



Child Protection Policy

Purpose

1. This policy gives details of Blenheim Early Childhood Centres Inc. (BECC) commitment to keep all children safe from harm.
2. The policy provides details of what we believe is important and what we will do to protect children.
3. The policy contains provisions for all staff to guide them in identifying and reporting child abuse and neglect.
4. This policy appoints our Designated Person's for Child Protection and sets out their role and responsibilities when dealing with suspected child abuse or neglect.

All staff are expected to be familiar with this policy and follow the procedures in all situations of disclosed or suspected vulnerability, abuse, or neglect. They include:

- If a staff member is concerned about a child, or suspect that a child is vulnerable, at risk or has been abused or neglected
- How a staff member should respond if a child discloses vulnerability, abuse or neglect
- How to respond if another staff member is suspected of abusing a child
- About information sharing
- About standards for safely working with children

This policy applies to:

Staff: This policy applies to all staff who are employed or engaged by BECC including volunteers, contractors and students on placement. It also applies to staff of any other organisation who are using BECC premises to provide children's services.

The term "staff" will be used in this policy to cover all the personnel named above.

Children: This policy applies to all children up to 6 years of age who are enrolled at BECC, and who staff come into contact with during the course of their work.

Rationale and Commitments

1. BECC has 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.
2. While children are attending BECC they are protected from harm, and to respond in ways which keep children safe when abuse is suspected. BECC staff operate within the national Code of Professional Responsibility and Standards for the Teaching profession which sets out the standards of integrity and professional behaviour expected of everyone in our profession.
3. 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 (the Police) and Oranga Tamariki in the investigation of suspected abuse and will report suspected/alleged abuse to these agencies.
4. Under section 6 of the Oranga Tamariki (1989) the interests and well-being of children are paramount.
5. We support families/whānau to protect their children.
6. We provide a safe environment, free from physical, emotional, verbal or sexual abuse.
7. Recognising the rights of family/whānau to participate in the decision-making about their children.
8. That parents at BECC are encouraged to visit at any time during the day. Parents settling children into the centre are encouraged to observe and take part in our programme until such time as they feel secure enough to leave.
9. 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.
10. Information regarding a child will be shared to both parents unless there are any court appointed custodial arrangements in place which will limit this.

11. A complaints procedure ensures issues of concern are dealt with appropriately. Parents are encouraged to express their feelings and concerns so that the operation of BECC can be constantly improved.
12. We are committed to share information in a timely way and to discuss any concerns about an individual child.
13. 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.

Vulnerable children

In addition to guiding staff to make referrals of suspected child abuse and neglect to the statutory agencies, (i.e. Oranga Tamariki and the NZ Police) this child protection policy will also help staff to identify and respond to the needs of the many vulnerable children whose wellbeing is of concern.

In many of these cases the involvement of statutory agencies may be inappropriate and potentially harmful to families/whānau. Throughout New Zealand statutory and non-statutory agencies provide a network of mutually supportive services and it is important for our organisation to work with these to respond to the needs of vulnerable children and families/ whānau in a manner proportionate to the level of need and risk.

Definitions used in this policy

The Oranga Tamariki Act 1989 defines child abuse as “the harming (whether physically, emotionally, sexually), ill-treatment, abuse, neglect or deprivation of any child or young person”.

The following definitions are provided for guidance but should not be seen as an exhaustive list. Indicators of the abuses can be found in appendix B.

Vulnerability

A vulnerable child is one who is unable to keep themselves safe from harm or who is at risk of not reaching their full potential and achieving their outcomes without services or additional support. Vulnerable children are at risk of significant harm to their well-being now, and into the future as a consequence of the environment in which they are being raised, and in some cases due to their own complex needs.

Physical Abuse

Is a non-accidental act on a child/young person that results in physical harm. It may be inflicted intentionally or be the inadvertent result of physical punishment or the aggressive treatment of a child. It may involve, but is not limited to, shoving, slapping, hitting, punching, kicking, beating, shaking, throwing, burning, scalding, drowning, suffocating, biting, positional or otherwise causing physical harm to a child/young person. Physical abuse may also involve fabricating the symptoms of illness or deliberately inducing illness in a young child/person.

Emotional Abuse

Some level of emotional abuse is involved in all types of maltreatment, though it may occur alone. Sometimes referred to as psychological abuse, emotional abuse is often persistent and a pattern of behaviour where the child/young person is often rejected and/or threatened, as to cause severe and adverse effects on their emotional well-being and/or physical and/or intellectual development.

