

### A) Policy summary

Ensuring the wellbeing and safety of children, including prevention of child abuse or maltreatment, is a paramount goal of South Coast Psychology.

This policy provides guidance to providers and contracted persons on how to identify and respond to concerns about the wellbeing of a child, including possible abuse or neglect. The process for responding to a concern about a child is on page 16 of this policy.

The interests of the child will be the paramount consideration when any action is taken in response to suspected abuse or neglect. This organisation commits to support the statutory agencies (Oranga Tamariki and the New Zealand Police (the Police)) to investigate abuse and will report suspected cases and concerns to these agencies as per the process in this policy.

Our Designated Person for Child Protection, Diane Gillespie, will be responsible for the maintenance and annual review of this policy, in addition to carrying out the responsibilities outlined in this policy. Providers will not assume responsibility beyond the level of their experience, training, and requirements of their professional bodies. South Coast Psychology commits to ensure that providers are adequately trained and proficient work with referred children.

This policy was authored by Diane Gillespie on 5/11/2018. The policy is due to be updated on 5/11/2019. It is consistent with Oranga Tamariki and Police guidelines and will be updated when new guidance is issued.

### B) Purpose, scope and principles

South Coast Psychology's child protection policy supports providers/contractors to respond appropriately to potential child protection concerns, including suspected abuse or neglect. It is our organisation's commitment to protect children from abuse and to recognise the important roles all of our providers have in protecting children.

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

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

We recognise that in many of these cases, the involvement of statutory agencies would be inappropriate and potentially harmful to families/whānau. Throughout New Zealand, statutory and non-statutory agencies provide a network of mutually supportive services, and it is important for South Coast Psychology 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.

Contact details for agencies and services in our community are provided in the Southland section of Health Point – [www.healthpoint.co.nz](http://www.healthpoint.co.nz)

### C) Definitions

Below are some example definitions South Coast Psychology has adopted when referring to child abuse:

- 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).

- 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.
- 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.
- Children’s workforce/children’s workers – people who work with children, or who have regular contact with children, as part of their roles.
- Designated person for child protection – the manager/supervisor or designated person responsible for providing advice and support to providers where they have a concern about an individual child or who want advice about the child protection policy.
- Disclosure – information given to a provider by the child, parent / caregiver or third party in relation to abuse or neglect.
- New Zealand Police – the agency responsible for responding to situations where a child is in immediate danger and for working with Oranga Tamariki in child protection work, including investigating cases of abuse or neglect where an offence may have occurred.
- 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.

Organisations should also have a detailed understanding of what constitutes abuse and neglect:

- Physical abuse – any acts that may result in the physical harm of a child or young person. It can be, but is not limited to: bruising, cutting, hitting, beating, biting, burning, causing abrasions, strangulation, suffocation, drowning, poisoning and fabricated or induced illness.
- Sexual abuse – any acts that involve forcing or enticing a child to take part in sexual activities, whether or not they are aware of what is happening. Sexual abuse can be, but is not limited to:
  - Contact abuse: touching breasts, genital/anal fondling, masturbation, oral sex, penetrative or non-penetrative contact with the anus or genitals, encouraging the child to perform such acts on the perpetrator or another, involvement of the child in activities for the purposes of pornography or prostitution.
  - Non-contact abuse: exhibitionism, voyeurism, exposure to pornographic or sexual imagery, inappropriate photography or depictions of sexual or suggestive behaviours or comments.
- Emotional abuse – any act or omission that results in adverse or impaired psychological, social, intellectual and emotional functioning or development. This can include:
  - Patterns of isolation, degradation, constant criticism or negative comparison to others.
  - Isolating, corrupting, exploiting or terrorising a child can also be emotional abuse.
  - Exposure to family/whānau or intimate partner violence.
- Neglect – neglect is the most common form of abuse, and although the effects may not be as obvious as physical abuse, it is just as serious. Neglect can be:
  - Physical (not providing the necessities of life, a warm place, food and clothing).
  - Emotional (not providing comfort, attention and love).
  - Neglectful supervision (leaving children without someone safe looking after them).
  - Medical neglect (not taking care of health needs).
  - Educational neglect (allowing chronic truancy, failure to enrol in education or inattention to education needs).

