



Child Protection Policy

POLICY SUMMARY

Tūwharetoa Health's *Child Protection Policy* outlines the organisation's commitment to ensuring the wellbeing and safety of tamariki/children, including identifying and responding to vulnerability, abuse and neglect in a timely and appropriate way.

The following points are of key importance;

1. Child Paramourncy - The interests of the child will be the paramount consideration when any action is taken in response to suspected abuse or neglect.
2. Statutory Agencies – Tūwharetoa Health commits to support the statutory agencies; Oranga Tamariki Ministry for Children (hereafter called Oranga Tamariki), and the New Zealand Police, to investigate abuse, and will report suspected cases and concerns to these agencies in line with the process in this policy.
3. Guide to Action - This policy provides guidance to staff on how to identify and respond to concerns about the wellbeing of a child, including possible abuse or neglect.

PURPOSE

Tūwharetoa Health's Child Protection Policy is the organisation's commitment to protect vulnerable tamariki/children and rangatahi/young people from abuse and neglect through its actions, activities and staff.

The Tūwharetoa Health Child Protection Policy provides Tūwharetoa Health's staff with a clear framework within which to work, and guidance in how to behave and respond in situations of actual or suspected child abuse or neglect.

SCOPE

It is intended that ALL Tūwharetoa Health staff, including employees, contractors and volunteers, will protect the tamariki/children and rangatahi/young people they come into contact with in the course of their work – including those they are delivering services to, their siblings, those they encounter in the households of adults accessing services, and those they encounter in other settings – for example, kura/schools.

RESPONSIBILITIES

All Tūwharetoa Health staff, contractors and volunteers have a responsibility to discuss child protection concerns, including suspected abuse or neglect, with their manager or team leader.

Managers and team leaders have a responsibility to ensure that the appropriate action is taken when a staff member believes that a child has been, or is likely to be, abused or neglected. This extends to ensuring that all information about the child, young person and their

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Prepared by: Chief Operating Officer	To be reviewed before August 2023	

family/whānau is shared with the appropriate authority, in order to determine the most appropriate response.

PRINCIPLES

Tūwharetoa Health is committed to the following principles:

- The rights, welfare and safety of the tamariki/child or rangatahi/young person are the first and paramount consideration.
- A commitment to work together with statutory and other agencies to produce the best possible outcomes for the tamariki/child or rangatahi/young person and to work towards continuous improvement in child protection practices.
- Tamariki/child or rangatahi/young person are assessed and managed within a culturally safe environment.
- All staff are competent in the identification and management of actual or potential abuse and/or neglect through the organisation's policy and procedural structures and education programme.
- A commitment to open and transparent relationships with clients/service users, including being willing to share concerns about child safety issues with the family/whānau unless this would result in an escalation of risk.
- Recognising the rights of the child to participate, in age-appropriate ways, in decision-making about themselves.
- An organisational commitment to support all staff to work in accordance with the policy, to work with partner agencies and community organisations to ensure child protection policies are consistent and of high quality and to always comply with relevant legislative responsibilities.
- A commitment to share information in a timely way and to discuss any concerns about an individual child with colleagues, the manager or team leader.
- A commitment to promote a culture where staff feel confident to constructively challenge poor practice and raise issues of concern without fear of reprisal.

DEFINITIONS

Child – any tamariki/child or rangatahi/young person aged under 17 years, and who is not married or in a civil union.

Staff – includes all those employed by, contracted to, or volunteering with Tūwharetoa Health.

Abuse – the harming, ill-treatment, neglect or deprivation of any child. This may include;

- **Physical abuse** – any acts that may result in the physical harm of a child or young person. It can be, but is not limited to: bruising, cutting, hitting, beating, biting, burning, causing abrasions, strangulation, suffocation, drowning, poisoning, and fabricated or induced illness.
- **Sexual abuse** – any acts that involve forcing or enticing a child to take part in sexual activities, whether or not they are aware of what is happening. Sexual abuse can be, but is not limited to:
 - Contact abuse: touching breasts, genital/anal fondling, masturbation, oral sex, penetrative or non-penetrative contact with the anus or genitals, encouraging the child to perform such acts on the perpetrator or another, involvement of the child in activities for the purposes of pornography or prostitution.

