



# Policy – Child Protection

Policy to support Health & Safety

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## Outcome statement

Students at this school thrive, belong and achieve to the best of their ability. The school is committed to the prevention of child abuse and neglect and to the protection of all children.

## Scoping

All staff members (including contractors and volunteers) are expected to be familiar with this policy, its associated procedures and protocols and abide by them. Advice will be sought through appropriate agencies in all cases of suspected or alleged abuse.

As required by the Children's Act 2014 (s. 14), we have adopted this Child Protection policy as our framework for student safety at Pukekohe Hill School. This policy contains provisions for identifying and reporting child abuse and neglect, with further detail provided in Abuse Recognition and Reporting.

## Delegations

Although ultimate accountability sits with the board, the board delegates responsibility to the principal to ensure that all child safety procedures are implemented and available to all staff, contractors, volunteers and parents.

## Expectations and limitations

The guidance provided by Pukekohe Hill School for the safety and wellbeing of students aligns with the principles of partnership/mahi tahi, protection/kaitiakitanga, and participation/whai wāhi; and the rights and responsibilities of all members of our school community as outlined by te Tiriti o Waitangi. We recognise the importance of involving family/whānau in decision-making, and we involve students in decision-making about themselves in age-appropriate ways.

Our child protection policy, along with supporting documentation, ensures we maintain student welfare as our primary concern, and keep the student at the centre of decision-making. We aim to safeguard our students from abuse and neglect by encouraging concerns to be recognised and shared, and having systems to respond when concerns are raised.

Information will be requested from parents and whānau on enrolment that will assist the school to take practical steps to reduce safety risks and privacy concerns. These will include the gathering of information such as; custody arrangements, non contact orders and photo release and publication.

## Supporting student safety and responding to concerns

We support the wellbeing/hauora of our students by establishing positive learning environments, and promoting respectful relationships between students and staff. We have a designated child protection person, who is the primary point of contact for concerns about students, including concerns about abuse or neglect. At Pukekohe Hill School, this person is the principal. In situations of concern, we aim to work together and intervene early to support student safety and wellbeing.

We foster a safe atmosphere for our students to speak up if they feel that something is wrong or that they are being mistreated. We may use programmes to help students identify healthy and unhealthy relationships.

If a wellbeing concern is raised, or staff think that a student may require extra support, we follow procedures for Responding to Student Wellbeing Concerns.

If there is a concern or disclosure of abuse or neglect, we follow the **Reporting Process for Suspected or Disclosed Child Abuse** flowchart.

### **Concern response overview**

For information specific to the situations listed above, see the corresponding topic. Our response overview is provided here.

If there is immediate danger:

- Phone the police on 111.
- If possible, protect the immediate safety of the student.
- Following the incident, inform the designated child protection person.
- Record any actions taken.

If there is no immediate danger:

- Record a factual account of any concerns that have come up, or any disclosures that are made.
- For any concerns, consult the designated child protection person, who works with relevant school staff and external agencies as necessary.
- The designated child protection person may consult with the principal and board to decide whether to share information externally.
- Where a concern does not warrant notifying Oranga Tamariki, the school may partner with social service providers to identify and address the needs of the student.
- If necessary, Oranga Tamariki investigates and advises relevant staff about any action that should be taken to support students.
- Decisions about informing parents or caregivers about suspected or actual child abuse or neglect are made after consultation between the school and Oranga Tamariki.
- All decisions are recorded in writing and kept in a secure child protection file, with any decision-making processes explained.

### **Child protection roles and responsibilities**

The Pukekohe Hill School board is responsible for ensuring all children's workers (core and non-core) employed or engaged by the school are safety checked before their appointment. Existing children's workers are safety checked every three years after the last safety check was completed.

If the school employs a staff member that is not considered a children's worker, they are police vetted if their role includes unsupervised access to students.

Staff have a professional responsibility to report any concerns about student wellbeing and safety, particularly in regard to abuse, neglect, or professional misconduct of other staff to the designated child protection person.

