	Child Protection Policy & Guidance
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	Policy Category: HEALTH AND SAFETY
Policy Name: 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 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 Team Leaders or the Centre Manager.*
- *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 will become familiar with the possible physical and behaviour clues to child abuse listed on pages 11 and 12. 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 10.

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 **'Responding to child abuse flowchart'** on page 13 of this document.

An incident record template is also provided on page 16 of this document.

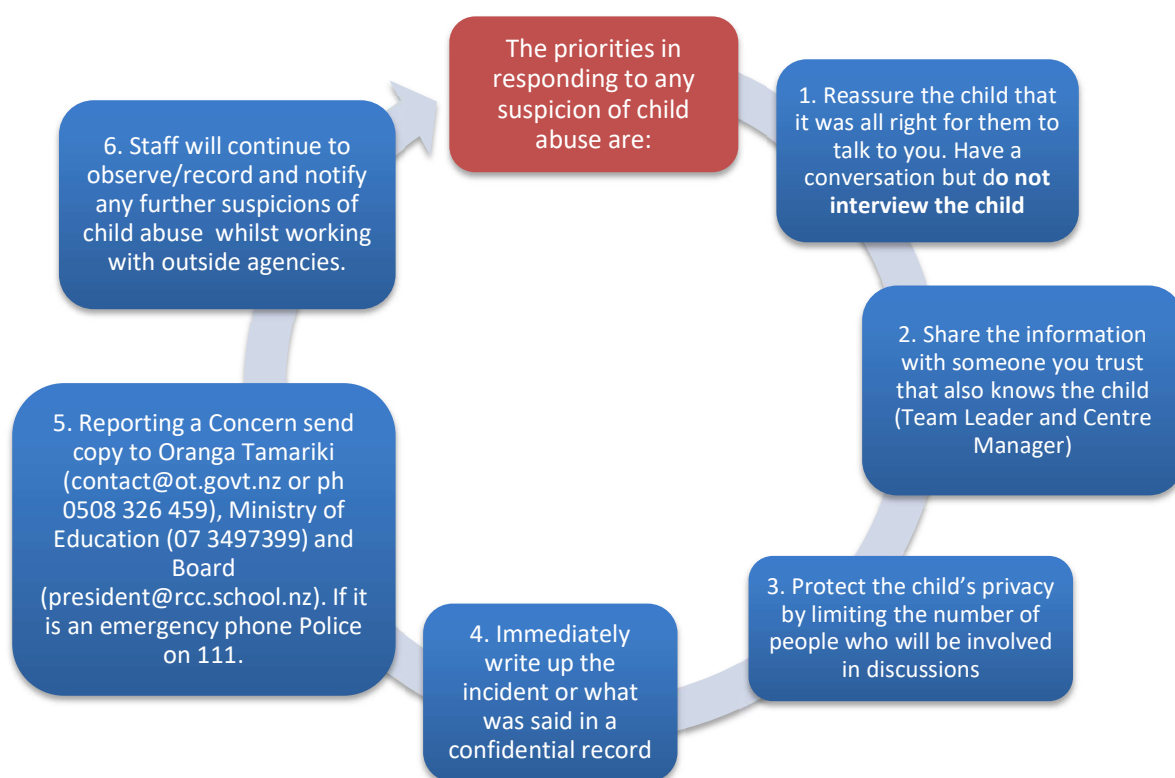
All suspicions or observed incidents or reports of incidents should be reported directly to the Centre Manager as soon as possible, who will immediately take steps to protect the child(ren) and record the report.

If there is clear evidence or reasonable cause to believe an instance of child abuse has taken place, the Centre Manager shall notify Police (111) and/or Oranga Tamariki: 0508 326 459. Where evidence is less clear but there is cause for suspicion of abuse, the **Centre Manager** shall consult Oranga Tamariki ADASSIST: Phone **0508 EDASSIST** (0508 332 774);
Email: **edassist@ot.govt.nz**.

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. 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 Team Leaders and Centre Manager. Where appropriate, the person making the allegation will be given a copy of this policy.

Immediate response to suspicion of child abuse



This strategy is designed as an 'in the moment guide' to support teachers who come face-to-face with a disclosure or have a suspicion arising from their interaction with children. All staff must comply with the detail of the reporting flowchart on Pg. 13 of this policy.