- Non-contact abuse: exhibitionism, voyeurism, exposure to pornographic or sexual imagery, inappropriate photography or depictions of sexual or suggestive behaviours or comments.
- **Emotional abuse** – any act or omission that results in adverse or impaired psychological, social, intellectual and emotional functioning or development. This can include:
 - Patterns of isolation, degradation, constant criticism or negative comparison to others.
 - Isolating, corrupting, exploiting or terrorising a child can also be emotional abuse.
 - Exposure to family/whānau or intimate partner violence.
- **Neglect** – neglect is the most common form of abuse, and although the effects may not be as obvious as physical abuse, it is just as serious. Neglect can be:
 - Physical (not providing the necessities of life, like a warm place, food and clothing).
 - Emotional (not providing comfort, attention and love).
 - Neglectful supervision (leaving tamariki/children without someone safe looking after them).
 - Medical neglect (not taking care of health needs).
 - Educational neglect (allowing chronic truancy, failure to enrol in education or inattention to education needs).

Given the link between family violence, intimate partner violence and child abuse, it is also important to understand these terms:

Family violence is defined in Te Rito, the NZ Family Violence Prevention Strategy, as covering a broad range of controlling behaviours, commonly of a physical, sexual and/or psychological nature that typically involve fear, intimidation or emotional deprivation. It occurs within a variety of close interpersonal relationships, such as between partners, parents and tamariki/children, siblings, and in other relationships where significant others are not part of the physical household but are part of the family and/or are fulfilling the function of family. Common forms of violence in families/whānau include:

- Spouse/partner abuse (violence among adult partners).
- Child abuse/neglect (abuse/neglect of tamariki/children by an adult).
- Elder abuse/neglect (abuse/neglect of older people aged approximately 65 years and over, by a person with whom they have a relationship of trust).
- Parental abuse (violence perpetrated by a child against their parent); sibling abuse (violence among siblings), (Te Rito – NZ Family Violence Prevention Strategy, Ministry of Social Development, 2002).

A legal definition of family violence is provided in Section 3 of the Domestic Violence Act 1995.

Intimate partner violence is a subset of family violence. The NZ Family Violence Clearinghouse states that intimate partner violence includes physical violence, sexual violence, psychological/emotional abuse, economic abuse, intimidation, harassment, damage to property and threats of physical or sexual abuse towards an intimate partner (NZ Family Violence Clearinghouse; Issues Papers 3 & 4 April 2013).

PROCESS

Identifying Abuse or Neglect

When identifying or responding to suspected abuse, neglect or other concerns Tūwharetoa Health staff must keep the following in mind

- An understanding that every situation is different and it is important to consider all available information about the child and their environment before reaching conclusions. For example, behavioural concerns may be the result of life events, such as divorce, accidental injury, or the arrival of a new sibling.
- When a staff member is concerned a child is showing signs of potential abuse or neglect they should talk to their manager or team leader as soon as possible. Staff should not act alone.
- While there are different definitions of abuse, it is important to consider the child's overall wellbeing and the risk of harm to the child. It is not so important to be able to categorise the type of abuse or neglect.
- It is normal for staff members to feel uncertain, however, it is important to recognise when something is wrong, especially when a pattern is forming or there are several signs to be concerned about.
- Exposure to intimate partner violence (IPV) is a form of child abuse. There is a high rate of co-occurrence between IPV and the physical abuse of children.

Indicators of abuse may include:

- *Physical signs* (eg. unexplained injuries, burns, fractures, unusual or excessive itching, genital injuries, sexually transmitted diseases).
- *Developmental delays* (eg. small for their age, cognitive delays, falling behind in school, poor speech and social skills).
- *Emotional abuse/neglect* (eg. sleep problems, low self-esteem, obsessive behaviour, inability to cope in social situations, sadness/loneliness and evidence of self-harm).
- *Behavioural concerns* (eg. age-inappropriate sexual interest or play, fear of a certain person or place, eating disorders/substance abuse, disengagement/neediness, aggression).
- The child talking about things that indicate abuse (sometimes called an allegation or disclosure).

