

Statement of Commitment

Kids Count is committed to always acting in the best interest of the children which includes the prevention of child abuse. Kids Count is aligned with the principle of the paramountcy of the child and the principle that the care and protection of children is every one's responsibility.

Abuse includes physical, sexual and emotional abuse and child neglect. We recognise that the family's primary role in caring and protecting the child should be valued and maintained however we also recognise that at times the child's family may not be acting in the child's best interest and at these times the child's safety and wellbeing must have priority.

Kids Count aligns its policy, recruitment, training and safe work practices to ensure trained staffs are available to respond to disclosures or suspicions of abuse in an appropriate and timely manner and in accordance with child protection legislation.

Kids Count will respect you and your child's privacy and we will only talk to/involve those persons/agencies who have a need to know to protect the wellbeing of the child/children concerned.

Kids Count will ensure that no Kids Count staff or members of the public will have unsupervised access to a child, while they are in Kids Count care, unless they have been cleared by the NZ Police Vetting process to have such access. The sole exception is for the child's parents and then within the provision of para 7 restricted access to a child.

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Part A 1. Reach of Child Protection Policy

1.A. Responsibilities

The Vulnerable Child's Act 2014 identifies that everyone within the community must take responsibility to report any suspected abuse.

All Kids Count staff must be able to clearly identify the signs and symptoms of abuse, and have the confidence to take the appropriate action. (See sections 5 and 6).

Centre Managers are responsible to ensure their staff have read and understood and adhere to this policy. They are expected to ensure that staffs have undertaken the appropriate action related to the policy.

Kids Count Designated person for child protection are the Centre Managers and Family Liaison Staff who are responsible to ensure Kids Count meets its obligations under section 16 of the Vulnerable Children's Act 2016 and provides support to the children's care and protection responses. The Designated Person's Responsible for Child Protection report to the General Manager and Director.

Child protection matters are to be treated with urgency i.e. same day and are to be reported to the relevant Centre Manager who then reports them to the relevant Kids Count Family Liaison Officer who reports up to the General Manager/Director.

Mary McLeod, Director; Anthony McLeod, General Manager	
Leanne Martin-Hopkins- Senior Family Liaison for all Centre's	
Shirley Edwards - Marne Road	Parekawhia Albert - Pukekohe
Amanda Smith - Kelvin Road	Hayley McAleer - Weymouth

All concerns raised are to be followed up immediately with investigation to assess the risk to children and/or staff and actions required to ensure child safety is maintained throughout investigations.

Staff are not to react/discuss with other staff but liaise directly with the CFLO and manager as per our guidelines in Pat B (refer to procedures for child care and protection procedure principles and specific guidelines for different scenarios).



1.B. Scope and Reach of this Policy

This policy applies primarily to all children who are enrolled with Kids Count, and secondly to those with whom Kids Count personnel may come into contact in the course of their work with Kids Count.

This policy applies to Kids Count staff, volunteers and management as well as any contracted personnel providing support services to families and members, (including child care), and to those providing support services to staff.

Creating a safe organisation requires an understanding of the many ways in which children can be at risk of abuse, and creating clear and decisive actions that an organisation can take to minimise the potential risk of abuse and to respond appropriately should abuse occur.

Publication and Review

In accordance with Part 2 of the Vulnerable Children's Act this policy will

- be reviewed every three years or earlier to keep abreast of changes of legislation or other changes
- be published on Kids Count website

1.D. Definitions

The following definitions apply to this policy:

Abuse – the harming (whether physically, emotionally or sexually), ill-treatment, neglect or deprivation of any child

Neglect – the persistent failure to meet a child's basic physical or psychological needs, leading to adverse or impaired physical or emotional functioning or development

Child – any child or young person aged under 17 years, 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 abuse or neglect or the risk of abuse or neglect

Staff- Staff' is defined as those who are employed directly by or volunteer for Kids Count as well as staff and volunteers of partner organisation's whilst they are working with children and young people in the care or supervision of Kids Count.

Designated person for child protection – the manager/supervisor or designated person 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. For Kids Count the designated personnel are those staff members holding the positions of Centre Manager and Family Liaison Person.

Disclosure – information given to a staff member by the child, parent or caregiver or third party in relation to abuse or neglect

Ministry of Vulnerable Children, Oranga Tamariki – the agency responsible for investigating and responding to suspected abuse and neglect and for providing a statutory response to children found to be in need of care and protection

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, including investigating cases of abuse or neglect where an offence may have occurred

Children's services – any organisation that provides services to children or to adults where contact with children may be part of the service. These organisations should have child protection policies. Organisations that provide services to adults who may be caring for or parenting children should also consider developing a policy, e.g., adult mental health and addiction services

Safer recruitment – following good practice processes for pre-employment checking which help manage the risk of unsuitable persons entering the children's workforce

Standard safety checking – the process of safer recruitment that will be mandatory for organisations covered by the Vulnerable Children Act 2014

Workforce restriction – a restriction on the employment or engagement of people with certain specified convictions under the Vulnerable Children Act 2014

Children's workforce/children's workers – people who work with children, or who have regular contact with children, as part of their roles

It is noted that Kids Count do not have any partner organisation's in respect of the application of this definition.

Part B: Definition and recognition of signs and symptoms of Child Abuse

2.A. The Children's and Young Persons Act 1989 defines Child abuse as the harming (whether physically, emotionally, or sexually), ill-treatment, abuse, neglect, or deprivation of any child or young person.

(i) Recognising Signs and Symptoms

There are two levels of indicators of the likelihood that abuse, of some type, is occurring

(a) Probable Group:

This group has highly significant signs and symptoms which tells us that child abuse has probably occurred. **This must be reported to the Children and Young Persons Service** for expert assessment or investigation; and

(b) Possible Group:

This group contains signs and symptoms which indicate that child abuse has possibly occurred. Consultation with an experienced person will assist you with deciding what action to take next.

(ii). Risk Factors of Child Abuse

There are many issues that may contribute to child abuse, but some factors increase the risk to children and make them more vulnerable to abuse. They can be found in the backgrounds of parents, in the environmental situation and in attributes of the child themselves.

These factors can be significant in alerting a bystander or family member to offer support to a family and keep a caring eye out.

Parental factors	Environmental factors	Child factors
Parent has already abused a child	Overcrowding in the house	Baby is sickly, colicky, or unwanted
Pregnancy was not wanted	Poverty or lack of opportunity to improve the family's resources	Child has a physical or developmental disability
Parent has a background of abuse when growing up	Family violence is present	Child is the product of an abusive relationship
Young, unsupported mother often with low education	A non-biological adult living in the house	Lack of attachment between child and parent
Parents have unrealistic expectations of the child and lack parenting knowledge	Family is experiencing multiple stresses	
Parent is isolated and has few supports		
Parent has a mental illness or is abusing drugs or alcohol		

(iii) Types of Abuse:

There are four main categories of abuse- physical, emotional, sexual and neglect. These types of abuse are discussed below:

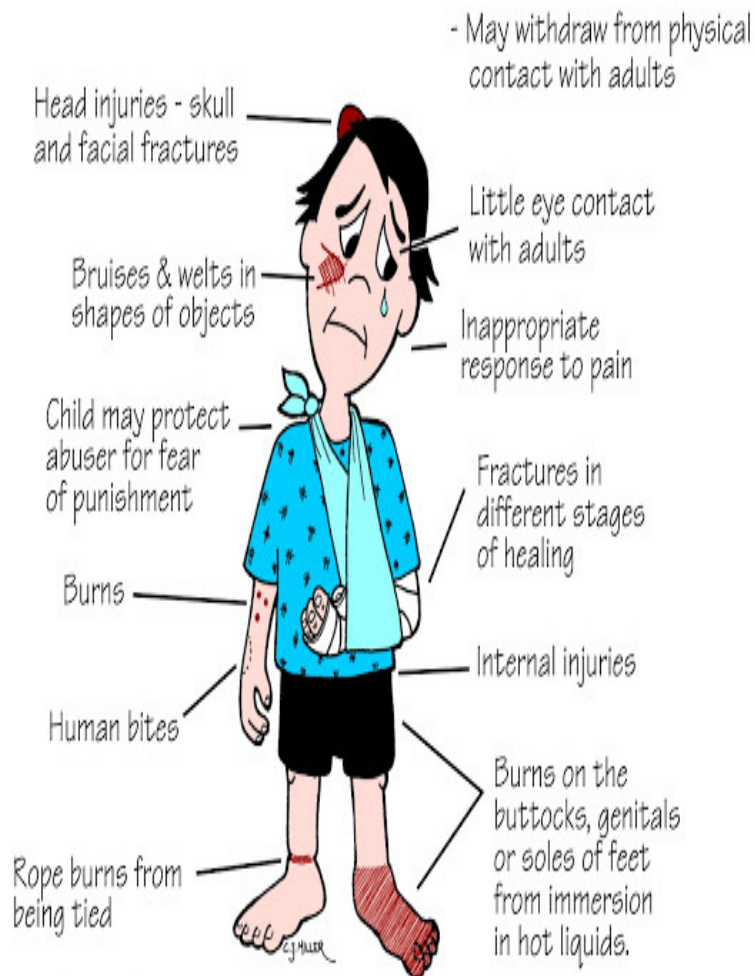
(a) Physical Abuse:

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, suffocating, biting, poisoning or otherwise causing physical harm to a child. Physical abuse also involves the fabrication or inducing of illness.

Indicators of Physical Abuse	Indicators in a child's behaviour	Indicators in adult behaviour
Unexplained bruises, welts, cuts abrasions	Is wary of adults or of an individual	May be vague about the details of the cause of the injury and the account of the injury may change from time to time.

Unexplained burns	Is violent to animals or other children	May blame the accident on a sibling, friend, relative or the injured child
Unexplained fractures or disclosures	Is dressed inappropriately to hide bruises or other injuries	Shakes an infant
	May be extremely aggressive or extremely withdrawn	Threats or attempts to injure a child
	Cannot recall how the injuries occurred or gives inconsistent explanations	Is aggressive towards a child in front of others
		May delay in seeking medical advice for a child

CHILD ABUSE



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(b) 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 of or hearing the ill treatment of others.

Indicators of Emotional Abuse	Indicators in a child's behaviour	Indicators in adult behaviour
Bed-wetting or bed soiling that has no medical cause	Suffers from severe developmental gaps	Constantly calls the child names, labels the child or publicly humiliates the child
Frequent psychosomatic complaints (e.g. headaches, nausea, abdominal pains)	Severe symptoms of depression, anxiety, withdrawal, or aggression	Continually threatens the child with physical harm or forces the child to witness physical harm inflicted on a loved one

Prolonged vomiting or diarrhoea	Severe symptoms of self-destructive behaviour such as self-harming	Has unrealistic expectations of the child
Has not attained significant developmental milestones	Overly compliant; too well mannered; too neat and clean	Involves the child in “adult issues”, such as separation or access issues
Dressed differently from other children in their family	Displays attention seeking behaviour or displays extreme inhibition in play	Keeps the child at home in a role of subservient or surrogate parent
Has deprived physical living conditions compared to other children in the family	When at play, behaviour may model or copy negative behaviour and language used at home.	

(c) **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 viewing of or production of sexual images, sexual activities and sexual behaviours.

There may be physical indicators that a child is being sexually abused. These could include:

Indicators of Sexual Abuse	Indicators in a child’s behaviour	Indicators in adult behaviour
Torn, stained or bloody underclothing	See Traffic Light below for type and meaning of children’s sexual behaviour.	Unusually protective of a child
Bruises, lacerations, redness, swelling or bleeding in genital, vaginal or anal area		Jealous of a child’s relationship with peers/other adults and/or is controlling over the child
Blood in urine or faeces		May favour the victim over other children
Unusual or excessive itching or pain in the genital or anal area		Demonstrates physical contact/affection to a child which appears in a sexualised nature or has sexualised overtones

There may also be indicators in a child’s behaviour. At Kids Count we will utilise the traffic light system to identify what is appropriate behaviour and what may indicate sexual abuse. *When using the traffic lights framework to categorise behaviour, it is necessary to consider the current social, cultural and familial context.*

Responding when a child displays sexual behaviours

All green, orange and red light behaviours require some form of attention and response. It is the level of intervention that will vary.

- Green light behaviours may be opportunities to provide positive feedback and information which supports healthy sexuality.
- Orange and Red behaviours may require observation, documentation, education, reporting, increased supervision, therapy and/ or a legal response.

When sexual behaviour raises concern, or involves harm to others, the behaviour is serious. Thinking about the context in which the behaviour occurs helps to establish the seriousness of the behaviour and appropriate actions required by Kids Count staff in dealing with it.

Green Light behaviours: ie Sexual behaviours that are 'normal', considered healthy- spontaneous, curious, light hearted, easily distracted, experimentation and equality of age, size and ability levels provide opportunities to give the child positive feedback and information.

From birth to 5 Years this behaviour may take the following forms:

- Thumb sucking, body stroking and holding of genitals
- Wanting to touch other children's genitals
- Asking about or wanting to touch the breasts, bottoms or genitals of familiar adults, e.g. when in the bath
- Games – 'doctors/nurse', 'show me yours and I'll show you mine'
- Enjoyment of being nude
- Interest in body parts and functions

Orange Light behaviours: Sexual behaviours that are outside 'normal' behaviour in terms of persistence, frequency or inequality in age or developmental abilities signal the need to take notice and gather information to assess the appropriate action.

- Concerning due to the frequency and duration of the behaviour
- Behaviour which is 'unusual' or different for a child or children
- Signal the need to take notice and gather information to assess the appropriate action.

From birth to 5 Years this behaviour may take the following forms:

- Preoccupation with adult sexual type behaviour
- Pulling other children's pants down/ skirts up against their will
- Explicit sexual conversation using sophisticated or adult language
- Preoccupation with touching another's genitals (often in preference to other child focussed activities)
- Chronic peeping
- Following others into toilets to look at them or touch them

Red Light behaviours: Sexual behaviours that are outside what is considered 'normal'

- Behaviour that is excessive, secretive, compulsive, coercive or degrading indicate a need for immediate intervention and action.
- Significant age, developmental and/ or power difference between the children involved
- Concerning because of the nature of the activities and the way they occur
- Children's behaviour indicate a need for immediate intervention and action
- From birth to 5 years this behaviour may take the following forms:
- Children's simulation of explicit foreplay or sexual behaviour in play
- Children's persistent masturbation
- Children's persistent touching of the genitals of other children
- Children's persistent attempts to touch the genitals of adults
- Children's sexual behaviour between young children involving penetration with objects
- Children's forcing other children to engage in sexual play