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 Centre Manager to discuss the situation. The final decision of future action will be made by Centre Manager (and the Team leaders), with consideration to the fact that the Centre Manager 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, MoE Referrals, Behaviour plans put in place 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 and Training Act, employers must make a mandatory report to the Teaching 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; recruitment interview; work history; references; information from the Educational Council (teacher registration); police vet check report and a risk assessment as outlined in our **Staff/Teacher 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 and staff safety rechecking (4 steps) of staff will be undertaken every 3 years.

Safety checking is a detailed and complex process and is fully explained in our Staff/Teacher Safety checking Policy.

Training, supervision and support

This policy will be reviewed every three years or as required 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.*
- *Observations and identifying concerns keep them factual, not emotional.*
- *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 will only 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.

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 and a copy of hard drive will be kept secure in a locked filing cabinet in the office, electronic copies are scanned via rcc@rcc.school.nz and stored in RCC management shared drive, back ups of shared drives are through Microsoft one drive, 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 the Team Leader and Centre Manager. We recommend that staff report any such observations immediately to the Team Leader and Centre Manager 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 Leaders and Centre Manager 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 or ongoing medicine form), 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/alcohol 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/alcohol whilst working in the Centre. If any parent arrives to pick up their child whilst suspected to be under the influence of drugs/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).

Visitors to the Centre

The Centre Manager and Team Leaders are 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 Centre Manager arranges 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 always open 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.

Links to Support Services/Resources

- *Family Services Directory* www.familyservices.govt.nz/directory
- *Lifeline Aotearoa* – Discuss any issue with qualified counsellors and trained volunteers – 24/7, confidential support www.lifeline.org.nz or call 0800 543 354.
- *Empowerment Trust* – Primary prevention educator teaching skills and strategies to help keep people emotionally and physically safe from all forms of violence and abuse www.empowermenttrust.nz
- *Parentline* – Works with children who have been traumatised by abuse and domestic violence. Provide advice and support to parents/caregivers and counselling for children who present with challenging behaviours in the classroom and playground www.parentline.org.nz
- *Oranga Tamariki* www.orangatamariki.govt.nz
- *NZ Police* – Child protection guidelines <https://www.police.govt.nz/advice-services/personal-community-safety/school-portal/information-and-guidelines/child-protection>
- *Website:* www.sexualabuse.org.nz
- *Website:* www.safeguardingchildren.org.nz

Contacts

Oranga Tamariki: 0508 EDASSIST (0508 332 774)

Oranga Tamariki: 0508 FAMILY (0508 326 459) or email contact@ot.govt.nz

Police: 111

Use Ten Five (105) to report things that don't need urgent Police assistance.

Special Education Traumatic Incident Coordinator 0800 84 83 26

Ministry of Education (Rotorua): 07 349 7399

Teaching Council: 04 471 0852

Rotorua Childcare Centre – Board President & Vice President – president@rcc.school.nz

Rotorua Childcare Centre – Centre Manager – leader@rcc.school.nz or phone 027 5612322

Rotorua Childcare Centre – 07 3482462

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*

Responding to child abuse

If you see a child being abused, or you observe signs of abuse in a child, or a child discloses abuse to you, or someone tells you of a concern.

Respond to the child's needs - ensure the child is safe from immediate harm. Attend to any physical or emotional distress in the child - seek medical help if appropriate. Have a conversation with the child but do not interrogate them. **Listen to the child.**

Are you a staff member?

Call the police if the child is in immediate danger

Are you in charge?

Immediately inform your Centre Manager/Team Leader

If the suspected abuser is your manager, inform the service owner or the president of the board of trustees. Where this is not possible contact O.T (0508 326 459) or the police and informed the MoE (073497399) at the same time.

Prepare a written record

Date, time and a place of observation/report of abuse

Names of anyone present

Word for word what the child said

Any physical or behavioral signs

Continue to record observations of concern and give to Centre manager/Team leaders

Outside the service

You will most likely suspect that the abuse is by a parent, but you cannot assume this. If you are concerned about a child going home tell O.T or police about this.