Indicators of neglect may include:

- *Physical signs* (eg. looking rough and uncared for, dirty, without appropriate clothing, underweight).
- *Developmental delays* (eg. small for their age, cognitive delays, falling behind in school, poor speech and social skills).
- *Emotional abuse/neglect* (eg. sleep problems, low self-esteem, obsessive behaviour, inability to cope in social situations, sadness/loneliness and evidence of self-harm).
- *Behavioural concerns* (eg. disengagement/ neediness, eating disorders/substance abuse, aggression).
- *Neglectful supervision* (e.g. out and about unsupervised, left alone, no safe home to return to).
- *Medical neglect* (eg. persistent nappy rash or skin disorders or other untreated medical issues).

It is important to recognise that some situations will contribute to an increased risk of child abuse and neglect. These may include

- The family/whānau's circumstances (eg. unemployment or relationship breakdown)
- Child characteristics (eg. behavioural difficulties)
- Parental characteristics that can be evidence of increased risk (eg. substance abuse or mental illness)

Responding to Suspected Abuse, Neglect and Other Concerns

In responding to suspected abuse, neglect or other concerns Tūwharetoa Health staff note the following

- When a child is in immediate danger – call the Police.
- The Oranga Tamariki may be contacted either to discuss appropriate next steps, or to make a referral.
- When concerns about the wellbeing of a child do not warrant referral to the statutory agencies (Oranga Tamariki or the Police), then referral to local support agencies may be appropriate. A list of these appears below.

When a disclosure of abuse or neglect is made follow the flow chart on the following page.

A very similar process should be followed if abuse or neglect is suspected, particularly as it relates to assessing and acting on immediate danger, recording, decision-making and notifying authorities.

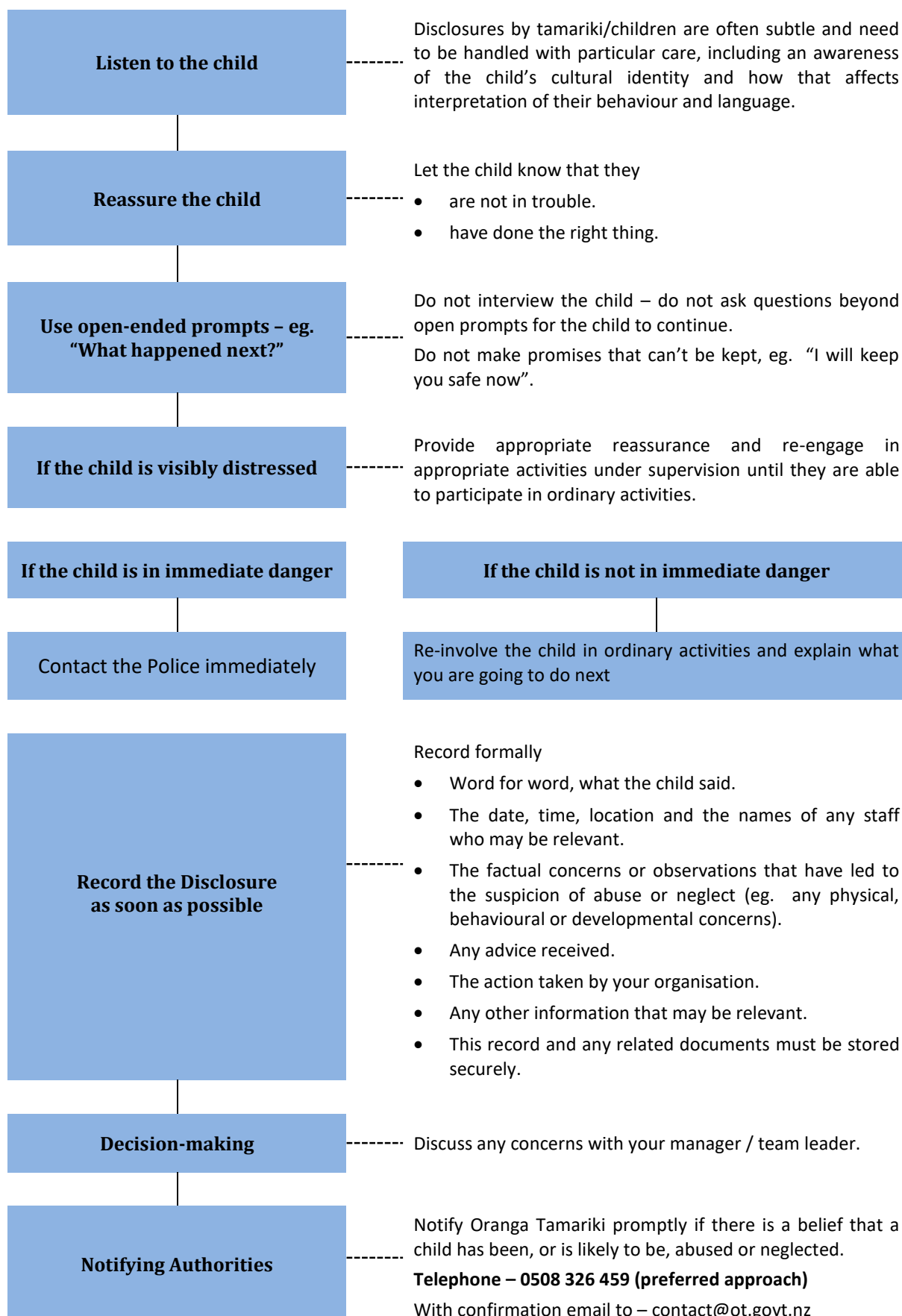
Please note that the preferred initial contact with Oranga Tamariki is by telephone call to **0508 326 459**. This enables both parties to discuss the nature of the concerns and appropriate response options.

