

CHILDREN AND VULNERABLE ADULTS PROTECTION POLICY

Background

Working with children, young people and vulnerable adults is a privilege. Everyone has the right to thrive in safe and supportive environments within the play, active recreation and sport system.

We acknowledge that every person involved with Disability Sport and Recreation Hawke's Bay (DSRHB) has a legal and moral responsibility to protect children, young people and vulnerable adults from abuse and neglect. Children and young people have a right to take part in DSRHB activities in a safe environment and to receive the support they need if they are at risk or vulnerable.

Play, active recreation and sport is a vital part of life. It offers fun, great pride, a sense of achievement and is a positive influence in the lives of many children and young people, including building self esteem, resilience, routine, teamwork and a sense of belonging. However, the wellbeing of children, young people and vulnerable adults in play, active recreation and sport also requires their safety and welfare being covered.

Ensuring the wellbeing and safety of children and vulnerable adults, including prevention of child abuse or maltreatment, is therefore a paramount goal of DSRHB.

Every childhood is important, and every child and young person has the same rights to enjoyment, to have their views considered and to be free from abuse. All children and young people, regardless of their backgrounds have the right to access the support they need. It is crucial all children and young people are in the care of safe and skilled adults at DSRHB who are supported, trained and guided by effective policies, procedures and standards.

1.0 Introduction

"Person, people" refers to any child or young person up to the age of 18, or any vulnerable adult

This policy provides guidance about how to identify and respond to concerns about the wellbeing of a person, including possible abuse or neglect.

1.1 The process for responding to a concern about a person is attached as Appendix B.

1.2 The interests of the person 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 - Ministry for Children) 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.

1.3 The DSRHB Child Safeguarding Representative (CSR) will be responsible for carrying out the responsibilities outlined in this policy. Volunteers will not assume responsibility beyond the level of their experience and training. Our organisation commits to ensuring volunteers and others supporting DSRHB have access to the information and training they need.

2.0 Purpose, Scope and Principles

This policy supports our staff, volunteers, and contractors to respond appropriately to potential child protection concerns, including suspected abuse or neglect. It is our organisation's commitment to protect people from abuse and to recognise the important roles all our staff have in protecting people.

2.1 This policy applies to all people taking part in DSRHB activities and events. It also applies to others who may not be directly taking part in DSRHB activities, but who DSRHB may have contact with such as child spectators or siblings.

2.2 This policy provides a framework and expectations to protect people, including (but not limited to) actions to take in response to actual or suspected child abuse and neglect. It applies to all the DSRHB staff, including volunteers and part-time or temporary roles and contractors, and Committee members.

2.3 In addition to guidance on how to make referrals of suspected child abuse and neglect to the statutory agencies - i.e., Oranga Tamariki - Ministry for Children and the Police – this policy will also help with identification and response to the needs of any person whose wellbeing is of concern.

2.4 DSRHB commits to exploring opportunities to work with other providers, including from other sectors, to develop a network of child protection practice in our community.

3.0 Definition of Child Abuse

The Oranga Tamariki Act / Children's and Young People's Well-being Act 1989 defines child abuse as

"...the harming (whether physically, emotionally, sexually) ill-treatment, abuse, neglect or deprivation of any child or young person".

3.1 Physical abuse is any act that may result in 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.

3.2 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. 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.

3.3 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities as well as non-contact acts such as involving children in the looking at or production of sexual images, sexual activities and sexual behaviours.

3.4 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.

4.0 Roles and Responsibilities of DSRHB

4.1 It is the responsibility of DSRHB and its volunteers to be vigilant, have knowledge and awareness of the indicators of 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.