Sexual Abuse

Is any act where a child/young person is coerced, forced or enticed to take part in sexual activities (not necessarily involving a high level of violence), whether or not the child/young person is aware of what is happening and may be consensual or not. Sexual abuse is not solely perpetrated by adult males; women and other children/young people (peer-peer) can also commit acts of sexual abuse. It is where a person with power or authority over a child uses the child for sexual gratification.

Child Sexual Exploitation

The sexual exploitation of children and young people under 18 is a type of sexual abuse. It involves exploitative situations, contexts and relationships where young people (or a third person/persons) receive “something” (eg accommodation, drugs/alcohol, affection, gifts, money) as a result of performing sexual activities or other performing sexual activities on them.

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. It is any act or omission resulting in impaired physical functioning, injury, health and/or development of a child/young person. Neglect may also occur in pregnancy, eg. Via parental substance misuse, family violence.

Intimate Partner Violence or Family Violence

It may be a single act of violence or a number of acts that form a pattern of abuse. In addition to physical violence, most commonly Family Violence relates to specific forms of emotional abuse enabling power and control over victims. Exposure to and/or witnessing Family Violence is also recognised as a form of emotional abuse.

Bullying

Bullying relates to inappropriate use of a real or perceived power by one or more persons over another person or a group regarded as less powerful. Acts of bullying are generally repeated or have the potential to be repeated over time. Bullying related to hurting someone else (physically and/or emotionally) and may take many forms that are often interrelated and include Verbal – name calling, gossiping, put downs, threats.

Cumulative Harm

Refers to the effects of patterns of circumstances and events in a child's life, which diminish a child's sense of safety, stability and wellbeing. Cumulative harm is the existence of compounded experiences of multiple episodes of abuse or "layers" of neglect. The unremitting daily impact on the child can be profound and exponential, covering multiple dimensions of the child's life.

Designated Person for Child Protection

Who is the Designated Person?

The Designated Person/s for Child Protection will be the Head Teacher of each centre, and the Education Manager.

What does a designated person do? The Designated Persons for Child Protection has a responsibility at both a strategic level within the organisation and on a day to day basis.

Key aspects of the Designated Person's role includes:

- Making sure all staff are aware how to raise safeguarding concerns.
- Ensuring all staff understand the symptoms of child abuse and neglect.
- Referring any concerns to Oranga Tamariki or Police.
- Monitoring children who are involved with statutory and NGO agencies/services.
- Maintaining accurate and secure child protection records.

Role of the Designated Person/s

It is essential that an appropriate senior member of staff is selected to take lead responsibility for child protection. This person should have the status and authority within the organisation to carry out the duties of the post including committing resources and where appropriate, supporting and directing other staff.

The broad areas of responsibility for the designated person are:

Managing referrals

Refer all cases of suspected abuse to statutory agencies

The designated officer for child protection concerns (all cases which concern a staff member), Disclosure and Barring Service (cases where a person is dismissed or left due to risk/harm to a child); and/or

Police (cases where a crime may have been committed)

Liaise with the Operations Manager who will inform the Board of Trustees Chairperson

Act as a source of support, advice and expertise to staff on matters of safety and safeguarding, and when deciding whether to make a referral by liaising with relevant agencies.

Training

The designated person/s should receive appropriate training in order to:

Understand the assessment process for providing early help and intervention, for example through locally agreed common shared assessment processes such as early help assessments. Have a working knowledge of how statutory agencies and multi-agency meetings work and be able to attend and contribute to these effectively when required to do so.

Ensure each member of staff has access to and understands BECC's Child Protection Policy and procedures, especially new and part-time staff.

Be alert to the specific needs of children in need, those with special educational needs and young carers.

Be able to keep detailed, accurate and secure written records of concerns and referrals.

Obtain access to resources and attend any relevant or refresher training courses.

Encourage a culture of listening to children and taking account of their wishes and feelings among all staff, in any measures that BECC may put in place to protect them.

Raising Awareness

The designated person/s should ensure that BECC policies are known and used appropriately:

Ensure that BECC's Child Protection Policy is available publicly (website) and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of BECC in this. Link with the local/national bodies and training organisations to make sure staff are aware of training opportunities and the latest local policies on safeguarding. When children leave BECC ensure that their child protection file is transferred to the new preschool/kindergarten/school as soon as possible.

