



Diabetes HELP Tauranga

## Diabetes HELP Tauranga Vulnerable Child Policy

**Policy Accepted: 07/12/2016**

**Policy Review:** Dec 2019 Unless review required by law

**Policy Author:** Debbie Cunliffe

### **Policy Purpose:**

- (a) Potential child abusers are often deterred by the fact that they will be checked and that others are trained in child protection. Every day thousands of men and women work with children in both paid and unpaid roles, providing them with care, support and new opportunities. The overwhelming majority are safe, conscientious people who keep the children in their care secure and protected. Unfortunately, we know that a small number of individuals seek positions with organisations to gain access to children and do them harm. Others are simply not prepared or committed to protect the children in their care. Abuse can take many forms and may involve neglect or emotional, physical and sexual maltreatment. The consequences can be devastating for the child, the family, co-workers, the organisation itself and also the wider community.*
- (b) To provide information and guidance to volunteers, staff and members regarding the requirements for safety checks under the Vulnerable Child Act 2014. Many people who work with children are in a position to recognise abuse or neglect and take action – however not everyone knows what to do about it. Policies will raise awareness and help make it clear. No process is fool proof, and studies of convicted child abusers have shown that they often employ a number of systematic techniques to avoid detection. However, by following a rigorous process that looks at the information available about a person, you can significantly we hope to reduce the risk faced by Diabetes HELP Tauranga and Diabetes YOUTH Tauranga*
- (c) Unless contracted or funded by a Government agency, it is voluntary for non-government funded organisations to follow guidelines; it is expected however that many will take part so that they are seen to hold the same high standards. The new recommendations are intended to keep children/young people safe from those who pose a risk by introducing safety checks.*
- (d) Every year between seven and ten children are killed by someone who was supposed to be caring for them and each year there are more than 4,500 reported cases of neglect and more than 14,000 cases of physical, sexual and emotional abuse.*

**Policy summary:** This policy outlines the commitment of Diabetes HELP Tauranga (hereafter known as DHT) and its sub-committee Diabetes YOUTH Tauranga (hereafter known as DHTY) to child protection. It includes our protocols when child abuse is reported to us, or suspected by us. It also includes practice notes on measures to be taken to prevent child abuse. All staff and volunteers and members associated with DHT/DHTY and on DHT/DHTY business are expected to be familiar with this policy and to abide by it. Our Designated Person for Child Protection is Debbie Cunliffe.

This policy is consistent with Child, Youth and Family and Police guidelines and that future revisions will be checked for consistency with these organisations.



## Policy principles

- The interest and protection of the child/youth is paramount in all actions.
- We recognise the rights of DHT and Non DHT family/whānau to participate in the decision-making about their children.
- We have a commitment to ensure that all staff/volunteers are able to identify the signs and symptoms of potential abuse and neglect and are able to take appropriate action in response.
- We are committed to supporting all staff/volunteers to work in accordance with this policy, to work with partner agencies and organisations to ensure child protection policies are consistent and high quality.
- We will always comply with relevant legislative responsibilities.
- We are committed to share information in a timely way and to discuss any concerns about an individual child with our designated child protection person or team leader.
- We are committed to promote a culture where staff/volunteers feel confident that they can constructively challenge poor practice or raise issues of concern without fear of reprisal.
- Our policy recognises the important role and responsibility of all staff/volunteers in the protection of children by identifying and responding to suspected child abuse or neglect and appropriately responding to concerns about the wellbeing of a child.
- All staff (including contractors and volunteers) have a responsibility to discuss any child protection concerns, including suspected abuse or neglect, with their designated person for child protection.
- The designated person for child protection has a responsibility to ensure that the appropriate authority is notified when a staff member or volunteer has a belief that a child has been, or is likely to be, abused or neglected. This extends to ensuring that all known information about the child, young person and their family/whānau is shared in full with the appropriate authority, to determine the most appropriate response.

## Policy Considerations:

- A. Confidentiality and information sharing:** The Privacy Act 1993 and the Children, Young Persons, and their Families Act 1989 allow information to be shared to keep children safe when abuse or suspected abuse is reported or investigated. Sections 15 and 16 of the CYPF Act, allows 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 to report the matter to Child, Youth and Family or the Police and, provided the report is made in good faith, no civil, criminal or disciplinary proceedings may be brought against them.



## **Policy Considerations (Cont.)**

- B. Recruitment and employment** - Safety checking will be carried out in accordance with the Vulnerable Children Act 2014. This will include: a police vet when it is likely that volunteers or staff will come into supervised contact with children/youth, or if there is the potential for unsupervised contact with children/youth; identity verification; two references and an interview. 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 in a staff or voluntary capacity.