4.2 All concerns should be reported to:

Kath Boyd, Disability Sport & Recreation HB
admin@disabilitysporthb.co.nz

5.0 Training

5.1 All employees, contractors will receive Child Protection Training at the appropriate level for their role.

5.2 All volunteers will be required to:

- Be informed of the basic requirements outlined in Section 8 of this policy
- Be briefed on their responsibilities in this regard as part of the required Health and Safety Procedure actions for events run and managed by DSRHB
- Undertake Child Protection Training at the appropriate level for their role

6.0 Confidentiality and Information Sharing

6.1 We will seek advice from Oranga Tamariki - Ministry for Children and/or the Police before any identifying information about an allegation is shared with anyone, other than the Board Chair or Programme Coordinator, or designated person.

It is important to be aware that:

6.2 Under sections 15 and 16 of the Oranga Tamariki Act 1989/ Children's and Young People's Well-being 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 – Ministry for Children or the Police and provided the report is made in good faith, no civil, criminal or disciplinary proceedings may be brought against them.

6.3 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.

6.4 DSRHB 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 person may also be made to the Police or Oranga Tamariki – Ministry for Children under sections 15 and 16 of the Oranga Tamariki Act 1989/ Children's and Young People's Well-being Act 1989

7.0 Child Safe Practice Guidelines

- 7.1 If any form of physical contact is required ask the person's permission, explain what you are doing and why to both the person and their parents/caregivers/support person.
- 7.2 Where possible ask parents/caregivers/support persons to be responsible for children or young people or vulnerable adults in changing rooms. Always ensure that whoever supervises does so in pairs.
- 7.3 Where there are mixed teams away overnight, teams should always be accompanied by an adult male and female coach or helper.
- 7.4 If it's necessary to do things of a personal nature for a child or vulnerable person, make sure you have another adult accompanying you. Get the consent of the parent/caregiver and if possible the person. Let them know what you are doing and why.
- 7.5 Avoid situations where you are alone with a child or vulnerable person. While acknowledging that occasionally there may be no alternative, for example, where a child falls ill and has to be taken home. However, one-to-one contact must never be allowed to occur on a regular basis.
- 7.6 Don't allow physically rough or sexually provocative games, or inappropriate talking or touching.
- 7.7 Ensure that any claims of abuse are taken seriously and that the guide to report suspected or actual abuse included in this policy as an appendix is followed.
- 7.8 Ensure that the nature and intensity of training and competition does not exceed the capacity of a person's body and ability.
- 7.9 Ensure that use of photographic images and video are aligned to relevant privacy policies.
- 7.10 That the all people responsible for children and young people or vulnerable adults at any given time should always remain in an alcohol-free state so that they can react appropriately to any situation that might arise.

8.0 Allegations made against DSRHB

- 8.1 Allegations, suspicions or complaints of abuse against staff, volunteers or representatives of DSRHB or other agencies must be taken seriously and reported to Committee Chair who will deal with them immediately, sensitively and expediently within the procedures outlined in this Section.
- 8.2 It is not the responsibility of DSRHB to investigate allegations of child abuse.
- 8.3 If the Police decide to undertake a criminal investigation then the person in question 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.

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PROCEDURE 1: Responding a disclosure of abuse or neglect

It is vital that you respond in a way that ensures the child or young person feels supported and safe, and that they receive the help they need. You should always follow your organisation's Child Safety Policy and know who to contact at DSRHB to share your concerns about a child's / young person / vulnerable adult's safety and wellbeing.

Ways children and young people disclose abuse

- Verbally – by telling you directly or by hints in their conversations.
- Behaviour or actions such as their interests, stories they write, their play or drawings.
- Third-party – this could be a friend of the child telling you, or something you have overheard that concerns you.

All of these are ways that children and young people disclose abuse, and all should be taken seriously and acted upon. If the child or young person discloses abuse that happened in the past, it must be given the same level of response.

It is not your role to investigate – only the Police or Oranga Tamariki can do that. Your role is to gather and share information with your organisation's Child Safeguarding Representative, Oranga Tamariki or the Police.

Consider

- There could be other children or siblings who are also at risk – unknown victims.
- The child may have received threats of punishments or consequences of telling someone.
- The child may be frightened and fearful of the consequences of disclosing.
- The same process must be followed if the disclosure relates to historic abuse.