(d)Neglect

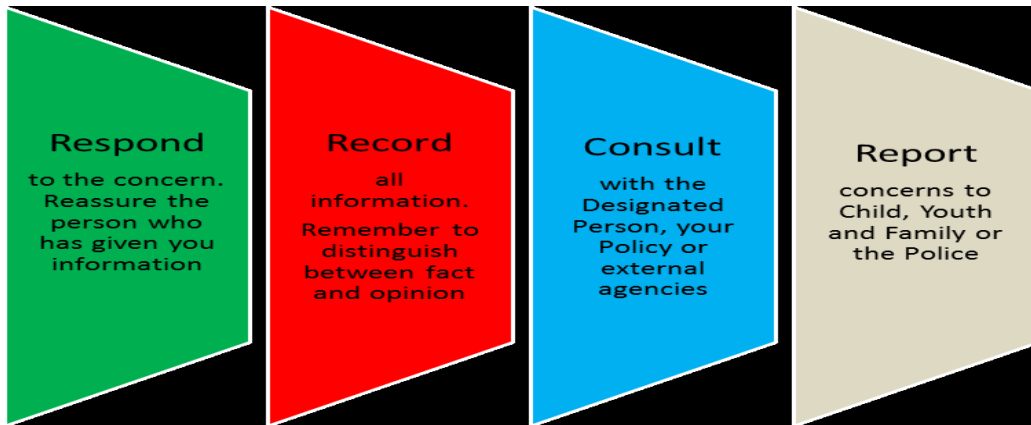
Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, potentially causing long term serious harm to the child's health or development. It may also include neglect of a child's basic or emotional needs. Neglect is a lack of action, emotion or meeting the child's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

When assessing the existence or nonexistence of abuse by neglect it is important that the assessor is aware of the varying ability of caregivers in different situations to meet physical and emotional needs e.g. a household that is below the poverty line faces more challenges in meeting the physical needs for children in their care

Indicators of Neglect	Indicators in a child's behaviour	Indications in adult behaviour
Inappropriate dress for the weather	Demonstrate severe lack of attachment to other adults	Fails to provide for the child's basic needs, such as housing, nutrition, medical and psychological care
Extremely dirty or unbathed	Poor attendance	Leaves the child home alone
Inadequately supervised or left alone for unacceptable periods of time	Poor social skills	Is overwhelmed with own problems and puts own needs ahead of the child's needs.
Malnourished	May steal food	
May have severe baby rash or other persistent skin disorders or	Is very demanding of affection or attention	

rashes resulting from improper care or lack of hygiene.		
	Has no understanding of basic hygiene	

2.B. Responding to Concerns or Allegations of Child Abuse



(i).CHILD PROTECTION PROCEDURES PRINCIPLES

(i) When abuse is suspected or an allegation of abuse is made the first consideration is to be the safety and wellbeing of the child.

(ii) When an allegation of abuse is made Staff will not act alone about suspicions, but will consult with their manager or supervisor who will be committed to taking action as outlined in these procedures. Staff will not act in a way that is outside their knowledge or capacity.

(iii) - All suspicions and information will be recorded factually, and held confidentially. Anything that is an opinion or a personal concern will be identified as such and not as being fact.

The parent/caregiver of the child will usually be informed of concerns but there may be times when those with parental responsibility may not be initially informed. This may happen when:

- The parent or caregiver is the alleged perpetrator
- It is possible that the child may be intimidated into silence
- There is a strong likelihood that evidence will be destroyed
- The child does not want their parent/caregiver involved and they are of an age when they are competent to make that decisions.

(iv) Staff will not question extensively a child who has disclosed abuse, or who is displaying signs of possible abuse. However, it is important that a child is listened to and responded to appropriately. When questioning a child staff are to follow the procedures detailed in 2(c) (i).

(v) If it is decided that concerns do not require a notification to statutory authorities, the child will continue to be monitored, and records kept confidentially under share point/ tamariki/ welfare concerns.

(vi) The Designated Person/s for Child Protection will consult with Ministry for Vulnerable Children, Oranga Tamariki (MVCOT) and/or Police to clarify whether a notification of concern should take place.

(vii) At any time, any member of staff who has concerns regarding the safety and protection of a child may ring MVOCT on 0508 FAMILY (0508326459)

(viii) Privacy. In all cases of suspected abuse, the information and concerns will be made available only to those staff who have a need to know within the limits of confidentiality and the need to protect the best interest of the child. Those who need to know will be determined by the Designated Person/s for Child Protection.

(ii) Responding to a Child when the child discloses physical/emotional/sexual abuse or neglect:

Teachers and staff working with children form a trusting relationship which may result in a child speaking of matters that have occurred that could be of an abusive nature. If a child makes such a disclosure the staff member concerned is to follow the guidelines below and, where possible, have another staff member in hearing distances but not so present that they break the bond or intimidate the child.

Listen to the child	Disclosures by children are often subtle and need to be handled with particular care, including an awareness of the child's cultural identity and how that affects interpretation of their behaviour and language.
Reassure the child	Let the child know that they: <ul style="list-style-type: none"> • Are not in trouble. • Have done the right thing
Ask open ended prompts – e.g., “What happened next?”	Do not interview the child (in other words, do not ask questions beyond open prompts for the child to continue). Do not make promises that can't be kept, e.g., “I will keep you safe now”.
If the child is not in immediate danger	Provide appropriate reassurance and re-engage in appropriate activities under supervision until they are able to participate in ordinary activities
If the child is visibly distressed	Re-involve the child in ordinary activities and explain what you are going to do next
If the child is in immediate danger	Contact the Police immediately
As soon as possible formally record the disclosure	Record: <ul style="list-style-type: none"> • Word for word, what the child said. • The date, time and who was present.

(iii) Process re Concern/ Allegation of Child Abuse

- As the immediacy of the need for intervention differs according to the nature of the abuse suspected, so too will the urgency of the response.
- In all situations, the safety and well-being of the child is the primary concern.
- If at any time any staff member is not satisfied with Kids Count response and actions they can report their concerns **directly to the MVCOT and to MOE**

Use WF 1.3.3 Signs of Safety Child Assessment Form to collate assessment data/ record decisions and actions taken.
(Use Oranga Tamariki Report of Concern Template for notifications)

Situation/Accusation/ Suspicion Action REF WF1.2.1	Sexual	Physical	Home	Neglect	Emotional	Time line
X= Action ?=Variable depending on situation			Alone		Abuse	
1. Child is reassured and cared for- they feel safe	x	x	x	x	x	Immediately
2.If child has said things of concern take exact notes	x	x	x	x	x	Immediately
3. Advise CM of concerns	x	x	x	x	x	Immediately
4. If appropriate carefully question child with another staff member in hearing *see guidance notes 1.2.4)	x	x	x	x	x	Immediately
5. If physical evidence presents itself take photos note date and time	x	x		x		Immediately
6. CM to advise FLO of concerns	x	x	x			Immediately
7.Continue Observations	x	x	x	x	x	Ongoing
8. If suspicion of sincere concern or validated concern	x	x	?	?	?	Within 24 hrs
FLO to advise MVCOTS and Police						
9. Advise GM and Director	x	x				Immediately
10. FLO to maintain contact with MVCOTs/Police re child's safety plan and KC role with it	?	?	?	?	?	Ongoing
11. FLO to work with family as appropriate	?	?	x	x	x	Ongoing
12. Ongoing observations of children with lower level of concern- parents to be aware of monitoring	x	x	x	x	x	Ongoing
13. Management plans to be agreed - parents/FLO	x	x	x	x	x	with 7 days
and monitored at centre- results reported to FLO						Ongoing
15. Agency agreed plans to be monitored and reported on by Centre to Agency and FLO	x	x	x	x	x	Ongoing
16. If child of whom abuse is suspected is removed from the centre FLO is to be advised and decision made re notification	?	?	?	?	?	Immediately

17. Relevant van staff to be briefed re areas of reporting/change in circumstances etc. FLO to be involved	x	x	x	x	x	As required
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(iv) Process re Concern/ Allegation of Child Abuse involving a Kids Count member of staff

- In all situations ensure the child is safe and they are being cared for.
- Written complaints will be treated with more rigour than a verbal complaint. A verbal complaint will be investigated verbally with a written summary and outcome which will be advised to parent/ complainant.
- In all situations judgement is needed- there is to be no blanket reaction or lack of reaction and there is to be no knee jerk reactions.
- A complaint can come from many different sources and the type of response is detailed below.
- If early investigation reveals a serious issue then seek qualified input immediately.