Ensure that the child is not at further risk of abuse whilst in your care.

E-mail a copy of your report of concern to the Ministry of Education, O.T and board president.

If you make a verbal report of concern, e-mail a copy of O.T's acknowledgement to the ministry of education and board president.

Attend to the healing of your community - If there is a disruption to the ECE Service or community, negative impacts on other children and/or staff, or there is media interest please contact SPECIAL EDUCATION TRAUMATIC INCIDENT COORDINATOR For support on 0800 848 326

Gather information

Ensure you have a full signed report from the person who identified the abuse. Offer them support and tell them what actions you will take.

Call O.T EDASSIST (0508 326 459) and discuss your concerns O.T will tell you if you need to do a formal report about your concerns.

Always inform the Ministry of Education and Board President president@rcc.school.nz at the same time.

If there's an allegation against a registered teacher, inform the Teaching Council at the same time also.

Report abuse

Call O.T 05 08 326459 (contact@ot.govt.nz) or Police if it is an emergency. Use the guide for making a report of concern on page 14 of this policy. Ask what happens next - get a time frame.

Inside the service

Ensure that the alleged abuser is suspended and immediately excluded from the service.

Report the matter at once to the Ministry of Education 07 3497399 and president of the board of the incident e-mail president@rcc.school.nz

Once your investigation is completed submit your report to the MoE using the incident report template <https://sexualabuse.org.nz/forms/>

If the person is a registered teacher, report the matter to the Teaching Council early on (i.e. even before you begin an investigation).

Discuss any actions decided to take with O.T/Police first.

Recommend that the alleged abuser seeks advice from their union or lawyer.

Ensure records are kept of any comments or events relating to the complaint/allegations and that follow-up action is taken and documented.

Seek employment/legal advice where appropriate

Guidance for making a report of concern

When you make a Report of Concern you are advocating for the child. It is important you provide high quality information as this can be the 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 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 better understand your concerns. 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/caregivers*
- *Telephone numbers of parents/caregivers*
- *Names of any other children in the household if known*
- *Names of any other adults in the household/whanau*
- *If relevant, names of people you are concerned about and their relationship or connection to the child or early childhood centre*
- *Name of GP or Plunkett nurse if known*
- *Who are you concerned about? What have you seen or heard?*
- *Who was present when you noticed something? What when did it happen?*
- *What did the child say? Use the child's actual words.*
- *What did the adults 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 details of where on the body. Use the body map on page 17.*
- *Use the child or adult's own words, record how the 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 your or shares your concerns?*
- *Have you spoken to the child's family of your concerns? If not, detail why, for example, fear for the 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 it increased risk of harm because of submitting that report of concern, please ensure you highlight this concern in your report.*
- *Include your full name, job title or a relationship to a child or young person. Also, your contact number and name of the organization.*

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 cleaners, cooks, parent help – everybody) afraid 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)

Physical signs and symptoms

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, lingula 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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Describing injuries