Things **TO SAY** when a disclosure is made

- 'I believe you.'
- 'I am going to help you.'
- 'I will help you.'
- 'I am glad that you told me.'
- 'You are not to blame.'
- "I know you are afraid, but it was right to tell me."
- "This is what I am going to do next...."
- "Is there anyone that I can contact who you would like to be with you right now?"
- "You're not going to get into trouble."
- "Is there anything I can do that would help right now."
- "I can't keep what you have told me a secret; I need to talk to someone who can help me to help you."

DO

BELIEVE THEM

- reassure the child
- let them know what you are going to do next
- respond effectively
- immediately seek help from your CSR
- share the information
- listen
- make sure the child got help
- ask open questions: (TEDS)
 - Tell me
 - Explain
 - Describe
 - Show me.

Things **NOT TO SAY** when a child discloses

- 'You should have told someone before.'
- 'I can't believe it!'
- 'I'm busy.'
- 'Don't tell lies.'
- 'No not [name], she's a friend of mine.'
- 'I won't tell anyone else.'
- 'Why?'
- 'How?'
- 'When?'
- 'Where?'
- 'Who?'

DON'T

PUT THE MOMENT OFF

- say anything to criticise or belittle
- promise confidentiality
- accuse anyone
- spread rumours
- investigate
- ask leading questions, such as "Did your [insert person] do that?"
- allow personal doubt to stop you passing on the information to your CSR, the Police or Oranga Tamariki
- do nothing!
- doubt the child or assume they are making it up.

Responding to actual or suspected child abuse or neglect

Where you are concerned there are signs of possible abuse or neglect:

- do not put off the moment
- you may need to find a place of privacy
- respond briefly, slowly, and gently
- do not assume there is only one child involved
- do not make decisions alone
- keep calm and reassure
- do not ask leading questions or over questions
- re-engage the child with an activity if appropriate
- take action immediately
- do not promise confidentiality
- find support if necessary
- inform the child what will happen next.

Do not undertake an investigation yourself.

Check in with the child/young person and their whānau (if appropriate).

Is the child in immediate danger?

- If unsure, call Oranga Tamariki 0508 326459.
- If YES, act to ensure child's safety.
- Call POLICE on 111 and follow Police advice.
- RECORD actions taken on Child Concern Form (Appendix 1).

Inform Child Safeguarding Representative (CSR) immediately on

021 066 3930

- Record and report facts. Do not accuse anyone or spread rumours.
- CSR and staff member will work together to follow this flow chart procedure.

If no immediate danger, consider whether a Report of Concern to Oranga Tamariki is required.

If unsure, Child Safeguarding Representative (CSR) will contact Oranga Tamariki.

Report of Concern required

- CSR and staff member will complete Oranga Tamariki Report of Concern and send by email to contact@ot.govt.nz or call 0508 326459.
- CSR will ensure that full details are provided as per Child Concern Form (Appendix 1).
- CSR will retain a copy and maintain own records that are securely stored.
- CSR will call Oranga Tamariki if no response has been received from them within 3 working days.
- CSR will re-report if concerns are still held.

Review and monitor

- CSR and relevant staff member will review all active Child Protection concerns on a weekly basis.
- Every review will consider each stage on this flow chart.
- The review will consider any further necessary action, follow-ups or community child or whānau support referrals.
- New or additional Reports of Concern to Oranga Tamariki may be made at any time.
- Records of all reviews will be retained by the CSR.

