



St. Mary's Preschool

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Child Protection Policy

Early Childhood Regulations (2008) 46, 56, 57; Licensing Criteria HS 31

Purpose

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

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

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

This policy applies to:

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

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

Children: This policy applies to all children up to 18 years of age who are enrolled at St Mary's Preschool, and who staff come into contact with during the course of their work.

Rationale and Commitments

- St Mary's Preschool has an obligation to ensure the wellbeing of children in our care and are committed to the prevention of child abuse and neglect and to the protection of all children.
- While children are attending St Mary's Preschool they are protected from harm, and to respond in ways which keep children safe when abuse is suspected. St Mary's staff operate within the national Code of Professional Responsibility and Standards for the Teaching profession which sets out the standards of integrity and professional behaviour expected of everyone in our profession.
- The safety and wellbeing of the child is our top priority when investigating suspected or alleged abuse. We support the roles of the New Zealand Police (the Police) and Oranga Tamariki in the investigation of suspected abuse and will report suspected/alleged abuse to these agencies.
- Under section 6 of the Oranga Tamariki (1989) the interests and well-being of children are paramount.

- We support families/whānau to protect their children.
- We provide a safe environment, free from physical, emotional, verbal or sexual abuse.
- Recognising the rights of family/whānau to participate in the decision-making about their children.
- That parents at St Mary's Preschool are encouraged to visit at any time during the day. Parents settling children into the centre are encouraged to observe and take part in our programme until such time as they feel secure enough to leave.
- We have a commitment to ensure that all staff are able to identify the signs and symptoms of potential abuse and neglect and are able to take appropriate action in response.
- Information regarding a child will be shared to both parents unless there are any court appointed custodial arrangements in place which will limit this.
- A complaints procedure ensures issues of concern are dealt with appropriately. Parents are encouraged to express their feelings and concerns so that the operation of St Mary's Preschool can be constantly improved.
- We are committed to share information in a timely way and to discuss any concerns about an individual child with the Senior Teacher.
- We are committed to promote a culture where staff feel confident that they can constructively challenge poor practice or raise issues of concern without fear of reprisal.

Vulnerable children

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

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

Definitions used in this policy

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

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

Vulnerability

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

Physical Abuse

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

Physical abuse may also involve fabricating the symptoms of illness or deliberately inducing illness in a young child/person.

Emotional Abuse

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

Sexual Abuse

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

Child Sexual Exploitation

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

Neglect

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

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

substance misuse, family violence.

Intimate Partner Violence or Family Violence

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

Bullying

Bullying relates to inappropriate use of a real or perceived power by one or more persons over another person or a group regarded as less powerful. Acts of bullying are generally repeated or have the potential to be repeated over time.

Bullying related to hurting someone else (physically and/or emotionally) and may take many forms that are often interrelated and include Verbal – name calling, gossiping, put downs, threats.

Cyber Bullying

This is usually perpetrated using social media networks, games and mobile phones. This can include spreading rumours, posting, nasty or embarrassing messages, images and/or videos. Those suffering from Cyberbullying may know who is bullying them or they may be targeted by someone using a fake or anonymous account, with anonymity often increasing the likelihood of others engaging in bullying behaviour. Often due to being challenging to stop, remove and by being constant (wherever they are, any time of day or night) children/young people can feel like there's no escape.

Cumulative Harm

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

Designated Person for Child Protection

Who is the Designated Person?

The Designated Person for Child Protection will be the Senior Teacher, and Chairperson of the Board of Governors.

What does a designated person do?

The Designated Person for Child Protection has a responsibility at both a strategic level within the organisation and on a day to day basis.

Key aspects of the Designated Person's role includes:

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

Role of the Designated Person

It is essential that an appropriate senior member of staff is selected to take lead responsibility

for child protection. This person should have the status and authority within the organisation to carry out the duties of the post including committing resources and where appropriate, supporting and directing other staff.

