

**POLICY RELATING TO: CHILD PROTECTION****Policy Number: 8.17****POLICY STATEMENT**

Whakaata Tohu Tohu/Mirror Services is committed to the care, well-being and interests of children and young people as our first and paramount consideration.

This commitment means that at all times the safety of the child will be given primary consideration when decisions are made about a child suspected of, or who discloses, being harmed physically, emotionally, or sexually, or harming others physically, emotionally or sexually. All allegations of neglect, harm and/or abuse will be taken seriously, and responded to promptly by the staff member.

**The process for responding to a concern about a child is on page 5 of this policy**

The designated person for child protection, the Clinical Team Leader/MYDP Kaiwhakahaere will be responsible for the maintenance and annual review of this policy, in addition to carrying out the responsibilities outlined in this policy. Staff will not assume responsibility beyond the level of their experience and training. Our organisation commits to ensuring staff have access to the training they need.

A digital copy of this policy can be found on our website:  
<http://mirrorservices.org.nz/>.

This policy is consistent with Child, Youth and Family and Police guidelines and will be updated when new guidance is issued.

**Purpose, Scope and Principles:**

This policy supports staff to respond appropriately to potential child protection concerns, including suspected neglect, harm and/or abuse. It is our organisation's commitment to protect children from neglect, harm and/or abuse and to recognise the important roles all staff have in protecting them.

This policy provides a broad framework and expectations to protect children including (but not limited to) staff behaviours in response to actual or suspected neglect, harm and/or abuse. It applies to all staff, including volunteers and part-time or temporary roles and contractors. It is intended to protect all children that staff may encounter, including siblings, the children of adults accessing services and any other children encountered by staff as they provide their service.

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In addition to guiding staff to make referrals of suspected neglect, harm and/or abuse to the statutory agencies i.e. Child, Youth and Family and the Police, this policy will also help our staff to identify and respond to the needs of children whose wellbeing is of concern.

We recognise that in many of these cases, the involvement of statutory agencies would be inappropriate and potentially harmful to whānau/family. 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 agencies to respond to the needs of vulnerable children and whānau/family in a manner proportionate to the level of need and risk.

### **Definitions:**

- **Abuse** - is any behaviour that takes place without the willing consent of all individuals involved, is coercive or violent in nature and involves exploitation of power in any way. No form of physical, sexual or verbal harassment or violence will be sanctioned or minimised in any way.
- **Child** – any child aged under 17 years old and who is not married or in a civil union.
- **Child protection** – activities carried out to ensure that children are safe in cases where there is suspected or risk of neglect, harm and/or abuse.
- **Designated person for child protection** – the Clinical Team Leader/MYDP Kaiwhakahaere responsible for providing advice and support to staff where they have a concern about an individual child or who want advice about the child protection policy.
- **Disclosure** – information given to a staff member by a child, parent or caregiver or a third party in relation to neglect, harm and/or abuse.
- **Child, Youth and Family** – the agency responsible for investigating and responding to suspected neglect, harm and/or abuse and for providing care and protection to children found to be in need.
- **New Zealand Police** – the agency responsible for responding to situations where a child is in immediate danger and for working with Child, Youth and Family in child protection work and investigating cases of neglect, harm and/or abuse where an offence may have occurred.
- **Physical abuse** – any acts that may result in 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.

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- **Sexual Abuse is** - the involvement of children or adolescents in sexual actions to which:-
  - they cannot fully comprehend,
  - they cannot give informed consent, and
  - violates the social taboos of family roles.
  - involves the betrayal of trust and responsibility, abuse of power, and the inability of children to consent.
    - **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 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).

### **Identifying Neglect, Harm or Abuse:**

Our approach to identifying neglect, harm or abuse is guided by the following principles:

- We understand that every situation is different, that 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, the arrival of a new sibling etc.