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

- Family violence has been defined by the NZ Family Violence Clearinghouse as violence and abuse against any person whom that person is, or has been, in a domestic relationship with. This can include sibling against sibling, child against adult, adult against child and violence by an intimate partner against the other partner (NZ Family Violence Clearinghouse; Issues Papers 3 & 4 April 2013).
- Family violence is also defined in Te Rito, the NZ Family Violence Prevention Strategy, as covering a broad range of controlling behaviours, commonly of a physical, sexual and/or psychological nature that

typically involve fear, intimidation or emotional deprivation. It occurs within a variety of close interpersonal relationships, such as between partners, parents and Child Protection Policies v2.3 Feb 2015 Page 23 of 55 children, siblings, and in other relationships where significant others are not part of the physical household but are part of the family and/or are fulfilling the function of family.

Common forms of violence in families/whānau include:

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

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

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

### **Training**

We are committed to maintaining and increasing staff awareness of how to prevent, recognise and respond to abuse through appropriate training. As part of their induction, new staff are made aware of the policy on child protection.

### **Identifying child abuse and neglect**

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

- We understand that every situation is different and it's important to consider all available information about the child and their environment before reaching conclusions. For example, behavioural concerns may be the result of life events, such as divorce, accidental injury, the arrival of a new sibling, etc.
- We understand when we are concerned a child is showing signs of potential abuse or neglect we should talk to someone, either a colleague, manager/supervisor or the Designated Person for Child Protection – we shouldn't act alone.
- While there are different definitions of abuse, the important thing is for us to consider overall wellbeing and the risk of harm to the child. It is not so important to be able to categorise the type of abuse or neglect.
- It is normal for us to feel uncertain; however, the important thing is that we should be able to recognise when something is wrong, especially if we notice a pattern forming or several signs that make us concerned.
- Exposure to intimate partner violence (IPV) is a form of child abuse. There is a high rate of co-occurrence between IPV and the physical abuse of children.

### **We recognise the signs of potential abuse:**

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

### **We are aware of the signs of potential neglect:**

- Physical signs (e.g. looking rough and uncared for, dirty, without appropriate clothing, underweight).
- Developmental delays (e.g. small for their age, cognitive delays, falling behind in school, poor speech and social skills).
- Emotional abuse/neglect (e.g. sleep problems, low self-esteem, obsessive behaviour, inability to cope in social situations, sadness/loneliness and evidence of self-harm).

- Behavioural concerns (e.g. disengagement/neediness, eating disorders/substance abuse, aggression).
- Neglectful supervision (e.g. out and about unsupervised, left alone, no safe home to return to).
- Medical neglect (e.g. persistent nappy rash or skin disorders or other untreated medical issues).

Every situation is different and providers will consider all available information about the child and their environment before reaching conclusions. For example, behavioural concerns may be the result of life events, such as divorce, accidental injury, the arrival of a new sibling, etc.

South Coast Psychology will always act on the recommendations of statutory agencies, including Oranga Tamariki and the Police.

When we respond to suspected child abuse, or any concerning behaviour, we write down our observations, impressions and communications in a confidential register. This is kept separate from our other records and access will be strictly controlled.

Providers involved in cases of suspected child abuse are entitled to have support. We will maintain knowledge of such individuals, agencies and organisations in the community that provide support.

### **Confidentiality and information sharing**

We will seek advice from Oranga Tamariki and/or the Police before identifying information about an allegation is shared with anyone, other than the designated person.

Providers should be aware that:

- Under sections 15 and 16 of the Children, Young Persons, and Their Families Act 1989 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.
- When collecting personal information about individuals, it is important to be aware of the requirements of the privacy principles, i.e. the need to collect the information directly from the individual concerned and when doing so to be transparent about:
  - the purposes for collecting the information and how it will be used
  - who can see the information
  - where it is held
  - what is compulsory/voluntary information
  - and that people have a right to request access to and correction of their information.
- Providers may; however, disclose information under the Privacy Act/Health Information Privacy Code where there is good reason to do so – such as where there is a serious risk to individual health and safety (see privacy principle 11 / Code rule 11). Disclosure about ill-treatment or neglect of a child/young person may also be made to the Police or Oranga Tamariki under sections 15 and 16 of the Children, Young Persons, and Their Families Act 1989.

### **Child safe practice guidelines**

To avoid situations where staff may be alone with children, all providers should examine the opportunities or possible situations where staff may be alone with children. Wherever possible, an open-door policy for all spaces should be used (excludes toilets).

Providers should be aware of where all children are at all times. Visitors should be monitored at all times by providers and volunteers and outside instructors should be monitored by providers. If activities require one-to-one physical contact (i.e. classes in swimming, gymnastics, etc) parents and caregivers should be advised. Where a child or young person requires assistance, e.g. if they are intellectually or physically disabled, if possible, involve the parents/caregivers and outside agencies (in education such as the Ministry of Education's Special Education group) to assist. If this assistance is not available, ensure that the provider are aware of the appropriate procedures when giving assistance.

Providers should avoid being alone when transporting a child or young person, unless an emergency requires it. Except in an emergency, children and young people are not to be taken from the programme we provide, without parental consent.

### **Disclosure of abuse or neglect is made**

1. Listen to the child
2. Reassure the child
3. Ask open-ended prompts, e.g. "What happened next?"
4. If the child is visibly distressed, provide appropriate reassurance and re-engage in appropriate activities under supervision until they are able to participate in ordinary activities.
5. If the child is not in immediate danger, re-involve the child in ordinary activities and explain what you are going to do next.
6. If the child is in immediate danger, contact the Police immediately.
7. As soon as possible, formally record the disclosure.
8. Decision-making - discuss any concern with the manager/supervisor or the designated person for child protection
9. Notifying authorities - if there is a belief that a child (0-16 years old up to but not including their 17th birthday, according to the memorandum of understanding) has been, or is likely to be, abused or neglected the Provider must inform ACC, Diane Gillespie and make a notification to Oranga Tamariki (OT previously CYFS) phone: 0508 Family (0508 326 459) or email: [contact@ot.govt.nz](mailto:contact@ot.govt.nz)
10. Record:
  - a) Word for word, what the child said
  - b) The date, time, location and the names of any staff that may be relevant
  - c) The factual concerns or observations that have led to the suspicion of abuse or neglect (e.g. any physical, behavioural or developmental concerns)
  - d) The action taken by your organisation
  - e) Any other information that may be relevant

### **D) Guidance on identifying possible abuse or neglect**

#### **Overview**

Child abuse and neglect can take many forms. Your policy should contain clear guidance to staff on what indicators to look for.

#### **Key information**

- While there are different definitions and categories of abuse, the important thing is for staff to consider overall wellbeing and the risk of harm to the child. It is not so important to be able to define or categorise the type of abuse or neglect.
- Staff should feel empowered to act on suspected abuse and neglect, even when the symptoms or patterns of symptoms are subtle, while avoiding adhering to stereotypes and making assumptions.
- It is normal for staff to feel uncertain. The important thing is that they can recognise when something is wrong, especially if they notice a pattern, or several signs that make them concerned.
- Policies should provide information on the indicators of potential abuse. These may include:
  - Physical signs (e.g. unexplained injuries, burns, fractures, unusual or excessive itching, genital injuries, sexually transmitted diseases).
  - Developmental delays (e.g. small for their age, cognitive delays, falling behind in school, poor speech and social skills).
  - Emotional abuse/neglect (e.g. sleep problems, low self-esteem, obsessive behaviour, inability to cope in social situations, sadness/loneliness and evidence of self-harm).
  - Behavioural concerns (e.g. age inappropriate sexual interest or play, fear of a certain person or place, eating disorders/substance abuse, disengagement/neediness, aggression).
  - The child talking about things that indicate abuse (sometimes called an allegation or disclosure).
- In addition to a summary, policies should include more detailed guidance as an appendix or through references to other resources. See the examples of resources at the end of this section.
- Staff also need to be aware of the indicators of potential neglect. More information is detailed in the resources referenced below but the indicators may include:
  - Physical signs (e.g. looking rough and uncared for, dirty, without appropriate clothing, underweight).
  - Developmental delays (e.g. small for their age, cognitive delays, falling behind in school, poor speech and social skills).
  - Emotional abuse/neglect (e.g. sleep or skin disorders or other untreated medical issues).
  - Behavioural concerns (e.g. disengagement/neediness, eating disorders/substance abuse, aggression).
  - Neglectful supervision (e.g. out and about unsupervised, left alone, no safe home to return to).

