

Protection of Children and Young People – Policy No: 15

1.0 Purpose:

This policy outlines The Community Care Trust's commitment to create a culture that protects and promotes the wellbeing of all children and young people. This includes:

- Recognising the role our staff have in recognising and responding to suspected child abuse in an appropriate and timely manner.
- Identifying clear pathways for reporting for all staff, including designated people to notify within the organisation.
- Offering a comprehensive training plan for all staff directly supporting children or young people.
- Acting in accordance with all relevant legislation concerning the care and protection of children and young people.

2.0 Scope:

2.1 The scope of this policy applies to all Community Care Trust employees, and any child or young person that staff have contact with through their role within the organisation,

2.2 CCT may support people that are parents of children and young people and therefore staff come in contact with these children.

2.3 CCT may support people who are at risk of offending against children and young people.

2.4 CCT may in the course of their work come into contact with children and young people through other means such as a supported person's relatives or friend's children.

2.5 It is important that:

- Staff acknowledge that parents mostly want the best for their children and that families for all backgrounds can have problems or put their children at risk of abuse or neglect.
- The interest and welfare of the child or young person is the primary consideration when abuse of the child is suspected or alleged.

2.6 This commitment means that:

2.6.1 Work environments are safe and youth friendly.

2.6.2 Staff are competent in working with youth and are knowledgeable about following safe practices in their interactions with young people, in the role they are employed for.

2.6.3 The Community Care Trust is transparent in its relationships with all people receiving support, and shares safety concerns with family/whanau.

2.6.4 The interest and welfare of the young person is the primary consideration when abuse of the young person is suspected or alleged.

2.6.5 All cases of suspected abuse are responded to in a manner that best ensures the immediate and future safety of the young person.

2.6.6 CCT supports the role of statutory agencies (the Police and Oranga Tamariki) in the investigation of abuse. Where there are serious concerns about children’s safety we will report to the appropriate statutory agency, as per Section 15 of the Children, Young Persons and Family Act.

3.0 Designated Person

3.1 Michael Brummitt is the Director of the Child, Young Persons Service. He is responsible for oversight of all CCT Child Protection training, policies and procedures.

3.2 The following people have been assigned as designated persons to respond to allegations of suspected child abuse with a notification to Oranga Tamariki, and follow up until the incident has been closed.

Name	Service	Contact
Nathan Martin	Behaviour Specialist Team- DUD	NathanMa@cct.org.nz
Victoria Rausch	Behaviour Specialist Team- INV	VictoriaCo@cct.org.nz
Jan Walter	Supported Living- DUN	Jan@cct.org.nz
Michele Currie	Independent Living- DUN	MicheleCu@cct.org.nz
Peter Marshall	ACC& Community-DUN	PeterMa@cct.org.nz
Julie Carruthers	Central Lakes	JulieCa@cct.org.nz
Thomas Jenkin	Behaviour Specialist Team	ThomasJe@cct.org.nz

3.3 The Designated Person is responsible for updating the CCT Youth Incident Register, in which the details of any incident of concern are recorded.

4.0 Procedures / Guidelines:

4.1 Responding to Suspected or Alleged Child Abuse

- 4.1.1 All cases of suspected or alleged child abuse must be responded to in a manner that best ensures the immediate and future safety of the child or young person. For example, staying with them or moving them to a safe location.
- 4.1.2 Staff should take the children’s or young person’s information seriously and approach the child or young person’s story with an attitude of support and the assumption that what they are telling is likely to be true.
- 4.1.3 Having done this, staff should then immediately report concerns and the actions they have taken to their immediate manager (Team Leader, Behaviour Specialist, or Senior Leadership), and the Designated Person for their service. If outside office hours, contact Crisis Behaviour Support.
- 4.1.4 Concerns must also be recorded in writing within 24 hours by way of completing a Special Incident Report.
- 4.1.5 Staff should not investigate the child’s claims themselves or interrogate the child.
- 4.1.6 Staff should not question, counsel or approach the alleged offender.
- 4.1.7 Staff will need to recognise the limitations of their own expertise and the dangers of practicing beyond it.
- 4.1.8 The Designated person will refer children to an appropriate professional/agency where consultation indicates the need for assessment or ongoing specialist work.
- 4.1.9 All suspected or alleged reports of child abuse will be recorded in Youth Incident Register and any notifications to Oranga Tamariki will be recorded acknowledging the receipt of the notification from Oranga Tamariki and follow up information.