Note this process relates to accusations of child abuse not a general complaint.

Situation: Allegation involving Staff Action (Ref WF1.2.2)	Child's accusation	Parents Accusation	Staff Member Accusation	CM accused	Time Line
X= action to be taken					
?= variable depending on situation					
1. Reassure child is safe and being cared for	x	x	x	x	Immediately
2. Complaint is in writing		x	x	x	
3. Refer immediately to GM/Owner				x	Immediately
4. Record exact words child said and seek clarification if appropriate second staff member to be present if questioning the child	x	?	?	?	Within 24 hours
5. Complete formal witnesses of staff who were witness to the event/situation. Ensure factual vs hearsay evidence is gathered.	x	x	x	x	Within 24 hours
6. Review statements; clarify as necessary; reach conclusion and determine outcome	x	x	x	x	Within 24 hours
7. Advise parent of update outcome	x	x	x	x	Within 48 Hours
8. GM/Director to determine re referral to the Police	?	?	?	?	Within 48 Hours
9. <i>If appropriate suspend staff member concerned pending outcome of investigation.</i>	?	?	?	?	Within 48 Hours
10. If MOE involved keep MOE informed of progress and outcome	x	x	x	x	Within 48 Hours
11. As required enlist support of specialist agencies	?	?	?	?	

12. Keep all matters confidential	x	x	x	x	Immediate and ongoing
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(v) Process re Concerns/ Assessment of high needs/ low risk children

On occasion, a child may present symptoms that are a result of families living in poverty and/or living with parents/caregiver's who have very poor parenting skills and while very similar to the symptoms of neglect are not symptomatic of child abuse. Many of the children attending Kids Count ECE Centre's come from disadvantage situations and many-face a number of challenges as a result of a variety of circumstances- all of which the children have no control over.

Kids Count staff have an obligation to ensure they do the very best by these children and to bring uninformed focus to the children's varying needs. Confidentiality of children's particular needs are to be kept confidential and only discussed by those directly involved and only then when determining what is to be done. In these circumstances, the child's situation is to be referred to the Centre Family Liaison person.

Areas of Concern and Actions WF 1.2.3

X= Action ?= Variable depending on situation	Hearing	Speech	Develop delays	Selfcare	Behaviour	Sp. Needs	Time frame
1. Complete initial age milestones observation within first month of attendance	x	x	x	X	x	x	One month
2. Based on results of above schedule follow-up observations as necessary	?	?	?	?	?	?	Ongoing as required but every 3 months
3. Following findings from point 2 Contact parents' concerns for referral to specialist agency	?	?	?	?	?	?	
4. If concerns not sufficient for referral but need IDP develop IDP, advise parents, implement, observe and report			x	X	x	x	Ongoing as required
5. Keep parents in loop of observations and progress	x	x	x	X	x	x	Ongoing.
6. Inform FLO as required			?	X	x	?	
7. FLO to engage re parenting programs as appropriate			?	?	?	?	
8. On occasion child may say something that will alert staff to a home based situation that is not in the best interests of the child- in this situation. Refer to steps 12-17 of management of suspected abuse of children process.			?	?	?	?	

9. Refer parents to specialist agency that can provide relevant support							As required
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2.C. Reporting

The Designated Person Responsible for Child Protection within Kids Count Centres is the Centre Manager and Centre Family Liaison overseen by the General Manager and Director.

Every event of suspicion, disclosure or accusation must be recorded and investigated and done so with urgency. The outcome of the investigation will result in the next step needed to ensure the child's safety.

Where it has been assessed that that Ministry for Vulnerable Children, Oranga Tamariki need to be involved utilise the template reports:

- WF1.1 MVCOT report of concern template
- WF1.2 Children's Team Hub referral

If there is immediate danger the Police are to be notified and the child kept at the centre until either the Police or MVCOT representative's picks them up.

For any concerns where a child is immediately at risk or is being harmed now, call Police on 111, then telephone MVCOT 0508FAMILY (0508 and advise them of your call to the Police.

MVCOT are to be phoned if;

- Immediate action is required
- The matter is urgent
- You need advice about a child prior to making a report of concern

MOE Trauma incident co-ordinator is to be contacted by the General Manager immediately following any other agency notification 0800 848 326.

(i) Recording and notifying Ministry for Vulnerable Children, Oranga Tamariki of suspected child abuse or neglect (Children's Action Plan Page 28-29).

Process steps	For example,	Key considerations
1. Recording	Formally record: <ul style="list-style-type: none"> - Anything said by the child - 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 action taken by your organisation. - Any other information that may be relevant. 	<ul style="list-style-type: none"> - Relevant information can inform any future actions. - Use Crisis Response Child Abuse Concerns and Action Plan Templates to record concerns, decisions, actions and outcomes. - Use Signs of Safety Assessment Template
2. Decision-making	Discuss any concern with the manager/ supervisor who will then contact the SFLO or GM for child protection for further consultation.	- No decisions should be made in isolation.

		- Signs of Safety assessment template can assist with making a decision. (WF1.3.3).
3. Notifying authorities	Notify MVCOT promptly if there is a belief that a child has been, or is likely to be abused or neglected. A phone call to the National Contact Centre (see below) is the preferred initial contact with Ministry for Vulnerable Children, Oranga Tamariki as this enables both parties to discuss the nature of the concerns and appropriate response options. Phone: 0508 Family (0508 326 459) Fax: 09 914 1211 Email: MVCOTcallcentre@MVCOT.govt.nz	MVCOT will: (i) Make the decision to inform the parents or caregivers in consultation with your organisation. (ii) Advise what, if any, immediate action may be appropriate, including referring the concern to the Police.
4. Following the advice of MVCOT	MVCOT advice will include what, if any, immediate action may be appropriate, including referring the concern to the Police. If a notification was necessary follow up the verbal notification with a written one, complete the Oranga Tamariki Concern Template WF 01.1.	- MVCOT is responsible for looking into the situation to find out what may be happening, whether we need to work with the family or to put them in touch with people in their community who can help. - MVCOT Response times: Urgent within 24 hours Otherwise 7 to 28 days depending on Risk Level they assess concern to be at.
5. Storing relevant information	Securely store: - The record of the concern. - A record of any related discussions, (including copies of correspondence, where appropriate). - The action your organisation took, including any rationale. - This concern with any earlier concerns, if the notification is based on an accumulation of concerns (rather than a specific incident). All Kids Count confidential notifications will be stored on Sharepoint under FLO tamariki files/notifications. Teacher concerns will be stored under Centre Manager/Staff Notifications.	Records assist in identifying patterns.

Note: If the result of the investigation results in the termination of a qualified teacher the Teachers Council must be advised refer to Reporting a Concern Education Council.