The broad areas of responsibility for the designated person are:

Managing referrals

Refer all cases of suspected abuse to statutory agencies

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

and/or

Police (cases where a crime may have been committed)

Liaise with the Board of Governors Chairperson to inform him or her of any issues

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

Training

The designated person should receive appropriate training carried out every two years in order to:

Understand the assessment process for providing early help and intervention, for example through locally agreed common shared assessment processes such as early help assessments.

Have a working knowledge of how statutory agencies and multi-agency meetings work and be able to attend and contribute to these effectively when required to do so.

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

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

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

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

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

Raising Awareness

The designated person should ensure that St Mary's Preschool's policies are known and used appropriately:

Ensure that St Mary's Preschool's Child Protection Policy is available publicly and parents are aware of the fact that referrals about suspected abuse or neglect may be made and the role of St Mary's Preschool in this.

Link with the local/national bodies and training organisations to make sure staff are aware of training opportunities and the latest local policies on safeguarding.

Where children leave St Mary's Preschool, ensure that their child protection file is transferred to the new preschool/kindergarten/school as soon as possible.

Safe Working Practices

- Our playground and indoor play areas are designed to ensure that they can be readily observed by supervising Teachers. Children are supervised by staff at all times, no child will be left unattended.

- Only adults named on the enrolment form are able to collect children from the centre. If a child is to be collected by someone other than the persons on their enrolment form, parents / legal guardians are required to give written or verbal permission to the teaching team including their relationship to the child and a brief description of what they look like. (Refer to Custody and Access Policy)
- When a child is late being picked up, two teachers will wait with the child until the child is collected by the parent / caregiver.
- Student teachers are not allowed to change or toilet and child unsupervised and are not to be left alone with any child or group of children.
- Relievers will be allowed to change or toilet children and can be left alone with groups of children at the discretion of the Senior Teacher.
- Visitors to the Preschool and parents are NOT permitted to toilet children or assist in the bathroom, other than hand-washing, with the exception that a parent may toilet their own child.
- Only preschool devices maybe used for photographic and video footage of children. And will only be used within the context of learning stories, centre documentation, group planning and social media websites such as Facebook and Instagram and St Mary's Preschool website, with signed permission by parents/caregivers.

Safe Collection of Children

St Mary's Preschool will ensure children are safely collected from preschool to the appropriate person/caregiver.

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

Action plan in case of an un-authorized person collection child/children from St Mary's Preschool.

If Suspicion Arises:

- 1. If another person comes to collect the child, ID must be sighted and a record of that person picking up must be visible, or notification must have been made by phone call.**
- 2. If the person is not permitted, contact must be made with parent/caregiver.**
- 3. Parent or authorised contact person requested to come to the centre immediately.**
- 4. Inform person they are not permitted to remove the child. Ask them to leave the centre. If they do not leave, inform them Police will be contacted.**
- 5. If they refuse, second staff member to inform the Police. (Delaying tactics).**

If unauthorised person endangers others in the Centre we will reluctantly release the child.

In these circumstances we will endeavour to take registration number of vehicle and note direction vehicle has taken.

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

- 1. Teacher to call primary caregiver/s.**

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

Confidentiality and information sharing

The Privacy Act 2020 and the Oranga Tamariki Act 1989 allow information to be shared to keep children safe when abuse or suspected abuse is reported or investigated. Note that under sections 15 and 16 of the Oranga Tamariki Act, any person who believes that a child has been, or is likely to be, harmed physically, emotionally or sexually or ill-treated, abused, neglected or deprived may report the matter to Oranga Tamariki or the Police and, provided the report is made in good faith, no civil, criminal or disciplinary proceedings may be brought against them.

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

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

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

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

See St Mary's Preschool Privacy Policy for further information around sharing of information.

Recruitment and employment (safety checking)

Safety checking will be carried out in accordance with the Children's Act 2014. This will include: a police vet; identity verification; references, an interview and a risk assessment. A work history will be sought, and previous employers will be contacted. If there is any suspicion that an applicant might pose a risk to a child, that applicant will not be employed.

