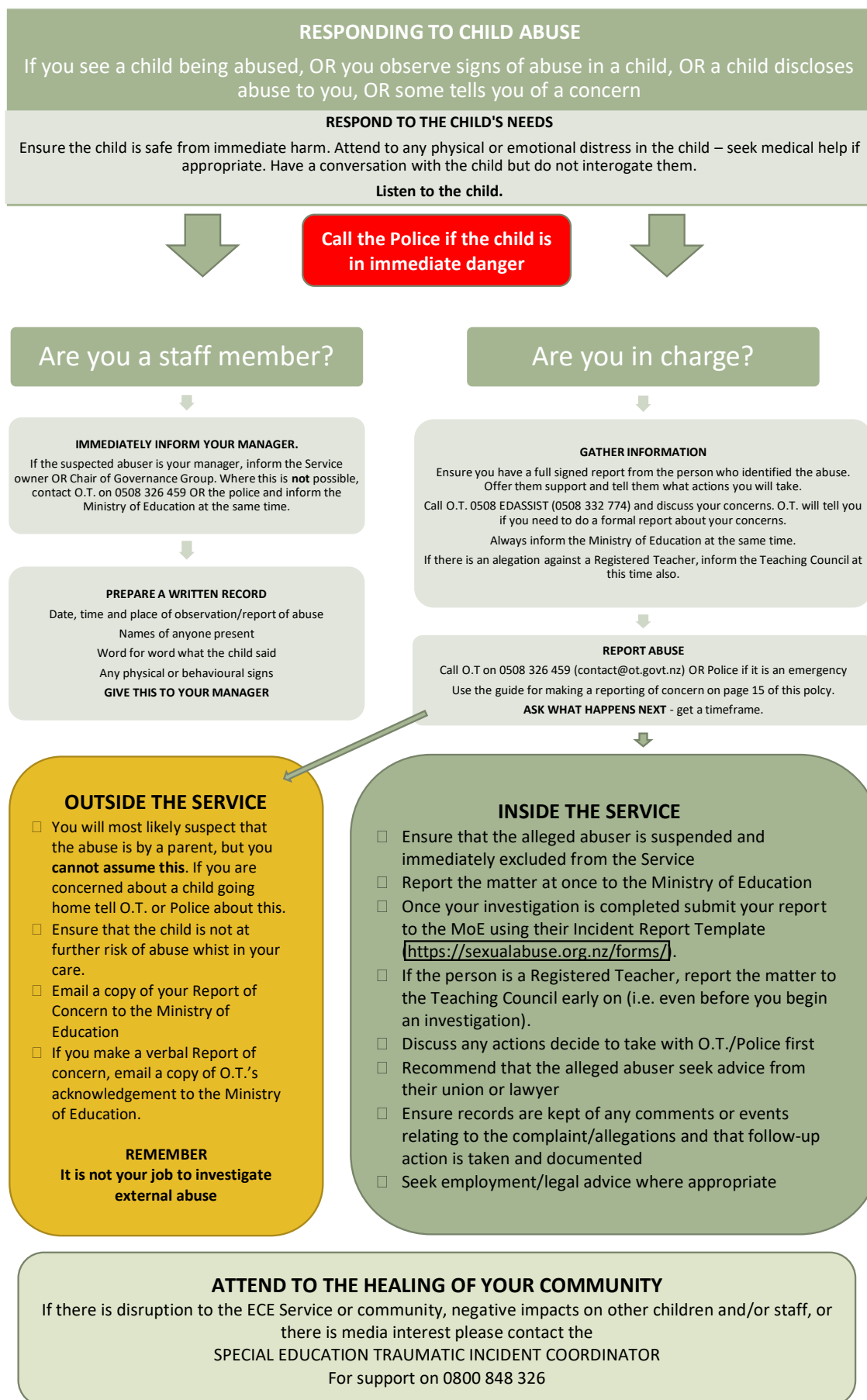
- *Age-inappropriate sexual play with toys, self, others, e.g. demonstrates explicit sex acts*
- *Age-inappropriate sexual drawings or descriptions*
- *Unusual or sophisticated sexual knowledge*
- *Refuses to go home, or to another's home for no apparent reason*
- *Discloses or describes sexual activity 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*



## Guidance for making a report of concern

When you make a Report of Concern you are advocating for the child. It is important that you provide high quality information as this can be key to the child receiving the help they need. When making a Report of Concern take time to consider the information that needs to be included in the report. Consider these points:

- Will the person receiving the report be able to easily understand your concerns?
- Ask a colleague to read your report in confidence before you submit it, just to ensure that your concerns are clear.
- How will you follow up with the agency you filed the report with to ensure your concerns are being addressed?