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- We understand when we are concerned a child is showing signs of potential neglect, harm and/or abuse we should talk to someone, either the designated person for child protection, or a colleague – we shouldn't act alone.
- While there are different definitions of abuse, the important thing is for us to consider overall wellbeing and the risk of harm to the child. It is not so important to be able to categorise the type of neglect, harm or abuse.
- It is normal for us to feel uncertain, however, the important thing is that we should be able to recognise when something is wrong, especially if we notice a pattern forming or several signs that make us concerned.
- 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.

#### Recognising the signs of potential abuse:

- *Physical signs* (e.g. unexplained injuries, burns, fractures, unusual or excessive itching, genital injuries, sexually transmitted diseases).
- *Developmental delays* (e.g. small for their age, cognitive delays, falling behind in school, poor speech and social skills).
- *Emotional abuse/neglect* (e.g. sleep problems, low self-esteem, obsessive behaviour, inability to cope in social situations, sadness/loneliness and evidence of self-harm).
- *Behavioural concerns* (e.g. 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).

#### Awareness of the signs of potential neglect:

- *Physical signs* (e.g. looking rough and uncared for, dirty, without appropriate clothing, underweight).
- *Developmental delays* (e.g. small for their age, cognitive delays, falling behind in school, poor speech and social skills).

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- *Emotional abuse/neglect* (e.g. sleep problems, low self-esteem, obsessive behaviour, inability to cope in social situations, sadness/loneliness and evidence of self-harm).
- *Behavioural concerns* (e.g. 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* (e.g. persistent nappy rash or skin disorders or other untreated medical issues).

### **Preventing Neglect, Harm or Abuse:**

All children are provided with a comprehensive assessment that identifies areas of past or present neglect, harm and/or abuse. Every effort to address these concerns is worked into a treatment plan to assist the child and/or their whānau/family and/or statutory agency to maintain safety for all.

### **Responding to Suspected Neglect, Harm and/or Abuse:**

The following people can be consulted:

1. Designated Person for Child Protection (Clinical Team Leader/Kaiwhakahaere)
2. Colleagues
3. Additionally, if further consultation is needed, the following people can also be contacted:
  - Child Protection Worker/CYF Social Worker
  - Director
  - Supervisor

In all cases where a member of staff has a concern about a child being or likely to be neglected, harmed and/or abused by an adult or another child/tamariki or young person/rangatahi, it is mandatory for all concerns to be reported/referred to the Designated Person for Child Protection (and/or others in the above list) within a time period which allows for effective consultation/advice to be given. When the decision is made not to make a Report of Concern (refer to Checklist for Mandatory Reporting over page), key staff will be involved in the formulation of a plan to address the concerns.

A Report of Concern to Child, Youth and Family can be made at any time following the process below.

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## **Recording Allegations of Abuse**

Recording an allegation of abuse will be done as soon as possible after each session. All recording should be:-

- Written up in ink, factual, accurate, timely, concise, and dated. Memory can be unreliable. Recording clarifies thinking and enables accountability.

The record should reflect:-

- the seriousness of risk to the child.
- what appropriate follow-up action is required.

Information should include:-

- type of abuse suspected.
- when and where suspected abuse is said to have taken place.
- the perpetrator of the abuse, if known or disclosed.
- actions of protecting adult (if one).
- who noticed the abuse, and their relationship to the child.
- who reported the abuse and their relationship to the child.
- signs and symptoms, for example, physical, emotional, sexual, behaviour.
- particular incidents and dates, times and places if appropriate.
- action taken, including any medical attention, complaint to police.
- proposed plan of action.

Prime consideration must be given to ensuring that the child is made safe from further possible neglect harm and/or abuse. This is of paramount importance, and all steps necessary to bring this about must be taken. If there is imminent risk of serious harm the police must be contacted immediately.