Safe Working Practices

1. BECC playground and indoor play areas are designed to ensure that they can be readily observed by supervising Teachers. Children are supervised by staff at all times, no child will be left unattended.
2. Only adults named on the enrolment form are able to collect children from the centre. If a child is to be collected by someone other than the persons on their enrolment form, parents / legal guardians are required to give written or verbal permission to the teaching team including their relationship to the child and a brief description of what they look like. If the adult is unknown to the teachers they will be asked to provide photo identification.
3. There will always be minimum of two teachers (one of these will be the person responsible) when a child is at preschool without a parent/caregiver.
4. When a child is late being picked up, two teachers (one of these will be the person responsible) will wait with the child until the child is collected by the parent/caregiver.
5. Visiting student teachers are not allowed to change or toilet a child unsupervised and are not to be left alone with any child or group of children.
6. All children and babies in nappies will be changed as necessary when soiled and/or wet by a permanent staff member or a reliever who has been authorised by the Head Teacher.
7. Maintaining visibility within the preschool environment protects both children and staff. Ideally toilets should have open or half doors and window view.
8. Opportunities for staff and other adults to be alone with tamariki are kept to a minimum. If tamariki need to be showered, a second staff member must be within the vicinity.
9. Excursions will be carried out in accordance with the Education and Excursions Outside the Preschool Policy.
10. Parents have the right to know the identity of visitors within the centre. Centres will have a process to ensure this happens.
11. The Head Teacher (or person responsible) can at their discretion refuse entry to preschool.
12. Periodic detention workers are not permitted to be at the Preschool when there are children present.
13. When contractors are on site they must not have unsupervised access to tamariki.
14. Visitors to the Preschool and parents are NOT permitted to toilet children or assist in the bathroom, other than hand-washing, with the exception that a parent may toilet their own child.
15. When recording a suspicion of harm, written documentation and body diagrams should always be used. These cannot be replaced with photographs. Whilst photography can be a useful tool in some circumstances, this is best left to statutory authorities to carry out.
16. BECC Cybersafety Policy will be adhered to and parent permission will be asked surrounding social media and publicity.

Safe Collection of Children

BECC will ensure children are safely collected from preschool to the appropriate person/caregiver.

1. The caregiver who enrolls a child must provide for the preschool, a list of authorised person to whom the child may be released to and any current parenting order/protection order.
2. The preschool shall be permitted to release the child to a person named by the enrolling caregiver. All information given to Preschool in relation to parenting order/protection orders shall remain confidential to the preschool.
3. Any changes to custody/access of a child shall (for the purposes of these guidelines) be notified in writing that the enrolling caregiver is changed to the caregiver with custody/access. The person shall be responsible as if they had initially enrolled the child. Action plan in case of an un-authorised person collection child/children from preschool.

If Suspicion Arises:

1. If another person comes to collect the child who is unknown to the team, ID must be sighted and a record of that person picking up must be visible, or notification must have been made by phone call.
2. If the person is not permitted, contact must be made with parent/caregiver.
3. Parent or authorised contact person requested to come to the centre immediately.
4. Inform person they are not permitted to remove the child. Ask them to leave the centre. If they do not leave, inform them Police will be contacted.
5. If they refuse, second staff member to inform the Police. (Delaying tactics).
6. If unauthorised person endangers others in the Centre we will reluctantly release the child. In these circumstances we will endeavour to take registration number of vehicle and note direction vehicle has taken.

In the case of emergency or non-collection of a child:

1. Teacher to call primary caregiver/s.
2. Where possible teachers try to contact the person. If unable to make contact, teacher will refer to emergency contact people sighted on the child's enrolment form, to see what appropriate action should be taken for the child.
3. If the above procedure fails, the teacher will work in consultation with the local Police to work out the best solution for the child.

Confidentiality and information sharing

The Privacy Act 2020 and the Oranga Tamariki Act 1989 allow information to be shared to keep children safe when abuse or suspected abuse is reported or investigated. We recognise that effective child protection requires a collaborative approach and the ongoing timely exchange of information from Oranga Tamariki (section 66c regarding sharing of information) Note that under sections 15 and 16 of the Oranga Tamariki 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 Oranga Tamariki or the Police and, provided the report is made in good faith, no civil, criminal or disciplinary proceedings may be brought against them.

We will ensure that all information that is shared is done in a way that complies with relevant legislation.

We may share information with appropriate agencies (e.g Health, Education, Oranga Tamariki, Police, or anyone involved in the child's life) if sharing the information will help to protect or improve the wellbeing and safety of the child.

Any requests for information about a child must be directed to our designated person.

If a child moves to another centre or moves from our preschool without us knowing where they have gone, and there have been concerns for that tamariki/child we will pass on any information to the new Childcare provider or School as well as Oranga Tamariki.