Here is a list of information useful for Oranga Tamariki or Police to both identify the child and to better understand your concern(s). The more detail you can provide the more effective your report becomes.

- Child's name
- Date of birth or approximate age
- Residential address
- Name(s) of parent/caregiver
- Telephone numbers of carers
- Name(s) of any other children in the household if known
- Name(s) of any other adults in household/whānau
- If relevant, name(s) of the person you are concerned about and their relationship or connection to the child or Early Childhood Centre
- Name of GP or Plunket nurse if known
- What are you concerned about? What have you seen or heard?
- Who was present when you noticed something? When did it happen?
- What did the child say? Use the child's actual words.
- What did the adult say or do that concerned you? Use speech marks. Is it a one-off incident or often occurring?
- If injury is present or disclosed, provide detail of where on the body. Use the body map on page 18.
- Using the child or adult's own words, record how any injury happened and any other details disclosed.
- Provide details of any questions you have asked, and the response given.
- What have you done to safeguard or protect the child?
- Who else is aware of or shares your concern(s)?
- Have you spoken to the child's family of your concern(s)? If not, detail why, for example, fear for child's or your own safety. Do the family know you are making a Report of Concern? If yes, what was their response?
- If you have any reason to believe that a child will be at increased risk of harm because of submitting the Report of Concern, please ensure you highlight this concern in your report.
- Include your full name, job title or relationship to child or young person. Also, your contact number and name of organisation.

You have the choice to remain anonymous. However, if you include your details in the report the agency will be able to contact you for more detail or clarification if necessary.

If you choose to remain anonymous, please indicate this in your report and clearly state the reason why. Ensure you have included as much detail as possible as the agency will be unable to contact you for more detail or clarification.

### **CALL THE POLICE IF THE CHILD IS IN IMMEDIATE DANGER.**

Where they feel that no action has been taken, ECE staff (from teachers through to the cleaners, cooks, parent help – everybody) are free to make a report of concern about suspected or actual harm to Oranga Tamariki and are legally protected from any repercussions by Section 16 of the Oranga Tamariki Act 1989.

(Inspired by [safeguardingchildren.org.nz](https://safeguardingchildren.org.nz))



# Physical signs and symptoms

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**Physical indicators that should raise suspicion for maltreatment include the following:**

- Injury pattern **inconsistent** with the history provided
- Multiple injuries/multiple types of injuries
- Injuries at various stages of healing
- Poor hygiene
- Presence of pathognomonic injuries, including loop marks; forced immersion burn pattern; and classic abusive head trauma findings of subdural hematoma, retinal haemorrhage, and skeletal injuries

**Bruising over bony prominences is common in childhood, but patterns of bruising that raise the concern of possible abuse include the following:**

- Involvement of multiple areas of the body beyond bony prominences
- Bruising of ears, facial cheeks, buttocks, palms, soles, neck, genitals
- Bruises at many stages of healing
- Bruises in non-ambulatory child
- Patterned markings resembling objects, grab or slap marks, bites, and loop marks
- Oral injury, lingular or labial frenula tears

**Skeletal injuries in children younger than 2 years may not be obvious; therefore, a skeletal survey screening is recommended. Fractures that raise a high degree of suspicion for inflicted injury include the following:**

- Any fracture in a non-ambulatory infant without clear accidental and consistent mechanism
- Metaphyseal fractures
- Multiple, bilateral, differently aged posterior rib fractures
- Multiple and complex skull fractures if only simple impact history
- Spinous process fractures
- Scapular fractures

**Burn patterns that may suggest physical maltreatment include the following:**

- Patterned contact burns in clear shape of hot object (eg, fork, clothing iron, curling iron, cigarette lighter)
- Classic forced immersion burn pattern with sharp stocking-and-glove demarcation and sparing of flexed protected areas
- Splash/spill burn patterns not consistent with history or developmental level
- Cigarette burns
- Bilateral or mirror image burns
- Localized burns to genitals, buttocks, and perineum (especially at toilet-training stage)
- Evidence for excessive delay in seeking treatment, and the presence of other forms of injury

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: \_\_\_\_\_



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15 Toko Street, Victoria, Rotorua 3010  
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## Describing injuries