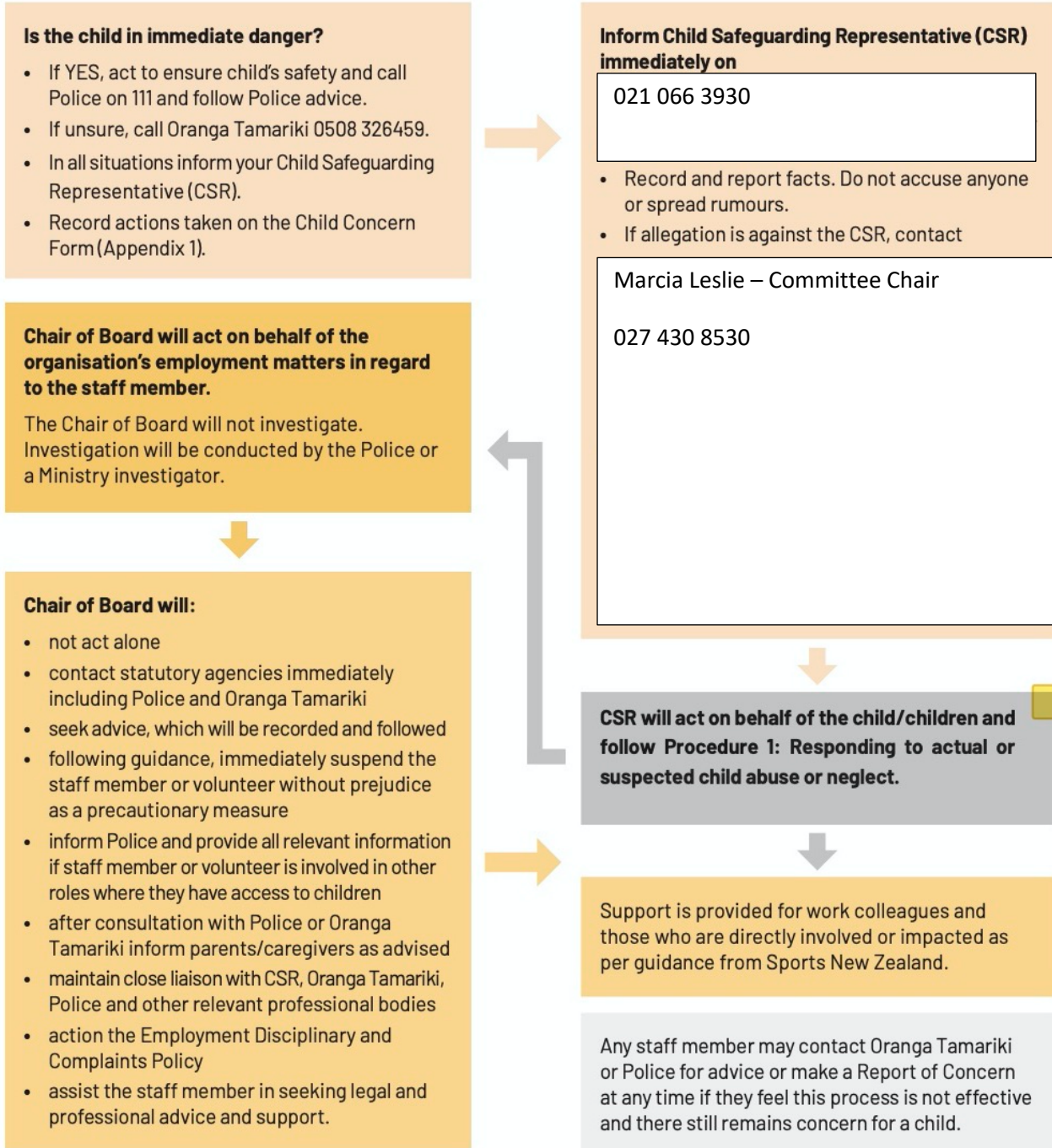
Record what you have heard/observed on a Child Concern Form (Appendix 1)

- Make notes as soon as possible.
- Put date, time, place, who was present.
- Use child's words wherever possible.
- Include what you have said to the child.
- Keep information factual.
- Include what led up to the disclosure.

CSR will retain all completed Child Concern Forms.

Staff are expected to follow this procedure. 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 concerns for a child. Staff must always seek support for themselves.

Responding to an allegation of child abuse or neglect by a staff member or volunteer



APPENDIX 1: Indicators of abuse

The following are indicators and do not cover every situation.