See Appointments Policy.

Training, supervision and support

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

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

This policy will be part of the initial staff induction programme.

Training will be conducted for all permanent staff members via either ELearning or face to face training, every two years.

New permanent staff members will complete this training within 6 months of commencement

of their employment.

The Senior Teacher and Board of Governors Chairperson will complete more intensive training.

Relevant Legislation and related policies

- Children’s Act 2014
- Care of Children Act 2004
- Privacy Act 2020
- The United Nations Convention on the Rights of the Child (UNCROC)
- Oranga Tamariki Act, 1989
- Domestic Violence Act 1995
- Victims’ Rights Act 2002
- Family Violence Act
- Social Media Policy
- Privacy Policy
- Cybersafety Policy

Review and responsibilities

The Senior Teacher and Office Manager will review this policy every year. And upon change in legislation or after a significant child protection episode.

Appendices:

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

Indicators of Abuse and Neglect

Emotional Abuse

Physical Indicators:

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

Behavioural Indicators:

- Overly compliant and apologetic including an excessive fear of making mistakes.
- Difficulty developing normal relationships including poor peer relationships.
- Lacks trust in other people.
- Demonstrating fear, of parent, caregiver or other adult.
- Reluctance to attend an activity at a particular club or organisation.
- Inability to cope with praise.
- Slow development or regression with no obvious cause
- Aggressive behaviour (active or passive).
- Attention or risk taking behaviour.
- Depression, habitually frightened, anxious and/or nervous.
- Tired, lethargic, falling asleep at inappropriate times.
- Habit disorders – hair twisting, sucking, biting, rocking, etc.
- Very 'clingy', possessive and attention seeking.
- Indiscriminate with affection.
- Stealing (particularly food) or destroying property.
- Unable to express views when asked.
- Staying at school or other activities outside hours and not wanting to go home.
- Severe developmental lags with obvious physical cause
- Depression, anxiety, withdrawal or aggression
- Self-destructive behaviour. This can include self-harm, suicide, alcohol and drug abuse
- Extreme attention seeking behaviours or extreme inhibition
- Running away from home, avoiding attending at school
- Nightmares, poor sleeping patterns
- Anti-social behaviours
- Lack of self esteem
- Obsessive behaviours
- Eating disorders

Caregiver Indicators:

- Labels the child as inferior or publicly humiliates the child (e.g. name calling)
- Treats the child differently from siblings or peers in ways that suggest dislike for the child

- Actively refuses to help the child
- Constantly threatens the child with physical harm or death
- Locks the child in a closet or room for extended periods of time
- Teaches or reinforces criminal behaviour
- Withholds physical and verbal affection
- Keeps the child at home in role of servant or surrogate parent
- Has unrealistic expectations of child
- Inappropriately involves child in adult issues such as separation or disputes over child's care
- Exposes child to witnessing, either seeing or hearing, situations of arguing and violence in the home

Neglect

Physical Indicators;

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

Behavioural Indicators:

- Stealing/hoarding particularly food or clothing.
- Inappropriately dressed i.e. extremely dirty, not the right clothes to keep dry or warm.
- Out and about unsupervised.
- Spending time at school or other external activities beyond the usual hours.
- Falling behind in educational work and/or attendance.
- Reluctance to attend an activity at a particular club or organisation.
- Indiscriminate attachment to adults – strong attention, affection seeking or a severe lack of attachment to their own parent/carer.
- Tired or falling asleep at inappropriate times.
- Abuse of alcohol or drugs.
- Aggressive behaviour and/or destructive tendencies.
- Poor peer relationships, having few friends.
- Indiscriminate with affection and/or desire for adult affection.
- Poor emotional response / lack of expression or enthusiasm.
- Low self-esteem, dull, unsmiling.
- Anxiety about being left.
- Frequent rocking and sucking behaviour.
- Running away.
- Developmental lags with no obvious cause

Caregiver Indicators:

- Puts own need ahead of child's

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

Physical Abuse

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

- Bruises, welts, cuts and abrasions
- Burns - small circular burns, immersion burns, rope burns etc
- Fractures and dislocations - skull, facial bones, spinal fractures etc
- Multiple fractures at different stages of healing
- Fractures in very young children, especially those not yet mobile

Behavioural Indicators:

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

Caregiver Indicators:

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

Sexual Abuse

Physical Indicators:

- Unusual or excessive itching or pain in the genital or anal area
- Torn, stained or bloody underclothing
- Bruises, lacerations, redness, swelling or bleeding in genital, vaginal or anal area
- Blood in urine or stools
- Sexually transmitted infections
- Pregnancy
- Urinary tract infections
- Discomfort in sitting or fidgeting as unable to sit comfortably

Behavioural Indicators:

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

Caregiver Indicators:

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

Intimate Partner Violence

Indicators in the Child:

- Physical injuries consistent with the indicators of Physical Abuse
- Absenteeism from school
- Bullying or aggressive behaviour
- Complaints of headaches or stomach aches with no apparent medical reason
- Talking or describing violent behaviours
- Bullying, aggressive behaviour including yelling, hitting, biting, kicking and pulling other children's hair.
- Disclosures of and/or describes violent or emotionally abusive acts.
- Threats and/or harming of animals.
- Substance misuse.
- Very distressed when witnessing violence.
- Severely shy, low self-esteem.
- Argumentative.
- Difficulty concentrating.
- Become rebellious/anxious.

Indicators in the Victim:

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

Indicators in the Perpetrator:

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

Child Sexual Exploitation:

Physical indicators may include:

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

Behavioural indicators may include:

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

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

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

Some physical indicators of sexual abuse are only identifiable via a medical examination. For example:

- Sexually Transmitted Infections (STIs).
- Semen in genitalia areas.
- Vaginal, penis, scrotum or anal injury or scarring.
- Abrasions tears and bruises to the vagina or anus.
- Chronic urinary tract infections or difficulty urinating.
- Bleeding from the anus or vagina.

More typical of Younger Children

- Regression e.g. bed-wetting or thumb sucking.
- New words for body parts.
- Resists removing clothes when appropriate times e.g. bath, bed, toileting, nappy changes.
- Asks other children to behave sexually or play sexual games.
- Mimics adult-like sexual behaviours including with toys or draws in artwork

More typical in adolescents

- Self-injury (cutting, burning).
- Suicide attempts.
- Inadequate personal hygiene.
- Drug and alcohol.
- Sexual promiscuity.
- Running away from home.
- Depression, anxiety.
- Fear of intimacy or closeness.
- Compulsive eating or dieting.

Bullying

Physical indicators may include:

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

Behavioural indicators may include:

- Belongings getting "lost" or damaged.
- Loses interest in school.
- Not doing as well at school (drops in grades) or getting into trouble at school.
- Problems adjusting to school, being afraid to go to school, being mysteriously 'ill' each morning, or skipping school.
- Have fewer friendships, not being accepted by their peers.
- No longer wants to participate in activities once enjoyed.
- Asking for, or stealing, money (to give to a bully)
- Suddenly changes in behaviour E.g.
 - Being nervous, losing confidence, or becoming distressed and withdrawn.
 - Anxious, clingy, depressed, obsessive behaviour, wary and suspicious of others.
 - Being aggressive, taking risks; or
 - Bullying others.

- Thoughts about suicide
- Substance Misuse

Cyber Bullying

Specific indicators:

- Spends a large amount of time on the computer, yet doesn't seem willing to talk about what they are doing or gives dubious explanations about how the time was spent.
- Seems upset, highly irritable or emotional after being on the computer, or after reading their text messages or email, etc.
- Avoids conversations about the computer or Internet, or seems defensive and upset when you ask about it.
- There is a sudden drop-off in computer use, and the child seems to avoid it or doesn't use sites they used to spend time on.
- A withdrawal from technology or a sudden change in computer or phone usage including suddenly stops using the computer (biggest red flag).
- Suddenly changes friends

Date Reviewed	March 22
Board Ratified	17/03/2022
Next Review	2023



PROCEDURE FOR RESPONDING TO ALLEGATIONS OR DISCLOSURE OF CHILD ABUSE OR NEGLECT BY A ST MARYS PRESCHOOL MEMBER OF STAFF

IS THE CHILD IN IMMEDIATE DANGER?
If unsure, call Oranga Tamariki 0508 326 459

If YES, Act to ensure child's safety.
CALL POLICE ON 111. Follow Police advice.
RECORD actions taken on your child protection alert form.