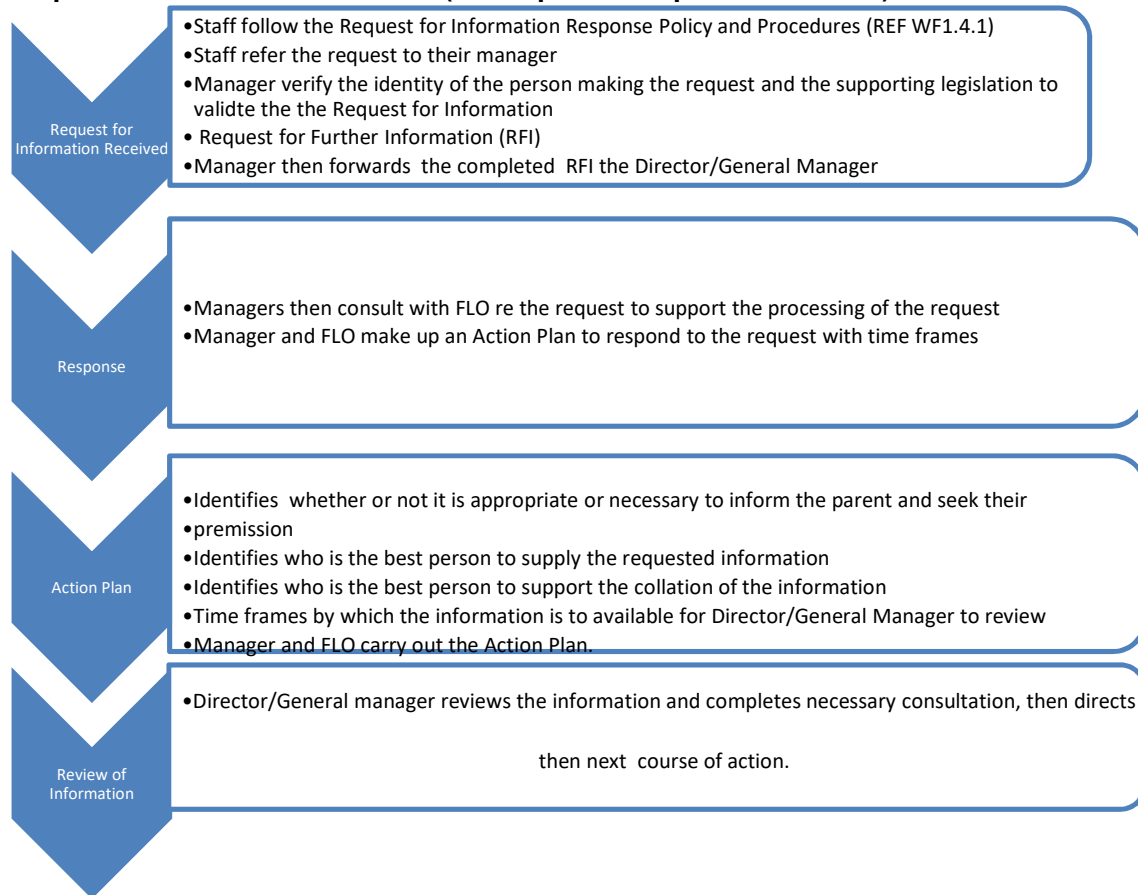
(ii) Responding to wellbeing concerns other than abuse.

Where a concern about a child doesn't amount to suspicion of abuse or neglect but there does need to be some type of intervention to improve the situation and wellbeing for the family and child. In these situations, a referral to a community agency for support will be an appropriate pathway of support to identify and address the concerns identified for them.

The services available in each community will vary and may include a range of government and non-government providers who will be able to help the child and their family/ whanau. For example, Whanau Ora, Iwi Social Services, Social Workers in Schools, Children's Teams, family/ whanau counselling agencies, budget services, mental health, drug and alcohol services. See FLO resources.

(iii). Request for Information from External Agencies (Ref WF1.4.1)

Request for Information Process (see expanded explanation below)



All requests for information must be recorded on the Kids Count Requests for Information Response Form and include the following information:

- verification of proof of identity of the person making the request
- the legislation that they are using to make the request,
- the actual purpose of the request;
- what use the information will be put to;
- who will see the information;
- a formal request of any reports that come from the information and the time frames involved.

Requirements for the proof of identity will vary according to the person making the request role e.g. MVCOT Social Worker and Police must provide their ID Card and Serial Number as well as provide details of their immediate senior; Counsel for Child must make their request in writing on their letterhead accompanied by the Minute of their Appointment.

In each instance the person making the request must be able to identify the legislation that under which they are operating in order for Kids Count to determine the legitimacy of the request and Kids Count obligations to the parties involved when responding to the request, particularly when determining if Kids Count is obligated to seek the written authority of the parent or to inform the parent of the request.

Defining the actual purpose of the request, what use the information will be put to, who will see the information, and seeking a formal request of any reports that come from the information is to ensure the request is in the best interests of the child and the response is appropriate and timely.

When the form has been completed, the Manager with the support of FLO will determine if written authority from the parent is necessary to disclose the information, whether it is appropriate to inform the parent of the request, the most appropriate staff member to supply and collate the information, and devise a plan of action with response times to complete the task as per the process in WF1.3.1

If staff are required to be a witness at court or to prepare an affidavit, the relevant staff member's manager and FLO will support them to work through both processes.

When the information has been collated the Manager/ FLO will then consult with the Director/General Manager in order to review the process and material to ensure the appropriate procedures have been undertaken and the information is factual and accessible as per WF 1.3.2.

All children's records will be kept as factual as possible, and nothing is recorded as fact without evidence to back it up. This means, for example, that no entry will be made on a child's record about guardianship or protection status on a child without sighting the appropriate documentation.

Investigation will be stored confidentially on SharePoint once completed.

(vi) **Request to Interview a Child On-Site**

Please note that it is important that the child's needs must be the first consideration and where possible any interviews are undertaken at a time that best suits the emotional needs of the child.

(v) How should you respond when contacted by a court appointed lawyer for a student?

Under the Care of Children Act 2004 a lawyer for the child will be appointed in matters relating to the child that is proceeding to court. The Centre Manager should be the only ones in the first instance to liaise with the lawyer for the child. (See Media Policy O24).

Note that the consent of the Centre Manager is required if a court appointed lawyer wishes to interview a child at the centre. You are not obliged to give your consent. The MVCOT has issued a practice note (see below) relating to lawyer for the child that covers interviews at schools.

Information on lawyer for the child

- Lawyers for the child may also be appointed in proceedings under the Children, Young Persons, and Their Families Act 1989, the Domestic Violence Act 1995

- If the centre is asked by either parent to be involved in Family Court proceedings, by way of providing evidence or reports, *it is recommended that the centre declines to take one side against the other, but instead offers to both parents to make the information available to the lawyer for the child.*

- If counsel is to interview the child at the centre, it is desirable to obtain the prior consent of the parents and to notify the centre of those consents. A centre may wish to defer the interview if the timing is inappropriate, for example if insufficient notice has been given, or if the proposed time will interfere with the child's education, or if the centre believes on reasonable grounds that the interview at the time would greatly upset the child. The centre may also choose to decline permission where parental consent has not yet been obtained.

- Other important issues: Part 28 of the practice note highlights that information obtained from a centre is not covered by legal privilege and centre staff may be called to provide evidence in court, should the matter advance that far, and may be subject to cross examination. Part 29 notes that should the counsel for the child wish to speak to a member of staff, the Centre Manager, General Manager, Director or lawyer may (and probably should) be present.

You can contact the NZSTA helpdesk, on 0800782435, at any time with any questions regarding this issue.

(vii) **Can MVCOT insist on speaking to our child if we don't give permission?**

When a social worker visits following a "report of concern", they will aim to speak to everyone who has contact with your child, and – depending on the age of the child – will wish to speak to the child as well.

They will generally only speak to the child concerned with your permission (and the child can ask that a parent or other adult is present when speaking to the social worker).

However, there are situations which may warrant the social worker speaking with your child even without the parent's consent. For example, if the social worker believes that the parent may be the abuser, or trying to protect the abuser, they may endeavour to interview the child even without the parent's consent.

3. Restricted Access/Right of Refusal of Access to a Child/children

3.A. Background

(i) Voluntary Family Safety Plans & Emergency Safety Check & Court Orders

There are a variety of custody and guardianship arrangements that maybe in place outside the norm of child living with birth parent/s. These arrangements can include agreements in respect of custody, access, supervised visitations and financial arrangements. The majority of these arrangements are based on GOODWILL of the parties involved- especially when involving a birth parent.