Tūwharetoa Health requires that after contacting Oranga Tamariki by telephone, an email is sent to contact@ot.govt.nz confirming the points discussed. This provides a record of the call that is shared between the two agencies. The email along with any reply must be scanned into the child's clinical record.

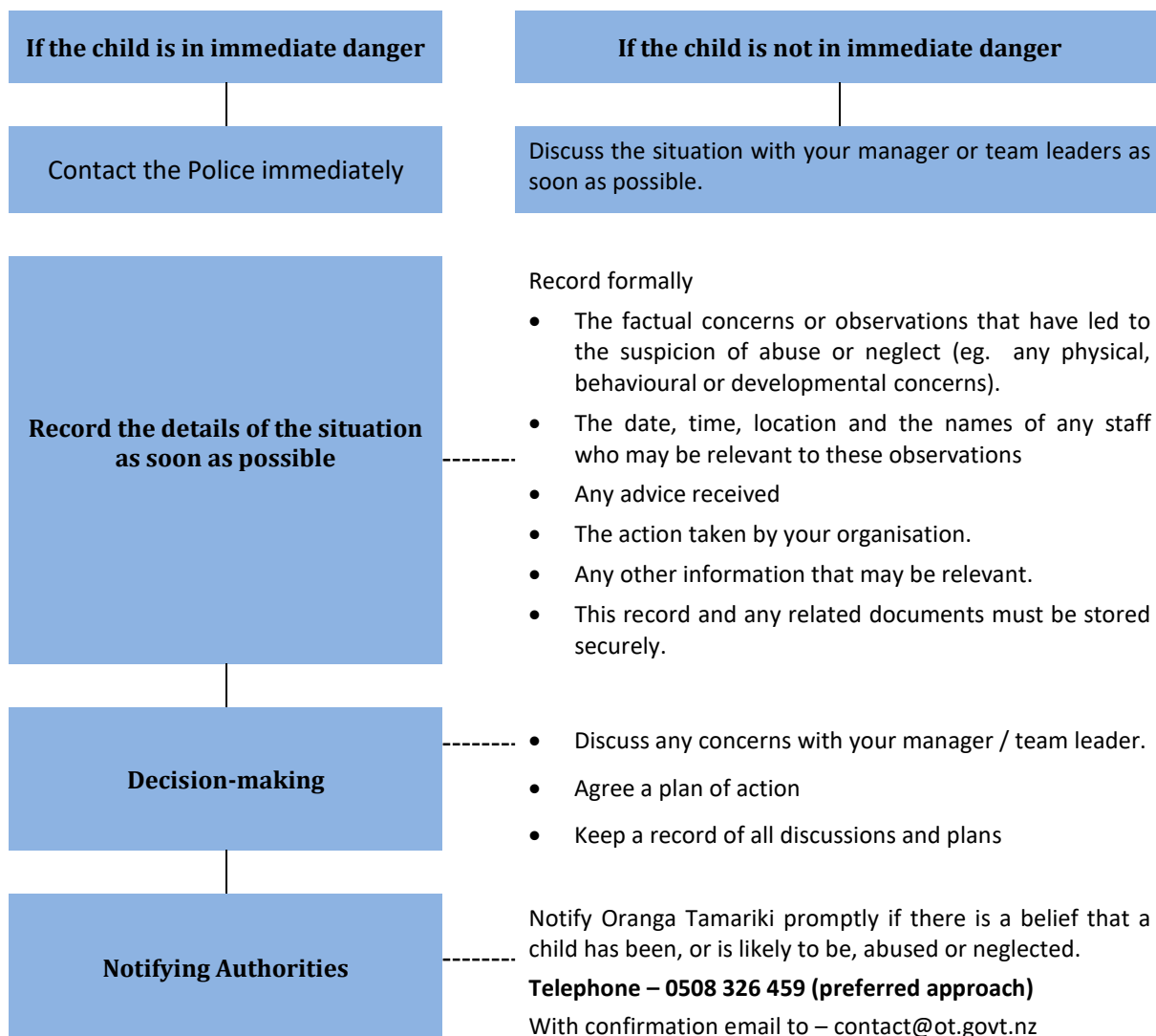
For more information about the role of Oranga Tamariki - Ministry for Children