Recruitment and employment (safety checking)

Safety checking will be carried out in accordance with the Children's Act 2014. This will include: a police vet; identity verification; references, an interview and a risk assessment. 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, that applicant will not be employed. See Personnel Practices: Appointments and Screening Policy.

Training, supervision and support

Training, resources and/or advice will be available to ensure that all staff can carry out their roles in terms of this policy, particularly:

1. Understanding child abuse and indicators of child abuse.
2. How to reduce the risk of child abuse.
3. Understanding and complying with legal obligations in regard to child abuse.
4. Working with outside agencies on child abuse issues.
5. Planning of the environment and supervision to minimise risk.
6. Dealing with child/parents/family/whānau.

This policy will be part of the initial staff induction programme. Training will be conducted for all permanent staff members via either ELearning or face to face training. New permanent staff members will complete this training within 6 months of commencement of their employment.

Relevant Legislation and related policies

- Children's Act 2014 • Care of Children Act 2004 • Privacy Act 2020 • The United Nations Convention on the Rights of the Child (UNCROC) • Oranga Tamariki Act, 1989 • Domestic Violence Act 1995 • Victims' Rights Act 2002
- Family Violence Act • Cybersafety Policy • Social Media • Personnel Practices: Appointments and Screening Policy
- Nappy Changing and Toileting Policy • Drug and Alcohol Policy

Appendices:

1. Indicators of abuse
2. Responding to disclosures by a Member of Staff
3. Responding to suspected child abuse or neglect
4. Blank Record Of Concern form
5. Making an effective Report Of Concern
6. Blank Child's Body Map

Indicators of Abuse and Neglect

Emotional Abuse

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:

- Overly compliant and apologetic including an excessive fear of making mistakes.
- Difficulty developing normal relationships including poor peer relationships.
- Lacks trust in other people.
- Demonstrating fear, of parent, caregiver or other adult.
- Reluctance to attend an activity at a particular club or organisation.
- Inability to cope with praise.
- Slow development or regression with no obvious cause
- Aggressive behaviour (active or passive).
- Attention or risk taking behaviour.
- Depression, habitually frightened, anxious and/or nervous.
- Tired, lethargic, falling asleep at inappropriate times.
- Habit disorders – hair twisting, sucking, biting, rocking, etc.
- Very 'clingy', possessive and attention seeking.
- Indiscriminate with affection.
- Stealing (particularly food) or destroying property.

- Unable to express views when asked.
- Staying at school or other activities outside hours and not wanting to go home.
- 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
- 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
- Inappropriately involves child in adult issues such as separation or disputes over child's care
- Exposes child to witnessing, either seeing or hearing, situations of arguing and violence in the home

Neglect

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:

- Stealing/hoarding particularly food or clothing.
- Inappropriately dressed i.e. extremely dirty, not the right clothes to keep dry or warm.
- Out and about unsupervised.
- Spending time at school or other external activities beyond the usual hours.
- Falling behind in educational work and/or attendance.
- Reluctance to attend an activity at a particular club or organisation.
- Indiscriminate attachment to adults – strong attention, affection seeking or a severe lack of attachment to their own parent/carer.
- Tired or falling asleep at inappropriate times.
- Abuse of alcohol or drugs.
- Aggressive behaviour and/or destructive tendencies
- Poor peer relationships, having few friends.
- Indiscriminate with affection and/or desire for adult affection.
- Poor emotional response / lack of expression or enthusiasm.
- Low self-esteem, dull, unsmiling.
- Anxiety about being left.
- Frequent rocking and sucking behaviour.

- Running away.
- Developmental lags with no obvious cause

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 misuse
- Depressed

Physical Abuse

- 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, especially those not yet mobile

Behavioural Indicators:

- Inconsistent or vague explanations regarding injuries
- Wary of adults or a particular person
- Vacant stare or frozen watchfulness
- Cringing or flinching if touches 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
- Is violent to other children or animal

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

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, place, sound or smell
- 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

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
- Bullying, aggressive behaviour including yelling, hitting, biting, kicking and pulling other children's hair.
- Disclosures of and/or describes violent or emotionally abusive acts.
- Threats and/or harming of animals.
- Substance misuse.
- Very distressed when witnessing violence.
- Severely shy, low self-esteem.
- Argumentative.
- Difficulty concentrating.
- Become rebellious/anxious.