(ii) Voluntary Family Safety Plans are voluntary agreements between family members usually agreed with the support of a mediator or are often made during whanau hui and is also offered in FGC process as a decisive step before taking orders. These are voluntary and if broken may escalate the process up to FGC and MVCOT intervention using court orders but unless orders are in place we cannot enforce only encourage all parties to work together for the children involved.

(iii) Supporting Safety Plan Whatever an arrangement is in place via a safety plan it is a voluntary/goodwill one and cannot be enforced by the Police or enforced by Kids Count. E.g. part of a safety plan from FGC could be that the children attend Kids Count regularly and the parents/caregivers are to ensure this happens and conditions around access or supervision that may also be requested to happen at the centre. Parents/agencies may supply copies of a whanau safety plan for our reference to support and if this is broken than the relevant parties (other whanau and MVCOT social worker) need to be notified immediately to decide the best steps forward to ensure safety of the child/ren is paramount.

(iv) Emergency Safety Check If you are in a situation where you cannot use orders to enforce restricted access and a child is taken off the premises and you believe they are in serious risk (i.e. caregiver drunk or high on synthetics/agitated) than you can phone the police with details (name if know, description of person and vehicles, possible destination and type of concerns) requesting A **Safety Check stating** that you believe this child is in immediate danger for Police Communications to follow up.

(v) Court Orders

When families fail to reach agreement or in cases of domestic violence one or more parties can apply to the Family Court for the following orders: Parenting Order and/or Supervised Contact Order, Guardianship

Order, Safety Order, Protection Order, Restraining Order and Non-Contact Order. These orders are enforceable by law.

The only time access can be denied to a **birth parent** is when a court order denies it such as a **Parenting or Guardianship Order or Protection Order** and Kids Count has a copy on the child's file. Most child custody disputes do not get to the stage where a court order is issued as the preference is for the family to work through the issues without the intervention of the Court and all that entails. Court orders are legal documents and are enforceable by the Police. Family agreements are not legal documents and are not enforceable.

3.B. Action re breach of Court Orders (i.e. Restricted Access)

(i) **FAMILY COURT ORDERS** A parenting order or protection order from the Family Court will often be accompanied by a safety plan, family group conferences and or whanau hui or other family meetings where restricted access and/or supervision has been ordered. All documents will be supplied by a MVCOTs representative, lawyer, or from the family directly.

ENFORCABLE COURT ORDERS Parenting Order and/or Supervised Contact Order, Guardianship Order, Safety Order, Protection Order, Restraining Order and Non-Contact Order.

If a person named on the Court order attempts to remove or have access to the child the administrator is to call the Police immediately, quote the court order number and any other relevant detail e.g. car registration number, persons description, details of others involved etc. They are then to contact the child's noted caregiver and tell them of events. **AT THE SAME TIME** the manager or senior staff member is to try to prevent the child being removed. They are also to attempt to prevent the situation from escalating and to be aware of the safety of the other children at the centre. **KEEP CALM- DONT PANIC- SPEAK IN A REASONABLE TONE.**

During these times the safety of the child is paramount and if staff are unable to prevent the child leaving the police are contacted to deal with this matter to avoid risk to other children and staff at centre. If MVCOT is also part of a court safety plan they will also need to be contacted asap.

3.C. Action re breach of Safety Plan arising from voluntary agreements.

In these situations, there is no legal authority preventing a birth parent having access to their child/children. You may try to persuade them to leave or a second option, which may be acceptable to the parent, is for the parent to have a short-supervised visit then leave- at all times **REMAIN CALM**; avoid any actions that will escalate the situation and be mindful of the safety of the other children.

At the same time notify the person who has custody of the situation and seek their advice; If the child is removed by the other parent who is named on birth certificate take details of car registration, personal descriptions etc. to pass onto the main caregiver and recommend they seek support through the family court process to prevent this situation recurring as without orders we cannot seek police support to enforce the restriction.

If MVCOT is known to be involved with a whanau agreement/safety plan notify the social worker asap to ensure they are up to date with all information to make an informed decision around the next steps to maintain child safety.

3.D. People Uplifting Children Who Have No Authority to Do So

The authority here is the Legislation governing the operation of an ECE Centre and the criteria that only those persons authorised by a parent i.e. detailed on the enrolment form or added later, are able to take possession of the child and remove them from the premises.

The exception to this would be a MVCOT identified or Police Identified person who provides the relevant documentation to support the uplift of the child/ren.

In all other situations advise the person concerned that you have not been authorised to release the child into their care and you need the authority of their parent. Ring the parent/guardian and advise who the person is who has come to pick up the child; ask for their verbal consent and advise them to update the authorised list asap.

If you are not able to contact any caregivers you have the option of the child remaining in the centre until you do contact them or taking the child home on the van (if there is an authorised person at home). Where possible use identified extended whanau connections known within the centre's or listed as known on enrolment form to help with locating the missing parent/caregiver and enlist their help in obtaining up to date contact details or to establish identification of a new contact who has come into collect the child and send update of details form home to be updated for child's file. Record this to ensure that if needed you have dates/details to create a notification alongside concerns for repeats of this situation as this can be considered parental neglect.

3.E. Clarification of Areas of Responsibility and Authority

There is often the perception that a child is under MVCOTs care the parents have lost all rights. This is not correct: The following definitions clarify often misunderstood status of caregivers.

Custody- is where the day to day care of the child, including housing, feeding, clothing. Decisions re providing access to doctors and schools are as directed by the child's designated guardians.

Guardianship- this is the person responsible for making decisions around the child's religion/spirituality, education and medical care. All guardians named on a family court order must agree on these matters.

So, a parent may not have custody of their children and may or may not be allowed supervised visits but they may still have guardianship status and the authority that goes with that.

3.F. Summary-

The better knowledge we have of the children and their family backgrounds the better able we are to deal with adverse situations as they arise. Keep abreast of developments and keep FLO informed of any change and vice versa.

If faced with any of the situations above remain calm and reasonable but firm as to your position. This will go a long way to reaching an agreeable outcome and at least give the admin staff an opportunity to alert others who need to know.

4. Part C: PROFESSIONAL AGENCIES: MAINTAINING CONTACT

It is part of the responsibility of the centre to maintain good working relationships with their local MVCOT and to ensure they familiarise themselves with and understand the Child Youth and Families Act 1989 and Vulnerable Children's Act 2014 (see FLO resources).

Consultation with MVCOT and other specialist agencies will assist the centre to protect children from abuse.

Role of Children Young Persons and Their Families Act, 1989

General principles of the Act:

These aim to promote the well-being of children, young persons, their families, and family groups by establishing and promoting services and facilities which are accessible, culturally appropriate, promote and strengthen family and extended family responsibility, minimize disruption to children and protect them from harm.

(i) What happens when you report neglect or concern?
(see WF1.1 CYS- Making a report of Concern)

1. When you call MVCOF you will be able to talk directly with trained social workers. They will ask questions to find out what's going on with the family or children you're worried about.
2. They will then consider the situation to find out what may be happening, whether we need to work with the family, or put them in touch with people in their community that can help.
3. It takes a while to assess the problems and find the right solutions, so don't expect immediate results. You should be contacted by us within the month to let you know how we followed up your call.
4. If the social worker thinks the child is in immediate danger, we will make sure we act on your call within 24 hours.