This list does not mean the child is suffering abuse but may indicate you need to share information with your Child Safeguarding Representative (CSR).

It is essential to be able to recognise indicators in both the child or young person and the adult who may be abusing them. Sometimes it is the behaviour and attitude of an adult towards children and young people that alerts you.

Emotional abuse – child indicators

- overly compliant and apologetic
- looks worried and anxious
- fear of making mistakes, especially if it only happens in the presence of a particular person
- difficulty developing relationships, including poor peer relationships
- demonstrating fear of a parent, caregiver or adult
- reluctance to attend an activity at a particular club or organisation
- inability to cope with praise
- delayed development or regression with no apparent cause
- aggressive behaviour (active or passive)
- attention seeking or risk-taking behaviour
- self-critical
- depression, regularly frightened, anxious and nervous
- tired, lethargic, falling asleep at inappropriate times
- self-soothing habits – hair twisting, sucking, biting, rocking
- clingy, possessive and attention-seeking
- indiscriminate attachment to adults – strong attention, affection seeking or a severe lack of attachment to their own parent/caregiver
- seeks affection and comfort from virtual strangers
- stealing (particularly food) or destroying property
- reluctant or unable to express views when asked
- hanging around outside of hours and not wanting to go home
- developmental delay with an apparent physical cause
- depression, anxiety, withdrawal or aggression
- self-harm, suicidal thoughts or intention, alcohol and drug abuse
- extreme attention-seeking behaviours or extreme inhibition
- running away from home
- nightmares, poor sleeping patterns
- anti-social behaviours
- lack of self-esteem
- obsessive behaviours
- eating disorders
- reluctance to attend an activity at a particular club or organisation.

Emotional abuse – adult indicators

- labels the child as inferior, belittles or publicly humiliates the child
- treats the child differently from siblings or peers in ways that suggest dislike or irritation of the child
- considers it amusing to frighten the child
- lacks empathy for the child

- refuses to help the child
- threatens the child with physical harm or punishment in front of others
- exposure to criminal behaviour
- withholds physical and verbal affection
- isolates the child
- has unrealistic expectations of the child
- inappropriately involves the child in adult problems
- exposes child seeing or hearing, situations of arguing and violence in the home.

Neglect – child Indicators

- dressed inappropriately for the season or the weather
- lack of food, kit or equipment
- often dirty and unwashed
- severe or persistent skin disorders
- inadequately supervised or left unattended frequently or for long periods
- left alone or in the care of an inappropriate adult
- does not receive adequate or timely health care
- underweight or overweight
- lacks adequate shelter
- failure to thrive with no medical reason
- stealing/hoarding of food
- inappropriately dressed - dirty, not the right clothes to keep dry or warm.
- unsupervised – hanging around
- lack of routine in the household – mealtimes and bedtimes
- falling behind in education and sport
- indiscriminate attachment to adults – strong attention, affection seeking or a severe lack of attachment to their own parent/caregiver
- tired or falling asleep at inappropriate times
- abuse of alcohol or drugs
- aggressive or destructive behaviour
- poor peer relationships, having few friends

- dulled emotional response or lack of expression or enthusiasm
- low self-esteem
- anxiety
- self-soothing behaviour such as rocking and sucking
- running away
- developmental lags with no apparent cause.

Neglect – adult indicators

- puts own need ahead of child's
- fails to provide for child's basic needs
- demonstrates little or no interest in the child's life - does not attend sport and recreational activities or social events
- leaves the child alone or inappropriately supervised
- drug and alcohol misuse
- low mood
- seeks help but fails to carry through with help offered
- late to drop off and collect – may fail to collect the child
- excuses and promises with no improvement in the care of the child.