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 perpetrators own behaviour

Child Sexual Exploitation:

Physical indicators may include:

- Physical indicators such as bruising, bite marks including injuries to areas such as breasts, buttocks, thighs and genitalia.
- Unusual or excessive itching, bruising, lacerations, redness, swelling or bleeding in the genital area.
- Inappropriate clothing e.g. keeping body covered in hot weather.
- Pain experienced or blood in urine or stools.
- Frequent complaints of headaches and/or stomach pains.
- Discomfort when walking or sitting down.
- Pregnancy.
- Anxiety related illnesses e.g. eating disorders and/or sudden changes in eating habits;
 - Refuses to eat.
 - Loses or drastically increases appetite.
 - Has trouble swallowing. Anorexia, bulimia, significant weight gain.
- Nightmares/other sleep problems without explanation.

Behavioural indicators may include:

- Sexually explicit or age-inappropriate drawings, stories and/or play.
- Persistent and/or age-inappropriate sexual activity.

Significant difficulty in relating to adults and/or peers, including:

- Sexual aggression towards younger or more naïve children.
- Sexual invitations or gestures to older people.
- Sexual interaction involving animals or toys.
- Sexual promiscuity or exploitation.
- Significant change in status or quality of relationships with friends and/or parents.
- Fear of people, of a particular person, gender, attending a particular activity, club/ organisations, location, etc. including running away.
- Distracted or distant at odd times.
- Signs of depression e.g. persistent crying, lack of motivation to engage in activities, lack of expression or enthusiasm.
- Problems with school work or unexplained changes in behaviour or school results.
- Sudden mood swings: rage, fear, insecurity or withdrawal.
- Frequent rocking, sucking and biting behaviour.
- Challenging and aggressive behaviour.
- Suicidal and self-harm behaviour including self-mutilation, drug or alcohol abuse.
- Risk taking behaviour such as lighting fires.
- Cruelty to animals.

More typical of Younger Children

- Regression e.g. bed-wetting or thumb sucking.
- New words for body parts.
- Resists removing clothes when appropriate times e.g. bath, bed, toileting, nappy changes.
- Asks other children to behave sexually or play sexual games.
- Mimics adult-like sexual behaviours including with toys or draws in artwork More typical in adolescents
- Self-injury (cutting, burning)
- Anxiety.
- Fear of intimacy or closeness.
- Compulsive eating.

Bullying

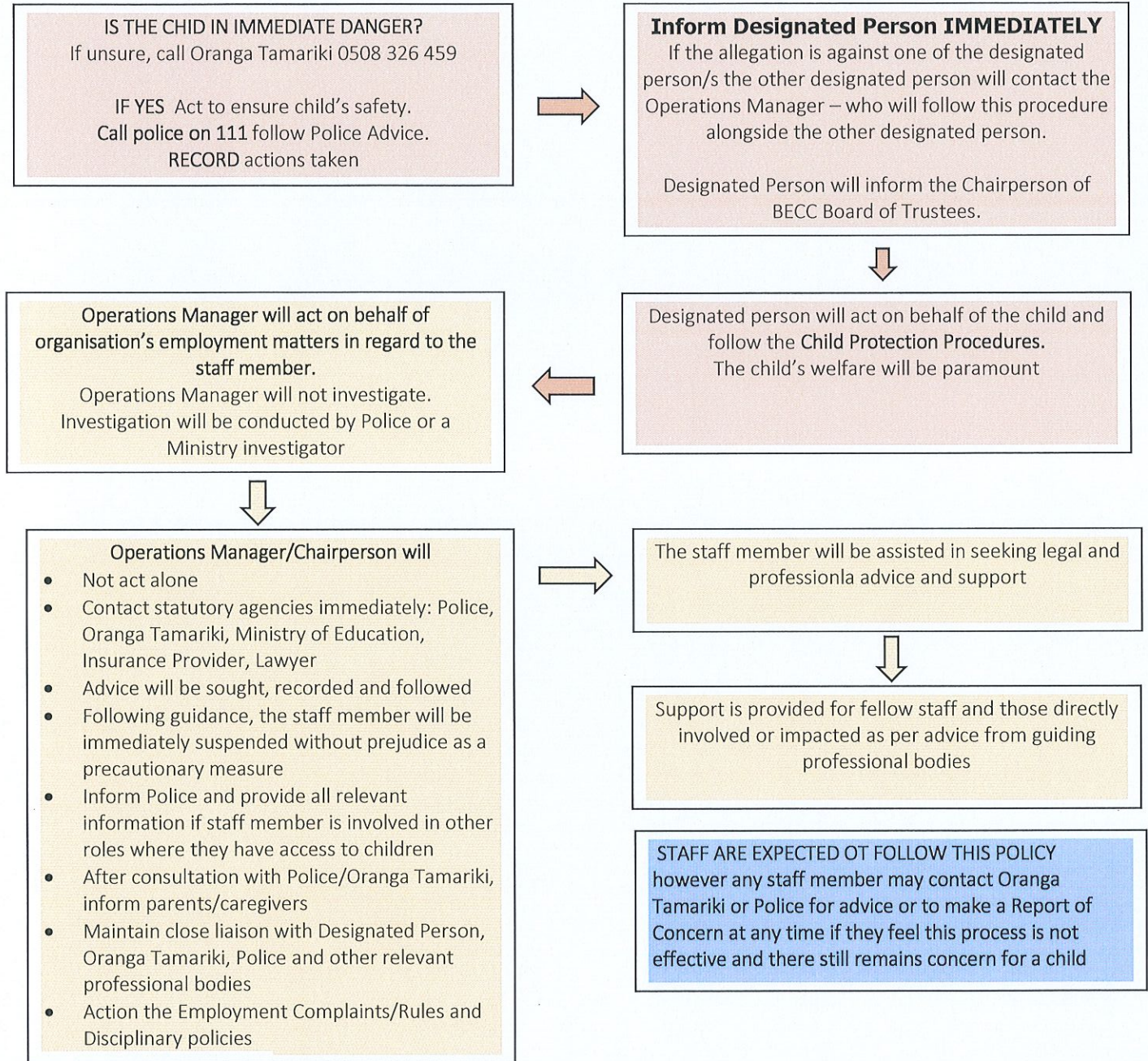
Physical indicators may include:

- Physical injuries such as unexplained bruises.
- Problems with eating or sleeping e.g. nightmares, wetting the bed, etc.
- Self-harm.

Behavioural indicators may include:

- Belongings getting "lost" or damaged.
- Loses interest in preschool.
- Problems adjusting, being afraid to go to preschool, being mysteriously 'ill' each morning
- Have fewer friendships, not being accepted by their peers.
- No longer wants to participate in activities once enjoyed.
- Suddenly changes in behaviour E.g.
- Being nervous, losing confidence, or becoming distressed and withdrawn.
 - Anxious, clingy, depressed, obsessive behaviour, wary and suspicious of others.
 - Being aggressive, taking risks; or
 - Bullying others.

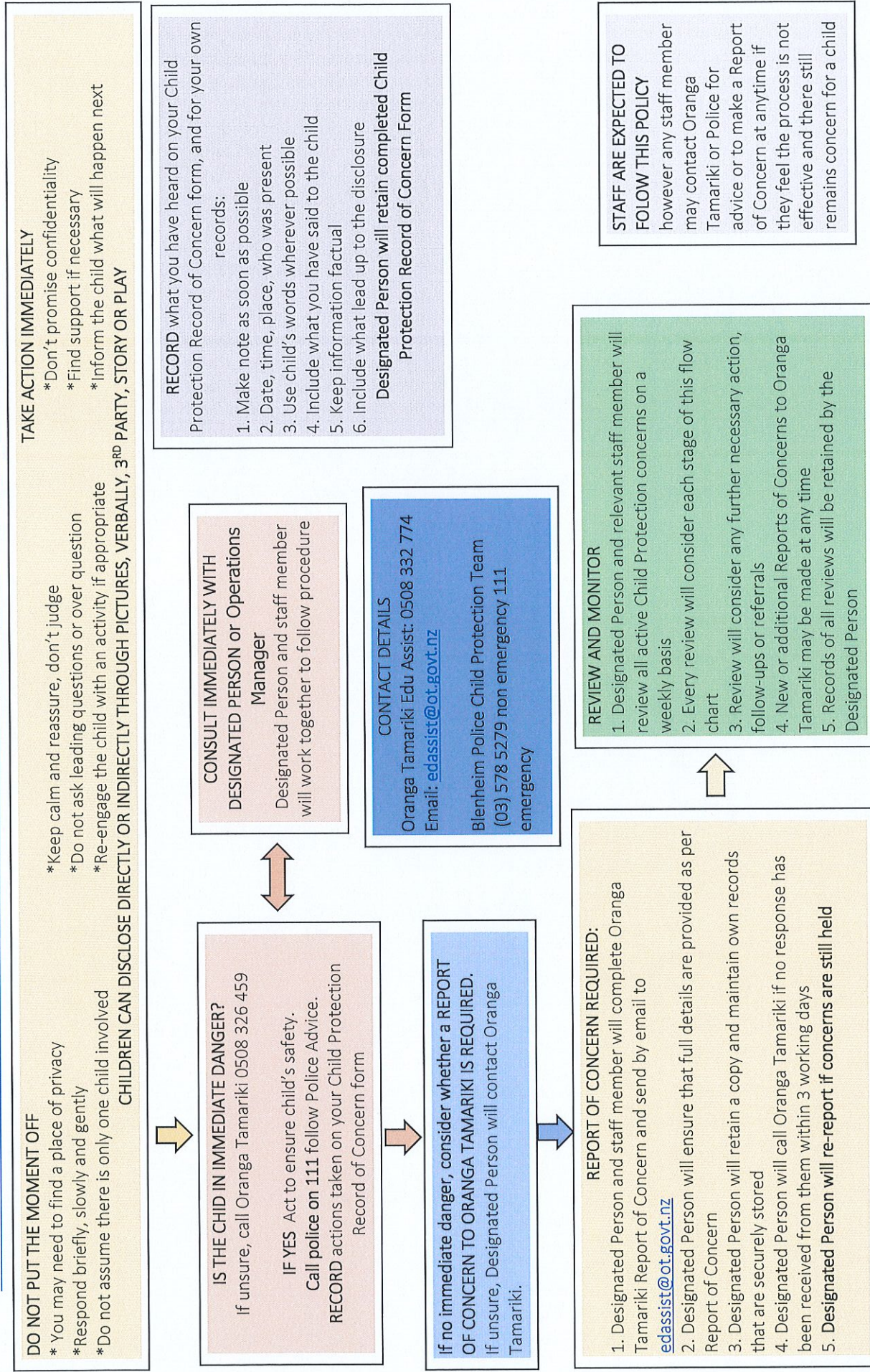
*Procedure for Responding to Allegations or Disclosure of Child Abuse or Neglect by
BECC Staff*