4.1.10 Process for Designated Person to follow with Oranga Tamariki

Process	Responsibilities of the Designated Person:
(i) Recording	<p>Formally record:</p> <ul style="list-style-type: none"> ▪ Anything said by the child/young person. ▪ The date, time, location and the names of any staff that may be relevant. ▪ The factual concerns or observations that have led to the suspicion of abuse or neglect (e.g., any physical, behavioural or developmental concerns). ▪ The immediate action taken by CCT ▪ Any other information that may be relevant.
(ii) Decision Making	<p>The Designated person will consult with Behaviour Specialist Team/other Designated person to confirm course of action, including the appropriate notification type.</p> <ul style="list-style-type: none"> ▪ Advice sought ▪ Note of Concern ▪ Report of Suspected Abuse
(iii) Notifying authorities	<p>Notify Oranga Tamariki promptly if there is a belief that a child has been or is likely to be abused or neglected.</p> <ul style="list-style-type: none"> ▪ A phone call to the National Contact Centre (see below) is the preferred initial contact with Oranga Tamariki as this enables both parties to discuss the nature of the concerns and appropriate response options. ▪ Follow up with an emailed Report of Concern to Oranga Tamariki, cc'ing in the local branch. <p>Phone: 0508 Family (0508 326 459) Email: contact@ot.govt.nz</p>
(iv) Investigation follow up	<p>The designated person will follow up the notification made to Oranga Tamariki to ensure it has been received, including indication of decision response.</p> <p>Liaise with the assigned social worker if applicable.</p>

<p>(v) Following the advice of Oranga Tamariki</p>	<p>Oranga Tamariki advice will include what, if any, immediate action may be appropriate, including referring the concern to the Police.</p> <p>The Designated Person will ensure the recommendations from Oranga Tamariki are actioned.</p> <p>The child/young person and their family (if applicable) will be informed of the action if appropriate.</p>
<p>(vi) Recording and storing information</p>	<p>Record and store in the Youth Incident Register;</p> <ul style="list-style-type: none"> ▪ Special incident report and related support note id ▪ Any related discussion/meeting minutes and correspondence ▪ Notification made to Oranga Tamariki ▪ Receipt of notification and decision response ▪ Any action advised ▪ Record of action taken by CCT ▪ Any organisational changes made as a result of the allegations

4.2 Suspected or Alleged Child Abuse by a Staff Member

- 4.2.1 Staff members suspecting child abuse by a colleague must immediately notify either by phone or in person their immediate manager (Team Leader, Behaviour Specialist, or Senior Leadership), and the Designated Person for their service. If after hours, contact Crisis Behaviour Support.
- 4.2.2 Any investigation of alleged abuse by a staff member will result in the involvement of two designated people- one to support the child's best interests and one to follow up with the staff member.
- 4.2.3 The staff member concerned must be informed in writing that an allegation has been made of behaviour that might constitute serious misconduct and the staff member may be stood down while an investigation takes place.
- 4.2.4 Any disciplinary action will be in accordance with the procedures detailed in the CCT Policy No: 1, section 2.5.5 Unprofessional Practice or Misconduct and the employment agreement.
- 4.2.5 The Community Care Trust has a dual responsibility in respect of both the child and the employee. The decision to follow up on an allegation of suspected abuse or neglect against an employee should be made in consultation with Oranga Tamariki and the Police. This will ensure any actions taken do not undermine any investigations being conducted by the external agencies.

4.3 Disclosure of Information and Confidentiality

- 4.3.1 In any work we do with a child or young person, both parents are entitled to appropriate information about it unless safety or other relevant issues preclude this.
- 4.3.2 A non-custodial parent is still a guardian (unless removed by the Family Court) and is by definition a representative of the child and therefore may request information. However, we can withhold information under the Privacy Act, Section 29(1), where disclosure would be contrary to the child or young person's interest. Staff will consult with the Privacy Officer and their Manager when asked for information.
- 4.3.3 Parents or guardians of the child or young person will be informed of abuse proceedings.
- 4.3.4 Legal opinions will be sought where necessary.

4.3.5 The Privacy Act 1993 and the Children, Young Persons, and Their Families Act 1989 (CYPF Act) allows information to be shared to keep children safe when abuse or suspected abuse is reported or investigated. This includes the follow up of concerns/development of action plans with health professionals, iwi social services or non-governmental agencies involved in the support of the child or young person.