<https://www.orangatamariki.govt.nz/>

When a disclosure of abuse or neglect is made ...



In a situation of suspected child abuse or neglect:

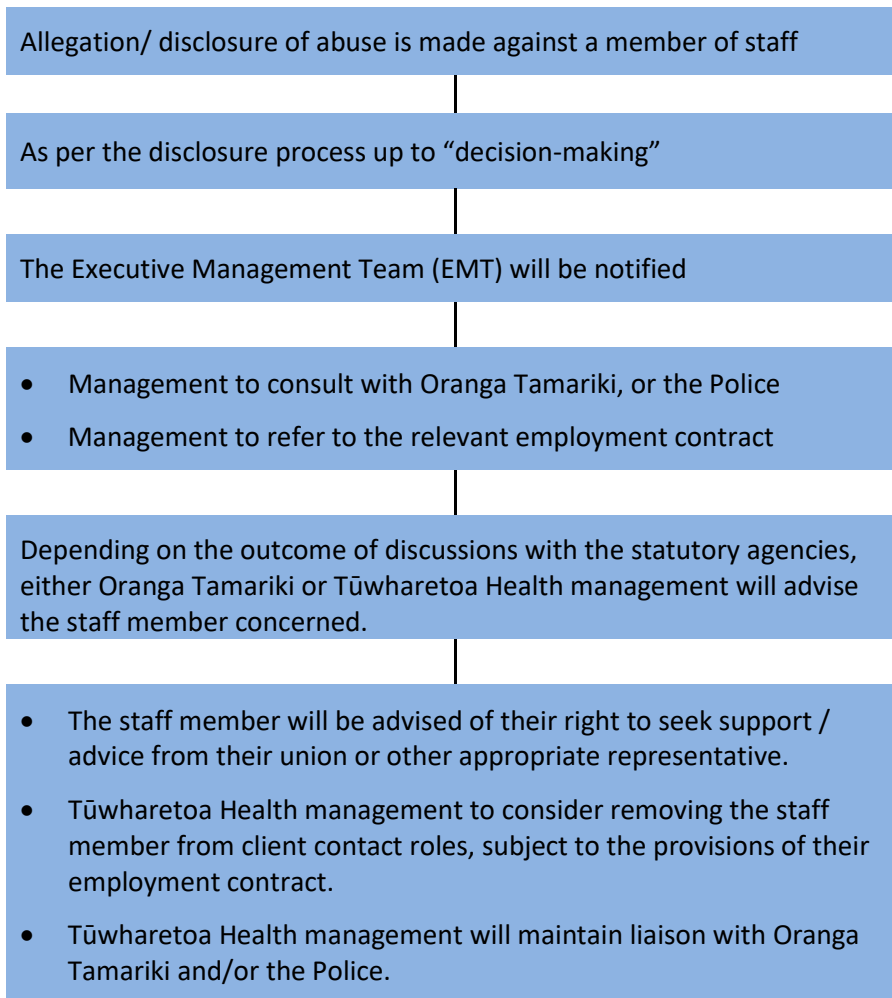


Responding to other concerns

Local services, including other services within Tūwharetoa Health, may be of assistance in supporting a family under pressure or stress.

- Tamariki Ora
- Awhi House
- Whānau Ora
- Family Start
- Perinatal Mental Health Services
- Health Coach
- Maternal Social Worker
- Strengthening Families
- Social Workers
- Counselling Agencies
- Budget Advice
- Schools
- Mental Health and Addiction Services

When an allegation/ disclosure of abuse is made against a member of staff



Key Points

- The same general process used for recording allegations or concerns about third parties should be used for staff, recognising that employees must be treated properly and fairly and employers must act in good faith. Addressing the needs of the child remains the first priority.
- Tūwharetoa Health will follow a prompt and fair process that complies with all relevant moral and legal obligations.
- Tūwharetoa Health recognises its dual responsibility in respect of both the child and the employee.
- Tūwharetoa Health will follow up on an allegation of suspected abuse or neglect against an employee in consultation with Oranga Tamariki and the Police.
- Tūwharetoa Health will ensure that a child making the allegation or raising the concern will not be exposed to unnecessary risk. This may include ensuring separation between the child and the staff member, or suspending the employee from their duties, subject to the requirements of the applicable employment contract and relevant legal obligations.
- Historical allegations should be responded to in the same way as contemporary ones, with the same priority. All allegations or concerns should be investigated fully, regardless of the resignation or termination of the staff member concerned.

- Tūwharetoa Health will support staff reporting concerns about the conduct of other staff members.
- Tūwharetoa Health is committed to not using 'settlement agreements', where these are contrary to a 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.