RECORDING: All information to be recorded on Record of Concern

Dates	Time	Facts	Places
Names	Family Details	Who was present	
Advice and action taken		Details of all information shared	

Procedure for Responding to Disclosed or Suspected Child Abuse or Neglect





Record of Concern

Refer to making an effective Report of Concern

Name of child involved: _____ DOB of child: _____

Staff member/s present: _____

Date and time of concern: _____

Family Details: Address/contact numbers/names of other children in the family/names of parents/name of others living with the family/

Outline of Concern/Details of review, including all information shared:

Action taken:

Oranga Tamariki Report of Concern? Yes No

Review due date:

Review completed Yes No

For each review complete a further Report of Concern

Staff member name and contact details who filled in this form:

Making an effective REPORT OF CONCERN

Is the child of concern at immediate risk of harm? **If YES, call 111 immediately**

The quality of the information you share can make the difference between an individual of concern receiving the help they need or not. When making a Report of Concern we recommend you take time to plan the information you intend to include. Key questions to consider include:

Will the person receiving the report be able to easily understand your concerns? Ask a trusted friend or colleague to read it before submitting it - are your concerns clear?

What is your plan regarding follow up with the agency you filed the report with ensure your concerns are being addressed?

Safeguarding Children has compiled a list of information useful for Oranga Tamariki or Police to identify a child, young person or adult of concern and also, for them to better understand your concern(s). The more detail you are able to provide the more effective your report becomes.

1. Name of child
2. If known, date of birth or approximate age
3. If known, address or place of residence
4. If known, contact phone numbers
5. Name(s) of any other children in household/whanau/group/team
6. Name(s) of parent/caregiver
7. Name(s) of any other adults in household/whanau/group/team
8. Name(s) of adult you are concerned about and their relationship or connection to the child
9. School, Early Childhood Centre or group(s) attended
10. Name of GP or Plunket nurse
11. What are you concerned about?
12. What have you seen or heard?
13. Who was present when you noticed something?
14. When did it happen?
15. What did the child say? Use speech marks.
16. What did the adult say or do that concerned you? Use speech marks.
17. Is it a one-off incident or always occurring?
18. If injury is present or disclosed, provide detail of where on the body. If you have one, use a body map and indicate left and right hand sides.
19. Using the child or adult's own words, record how the injury happened and any other details disclosed. Use speech marks.
20. Provide details of any questions you have asked and the response given. Use speech marks.
21. What have you done to safeguard or protect the child?
22. Who else is aware of or shares your concern(s)?
23. Have you spoken to the child's family of your concern(s)? If not, detail why. For example, fear of child's or own safety. Do the family know you are making a Report of Concern? If yes, what was their response?
24. If you have any reason to believe that a child will be at increased risk of harm as a result of submitting the Report of Concern, please ensure you highlight this concern in your report.
25. Include your full name, job title or relationship to child or young person. Also, your contact number and name of organisation.
26. We encourage you not to remain anonymous and to include your details in the report. This provides the agency you file the report with the option to contact you for more detail or clarification if necessary.
27. If you wish 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.