4.4 What if staff are wrong?

4.4.1 If staff suspect that a child or young person is subject to abuse or neglect, they must always report their concern. It is better to report something, and an investigation finds there is no abuse or neglect happening, than to say nothing and allow an abusive relationship to continue. Staff can discuss any concerns they have with their Team Leader, Manager, Behaviour Specialist or Senior Manager.

4.5 Debriefing and Support

4.5.1 CCT will work with staff involved in any suspected or actual cases of abuse offering support, supervision and debriefing.

4.6 Staff Recruitment

4.6.1 The Community Care Trust practices Safer Recruitment as outlined in the Safer Recruitment Guidelines created as part of the Children's Action Plan in line with the Vulnerable Children's Act. This includes police vetting, identity verification, references, and an interview.

4.6.2 A work history will be sought and previous employers will be contacted. If there is any suspicion that an applicant might pose a risk to a child or young person, that applicant will not be employed.

4.6.3 Staff who are employed and a Police vetting response is pending, will not work with children or young people until the vetting process has confirmed suitability for the role within the service.

4.7 Staff Training

4.7.1 All staff working with children and young people or supporting people who are parents, have access to training and understand how to recognize and report suspected or alleged abuse including:

- All staff having read and signed that they have understood the CCT Policy and Procedure Manual.
- Induction and orientation includes understanding the signs and symptoms of potential abuse or neglect.
- Staff will be aware of the signs of sexual grooming, both by/ or towards children or young people, and intervene early to keep children safe.
- Completion of the Open Future Learning module on abuse.
- Completion of Safeguarding Children Online module on abuse

4.7.2 Designated Persons

- In addition to the above training, all designated persons will complete specialist training through the Child Matters 'Child Protection Studies Programme'.

4.8 Safe Practice

4.8.1 Staff understand the importance of working together, with professionals from other sectors, to better address the needs of children and young people.

4.8.2 When supporting parents with children or young people staff will be familiar with information and resources about personal safety for children, safe parenting practices, and ensure that both parents and children are provided with educational opportunities.

4.8.3 Staff understand their own limits and refer to other agencies as appropriate who have expertise in parenting as required.

- 4.8.4 Staff will be mindful of supporting a person who could pose a risk of offending in environments where children or young people may be present taking the necessary precautions to ensure the safety of children is paramount.
- 4.8.5 All staff supporting children and young people are required to attend supervision.
- 4.8.6 All staff work towards continuous improvement in their practice specific to working with children and young people.

4.9 Intake and Assessment

- 4.9.1 All referrals of any person aged 18 years or under will be referred to either the Service Manager - Youth Development or the Behaviour Specialist Team
- 4.9.2 Intake and assessment procedures will include risk screening and management plans for young people.
- 4.9.3 Any young person assessed at a moderate or high risk for suicide, arson, or sexual offending will have a risk management plan prior to entry into service.
- 4.9.4 The young person and their families should be involved in safety planning.
- 4.9.5 Any young person coming into service will have the complaints procedure explained to them and know who to contact or who can support them to make contact in the event of harm or threat of harm.
- 4.9.5 All youth entering service will receive a support agreement, outlining their rights, orientation to the service and important contacts

5.0 Review

- 5.1 This policy will be reviewed yearly, and updated to reflect changes to legislation, organisational operations or staff training.

6.0 References/Resources:

(This policy takes into account a range of other legislation, guidelines or standards including but not limited to)

- 6.1 Vulnerable Children's Act 2014
<http://www.legislation.govt.nz/act/public/2014/0040/42.0/DLM5501618.html>
- 6.2 Children's Action Plan. Safer Organisations Safer Children 2014
<http://www.childrensactionplan.govt.nz/assets/CAP-Uploads/childrens-workforce/Safer-Organisations-safer-children.pdf>
- 6.3 Crimes Act (in particular those changes enacted by the Crimes Amendment Act (No 3) 2011)
<http://www.legislation.govt.nz/act/public/2011/0079/latest/DLM3650006.html>
- 6.4 UN Convention on the Rights of the Child (Ratified by NZ in 1993)
<http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>
- 6.5 Code of Health and Disability Consumer Rights
<https://www.hdc.org.nz>
- 6.6 Children, Young Persons and the Families Act 1989
<http://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html>

6.7 An Interagency Guide – Working Together to Keep Children and Young People Safe. CYFS.
<http://www.cyf.govt.nz/documents/about-us/publications/27713-working-together-3-0-45ppi.pdf>