Sourced from MVCOT website: Keeping Kids Safe - What happens when I call Ministry for Vulnerable Children, Oranga Tamariki? <http://www.MVCOT.govt.nz/documents/about-us/publications/keeping-kids-safe.pdf>

(ii) CONTACTS

Police: for urgent matters where children are unsupervised or believed to be at risk phone 111.
MVCOT: Confidential line for advice and support if you have concerns regarding the wellbeing of a child or family
0508 FAMILY or 0508 326 459

Plunket line: For 24-hour help with anything to do with parenting and children under five
0800 933 922

MOE Traumatic Incident Team Co-Ordinator 0800 848 326

For local agency contacts see FLO resources/referrals. These will be contained in Sharepoint and are individual CFLO responsibility to ensure kept up to date.

Part D Staff

5 A. Staff Recruitment- extract from Police Vetting REF: P15

The Vulnerable Children Act 2014 has a number of preventative measure to ensure all children are safe and protected from harm where possible. One of these preventative measures to that prospective employees are safety checked before being employed and/or allowed unsupervised access to children.

At no time will any staff member or member of the public have unsupervised contact with children while the children are in Kids Count care. The only exception is the parents of the child/ children involved and then only unsupervised contact with their own child/ children.

(i) Safety Check Criteria

As a minimum, the following criteria must form part of the recruitment, interview and reference checking process for all prospective core workers at Kids Count. It will also include police vetting for all staff who are not NZ Registered Teachers.

1. Verification of identity (including previous identities/alias) Information of current and any previous identities need to be advised to the NZ Police as part of the Police vetting process (See P15.1) but verification of the claimed identity must be physically sighted by the person verifying the identity.
2. The interview will be conducted by a minimum of 2 existing Kids Count staff members with the makeup of the interview committee dependent on the position being interview for. On rare occasions, a Skyped interview may be acceptable for an overseas applicant; on such occasions, they will still be required to meet all the criteria detail in this document.
3. Information regarding work history- this will generally be provided in written format in the form of a CV and covering letter. The truth of the claimed experience can be tested in the formal interview (by a number of different techniques) and during the reference checks.
4. Referee information. In all situations, any applicant is to provide a minimum of 2 referees. The referees should have had a close working relationship with the applicant, preferably in a senior position and best if a direct report. Written references maybe accepted but they are to be followed up with a verbal check. It is preferable that the referees experience with the applicant was within the last 2-3 years.
5. Information from any relevant professional organisation or registration body. If the applicant is part of a profession that has an overseeing body e.g. Teachers Council then their detail is to be checked against that organisations records e.g. any notes attached to a qualified teacher's registration.
6. Successful completion of the NZ Police vetting for a child care core worker. Following a successful interview, the Police Vetting process is to be completed as detail in Personnel policy 15.1. All employment offers are subject to the applicant achieving a successful Police vetting.

Police vetting for NZ registered teachers is managed by the NZ Teachers Council on a 3-yearly basis. As such teachers can transfer from centre to centre without the requirement for a new Police vetting. All other prospective employees must complete a new Police vetting every time they change employees and every 3 years if with the same employee.

If a new offence specified under the Vulnerable Children Act 2014 comes to the attention of NZ Police after vet results have been issued for an individual, then NZ Police are able to contact the employing or contracting organisation who obtained the vet to alert them to this new information. NZ Police are not able to provide this information to subsequent organisations. For staff vetting with results outside Schedule 2 offences the Vetting Response Staff Safety Plan is to be completed with the potential employee, centre manager and signed off by the general manager to ensure appropriate risk management to ensure child safety is ensured. This is to be treated highly confidential and stored at senior level security on SharePoint. REF P15.4.

Kids Count IT/Payroll Manager is to manage a register of non-qualified Kids Count personnel (i.e. all staff less NZ registered teachers) and ensure the 3 yearly Police vetting is completed for all such staff 2 months before their 3-year anniversaries.

7. Risk assessment of all prospective employees. If there is a concern that the prospective employee would provide risk to the children they are not to be interviewed. However, risk assessment is wider than this and

includes possible disruption to the stability and seamless operation of the centre. First phase of any risk assessment would take place when short listing candidates, then throughout the interview and reference check processes. If an applicant is successful the semi-final risk assessment is the Police vet and the final is the 3-month probationary period. It is noted that at any time during the first 3 months of employment a staff member can be dismissed- we do not need to wait the full 3 months if there is concern regarding a new employee's suitability once they start.

8. Check List. The Kids Count recruitment process includes a check list of each of the criteria above and interviewers are to complete the checklist for all prospective applicants interviewed.

9. Long Term Contractor. Contractors who have ongoing need to have direct access to the areas children may be in will be Police vetted. Where there is a building contract taking place on site the builders will have separate facilities so that they do not need to go into the areas typically used by children. Likewise, the builder's area of operation will be secured by safety fencing to ensure children are not put at risk. If a contractor needs to be in the building or playground, with children present, they will be accompanied by a Kids Count staff member.

5.B. Staff Induction

During the induction process all new Kids Count staff are to read the Child Protection policy, and be made aware of who child protection matters are to be referred to. New staff are also to be made aware of the following point;

Extract from induction booklet Ref P23.2;

(i) Prevention of child abuse

Our commitment at Kids Count is to the prevention of child abuse and neglect, by ensuring that our policies and procedures are relevant and up to date with the current legislations. To support this, we will provide the guidance/ training as required to guide staff in the event of suspected or observed abuse. Prevention of child abuse is everyone's responsibility, and while we have specialist personnel and processes in place to deal with suspected cases, we must each accept personal responsibility in the reporting of suspected violations up the chain of command.

(ii) Safe environment

Within all our centre environments i.e. centre buildings, playgrounds, vans and while on centre outings we must ensure that we maintain a safe environment for children and staff. This includes a secure access into the center's to ensure all visitors check in through reception and cannot proceed where children are present without the appropriate checks by the reception staff and signing of visitors register.

Children are supervised at all times, in accordance with centre specific supervision policies, and every step is taken to ensure resources and playgrounds are child proof. By providing a safe environment our children grow in confidence and can develop in all aspects, comfortable in the knowledge they are safe and being taken care for.

To ensure public confidence in the safe practices of the organisation, and reassure parents, we are open and honest in our communications. These communications take place either in the form of centre visits by whanau in which parents are encouraged to engage with their children, or in the form of correspondence home by our CSS, or home visits as required by the FLO.

(iii) Legislation

At Kids Count we must ensure that our practices and procedures are in accordance with the; Young Persons and Their Families Act 1989, the Vulnerable Children Act 2014, and other key legislation pertaining to Early Childcare. As part of any investigation/self-review of a situation where child safety may have been compromised, for whatever reason, these Acts will be considered. By using Government legislation as a building block of our own practices we can feel confident we are taking the necessary steps to ensure that our children experience a safe an environment as possible.

Additionally;

-New staff will be expected to read a copy of 'How Can I Tell'.

-FLO's or CM's are to work through this policy with the new staff member, to answer any questions, and provide guidance on practices.

It is of vital importance that new staff members walk away from their induction process with the confidence to act in accordance with this policy as soon as they take up their new roles.

5.C. Staff Training

Kids Count is committed to ensuring that our knowledge of child protection does not just finish at the end of the induction process. As a result, the following ongoing training is to be regarded as a priority: Kids Count will pay for Child Protection training for staff. *Centre Managers are responsible for ensuring all staff complete the reading and training detailed below.*

- (iv) FLOs and Manager's participate in the 1-week Child Matters training course at the next workshop available upon completing 12 weeks induction period.
- (v) FLO, Manager's, Teacher's and support staff will attend Sexual Abuse Organisation workshops at the earliest dates available.
- (vi) Child protection module is incorporated into the induction process using the FLO training module alongside the external workshops by CM/SFLO.
- (vii) Centre Observations training will be given to CFLO, CM and Head Teachers for the observation process and weekly meetings to discuss concerns around welfare and behaviour with self-reviews quarterly.
- (viii) All staff will participate in regular practice discussion using scenarios to support their ability to identify and respond to child abuse concerns.
- (ix) Any external PD regarding child protection should be widely promulgated and encouraged attendance by the CM's.
- (x) Reviewing child protection is to be an agenda point lead at staff meetings at least quarterly in which the FLO is to lead conversation and update staff on any pertinent changes to best practices or legislation.
- (xi) SFLO to develop a resource library with up to date legislation, articles, best practice documents etc, these will form the changes in the agendas for staff meetings.
- (xii) Utilising this resource library CM's to ensure leaflets and posters to be easily viewed and readily available within the centre regarding child protection.