Physical abuse – child indicators

Especially when unexplained, inconsistent with explanation given or the story changes

- bruises, marks, cuts and abrasions
- burns
- repeated illnesses with no known cause
- blackeyes
- fractures and dislocations
- multiple, bruises, wounds or fractures at different stages of healing
- injuries or fractures in very young children, especially those not yet mobile
- inconsistent or vague explanations regarding injuries • makes excuses for injury or story changes
- repeatedly injured

- injured but not receiving timely health care
- wary of adults or a particular person
- speaks aggressively to others
- fear and crying
- cringing or flinching if touched unexpectedly
- overly compliant and eager to please
- dresses to hide bruising or injuries
- runs away from home or is afraid to go home
- may regress (e.g. bed-wetting)
- general sadness
- violent to other children or cruel to animals.

Physical abuse – adult indicators

- inconsistent or vague explanations regarding injuries
- threatens or hits the child in front of others
- speaks aggressively to or about the child
- reacts aggressively to questions about a child's injury or well-being
- makes you feel scared or frightened when you enquire about the child's well-being
- appears unconcerned about child's well-being
- states 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
- lacks empathy
- is cruel taking delight in overly rough play or taunting the child
- harsh parenting style who supports physical punishment.

Sexual abuse – child indicators

- unusual discharge, or excessive itching or pain in the genital or anal area
- stained or bloody underwear
- any injury, soreness or bleeding in the genital or anal area
- blood in urine or stools
- sexually transmitted infections
- pregnancy

- urinary tract infections
- discomfort in sitting or walking
- age or developmentally inappropriate sexual play, knowledge or language
- refuses to go home, or to a specific person's home for no apparent reason
- running away from home or going missing
- fear of a person, place, sound or smell
- mood swings or changes in temperament
- secrecy
- exchanging sexualised messages or images
- unexplained gifts, possessions or money that can't be accounted for
- depression, anxiety, withdrawal or aggression
- self-harm, suicidal thought or intention, alcohol and drug abuse
- overly compliant
- extreme attention-seeking behaviours or extreme inhibition
- dresses inappropriately to hide bruising or injuries
- eating disorders
- compulsive behaviours.

Sexual abuse – adult indicators

- favours a particular child
- insists on physical affection
- rough play or tickling games
- invades the child's privacy (e.g. during dressing, in the bathroom)
- manipulates situations to gain time alone with a child or children, for example, offering to babysit, extra coaching or tutoring
- overly interested in a child's sexual development
- prefers to spend time with children and young people
- rather than adults or people of a similar age.

Intimate partner violence – child indicators

- injuries consistent with physical abuse
- absenteeism from school

- worried and anxious in general or about a parent or siblings
- bullying or aggressive behaviour
- complaints of headaches or stomach ache with no apparent medical reason
- talking or describing violent behaviour
- bullying, aggressive behaviour
- disclosures of violent or emotionally abusive situations • threats or cruelty to animals.
- substance misuse
- very distressed when witnessing violence
- severely shy, low self-esteem
- argumentative and aggressive
- difficulty concentrating

Intimate partner violence - adult victim indicators

- physical injuries
- depression or anxiety
- inconsistent explanations for injuries
- fearful
- submissive
- protective of abuser.

Intimate partner violence – perpetrator indicators

- 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 the victim for the perpetrator's own behaviour
- stalking victim
- manipulating a person by forcing them to question their thoughts, memories, and events, making them question their own sanity.

Bullying – child indicators

- physical injuries such as unexplained bruises
- problems with eating or sleeping, for example, nightmares, wetting the bed, etc
- self-harm
- belongings getting lost or damaged
- loses interest in school or activity
- not doing as well at school
- being afraid to go to school or activity
- few 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
- thoughts about suicide
- substance misuse.

Cyberbullying – child indicators

- spends a significant amount of time on the computer and is unwilling to talk about
- seems upset, highly irritable or emotional after being on the computer, or after reading their text messages or email, etc
- frightened of going to school or activity
- constantly checking social media or worrying about comments
- defensive and upset when you ask about social media use
- sudden withdrawal from technology or a sudden change in computer or phone usage including suddenly stops using the computer
- become anxious about phone messages
- suddenly changes friends.