6.8 Code of Ethics for Youth Support Workers
<http://www.arataiohi.org.nz/images/uploads/general/CoE2.pdf>

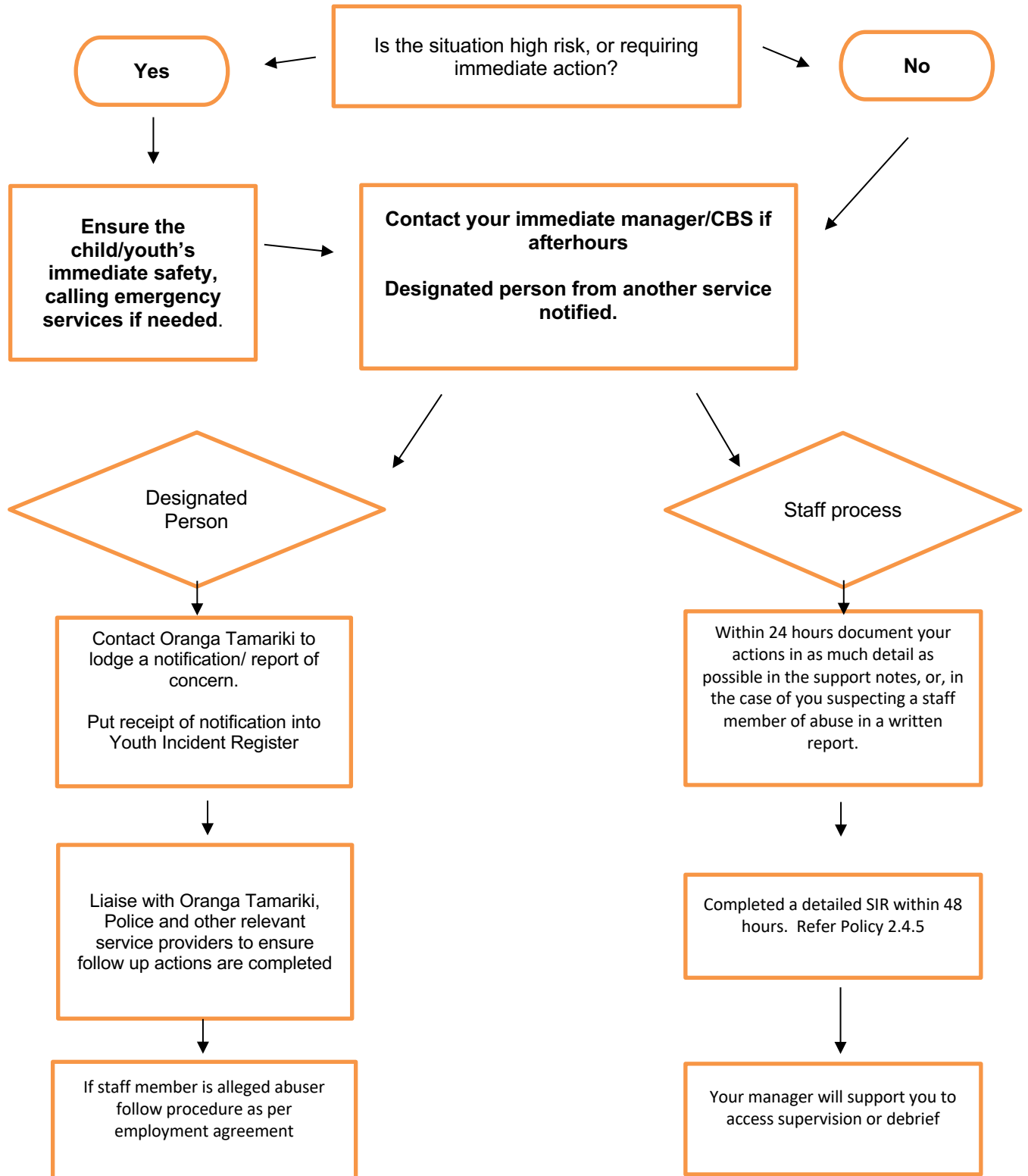
7.0 Appendices

7.1 Flow Chart for Suspected Abuse Process

7.2 Indicators of Child Abuse

7.3 Guiding principles: the seven R's

7.1 Flow Chart for Suspected Abuse Process



Key Notes:

1. Safety of the child or young person is always the paramount consideration
2. The **Designated Person** is responsible for:
 - Overall supervision of the case
 - Ensuring the process is followed
 - Any contact with family/whanau
3. The greater the likelihood and/or the consequences of abuse, the higher the risk.