6. Protection of Staff-

General: Staff members are responsible for ensuring they follow the requirements and practises of all Kids Count policies and procedures of Kids Count. This practise in itself will provide a high level of protection for staff from allegations of child abuse.

In addition to these policies and procedures all staff are to follow the rules below when engaging children to avoid compromising situations.

(i) Rules:

1. Communicate your actions and intended actions whenever undertaking activities with a child/ren that is unusual e.g. bathing a soiled or dirty child; taking photos of suspected child abuse. Do not go into any of the above or similar situations without first explaining your intended action and the reason for the action to another, preferably senior staff member.
2. If you have concerns about the practises of any other staff member raise this concerns with the Centre Manager immediately.
3. If possible have another teacher with you or at a minimum within hearing of your actions when completing bathing or changing of a child.
4. See detail relating to appropriate touching

5. Van personnel are to be aware that they are exposed when buckling children into their safety seats as they are, by necessity, working near the children's genital areas. Get older children to assist with the seat belts as they are able.
6. Isolation- the centre supervision policy will define hot spot and blind spot areas. Staff members are to ensure they do not get isolated with one or two children in an area that is out of sight of other supervising staff. Note that adult: child ratios do not allow for this intensity of focus so the staff member is placing themselves in a position of suspicion by doing so.

6.B. Centre rules around appropriate touching

1. Cultural awareness- teacher will avoid touching children's heads and be aware of how they position a child when changing their nappy (according to Tikanga children genital should never directly face a teacher).
2. Privacy- Children's' privacy will be maintained, however when a teacher is showering a child there will be another teacher within the area. The teacher will promote self-help skills by encouraging a child to clean their own genitals, where child is unable to clean themselves teachers will wear gloves to ensure the child's and teacher's safety
3. Examination of child's body – there will be times when teachers have concerns about marks or signs of illness on a child's body. They will be required to bring the child to a senior teacher initially to be examined, both teachers will ask child's permission to look at their body and both teachers will be present during the examination. As considered necessary photos of affected areas will be taken and notes made of the concerns and observations. Care is to be taken to keep this exchange casual and relaxed with the child.
4. Nappy Changing – Teachers will wear gloves when changing a child, teachers will talk to child about what they are doing, and be respectful of how they interact during this time. (refer to Nappy Changing policy)
5. Changing of children – after water play/messy play or incidents where the child needs changing teachers will ensure children's privacy, and understand child's ability of self-help skills.
6. Changes for swimming lessons- as the swimming lessons are generally for 4-year olds the children are considered competent to dress themselves with assistance as needed. Teachers may help to dry the children so they are dried quickly and thoroughly to avoid getting any colder than necessary.
7. Comforting of children – Teachers will offer cuddles/hugs before giving them; children capable of walking should not be carried around.
8. Kissing is not necessary or encouraged. If a child offers a kiss the teacher is to receive and/or give the kiss to the cheek. In no situation is a teacher to kiss a child on the mouth or allow a child to kiss them on the mouth.

7. SAFER WORK PRACTICE

7.A. Non- paid personal and parent /project helpers will not be left unsupervised and will be required to undergo a police vetting if they will be engaged regularly (i.e. more than 2 times) in a support role with access to children. A clear supervision plan will be agreed with the supervising teacher, centre manager and parent/volunteer.

7.B. Supervision

- (i) **To ensure their protection staff** are to be aware of the need to ensure they are not put into compromising situations and are to keep other staff informed of potentially compromising actions e.g. bathing a child when that is necessary. Actions are to be noted appropriately.
- (ii) **Parent helpers/family members or visitors** to the centre are not to change nappies/toilet children (other than their own) and staff will ensure that they are will supervised and visible at all times when interacting with children.
- (iii) **Only nominated staff members** are to carry out nappy changes and toileting and this is to be done in the designated changing areas. Volunteers and student teachers will be briefed on the toileting policy and processes but are not to undertake these duties.
- (iv) **We will maintain an In-Sight policy** especially for private spaces where intimate caretaking of children is required i.e. nappy change, toileting and shower areas. Staff are to ensure that they are not isolated or isolate themselves with fewer than two children out of sight of other staff while moving around the centre with children.
- (v) **There is to be no inappropriate material**, publications or pictures allowed in the centre or centre properties e.g. vans, training room. If any such material, publication or pictures are found they are to be removed from the centre and returned to the director (and they will be advised of their prohibition) or destroyed if there is no obvious owner.
- (vi) **No child is to leave the centre without** expressed consent or written approval from the parent of the parent of the child
- (vii) **Rules about acceptable touching of children** will be discussed regularly with staff and other adults. These rules will be updated regularly.

7.C. Professional conduct of staff outside work hours

- (i) Kids Count Personnel are discouraged from after-hours social contact with family members who are enrolled at Kids Count. This is to ensure staffs maintain a professional approach with all families and children attending the centre.
- (ii) Staff are to ensure their own personal practices (both in and out of work time) reflect the policies of Kids Count in respect of the protection and safety of children.

Part E: Policy Review

As per statutory requirements the Child Protection policy will be reviewed at a minimum of the earliest of every three years, whenever relevant legislation changes or events require it. However, this document will be viewed as a living document and as such in consultation with SFLO, CM's and FLO's the policy will be amended to address best practice to what is current within our centres.

This child protection policy adheres primarily to the following Acts:

-HS31, HS32, GMA7A of the Licensing Criteria for ECE and Care Centres 2008
Vulnerable Children's Act 2014

And also has links to the following:

- Health and Disability Commissioner Act 1994
- Children Young Persons and Their Families Act 1989
- Privacy Act 1993
- Human Rights Act 1993
- Education Act 1989/1998
- Care of Children Act 2004
- Child Young Person and their Families Act 1989

The child protection policy is to be used in conjunction with the following existing policies:

- Individual Employment Agreement (P03) and relevant Job Descriptions under Policies/Personnel
- Complaints Policy (O7);
- Vans Policy (O6);
- Curriculum Policy and in particular –Observations (C8)
- Police Vetting Policy (P15) and the content of the Personnel Policies
- Toileting and Changing Policy (WF6)
- Media Policy (O27)

Part F:

Forms/Processes and Procedures

WF 1.1 MVCOT- making a report of concern

WF 1.2 Children Team Hub referral

WF 1.2.1 Process re Abuse Allegation/suspicion

WF 1.2.2 Process re Abuse allegation involving Kids Count Staff member

WF 1.2.3 Process re abuse high needs/low risk

WF 1.2.4 Guidance note re discussion with a child following their disclosure of possible abuse

WF 1.3 Request for information form an external agency

WF 1.3.1 Kids Count Action plan re a respond for information from an outside agency

WF 1.3.2 Kids Count Response to a request for information from an outside agency

WF 1.3.3 Signs of Safety Child Assessment Template

WF 1.4.1 Request for an Interview on Site from an External Agency

WF 1.5.1 Crisis response and Child Protection Concerns

WF 1.5.2 Crisis response and Child Abuse Action Plan

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