

Fairfield Primary

Child Protection Policy

Policy

1. Ensuring the wellbeing and safety of children, including prevention of child abuse or maltreatment, is a paramount goal.
2. This policy and the accompanying procedure provide a broad framework and expectations to protect children, including (but not limited to) staff behaviours in response to actual or suspected child abuse and neglect. It applies to all staff, including volunteers and part-time or temporary roles and contractors. It is intended to protect all children that staff may encounter.
3. Our appointment policy and procedure reflect a commitment to child protection by including comprehensive screening procedures as required by the Vulnerable Children Act 2014.
4. In addition to guiding staff to make referrals of suspected child abuse and neglect to the statutory agencies – i.e., Child, Youth and Family and the Police – this policy and the accompanying procedure will also help our staff to identify and respond to the needs of the many vulnerable children whose wellbeing is of concern.
5. We recognise that there may be genuine occasions when connecting families with social and support agencies is the most appropriate intervention. (e.g. families experiencing hardship or dealing with trauma)
6. We commit to explore opportunities to work with other providers, including from other sectors, to develop a network of child protection practice in our wider community.
7. Our approach to identifying abuse or neglect will be guided by the following principles:
 - every situation is different. It's important to consider all available information about the child and their environment before reaching conclusions. E.g., behavioural concerns may be the result of life events, such as divorce, accidental injury, the arrival of a new sibling etc.
 - Māori children/tamariki, young persons/rangatahi are assessed and managed within a culturally safe environment. This may involve the family/ whanau/ hapu and iwi participating in the making of decisions affecting that child/ tamariki young person/ rangatahi.
 - We understand that we shouldn't act alone. When we are concerned a child is showing signs of potential abuse or neglect we should talk to the Deputy Principals/Associate Principal or Principal.
 - While there are different definitions of abuse, the important thing is for us to consider overall well being and the risk of harm to the child.
 - It is normal 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.

8. We recognise the signs of potential abuse:

- *Physical signs* (e.g., unexplained injuries, • burns, fractures, unusual or excessive itching, genital injuries, sexually transmitted diseases).
- *Behavioural concerns* (e.g., age- inappropriate sexual interest or play, fear of a certain person or place, eating disorders/substance abuse, disengagement/neediness, aggression).
- *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).
- The *child talking about things that indicate abuse* (sometimes called an allegation or disclosure)

9. 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).
- *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).
- *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).

10. Staff involved in cases of suspected child abuse will receive appropriate support as and when required. This could include counselling.

11. Confidentiality and information sharing- Staff 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 Child, Youth and Family or the Police and provided the report is made in good faith, no civil, criminal or disciplinary proceedings may be brought against them.
- 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.
- Staff 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 Child, Youth and Family under sections 15 and 16 of the Children, Young Persons, and Their Families Act 1989.