7.2 Indicators of Child Abuse

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effect on the child's emotional development. This can include a pattern of rejecting, degrading, ignoring, isolating, corrupting, exploiting or terrorising a child. It may also include age or developmentally inappropriate expectations being imposed on children. It also includes the seeing or hearing the ill treatment of others.

Physical Indicators:

- Bed wetting or bed soiling with no medical cause
- Frequent psychosomatic complaints (e.g. headaches, nausea, abdominal pains)
- Non-organic failure to thrive
- Pale, emaciated
- Prolonged vomiting and/or diarrhoea
- Malnutrition
- Dressed differently to other children in the family

Behavioural Indicators:

- Severe developmental lags with obvious physical cause
- Depression, anxiety, withdrawal or aggression
- Self-destructive behaviour. This can include self-harm, suicide, alcohol and drug abuse
- Overly compliant
- Extreme attention seeking behaviours or extreme inhibition
- Running away from home, avoiding attending at school
- Nightmares, poor sleeping patterns
- Anti-social behaviours
- Lack of self esteem
- Obsessive behaviours
- Eating disorders

Caregiver Indicators:

- Labels the child as inferior or publicly humiliates the child (e.g. name calling)
- Treats the child differently from siblings or peers in ways that suggest dislike for the child
- Actively refuses to help the child
- Constantly threatens the child with physical harm or death
- Locks the child in a closet or room for extended periods of time
- Teaches or reinforces criminal behaviour
- Withholds physical and verbal affection
- Keeps the child at home in role of servant or surrogate parent
- Has unrealistic expectations of child
- involves child in adult issues such as separation or disputed over child's care
- Exposes child to witnessing situations of arguing and violence in the home

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, causing long term serious harm to the child's health or development. It may also include neglect of a child's basic or emotional needs. Neglect is a lack: of action, emotion or basic needs.

Physical Indicators:

- Dressed inappropriately for the season or the weather
- Often extremely dirty and unwashed
- Severe nappy rash or other persistent skin disorders
- Inadequately supervised or left unattended frequently or for long periods
- May be left in the care of an inappropriate adult
- Does not receive adequate medical or dental care
- Malnourished - this can be both underweight and overweight
- Lacks adequate shelter
- Non-organic failure to thrive

Behavioural Indicators:

- Severe developmental lags without an obvious physical cause
- Lack of attachment to parents/caregivers
- Indiscriminate attachment to other adults
- Poor school attendance and performance
- Demanding of affection and attention
- Engages in risk taking behaviour such as drug and alcohol abuse
- May steal food
- Poor social skills
- No understanding of basic hygiene

Caregiver Indicators:

- Puts own need ahead of child's
- Fails to provide child's basic needs
- Demonstrates little or no interest in child's life - does not attend school activities, social events
- Leaves the child alone or inappropriately supervised
- Drug and alcohol use
- Depressed

Physical Abuse

Physical abuse is a non-accidental act on a child that results in physical harm. This includes, but is not limited to, beating, hitting, shaking, burning, drowning, suffocating, biting, poisoning or otherwise causing physical harm to a child. Physical abuse also involves the fabrication or inducing of illness.

Physical Indicators (often unexplained or inconsistent with explanation given):

- Bruises, welts, cuts and abrasions
- Burns - small circular burns, immersion burns, rope burns etc.
- Fractures and dislocations - skull, facial bones, spinal fractures etc.
- Multiple fractures at different stages of healing
- Fractures in very young children

Behavioural Indicators:

- Inconsistent or vague explanations regarding injuries
- Wary of adults or a particular person
- Vacant stare or frozen watchfulness
- Cringing or flinching if touched unexpectedly
- May be extremely compliant and eager to please
- Dresses inappropriately to hide bruising or injuries
- Runs away from home or is afraid to go home
- May regress (e.g. bedwetting)
- May indicate general sadness
- Could have vision or hearing delay
- Is violent to other children or animals

Caregiver Indicators:

- Inconsistent or vague explanations regarding injuries
- May appear unconcerned about child's wellbeing
- May state the child is prone to injuries or lies about how they occur
- Delays in seeking medical attention
- May take the child to multiple medical appointments and seek medical treatment without an obvious need

Sexual Abuse

Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities (penetrative and non-penetrative, for example, rape, kissing, touching, masturbation) as well as non-contact acts such as involving children in the looking at or production of sexual images, sexual activities and sexual behaviours.