At Pukekohe Hill School, our designated child protection person is the principal, who is the primary point of contact for concerns about students, including concerns about abuse or neglect. The designated child protection person is available and accessible to all other staff, and has experience and training in responding to child protection concerns.

### **Child protection partnerships**

Staff members work with relevant contacts within the school to best support students, and seek guidance from external agencies as appropriate. Unless there is immediate danger, staff members do not act alone on their concerns.

Pukekohe Hill School works with Oranga Tamariki and the New Zealand Police where appropriate, and liaises with partner agencies and community organisations to support early interventions with the goal of safe and effective abuse response. We share information if it is in the best interests of a student, as per information sharing provisions. In all circumstances, Pukekohe Hill School is carefully guided by these provisions as well as privacy considerations.

### **External agency interviews**

If an external agency such as the police or Oranga Tamariki asks to interview a student on school grounds, the school ensures the rights of the student are upheld. If Oranga Tamariki contacts the school to interview a student, that student has the right to a support person if they wish. This support person (e.g. member of support staff, teacher, or principal) focuses on the safety and wellbeing of the student.

The police may contact the school to question a student. Students in this situation have the right to remain silent, and the right to a lawyer. If a student who is under 18 is interviewed by police, a nominated adult can support them. See Youth Law: Rights with the Police.

### **Child protection review**

We acknowledge that child protection is everyone's responsibility and we share and review our Child Protection policy and procedures with our wider school community.

Child protection topics are reviewed at least once every three years as part of the policy review cycle. Our designated child protection person and any other relevant staff are involved in reviewing policies and procedures related to child protection.

## Monitoring

The principal assures the board that the Child Protection policy is in use, is being implemented correctly, and is publicly available.

## Legislative compliance

- Children's Act 2014
- Oranga Tamariki Act 1989
- Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017
- Privacy Act 2020
- Health and Safety at Work Act 2015
- Teaching Council Rules 2016

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Reviewed: Aug 2023	Next review: Aug 2026
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## Indicators of Abuse

Indicators may be observed in both children and adults that could signal that child abuse is occurring. These indicators may be observed on their own or in combination. Abuse concerns should be shared with appropriate people or relevant external agencies/support services as soon as possible to best support any child involved.

Type of abuse	Indicators from children	Indicators from adults
<b>Physical abuse</b>	<ul style="list-style-type: none"> <li>• Disclosing abuse</li> <li>• Bruises, burns, sprains, dislocations, bite marks, cuts</li> <li>• Fractured bones (especially in an infant where a fracture is unlikely to occur accidentally)</li> <li>• Pressure marks from fingers</li> <li>• Location and extent of injury does not fit the explanation given</li> <li>• Difficulty recalling how injuries happened or giving inconsistent explanations</li> <li>• Poisoning</li> <li>• Showing wariness or distrust of adults or particular individuals</li> <li>• Seasonally inappropriate clothing (to hide bruising or other injury)</li> <li>• Demonstrating fear of parents and of going home, running away</li> <li>• Becoming fearful when other people cry or shout</li> <li>• Being excessively friendly to strangers</li> <li>• Being very passive and compliant</li> <li>• Being violent to animals or other children</li> <li>• Being extremely aggressive or withdrawn</li> <li>• Bed wetting</li> </ul>	<ul style="list-style-type: none"> <li>• Overly rough play</li> <li>• Pinching, pushing, dragging, slapping, throwing, or shoving a child</li> <li>• Shaking an infant</li> <li>• When explaining causes of injury to a child, their story changes or is vague</li> <li>• Believing in physical punishment</li> <li>• Perspective of "Didn't do me any harm"</li> <li>• Delay in seeking medical help for a child</li> <li>• Hitting a child with hands or objects</li> <li>• Making threats to harm</li> <li>• Animal abuse</li> <li>• Restraining a child as a punishment</li> <li>• Force-feeding a child</li> <li>• Choking, strangling, or suffocating a child, even if only attempted</li> <li>• Lashing out or threatening a child in front of others</li> <li>• General low empathy</li> </ul>
<b>Emotional abuse</b>	<ul style="list-style-type: none"> <li>• Disclosing abuse</li> <li>• Developmental delays (being behind peers of the same age)</li> <li>• Displaying low self-esteem</li> <li>• Tending to be withdrawn, passive, or tearful</li> <li>• Displaying aggressive or demanding behaviour</li> <li>• Being overly compliant, trying to keep everyone happy</li> <li>• Being highly anxious</li> <li>• Complaining of headaches or stomach pains (psychosomatic complaints)</li> <li>• Displaying difficulties in relating to adults and peers</li> <li>• Avoiding certain people, places, and situations</li> <li>• Sleep disturbances</li> <li>• Regression (acting like a much younger child) e.g. soiling, wetting pants</li> <li>• When playing, behaviour may model or copy abusive behaviour and language</li> <li>• Bed wetting</li> </ul>	<ul style="list-style-type: none"> <li>• Rejecting a child (not giving them attention, love, and affection)</li> <li>• Calling a child names and/or publicly humiliating them</li> <li>• Frightening a child with threats</li> <li>• Misusing authority, power, or position of trust</li> <li>• Verbal abuse, yelling, swearing</li> <li>• Being critical of a child's efforts or ability</li> <li>• Bullying and intimidation</li> <li>• Forcing compliance</li> <li>• Unpredictable responses (sometimes kind, sometimes volatile)</li> <li>• Humiliation, making degrading comments/insults</li> <li>• Having unrealistic expectations</li> <li>• Severe or harsh interaction with a child</li> <li>• Exposing a child to adult issues</li> <li>• Shunning or rejecting a child</li> <li>• Lack of emotional responsiveness and low empathy</li> <li>• Having a harsh parenting style</li> </ul>