## **Report of Concern to Child, Youth & Family (of Neglect, Harm and/or Abuse)**

1. If there are any concerns for the safety and well-being of a child, or the clinical staff member receives information from either a child, their whānau/family or a third party that they believe puts the child at risk, the staff member will discuss with whānau/family members (if appropriate), and the people listed above to assess whether a Report of Concern is required. The staff member needs to take into account a range of considerations in the decision making process (refer to Identifying Neglect, Harm and/or Abuse) Discussion needs to occur with the above people before taking action, we should not act alone.
2. Immediately after a decision is reached to make a Report of Concern, CYF will be contacted, and informed that there is a care and protection issue. The individual staff member will retain the clinical role, if appropriate, working in partnership with the CYF worker.

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3. The individual staff member will ensure that whānau/family members are informed at the earliest possible time, as long as it does not compromise the safety of the child, and that they are supported in a caring and meaningful manner. The staff member will discuss with the child and/or whānau/family their concerns and explain their intentions to make a report and the reason why. The nature of the situation will determine how support is most appropriately provided. It is important that any interaction does not undermine the family's ability to help themselves or seek assistance.
4. A CYF Report of Concern form is completed [CYF Report of Concern Template](#) with an emphasis on the impact the neglect, harm and/or abuse is having on the child and emailed to [cyfcallcentre@cyf.govt.nz](mailto:cyfcallcentre@cyf.govt.nz).
5. The Report is recorded on the Report of Concern Register in the Team Meeting Minutes folder.
6. The staff member will document the outcome of the Report of Concern and report back to the team meeting within four weeks. The Clinical Team Leader will review the Report of Concern Register monthly.
7. Following a Report of Concern, de-briefing with the Clinical Team Leader is expected.

### **Checklist for Mandatory Reporting**

- a. Is a Report of Concern to be made?  
Yes / No If no why not?
- b. Are the Police/CYF to be contacted immediately?  
Yes / No If no, why not?
- c. Has the whānau/family been contacted?  
Yes / No If no, why not?

### **Suspected Client Abuse by a Staff Member**

When it is alleged that the harm and or abuse has been perpetrated by a member of staff, the matter will be reported immediately to the Director, Board, and to the statutory authorities.

While an investigation is being conducted, the staff member under suspicion will be suspended from all duties on full pay.

While the investigation is in process the Director has the responsibility to ensure that the child concerned is not only safe but is also given continued appropriate support.

Similarly the Director has the responsibility to ensure that the staff member

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under suspicion, and their whānau/family, is given the support they need during the time of the inquiry, and beyond.

We commit to not use “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 concerns the safety or wellbeing of a child, use of such agreements is contrary to a culture of child protection and will not be used.

### **Confidentiality and Information Sharing**

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

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

### **Recruitment and employment**

Our 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.

### **Training of Staff**

Management will provide child protection training for all service delivery staff. Staff will attend child protection training as outlined in their individual plan. Additionally, training will be provided annually.

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

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### **CROSS REFERENCES**

#### **LEGISLATION:**

- Vulnerable Children Act 2014
- Children, Young Persons & Their Families Act 1989
- Care of Children Act 2004
- Domestic Violence Act 1995
- Victims' Rights Act 2002
- The United Nations Convention on the Rights of the Child (UNCROC)

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**STANDARDS:**

- NZ Health & Disability Services (Core) Standards. NZS 8134.1:2008 (2.3.5) <http://tinyurl.com/pd9pvat>
- Standards of Approval, Business Viability Standards 2 & 3, NZ Child Youth & Family <http://tinyurl.com/l6og4rc>

**RELATED WHAKAATA TOHU TOHU/MIRROR SERVICES POLICIES & PROCEDURES:**

- 7.2.7 Recording of Private Information
- 7.4 Storage & Security of Health Records
- 8.13 Release of Information to Families When the Client is Aged 16-20yrs
- 9.0 Quality Care

**INFORMATION/ RELEVANT GUIDELINES:**

- Interagency Sharing of Information Guidelines, Child, Youth & Family <http://tinyurl.com/ptcxzbf>
- CYF Report of Concern Form [CYF Report of Concern Template](#)

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