- Medical neglect (e.g. persistent nappy rash problems, low self-esteem, obsessive behaviour, inability to cope in social situations, sadness/loneliness and evidence of self-harm).
- Organisations may also consider providing more detailed advice on recognising signs of elevated risk. For example, recognising the family/whānau's circumstances, child characteristics, or parental characteristics that can be evidence of increased risk.
- Similarly, consider providing guidance on recognising and responding to family/whānau/intimate partner violence, to reflect the strong link between family/whānau violence and child abuse.
- Policies should emphasise that every situation is different and that it's important to consider all available information about the child and their environment before reaching conclusions. For example, behavioural concerns may be the result of life events, such as divorce, accidental injury or the arrival of a new sibling. Decisions should not be made in isolation and policies should specify who staff should talk to – a colleague, a manager or supervisor or the designated person or child protection. More detail about responding to concerns is covered in the next section.
- Providers will be familiarised with this information. They are encouraged to ask questions and if they need additional skills development and learning this should be taken to supervision and factored into their professional development plan.
- It is imperative that all providers take up opportunities for finding out and becoming proficient with training and research that ensures their child protection practices are updated to reflect changing understandings of good practice.
- All providers need to have read and familiarised themselves with the following resources.

### **Additional resources**

Oranga Tamariki's has developed the Working Together guide on inter-agency working to identify and respond to potential abuse and neglect. [Interagency guide working together - Oranga Tamariki](#)

The Ministry of Health has also made guidance available in the health sector.  
[Family violence guidelines | Ministry of Health NZ](#)

See also: Murphy, C. et al. (2013). Understanding connections and relationships: Child maltreatment, intimate partner violence and parenting. NZ Family Violence Clearing House. Issues Paper 3. April.

## **E) Guidance on responding to suspected abuse or neglect and other concerns**

### **Overview**

Staff who have a concern about a child need to know how to respond:

- If this concern is about possible abuse or neglect, they need to know how to contact the statutory agencies (Oranga Tamariki or the Police) to make a referral.
- If the concern is more general, then policies should provide advice on how to work with other services in the community to make sure the child and their family/whānau get the help they need.

### **Key information**

1. First line actions:
  - a. Responding to a child in immediate danger – referral to the Police and contact ACC Case Manager and your supplier.
  - b. Responding to a child when the child discloses abuse or when there are concerns about abuse or neglect
    - a phone call to the Oranga Tamariki National Contact Centre to discuss appropriate next steps. Contact ACC Case Manager and your supplier.
  - c. Responding to more general concerns about the wellbeing of a child, where referral to the statutory agencies (Oranga Tamariki or the Police) is not appropriate, e.g. referral to a family/whānau support agency in the community, such as Social Workers in Schools, Strengthening Families or Whānau Ora is more appropriate.
2. Responding to a child when the child discloses abuse:
  - a. 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.
  - b. Reassure the child - let the child know that they:

- are not in trouble.
  - have done the right thing.
3. Ask open ended prompts, e.g. “What happened next?”
- a. Do not interview the child (in other words, do not ask questions beyond open prompts for the child to continue).
  - b. Do not make promises that can't be kept, e.g. “I will keep you safe now”.
4. If the child is visibly distressed, provide appropriate reassurance and re-engage in appropriate activities under supervision until they are able to participate in ordinary activities.
5. If the child is not in immediate danger, re-involve the child in ordinary activities and explain what you are going to do next.
6. If the child is in immediate danger, contact the Police immediately.
7. As soon as possible, formally record the disclosure:
- Word for word, what the child said.
  - The date, time and who was present.
  - Recording and notifying Oranga Tamariki of suspected child abuse or neglect:
    - a. Recording - formally record:
      - 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. Relevant information can inform any future actions.
    - b. Decision making
      - Discuss any concern with the ACC case manager and your supervisor and/or the designated person for child protection.
      - No decisions should be made in isolation.
    - c. Notifying authorities
      - Notify Oranga Tamariki 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 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: [contact@mvcot.govt.nz](mailto:contact@mvcot.govt.nz)
8. Oranga Tamariki will:
- Make the decision to inform the parents or caregivers in consultation with you
  - Advise what, if any, immediate action may be appropriate, including referring the concern to the Police.
  - Oranga Tamariki 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.
9. Storing relevant information
- Securely store:
- The record of the concern.
  - A record of any related discussions, (including copies of correspondence, where appropriate).
  - A record of any advice received.
  - 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).
- Note: Records assist in identifying patterns.*
10. Responding to other concerns:

- Where a concern about a child doesn't amount to suspicion of abuse or neglect, it could be harmful to the wellbeing of the child and their family/whānau to make a notification to the statutory agencies. Instead, organisations should work to partner with social service providers in their communities to identify and address the needs of the child.
- 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/whānau. For example, Strengthening Families, Whānau Ora, Iwi Social Services, Social Workers in Schools, Children's Teams, family/whānau counselling agencies, budget services and mental health and drug and alcohol services.
- Providers are expected to have contact details for these providers and good working relationships with them. Providers will appropriately share relevant information. Your local Ministry of Social Development office will be able to help identify and build connections with these providers.

### **Additional resources**

The suggested resources for identifying abuse also provide guidance on responding appropriately.

It is important to understand the role of Oranga Tamariki in responding to concerns:

[What we do | Oranga Tamariki—Ministry for Children](#)

## **F) Additional guidance on allegations or concerns about staff**

### **Overview**

The same general process used for recording allegations or concerns about third parties will be used for providers, recognising that providers must be treated properly and fairly, and South Coast Psychology will act in good faith. Addressing the needs of the child remains the first priority.

South Coast Psychology will follow a prompt and fair process that complies with all relevant moral and legal obligations.

### **Key information**

1. In dealing with allegations by a child against a provider, South Coast Psychology recognises a dual responsibility in respect of both the child and the provider, alongside our contractual obligations to ACC and legal obligations.
2. The decision to follow up on an allegation of suspected abuse or neglect against a provider will be made in consultation with our ACC supplier manager, Oranga Tamariki and the Police. This will ensure any actions taken do not undermine any investigations being conducted by the external agencies.
3. If it is a child making the allegation or raising the concern, or the allegation/concern regards a child accessing the service, that child must not be exposed to unnecessary risk. This may mean suspending a provider from their duties, subject to the requirements of the applicable ISSC contract and relevant legal obligations. South Coast Psychology will ensure that the child and the staff member are separated.
4. If, after discussion with Oranga Tamariki and/or the Police, there is a need to pursue an allegation as a contractual matter, we will advise the person concerned, inform them that they have a right to seek legal advice and provide them with an opportunity to respond. They will also be informed of their right to seek support from the relevant professional body. We will follow ordinary disciplinary policies, guided by the ISSC contract and relevant statutory obligations.
5. Historical allegations should be responded to in the same way as contemporary ones, with the same priority. All allegations or concerns should be investigated fully, regardless of the resignation or termination of the provider concerned.
6. South Coast Psychology relies on professional bodies to adopt clear policies around protection for employees reporting on concerns about the conduct of other staff members. Such policies are important for promoting safe organisational cultures.
7. Providers will be encouraged to seek the support of their professional bodies during what is likely to be a troubling or traumatic experience to both the provider receiving the allegation or expression of concern, and the provider against whom the allegation has been made.
8. In cases of child abuse there will be no use of 'settlement agreements' where these are contrary to a culture of child protection. Some settlement agreements allow a member of staff to agree to resign provided that no disciplinary action is taken, and a future reference is agreed. Where the conduct at issue concerned the safety or wellbeing of a child, use of such agreements is contrary to a culture of child protection.

## G) Confidentiality and information sharing

### Overview

Sharing the right information with appropriate persons is one way an organisation can safeguard the children accessing its service. Child protection policies should contain clear guidance on confidentiality and information sharing or link to other relevant policies for this. Information management and confidentiality are sometimes not well understood by staff, which can result in information not being shared in situations where a risk to a child could have been addressed.