Inform Designated Person IMMEDIATELY.
Senior Teacher – Charlotte Alford on [REDACTED]
If allegation is against the Designated Person, contact the Board of Governors Chairperson –who will follow this procedure in place of the Designated Person.
Designated Person will inform the Chairperson of Board, Rebecca Hitchcock.

Chair of Board will act on behalf of organisation's employment matters in regard to the staff member.
Chair of Board will not investigate.
Investigation will be conducted by Police or a Ministry investigator

Designated person will act on behalf of the child and follow the **Child Protection Procedures.**
The child's welfare will be paramount

Chair of Board/Manager will

- Not act alone
- Contact statutory agencies immediately (depends on sector) Police, Oranga Tamariki, Ministry of Education, NZSTA, Insurance provider
- Advice will be sought, recorded and followed
- Following guidance, the staff member will be immediately suspended without prejudice as a precautionary measure
 - Inform Police and provide all relevant information if staff member is involved in other roles where they have access to children
- After consultation with Police/Oranga Tamariki inform parents/caregivers as advised
- Maintain close liaison with Designated Person, Oranga Tamariki, Police and other relevant professional bodies
- Action the Employment disciplinary/complaints policy

The staff member will be assisted in seeking legal and professional advice and support

Support is provided for fellow staff and those who are directly involved or impacted as per advice from guiding professional bodies.

STAFF ARE EXPECTED TO FOLLOW THIS POLICY however any staff member may contact Oranga Tamariki or Police for advice or to make a Report of Concern at any time if they feel this process is not effective and there still remains concern for a child