TRAINING

Tūwharetoa Health is committed to maintaining and increasing staff awareness of how to prevent, recognise and respond to child abuse and neglect.

As part of their induction all new staff will be made aware of the Child Protection Policy.

Tūwharetoa Health will make best endeavours to ensure that frontline staff who work directly with children, and their managers, undertake Child Protection Studies, for example the five day Child Matters Child Protection Studies Programme, with a one day annual update.

CONFIDENTIALITY AND INFORMATION SHARING

Tūwharetoa Health recognises that sharing the right information with appropriate persons is one way the organisation can safeguard the tamariki/children accessing its services.

Tūwharetoa Health is committed to sharing information within the parameters of the Privacy Act, the Health Information Privacy Code, and Tūwharetoa Health's Privacy Policy and the Information Sharing Policy. For advice on the sharing of information staff may consult the Privacy Officer.

RECRUITMENT AND EMPLOYMENT

Tūwharetoa Health's recruitment policy reflects a commitment to child protection by including comprehensive screening procedures. Safety checks will be carried out, as required by the Vulnerable Children Act 2014.

REFERENCES

The review of this Policy has been guided by the Oranga Tamariki document *Safer Organisations Safer Children: Guidelines for child protection policies to build safer organisations*. This and other relevant information can be referenced at <https://www.orangatamariki.govt.nz/working-with-children/childrens-act-requirements/child-protection-policies/>

Tūwharetoa Health recognises that a range of other documents and websites are available to provide additional information to support this policy. For example

- Child Matters at <http://www.childmatters.org.nz/88/resources-info-centre/resources>

A number of Tūwharetoa Health documents are linked to child protection including

- Children's Worker Safety Checking Policy
- Information Sharing Policy
- Privacy Policy
- Family Violence Policy
- Children at Risk Register (EMT Report)