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

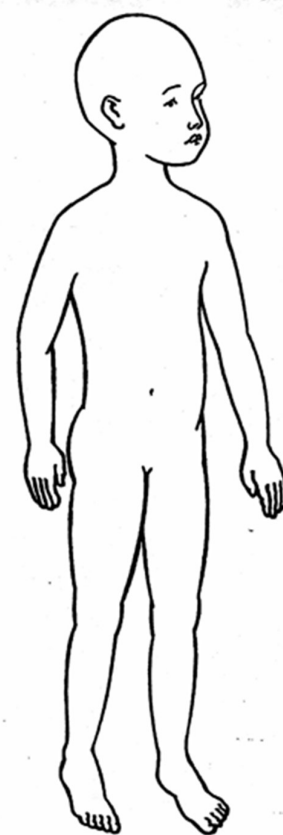
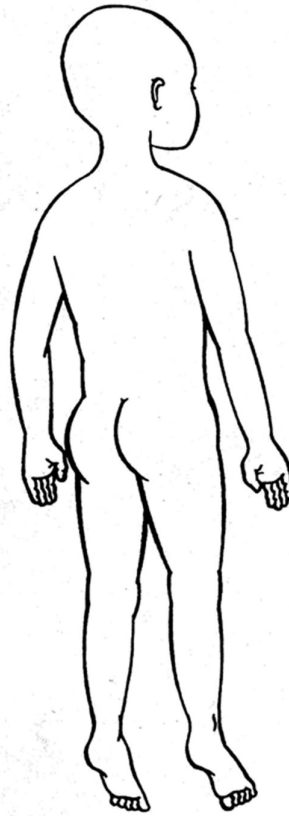
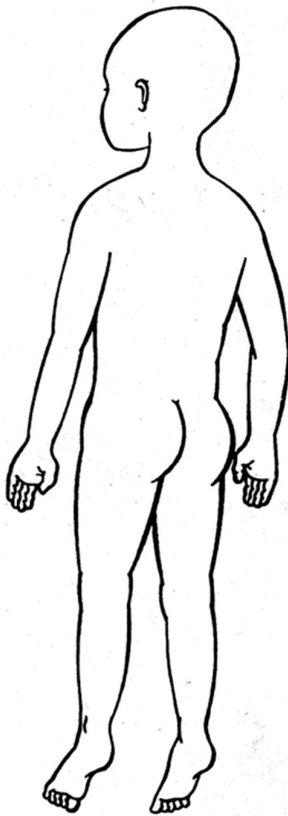
Bruise - Leakage of blood from blood vessels discolouring the tissues of the body

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:

Date:

Time:

Kaiako 1

Kaiako 2:

Goals for adult behaviour

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	Teacher/Staff Safety Checking Policy	Ensure all new employees including relievers and students are screened with a Risk assessment safety check. Repeat safety check every 3 years
2	Supervision Procedure Area Duties	Adequate supervision of staff and other adults when with children. Adequate supervision of private spaces, e.g. toilet area, sleeping area, outdoor areas All adults working at the service are open about discussing good/poor practice and any concerns.
3	Outing and Excursions	At least two teachers from RCC will go on any outing. Teachers will not transport children alone unless it is their own child. Parent/ Guardian have given written permission on enrolment for spontaneous outings and excursions, otherwise written consent must be obtained.
4	Complaints	Ensure complaints procedure is displayed in foyer Include how parent and staff complaints can go forward to inform the Teacher's Council (for example if an abuser is a registered teacher), Ministry of Education and Board representative (President).
5	Positive Guidance	Guidance given to each child is positive, encourages responsible and caring attitudes and considers the child's stage of development and emotional needs. Positive behaviour is encouraged in a peaceful and reasonable manner. Teachers will be good role models of appropriate social and physical behaviours, this may include warm physical contacts cuddles, showing empathy and making themselves available to children when the need reassurance and support.
7	Philosophy Curriculum Framework Policy	Provide high quality care and education of children. Offer parents peace of mind that their child's safety and happiness take priority. 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** and the Board President at the same time. This includes notifying WorkSafe, the Teaching Council, Oranga Tamariki or health authorities.

Relevant Background (including legislation/regulation references)

Education and Training Act (2020): Prohibition of corporal punishment and seclusion in early childhood services.

<https://www.legislation.govt.nz/act/public/2020/0038/latest/LMS257112.html>

Regulation 46 Health and Safety Practices standard: general (1) of the Education (Early Childhood Services) Regulations 2008.

Licensing Criteria for Early Childhood Education and Care Centres 2008 Health and Safety practices criterion 31 and 32.

Further information can be found here:

<https://www.justice.govt.nz/family/keep-children-safe/>

Impacts of Policy on Staff, Parents and Children

Information, discussion, trusting relationships and clear procedures will strengthen the ability of staff, parents and children to work together to adequately protect all the children who attend the centre.

Alignment with the Philosophy of the centre

This policy is aligned with the centre's philosophy.

Implications and/or Risks for the centre

Failure to protect children will not only lead to lifelong damage for children, it will also seriously damage the reputation of the centre, its staff and the reputation of early childhood centres.

Implementation

We build discussions into enrolment procedures and staff meetings.

Review

This policy will be reviewed when there is a significant change in the area of the policy topic or no less than **every three years**.

Authorised:	
Date:	
Review Date:	
Consultation Undertaken:	Board, Parents and caregivers, staff, local child abuse agencies