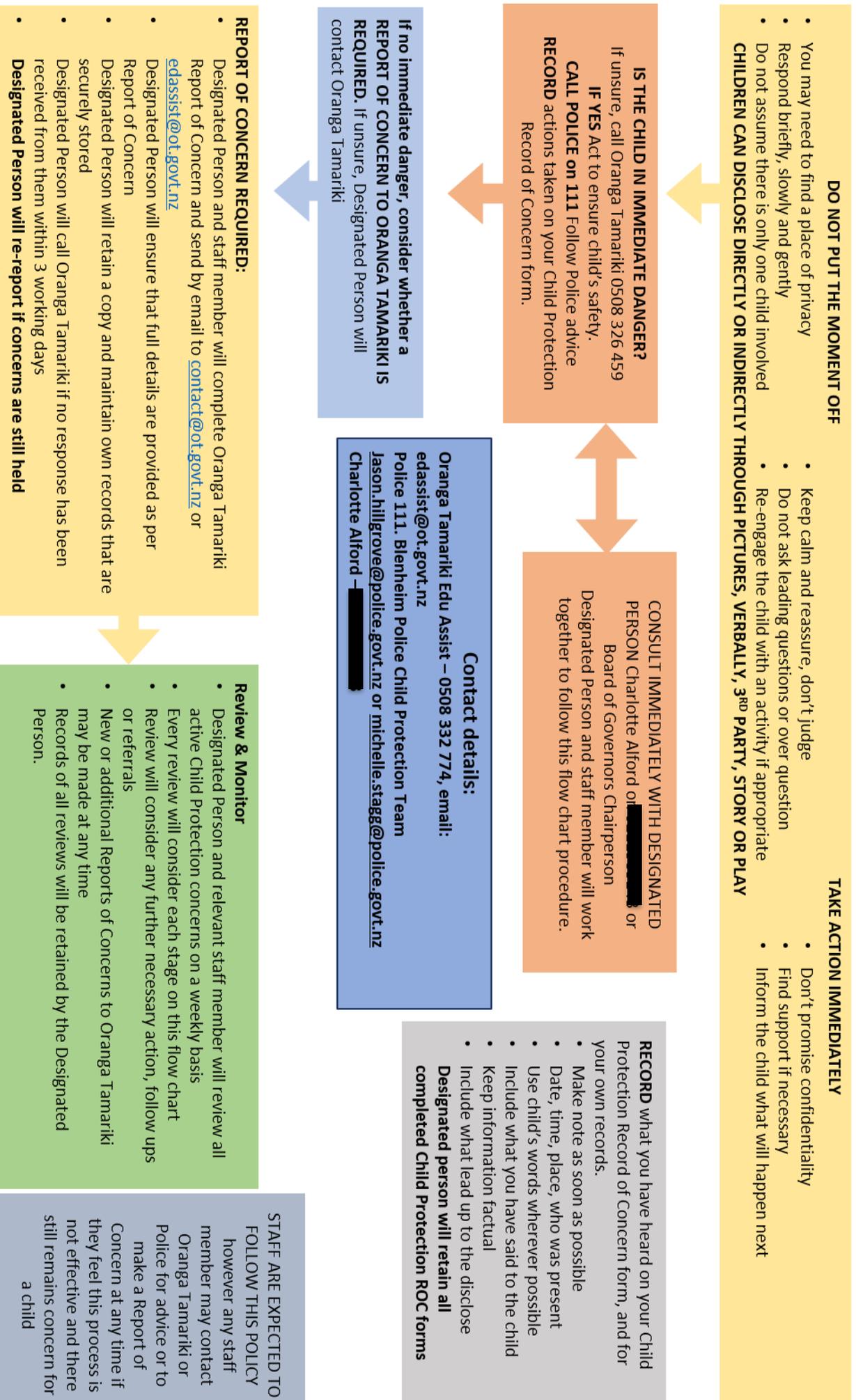
RECORDING All information to be recorded on Record of Concern			
Dates	Time	Facts	Places
Names	Family Details	Who was present	
Advice and action taken		Details of all information shared	

Oranga Tamariki: Edu Assist – 0508 332 774 email edassist@ot.govt.nz
Blenheim Police Child Protection Team: Jason.hillgrove@police.govt.nz
or michelle.stagg@police.govt.nz
Charlotte Alford - [REDACTED]

St Mary's Preschool will remain child focused and not collude with any adult or organisation. St Mary's Preschool will not use settlement agreements where there are child protection concerns.