		<ul style="list-style-type: none"> <li>• Threatening a child with physical harm</li> <li>• Forcing a child to watch physical harm being caused to someone they love</li> </ul>
<b>Sexual abuse</b>	<ul style="list-style-type: none"> <li>• Disclosing abuse</li> <li>• Acting in a sexual way with toys or objects</li> <li>• Nightmares</li> <li>• Being withdrawn or clingy</li> <li>• Personality changes, such as seeming insecure or anxious</li> <li>• Complaining of headaches or stomach pains</li> <li>• Fear of particular people or places without an apparent reason</li> <li>• Experiencing problems with schoolwork</li> <li>• Sexually transmitted infections</li> <li>• Unusual or excessive itching or pain in genital or anal area</li> <li>• Changes in eating habits</li> <li>• Genital injuries (bruising, cuts, redness, swelling, bleeding)</li> <li>• Blood in urine or faeces</li> <li>• Pregnancy</li> <li>• Being secretive</li> <li>• Receiving gifts or favouritism from a particular person or people</li> <li>• Displaying sexual behaviour or knowledge that is unusual for that child's age</li> <li>• Perpetrating sexual abuse</li> <li>• Inappropriate masturbation</li> <li>• Experiencing difficulty sleeping</li> <li>• Persistent soiling or bed wetting or regression (starting to wet the bed again having stopped)</li> <li>• Having difficulties relating to adults and peers</li> <li>• Unexplained absences, unexplained gifts or money (often signs of sexual exploitation)</li> <li>• Bed wetting</li> </ul>	<ul style="list-style-type: none"> <li>• Refusing to allow a child sufficient privacy</li> <li>• Insisting on physical affection</li> <li>• Selecting/Favouring a particular child</li> <li>• Abnormal interest in the sexual development of a child or teenager</li> <li>• Discussing or sharing sexual jokes or sexual knowledge/material with a child</li> <li>• Insisting on time alone with a child, including babysitting and outings</li> <li>• Spending most of their spare time with children</li> <li>• Buying children expensive gifts or giving them money for no apparent reason</li> <li>• Treating a particular child as a favourite</li> <li>• Frequently walking in on a child using the bathroom, changing rooms, or toilet</li> <li>• Grooming</li> <li>• Forced hugging and kissing</li> <li>• Encouraging a child to behave in sexually inappropriate ways</li> <li>• Voyeurism (secretly watching or filming children)</li> <li>• Exposing of genitals</li> <li>• Non-contact abuse can also involve failing to protect a child from seeing and hearing sexual activities, media, or conversations</li> </ul>
<b>Family violence</b>	<ul style="list-style-type: none"> <li>• Disclosing family violence</li> <li>• Physical injuries</li> <li>• Concentration difficulties</li> <li>• Adjustment difficulties</li> <li>• Being anxious or nervous</li> <li>• Depression</li> <li>• Fear of a parent, or partner of a parent</li> <li>• Isolation from friends and family</li> <li>• Unusual absences</li> <li>• Fear of conflict</li> <li>• Violent outbursts</li> <li>• Aggressive language</li> <li>• Bed wetting</li> </ul>	<ul style="list-style-type: none"> <li>• Being jealous and possessive</li> <li>• Exhibiting controlling behaviour, making all of the decisions</li> <li>• Threatening, criticising, blaming, or humiliating</li> <li>• Mood swings</li> <li>• Having a history of bad relationships</li> <li>• Having a dominant</li> </ul>
<b>Neglect</b>	<ul style="list-style-type: none"> <li>• Disclosing neglect</li> <li>• Lack of sanitary protection for girls who are menstruating</li> <li>• Frequent hunger</li> <li>• Malnutrition</li> <li>• Poor hygiene with few self-care skills</li> </ul>	<ul style="list-style-type: none"> <li>• Prioritising needs of adults over needs and rights of children</li> <li>• Failing to attend to a child's basic needs</li> <li>• Unresponsive parenting</li> <li>• Failing to take the child for medical appointments</li> </ul>

	<ul style="list-style-type: none"><li>• Dental decay</li><li>• Medical conditions not being managed, not improving, or getting worse</li><li>• Seasonally inappropriate clothing</li><li>• Being left unsupervised for long periods</li><li>• Medical needs not attended to, being ill more than average</li><li>• Stealing food</li><li>• Staying at school outside of school hours</li><li>• Often being tired, falling asleep in class or at meal times</li><li>• Abusing alcohol or drugs</li><li>• Demanding affection or attention from adults, including strangers</li><li>• Displaying aggressive behaviour</li><li>• Not getting on well with peers</li><li>• Bed wetting</li></ul>	<ul style="list-style-type: none"><li>• Leaving the child unattended</li><li>• Repeated “accidents”</li><li>• Being emotionally unavailable</li><li>• Appearing to be indifferent to the child</li><li>• Seeming apathetic or depressed</li><li>• Believing children are unimportant and their needs are secondary to adults or community needs</li><li>• Ignoring or belittling children’s needs or rights</li></ul>
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## 1 - Abuse is Suspected or Disclosed Safety

Ensure the tamariki is safe from immediate harm.

## 2 - Listen, & Reassure Reassure

Listen to the child or young person and reassure them they did the right thing in disclosing.

## 5 - Respond Principal Response

- Notify OT Contact Centre or the Police for their instruction.
- Obtain during the notification an indication of likely action and their time frames.
- If advised to do so, complete a referral form to OT/Police.
- Seek advice from OT on what to tell the child or young person (decisions concerning after school arrangements and notifying the parents will be made by police and social workers in consultation with the school).
- Get support for staff involved if needed.



## Reporting Process for Suspected or Disclosed Child Abuse

**Oranga Tamaraki- 0508 326 459**

Child Abuse means the harming (whether physically, emotionally or sexually), ill-treatment, abuse, neglect or deprivation of any child or young person (section 2, CYP&F Act).

## 3 - Record Record Facts

- Write down what the child says, check that comments and events surrounding the concern are also recorded. (date, time, who was present)
- Do not formally interview the child or young person. Obtain only necessary relevant facts for when clarification is needed.
- If the child or young person is visibly upset provide appropriate activity for them under supervision with someone familiar (i.e. teacher) until they are able to re-join classroom activities.

## 4 - Report Report to Principal

Inform Principal ( or Deputy Principals in Principals absence) and give written report notes of the incident or disclosure

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