**Abrasion** - a superficial scraping injury of the body surface with or without bleeding

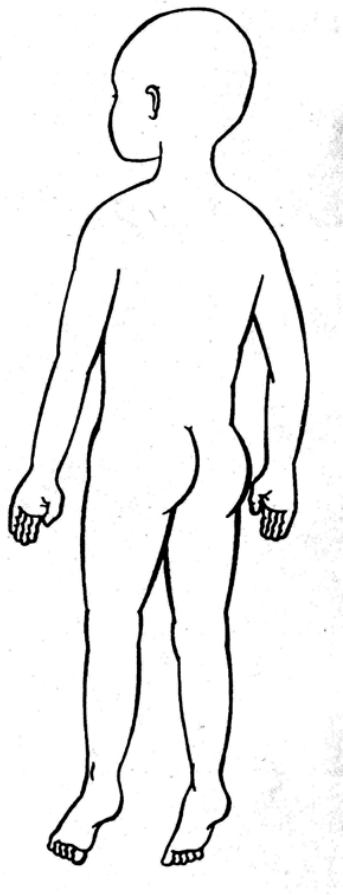
**Bruise** - Leakage of blood from blood vessels discolouring the tissues of the body

**Incision** - A cutting type injury that severs tissues in a clean and generally regular fashion

**Laceration** - A tear or split in the tissues

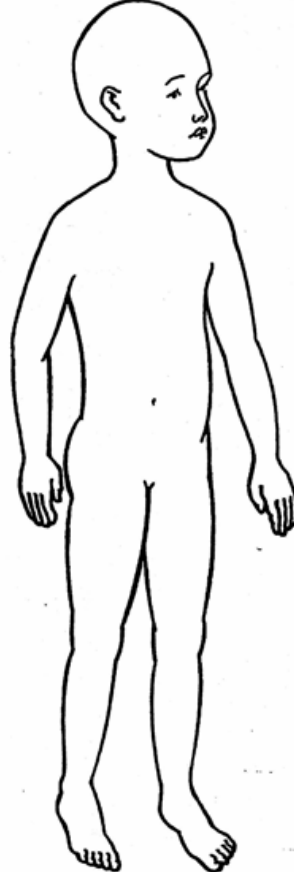
In describing a wound consider the following features:

- Site
- Size
- Shape
- Surrounds
- Colour
- Contours
- Course
- Contents
- Age
- Borders
- Classification
- Depth



Tamaiti/Child:

Kaiako 1



Date:

Kaiako 2:

Time:

## Goals for adult behaviour

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Adults working with children will:

- ☐ foster harmonious working relationships with other adults, including parents/caregivers and staff;
- ☐ model appropriate behaviour and relationships with other adults as well as with children;
- ☐ affirm the positive in their approach to child guidance;
- ☐ be consistent and reliable in their behaviour with children;
- ☐ demonstrate empathy with children's feelings;
- ☐ help children to recognise their feelings and to express them in appropriate ways;
- ☐ have realistic expectations of what children at different stages can be expected to do or cope with;
- ☐ establish a few clear, constant rules about what is acceptable and what is unacceptable behaviour;
- ☐ encourage children to care for equipment, the environment, and other people;
- ☐ use the management of behaviour as a positive opportunity for learning appropriate social skills, and for thinking about concepts such as justice;
- ☐ use clear, simple, and friendly direction;
- ☐ value mistakes as learning opportunities;
- ☐ be objective when assessing children's behaviour;
- ☐ consider the child's behaviour within the context of the environment.

Inappropriate practice for adults working with children includes:

- ☐ inflicting verbal or physical punishment;
- ☐ isolating children;
- ☐ labelling children with derogatory words;
- ☐ shaming or comparing children;
- ☐ ignoring unacceptable behaviours.

Physical restraint will not be used except as necessary to ensure a child's safety or that of others, and then only for as long as is necessary for control of the situation.

Staff accused of or observed engaging in inappropriate practice **will be suspended** pending full investigation.

The Protected Disclosures Act 2000 encourages employees to disclose and report information about serious wrongdoing in the workplace. This Act provides protection for these employees from criminal and legal retribution and outlines the internal procedure to be followed when investigating the matter.

Who can you speak to if you have a concern? .....

Date: ..... Signed by member of staff: .....

## 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 Person Responsible.
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.

If you're required to notify another agency of an incident, you **must notify MoE** at the same time. This includes notifying WorkSafe, the Teaching Council, Oranga Tamariki or health authorities.