PROCEDURE FOR RESPONDING TO DISCLOSED OR SUSPECTED CHILD ABUSE OR NEGLECT

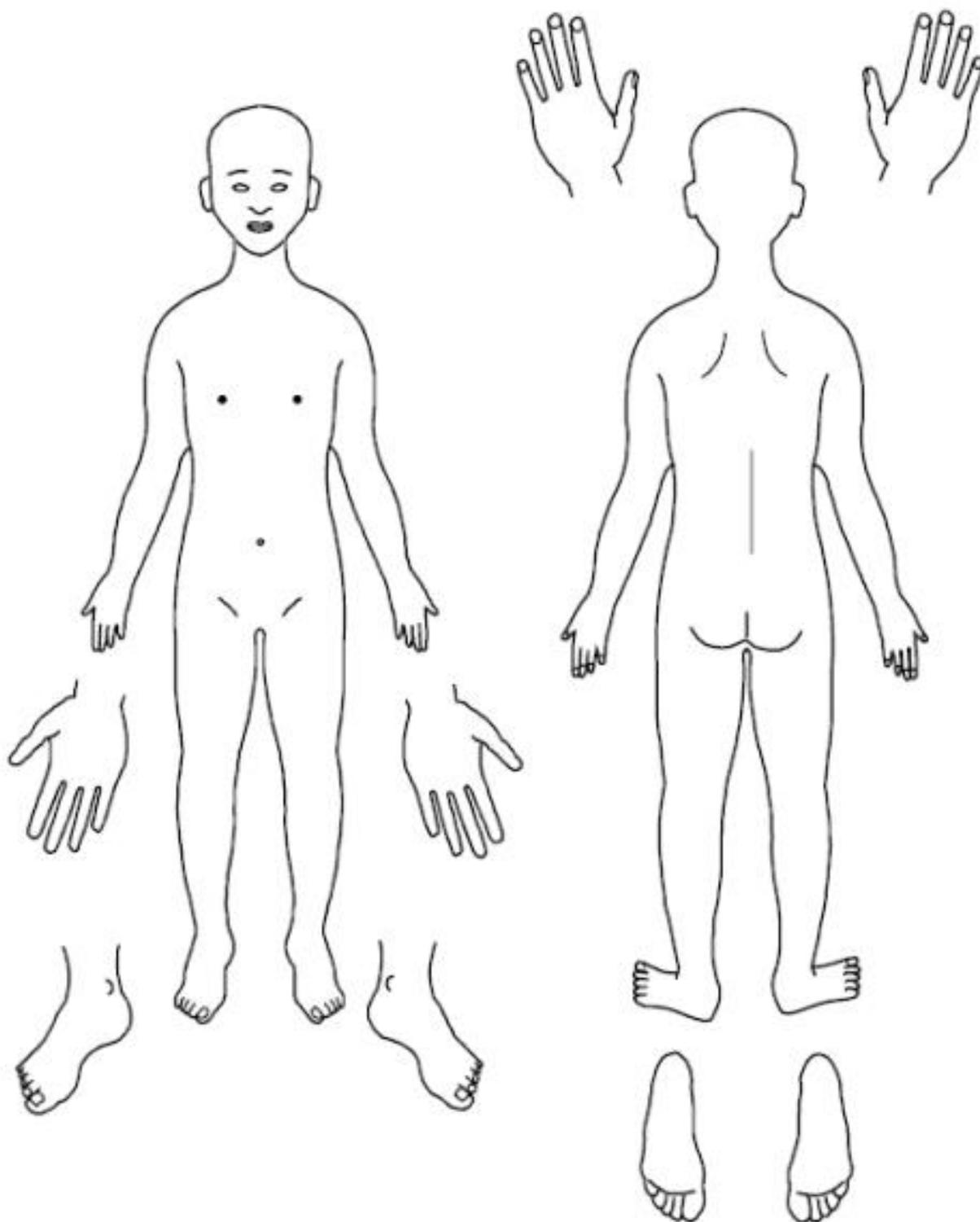


Information for effective Report of Concern

Below we have listed the information that St Mary's Preschool believes makes it easier for Oranga Tamariki or the Police to identify the child / young person or concerning adult and for them to understand your concerns:

- Name of the child
- Date of birth (if known) or even approximate age
- Address of the child/whanau (if known)
- Contact telephone numbers (if known)
- Names of other children in the household/whanau/group/team
- Names of parents/carers
- Names of adults in the household
- Names of adult you are concerned about and their relationship/jobs connected to the child
- School or groups attended
- Name of GP and Plunket nurse
- What are you concerned about?
- What have you seen or heard?
- Who was present when you noticed something?
- If it is an injury, draw it on a drawing of a body, or use a body map if you have one (indicate left and right)
- When did it happen?
- What did the child say? (do not ask the child questions)
- What did the adult say or do that concerned you?
- Is it a one-off incident or always occurring
- What have you already done to safeguard/protect the child?
- Who else is aware of your concerns or shares your concerns?
- Pass on any information if you think making the Report of Concern will increase the risk to the child (e.g. violence/abduction)
- Your name
- Your job title/relationship to the child
- Your contact number and organisation
- If you want to remain anonymous please indicate on the Report of Concern

Child Body Map



Name of Child: _____

Date: _____

Name of person filling out body map: _____