### Key information

1. The Privacy Act 1993 and the Children, Young Persons, and Their Families Act 1989 (CYPF Act) allow information to be shared to keep children safe when abuse or suspected abuse is reported or investigated.
2. Generally, advice should be sought from Oranga Tamariki and/or the Police before identifying information about an allegation is shared with anyone other than your clinical supervisor, the ACC case manager and/or a designated person for child protection.
3. Under sections 15 and 16 of the CYPF Act, any person who believes that a child has been, or is likely to be, harmed physically, emotionally or sexually, or ill-treated, abused, neglected or deprived may report the matter to 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.
4. Providers need to be clear that they have obligations under the Privacy Act 1993 (and for health agency staff, the Health Information Privacy Code), namely:
  - a. When collecting personal information about individuals it is important to be aware of the requirements of the privacy principles, i.e. the need to collect the information directly from the individual concerned and when doing so to be transparent about:
    - the purposes for collecting the information and how it will be used
    - who can see the information
    - where it is held
    - what is compulsory/voluntary information
    - and that people have a right to request access to and correction of their information.
  - b. Providers may; however, disclose information under the Privacy Act/Health Information Privacy Code where there is good reason to do so – such as where there is a serious risk to individual health and safety (see privacy principle 11 / Code rule 11). As noted above, disclosure about ill-treatment or neglect of a child/young person may also be made to the Police or Oranga Tamariki under sections 15 and 16 of the CYPF Act 1989.

### Additional resources

The Office of the Privacy Commissioner has published a set of guidelines Sharing personal information of families and vulnerable children, which includes a range of helpful advice about confidentiality and information sharing:

[The Escalation Ladder infographic - Office of the Privacy Commissioner](#)

A guide from Oranga Tamariki may also be of use:

[www.orangatamariki.govt.nz/assets/Uploads/Documents/FINAL-signed-AISA-submitted-to-Cab-Office-for-OIC-20150626.pdf](http://www.orangatamariki.govt.nz/assets/Uploads/Documents/FINAL-signed-AISA-submitted-to-Cab-Office-for-OIC-20150626.pdf)

Finally, providers should be familiar with the Privacy Act 1993, particularly the 12 Privacy Principles in that Act: [www.legislation.govt.nz/act/public/1993/0028/latest/whole.html#DLM296639](http://www.legislation.govt.nz/act/public/1993/0028/latest/whole.html#DLM296639)

## H) Professional development and safe practice

### Overview

Creating a culture of child protection requires that staff have the knowledge, skills and understanding necessary to work together effectively to implement the policies. Clear policies on training and professional development in the skills of child protection are important for ensuring your organisation grows and develops in this critical area.

### Key information

1. The designated persons for child protection has sufficient knowledge to provide guidance and expertise across the organisation. All providers should have the skills necessary to recognise and respond to suspected abuse and neglect as is outlined in their professional codes.
2. All providers have the responsibility to make themselves clearly informed about the content of the child protection policy as part of their orientation. Skills needed to implement the policy should be included in performance management and professional development programmes in providers annual professional development review and planning with their clinical supervisor.
3. South Coast Psychology will provide notification of specialist child protection trainings (when they are available). Providers are encouraged to regularly review and update their knowledge and practice with relation to child protection.
4. South Coast Psychology expectations for providers promotes professionalism in working with children, clearly establishing roles and expectations of adult behaviour with children and encourage staff to keep their professional and personal lives separate. As some providers work in isolated areas, and multiple roles can exist, it is imperative that strategies for managing these roles are discussed openly in clinical supervision.
5. In working with children, your professional training would have given you guidance in working with children and their families. You are expected to have clear understanding discussed with professional advisors around the following areas:
  - a. Being alone with children.
  - b. Physical contact, including comforting children in distress, and helping children to dress or use the bathroom (if a necessary part of service delivery).
  - c. Taking children off site, to the staff member's home or transporting children in cars.
  - d. Communicating with children, including use of telecommunications technology.
  - e. Appropriate and inappropriate relationships with children, including over-familiarity, providing gifts, and fostering infatuation.
  - f. The use of safe restraint and isolation practices.
  - g. Any other high-risk situations relevant to delivery of services by you.

Below are some examples of good child-safe practices:

- To avoid being alone with children, all providers should examine the opportunities or possible situations where they may be alone with children. Wherever possible, an open-door policy for all spaces should be used (this excludes toilets). Staff should be aware of where all children are at all times.
- Visitors should be monitored at all times by providers and volunteers and outside instructors should be monitored.
- If activities require one-to-one physical contact parents and caregivers should be advised.
- Where a child requires assistance, e.g. if they are intellectually or physically disabled, if possible, involve the parents/caregivers and outside agencies to assist. If this assistance is not available, ensure that you are aware of appropriate procedures when giving assistance.
- Providers should avoid being alone when transporting a child, unless an emergency requires it.
- Except in an emergency, children are not to be taken from your office/therapeutic space, or from the programme you provide, without parental consent.