Body Map

Label injury location
on body diagrams
using below chart

Code	Injury
A	Swelling or inflammation
B	Bruising
C	Cuts and grazes
D	Burns and scalding
E	Redness/soreness
F	Scabs and blisters
G	Area of reported pain with no visible signs
H	Other

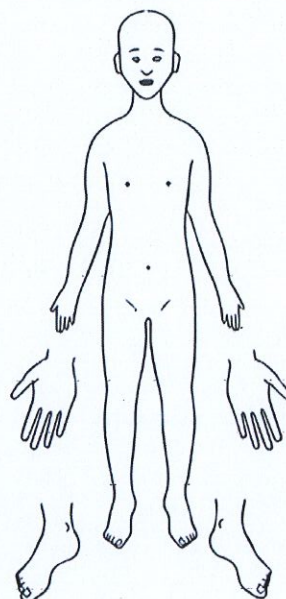
Right



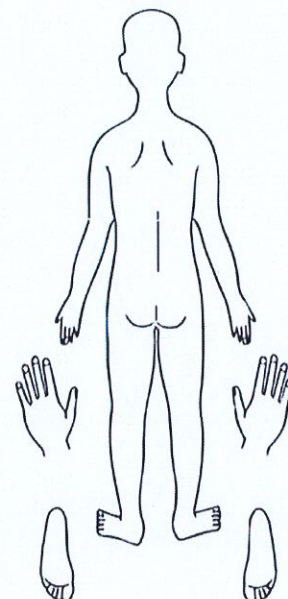
Left



Front



Back



This body map is a representation of (Full name):			
Date of birth:			
Date recording made:		Size/measurement of injury:	
Description of injury:			
The person recording these details is (full name):			
Designation:		Signature:	



If you believe a child is in immediate danger or in a life-threatening situation contact Police immediately by dialing 111.

Te Whatu Ora
Health New Zealand
Hauora a Toi Bay of Plenty

Report of Concern to Oranga Tamariki - Ministry for Children

[For use by professionals and members of the public]

Call Oranga Tamariki: **0508 326 459**

Email address for sending the written referral: contact@ot.govt.nz

or Fax: (09) 914 1211 [telephone and e-mail is our preferred method]

*Before you make this referral we encourage you to speak to whānau about your concerns and let them know your plan to contact Oranga Tamariki. However if children (or you) are at **immediate** risk of harm, we understand you may make a referral without contacting the child's whānau.*

If you have spoken with an Oranga Tamariki social worker about this referral, please record

Name of Social Worker:

Date/time of conversation:

Outcome of the discussion:

Wherever possible we will work with you and will endeavour to make contact with you prior to visiting the whānau.

We prefer you speak to a social worker at our National Contact Centre by phone **0508 326 459**, so you can discuss your concerns and answer any questions the social worker may have to help inform their decision about the next step. If you as a member of the public or your agency requires a written referral please send a copy of this document - we prefer an electronic word document.

This form may ask for information you do not have, that's okay. For these please write "not known/not applicable". The more information you can share, the better our decision making will be and the better the outcome for the child will be.

You will receive an auto-reply message once you email through this completed template to contact@ot.govt.nz to advise you it has been received. If you do not receive one within ten minutes call 0508 326 459 to confirm it has been received.

STATEMENT OF CONFIDENTIALITY

The information contained in this and any attached pages is intended to be for the use of the addressee named in this transmittal sheet. If you are not the addressee, note that any disclosure, photocopying distribution or use of the contents of this faxed information is prohibited. If you have received this facsimile in error, please notify us by telephone (collect) immediately so that we can arrange for the retrieval of the original documents at no cost to you.

Policy Name: Child Protection Policy	
This policy includes a flowchart and indicators of abuse	
Location: Health and Safety Manual	
Consultation	BOT, management, staff, parents
Policy ratified	22 nd July 2025
Introduction Date	1 st October 2002
Automatic review date	July 2026
<p>This policy will need to be reviewed to ensure that it continues to be appropriate and effective. Policy statement should be reviewed:</p> <ul style="list-style-type: none"> • if any roles are amended OR • if any part of the policy becomes ineffective or problematic or • if there are any suggestions for improvement or • the policy is scheduled for automatic review 	

Chairperson 

Date 