Physical Indicators:

- Unusual or excessive itching or pain in the genital or anal area
- Torn, stained or bloody underclothing
- Bruises, lacerations, redness, swelling or bleeding in genital, vaginal or anal area

- Blood in urine or stools
- Sexually transmitted infections
- Pregnancy
- Urinary tract infections
- Discomfort in sitting or fidgeting as unable to sit comfortably

Behavioural Indicators:

- Age-inappropriate sexual play or language
- Bizarre, sophisticated or unusual sexual knowledge
- Refuses to go home, or to a specific person's home, for no apparent reason
- Fear of a certain person
- Depression, anxiety, withdrawal or aggression
- Self-destructive behaviour. This can include self-harm, suicide, alcohol and drug abuse
- Overly compliant
- Extreme attention seeking behaviours or extreme inhibition
- Dresses inappropriately to hide bruising or injuries
- Eating disorders
- Compulsive behaviours

Caregiver Indicators:

- May be unusually over-protective of the child
- Accuses the child of being sexually provocative
- Misuses alcohol or drugs
- Invades the child's privacy (e.g. during dressing, in the bathroom)
- May favour the victim over other children

Intimate Partner Violence or Family Violence

Intimate Partner Violence includes threatening to harm people, pets or property, and causes family members to live in fear. Children are always affected either emotionally or physically where there is family violence even if they are not personally injured or physically present.

While some men experience violence from partners and family members, women and children are the most likely victims of family violence.

Indicators in the Child:

- Physical injuries consistent with the indicators of Physical Abuse
- Absenteeism from school
- Bullying or aggressive behaviour
- Complaints of headaches or stomach aches with no apparent medical reason
- Talking or describing violent behaviours

Indicators in the Victim:

- Physical Injuries including: bruising to chest and abdomen, injuries during pregnancy
- Depression and/or anxiety
- Inconsistent explanations for injuries
- Fearful
- Submissive

Indicators in the Perpetrator:

- Isolates and controls partner and children
- Threatens, criticises, intimidates, uses aggressive and physical abuse towards partner and children
- Minimises and denies own behaviour, or blames victim for the perpetrator's own behaviour

7.3 Guiding principles: the seven R's

Receive

- Listen to what is being said, without displaying shock or disbelief
- Accept what is said and take it seriously
- Make a note of what has been said as soon as practicable

Reassure

- Reassure the child/young person
- Don't make promises you may not be able to keep e.g. 'I'll stay with you' or 'everything will be alright now' or 'I'll keep this confidential'
- Do reassure e.g. you could say: 'I believe you', 'I am glad you came to me', 'I am sorry this has happened', 'We are going to do something together to get help'

Respond

- Respond to the child/young person only as far as is necessary for you to establish whether or not you need to refer this matter, but do not interrogate for full details
- Do not ask 'leading'
- Do not ask them why something has happened.
- Do not criticise the alleged perpetrator; the child/young person may care about him/her, and reconciliation may be possible
- Do not ask the child/young person to repeat it all for another member of staff. Explain what you have to do next and whom you have to talk to. Reassure the child/young person that it will be a senior member of staff

Report

- Share concerns with the your manager as soon as possible
- If you are not able to contact your manager, call CBS
- If you are dissatisfied with the level of response you receive following your concerns, you should press for re-consideration

Record

- If possible make some very brief notes at the time, and write them up as soon as possible
- Keep your original notes on file
- Record the date, time, place, person(s) present and noticeable nonverbal behaviour, and the words used by the child. If the child uses sexual 'pet' words, record the actual words used, rather than translating them into 'proper' words
- Complete a body map to indicate the position of any noticeable bruising

- Record facts and observable things, rather than your 'interpretations' or 'assumptions'

Remember

- Support the child: listen, reassure, and be available
- Complete confidentiality is essential. Share your knowledge only with appropriate professional colleagues
- Try to get some support for yourself if you need it

Review (Led by Behaviour Specialist Team at Weekly Review Meeting)

- Has the action taken provided good outcomes for the child?
- Did the procedure work?
- Were any deficiencies or weaknesses identified in the procedure? Have these been remedied?
- Is further training required?

Policy No: 15	Issue Date:
Review Date:	Last Amendment/Review:

