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CHILD PROTECTION POLICY

Nelson Bays Tennis Association



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1. Purpose

1.1 The most effective way to safeguard children is to have a comprehensive and effective policy, with attached practices and guidelines. This Policy is written under the principle that children and young people attending {School} and/or programmes run by Nelson Bays Tennis Association (NBTA) have a right to feel safe and comfortable in that contact.

1.2 The purpose of this policy is to provide NBTA staff, volunteers and coaches guidelines by which to identify and respond appropriately to concerns of abuse and neglect, and to understand their role in keeping children safe.

1.3 This policy has been written in accordance with the following legislation:

- Education Act 1989
- Children, Young Persons and Their Families Act, 1989
- Crimes Act, 1961
- Domestic Violence Act, 1995
- Health Act, 1956
- Health and Disability Sector Standards Regulations, 2001
- Privacy Act, 1993
- Health Information Privacy Code, 1994
- Vulnerable Children's Act, 2014
- Care of Children Act, 2004
- Employment Relations Act, 2000
- Human Rights Act

1.4 This Policy will be reviewed annually, and updated regularly in the light of operational experience and in line with changes in legislation and associated policies.

2. Scope

2.1 This policy covers all staff, coaches and volunteers who have direct or indirect contact with children. This includes those staff, paid or voluntary, employed directly by, as well as those professionals contracted or invited to provide services to children in the care of NBTA.

3. Definitions

3.1 For the purposes of this Policy "Child" means a boy or girl under the age of 14 years, "Young person" means a boy or girl of or over the age of 14 years but under 17 years; but does not include any person who is or has been married or in a civil union (Children, Young Person, and Their Families Act 1989, Section 2).

3.2 For the purpose of this Policy "Staff" means people working for NBTA and includes employees, coaches, consultants, students, associates and volunteers whether working on a full time, part time, casual, or temporary basis.

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3.3 The Children, Young Persons and their Families Act, 1989, defines child abuse as "...the harming (whether physically, emotionally, sexually), ill-treatment, abuse, neglect, or deprivation of any child or young person".

4. Principles

4.1 This Child Protection Policy confirms the commitment of NBTA to the protection of children and proceeds to:

- outline the standards and principles by which all staff/volunteers/coaches will abide
- define child abuse
- outline the action to be taken by staff where any form of abuse or ill-treatment is known or suspected
- establish what action is required when allegations are made against staff
- explore the implications for staff training

4.2 NBTA will ensure that:

- Staff/coaches/volunteers are carefully selected with the principles of this policy in mind.
- Staff/coaches/volunteers are appropriately trained in issues of child protection.
- Staff/coaches/volunteers are aware of the Child Protection Policy and accompanying procedures and/or guidelines.

4.3 All services provided by NBTA for the safety and wellbeing of children adhere to the principles of partnership, protection and participation; and the rights and responsibilities accorded by Te Tiriti o Waitangi.

5. Responsibilities

5.1 Any member of staff, paid or voluntary, may directly witness child abuse or have allegations, made by a child or an adult, relayed to them. Sustained abuse and neglect of children, wherever it occurs, can have major long term effects on all aspects of children's health, development and well-being and their ability to sustain stable and meaningful relationships in the future. It is the intention of NBTA to ensure that all staff/volunteers/coaches understand their roles and responsibilities in ensuring the safety of children at all times. This is achieved through consistent and agreed protocols regarding child protection, as well as the regular undertaking of awareness raising training.

5.2 Each member of staff/volunteer/coach must:

- be aware of, and alert to, potential indicators of abuse or neglect
- record a factual account of any concerns they have, or that are brought to their attention
- appropriately seek advice and support from their Designated Person for Child Protection who will then contact external agencies if appropriate
- work in co-operation with the parents and caregivers, unless this compromises the safety of the child.

5.3 **It is the primary responsibility to be vigilant, have knowledge and awareness of the indicators or neglect, potential or actual abuse and to report any concerns, suspicions or allegations of suspected abuse immediately and ensure that the concern is taken seriously and reported.**

5.4 The statutory responsibility to investigate allegations of child abuse rests with Child Youth and Family and the Police.

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Role of the NBTA

5.6 The role of the NBTA is to:

- Ensure the needs and rights of children come first i.e. the safety and wellbeing of each child is paramount.
- Receive information that suggests potential or actual risk of harm to a child who takes part in events and programmes, irrespective of whether the alleged abuse is current, past or likely to occur. The NBTA will advise and support staff/volunteers/coaches and, on the basis of the initial detail, will make a decision as to whether or not to delegate to the Designated Person for Child Protection for further action.
- Delegate to the Designated Person for Child Protection appropriate action and responsibilities as concerns are raised.
- Make any referrals to the Social Worker in School or Child Youth and Family as appropriate.
- Ensure that all allegations are managed appropriately. No investigation will occur without appropriate consultation and a decision whether a response from Child Youth and Family or the Police is required.
- Ensure that the Child Protection Policy is effectively implemented.
- Ensure that all staff/volunteers/coaches are aware of, and have access to, full copies of the procedures for reporting child abuse.

Role of the Designated Person for Child Protection

5.7 The role of the Designated Person for Child Protection is to:

- Ensure the needs and rights of children come first i.e. the safety and wellbeing of each child is paramount.
- Ensure and safeguard clear, confidential, detailed and dated records on all child protection cases. These must contain all available information relating to the cause for concern and any subsequent action taken, including when it has been decided not to make a notification to Child Youth and Family or the police. These records will be kept separate and confidential.
- Ensure that all staff/volunteers/coaches are supported appropriately when dealing with child protection concerns.
- Maintain a current awareness of the children identified on the Risk Register, and regularly highlight these children to the appropriate staff/volunteers/coaches.

6. Child Protection Procedures

6.1 All staff/volunteers/coaches will respond to concerns of child abuse by following the identified procedures, consulting appropriately and collaborating with external agencies.

6.2 The procedures set out below will help staff with:

- the identification of abuse
- handling disclosures, whether verbal or behavioural, from a child
- reporting procedures

Identification of abuse

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6.3 If the Designated Person for Child Protection is unavailable for advice and guidance then staff should consult with the president/chair. At any time staff may seek advice from Child Youth and Family (0508 FAMILY) regarding child protection concerns.

Handling disclosures from a child

6.5 If a child makes a verbal disclosure to a member of staff/volunteer/coach it is important that staff take what the child says seriously. This applies irrespective of the setting, or the member of staff's own opinion on what the child is saying.

6.6 Under no circumstances should a member of staff/volunteer/coach attempt to conduct an investigation or deal with concerns regarding child abuse alone. Any incidents, concerns or suspicions must be reported following the procedures set out below.

Child-on-Child Harmful Behaviours

6.7 It is important to be aware that children can harm other children. These behaviours are outside of what may be considered the normal range, and can extend to bullying, violence or sexual assault. Therefore when a child alleges inappropriate harmful behaviour by another child then the child protection procedures outlined in this policy must be considered for both the children.

Reporting procedures

6.8 All concerns of potential, suspected or alleged abuse must be brought to the attention of the Designated Person for Child Protection. If the Designated Person for Child Protection is unavailable then consultation should occur with the President/Chair. A decision will be made as to whether to seek further advice or notify Child Youth and Family.

When reporting an incident

- Inform the Designated Person for Child Protection as soon as possible
- Record in writing all conversations and actions taken

6.9 Effective documentation, including referrals and notifications, must include the following:

- Record of facts, including observations, with time and date
- What was said and by whom, using the person's words
- What action has been taken, by whom and when

Keeping the child's family informed and involved

6.10 Although the parent or caregiver of the child will usually be informed of concerns, there may be times when those with parental responsibility may not be initially informed. This may happen when:

- the parent or caregiver is the alleged perpetrator
- it is possible that the child may be intimidated into silence
- there is a strong likelihood that evidence will be destroyed

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- the child does not want their parent or caregiver involved and they are of an age when they are competent to make that decision

Sharing Information and Confidentiality

6.11 The safety of a child is paramount. At times a child is unable to speak for or protect themselves. Therefore NBTA has a greater responsibility to know when and how to share appropriate information with external agencies to protect the safety and wellbeing of children.

6.12 Giving information to protect children better is not a breach in confidentiality. Wherever possible the family/whanau should be kept informed of what information has been shared and to which agency, and for what purpose. Principle 11 of the Privacy Act, 1993, states "disclosure of the information is necessary to prevent or lessen a serious threat".

6.14 Should NBTA be contacted with a requested for information or access to interview a child then the following procedure will be followed:

- Confirm identity and credentials of person requesting information
- Notify the President/Chair and Designated Person
- Identify specific information required and purpose
- Designated person to identify way forward and provide permission
- Depending on the reason for the request, and risk to children as judged case by case, inform the family that information has been requested, by whom and seek permission. If this is a child protection issue, permission from the family is not required.

Document all steps in process. Ensure that all documentation is placed on the child's child protection file.

Action to be taken by the Designated Person for Child Protection

6.15 Concerns regarding alleged or suspected abuse will first be raised to the Designated Person for Child Protection. If further guidance is required then consultation will occur with the Preseidnet/Chair. A decision will be made whether this information needs to be escalated to Child Youth and Family.

6.16 All decisions taken, including if the concern does not require notifying Child Youth and Family, must be recorded in writing and kept securely in a Child Protection file with the reasons clearly identified and explained.

All new staff will be given a copy of this policy as part of the induction process.

7. Safe Working Practices

9.1 A relationship between an adult and a child or young person cannot be a relationship between equals. There is a potential for exploitation and harm of vulnerable young people. Adults have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

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9.2 Adults should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. Adults who work with children must therefore act in a way that is considered to be safe practice.

9.3 Communication between children and adults, by whatever method, should take place within clear and explicit professional boundaries. This includes the wider use of technology such as mobile phone, text messaging, emails, digital cameras, videos, web-cams, websites, social networking and blogs. Adults should not share any personal information with a child or young person. They should not request, or respond to, any personal information from the child or young person other than that which might be appropriate as part of their professional role. Adults should ensure that all communications are transparent and open to scrutiny.

9.4 Any sexual activity between an adult and a child or young person will be regarded as a criminal offence and will always be a matter for disciplinary action.

9.5 When physical contact is made with a child this should be in response to their needs at the time, of limited duration and appropriate to their age, stage of development, gender, ethnicity and background. Adults should use their professional judgement at all times, observe and take note of the child's reaction or feelings and use a level of contact and/or form of communication which is acceptable to the child for the minimum amount of time necessary.

8. Dealing with allegations made against members of staff regarding inappropriate actions with children

10.1 NBTA has a duty of care to the children it provides services to. A failure to report a significant concern about a child is a breach of that child's human rights.

10.2 Anyone who has reason to make a complaint will be made aware of the NBTA complaint process. There is potential that an issue raised as a complaint may also constitute an allegation of abuse. Any such complaint that raises a child protection issue will be referred directly to the designated person.

10.3 It must be remembered that making a disclosure or a complaint against someone in a position of power and authority is always difficult. The person making the disclosure may reconsider and express a wish to retract their allegation. At the outset it must be clearly communicated with the child or adult that their concern is being taken seriously and will be responded to in accordance with this policy.

10.4 Allegations, suspicions or complaints of abuse against staff, volunteers or representatives of other agencies must be taken seriously and reported to the designated person who will deal with them immediately, sensitively and expediently within the procedures outlined in this policy. Concerns may be raised a number of ways e.g.:

- Directly by staff/volunteers/coaches hearing or observing issues of concern or behaviour of concern
- Direct disclosure by the child or young person
- Indirect disclosure e.g. through written or art work or through friends
- Complaint from a parent or caregiver or whanau member
- Reports by other colleagues or agencies
- As an anonymous report

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10.6 It is **NOT** the responsibility of staff/volunteers/coaches to investigate allegations of child abuse. Allegations against staff will be discussed with the Management committee/chair where a decision will be made if a notification to Child Youth and Family is appropriate.

10.7 In all child protection cases NBTA will co-operate fully with both Child Youth and Family and the Police in their investigations and assessments.

10.8 If the Police decide to undertake a criminal investigation then the member of staff/volunteers/coaches may be suspended, without prejudice, as a precautionary measure. It is important that no internal investigation is undertaken, and no evidence gathered that might prejudice the criminal investigation.

10.9 If there is insufficient evidence to pursue a criminal prosecution, then a disciplinary investigation may still be undertaken if there is reasonable cause to suspect that abuse or inappropriate behaviour may have occurred. The allegation may represent poor practice by a member of staff which needs to be considered under internal disciplinary procedures.

10.10 All staff have a responsibility to understand what constitutes appropriate behaviour in relation to children and young people. All staff/volunteers/coaches have a responsibility to maintain appropriate standards of behaviour and to report lapses in these standards by others. Any concerns or reasonable suspicions of abuse should be reported to the Principal.

Child Protection Policy – Appendix

Definitions of Abuse

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effect on the child's emotional development. This can include a pattern of rejecting, degrading, ignoring, isolating, corrupting, exploiting or terrorising a child. It may also include age or developmentally inappropriate expectations being imposed on children. It also includes the seeing or hearing the ill treatment of others.

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:

- 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
- Overly compliant
- 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

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- Keeps the child at home in role of servant or surrogate parent
- Has unrealistic expectations of child
- involves child in adult issues such as separation or disputed over child's care
- Exposes child to witnessing situations of arguing and violence in the home

Neglect

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.

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:

- Severe developmental lags without an obvious physical cause
- Lack of attachment to parents/caregivers
- Indiscriminate attachment to other adults
- Poor school attendance and performance
- Demanding of affection and attention
- Engages in risk taking behaviour such as drug and alcohol abuse
- May steal food
- Poor social skills
- No understanding of basic hygiene

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 use
- Depressed

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Physical Abuse

Physical abuse is a non-accidental act on a child that results in physical harm. This includes, but is not limited to, beating, hitting, shaking, burning, drowning, suffocating, biting, poisoning or otherwise causing physical harm to a child. Physical abuse also involves the fabrication or inducing of illness.

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

Behavioural Indicators:

- Inconsistent or vague explanations regarding injuries
- Wary of adults or a particular person
- Vacant stare or frozen watchfulness
- Cringing or flinching if touched 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
- Could have vision or hearing delay
- Is violent to other children or animals

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

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Sexual Abuse

Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities (penetrative and non-penetrative, for example, rape, kissing, touching, masturbation) as well as non-contact acts such as involving children in the looking at or production of sexual images, sexual activities and sexual behaviours.

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
- 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

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Intimate Partner Violence or Family Violence

Intimate Partner Violence includes threatening to harm people, pets or property, and causes family members to live in fear. Children are always affected either emotionally or physically where there is family violence even if they are not personally injured or physically present.

While some men experience violence from partners and family members, women and children are the most likely victims of family 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

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

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Child Protection Policy – Appendix

Responding to Child Abuse

Guidelines for responding when a child tells of his or her abuse

It is important that you as the adult remain calm and confident when a child tells you what has been happening to him or her. Every child is different in how, when and where they will tell an adult about abusive experiences so it will most likely happen when you are least expecting it! Your facial expressions and your tone of voice are as important as what you actually say to the child.

Stay calm, listen, **reassure** the child and at times you may need to **clarify** what the child has said so that you can take the appropriate action. If a child sees that you are upset or not able to cope with what he or she is telling you he or she may not continue to tell you what has been happening or take back (i.e. retract) the original statements they have made.

DO

- Listen, allow the child to tell as much as they want without interrupting (remember listening is not questioning)
- Respond reassuringly to the child
- If you do ask a question avoid asking leading questions, ask only open questions that seek clarification so that you can decide what action you need to take
- Most importantly “BELIEVE WHAT THEY SAY”
- Document what the child said and the responses that you made and any clarifying questions asked (word for word and remember to put the date, time, place and who was present)

DON'T

- Question in a way that introduces words, phrases, people's names or concepts
- Indicate that you disbelieve the child
- Try to correct, confront, change, challenge or influence what they say
- Respond by saying “You should have told me sooner” or “Why did you let him/her do that?”

Disclosures that indicate an abusive experience

Those working with children know not to “question the child” if a disclosure of abuse is made. This is correct - questions should not be asked if the child makes what could be considered a “clear disclosure” of abuse e.g. “Mum punched me in the head and made my nose bleed”, or “Uncle got into my bed and put his hand in my bum”. These types of disclosures require (1) a reassuring response by an adult and (2) the adult to take immediate action by contacting CYF and/or Police.