This policy will be part of the initial staff/volunteer induction programme. The DHT Board is accountable for ensuring safety checks are done. The DHT Manager and other delegated persons will complete checking on their behalf.

Any volunteer who has been convicted of an offence or subject to a formal police warning will have this reported as part of a police check. There are a number of convictions that will automatically preclude an applicant from working with children and these will be managed by the Diabetes HELP Tauranga Board on a case by case basis.

- C. Training, supervision and support** - Training, resources and/or advice will be available to ensure that all staff/volunteers 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 environment and supervision to minimise risk
- Dealing with child/parents/family/whānau.

### **RELEVANT LEGISLATION:**

When implementing these guidelines DHT is mindful that it also has regulatory requirements, to include an understanding on our legal obligations around equal and fair treatment and managing personal information appropriately ie The Human Rights Act 1993, The Privacy Act 1993, The Employment Relations Act 2000, the Vulnerable Children Act 2014, Crimes Act 1961, Crimes Amendment Act 2011, Children, Young Persons and their families Act 1989.

**Appendices 1- 6 Contents:**

**Appendix 1 - Responding to suspected abuse or neglect: 'Child Abuse Reporting Process' flowcharts** (Embedded) including direction on how to manage disclosures made by others



Reporting process for Person in Charge



Reporting Process.jpg



Reporting Process part two.jpg

**Appendix 2 - Guidelines on how to respond to disclosures made by children/youth**

**Appendix 3 - Guidelines on how to respond to allegations about volunteers or staff**

**Appendix 4 - What constitutes abuse and neglect**

**Appendix 5 - Family Violence and Abuse**



Youth Code of Conduct 2016 revise

**Appendix 6- Child Safe Practice Guidelines and DHT Code of Conduct (revised)**



Signs of abuse.jpg

**Appendix 7 – signs of abuse and neglect (Embedded)**

**Appendix 1 Responding to suspected abuse or neglect:**



Reporting process for Person in Charge



Reporting Process.jpg

See 'Child Abuse Reporting Process' see flowchart:



Reporting Process part two.jpg

**Appendix 2 - Guidelines on how to respond to disclosures made by children:**

Disclosure of abuse or neglect is made

- Listen to the child.
- Reassure the child.
- Ask open-ended prompts – e.g., “What happened next?.” If the child is visibly distressed provide appropriate reassurance and re-engage in appropriate activities under supervision until they are able to participate in ordinary activities. If the child is not in immediate danger re-involve the child in ordinary activities and explain what you are going to do next.



Diabetes HELP Tauranga

If the child is in immediate danger: contact the Police immediately. As soon as possible formally record the disclosure. Discuss any concern with the designated child protection person who is responsible for notifying authorities promptly if there is a belief that a child has been, or is likely to be, abused or neglected. Phone: 0508 Family (0508 326 459) Fax: 09 914 1211 email:

[cyfcallcentre@cyf.govt.nz](mailto:cyfcallcentre@cyf.govt.nz)

**Record:** • Word for word, what the child said. • The date, time, location and the names of any staff/volunteers that may be relevant. • The factual concerns or observations that have led to the suspicion of abuse or neglect (e.g., any physical, behavioural or developmental concerns).

### **Appendix 3 – Guidelines on responding to allegations re DHT/DHTY volunteers or staff:**

1. Any allegations involving staff should be dealt with by the Board Chair and/or DHT Executive Committee Member and Volunteer Co-ordinator (where appropriate).

Any allegations involving volunteers will be dealt with in the first instance by the DHT Manager in co-ordination with the Board Chair.

2. To ensure the child/youth is kept safe, the Executive Committee may take steps to remove the staff member/volunteer against whom an allegation has been made from the environment, subject to the requirements of their contract, the DHT Code of Conduct and employment law.
3. The Executive Committee will: (a) consult with Child, Youth & Family or the Police. (b) Refer to the relevant employment contract. (c) Advise employee and seek a response (depending on outcomes of discussions with statutory agencies.) (d) Employee/volunteer will be advised of their right to seek support/advice from union or other appropriate representatives. (E) Executive Committee and Volunteer Co-ordinator to contemplate removal of staff/Volunteer from DHT/DHTY.



## **Appendix 4 - What constitutes abuse and neglect:**

a. **Physical abuse** – any acts that may result in the 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.

b. **Sexual abuse** – any acts that involve forcing or enticing a child to take part in sexual activities, whether or not they are aware of what is happening. Sexual abuse can be, but is not limited to: ♣ Contact abuse: touching breasts, genital/anal fondling, masturbation, oral sex, penetrative or non-penetrative contact with the anus or genitals, encouraging the child to perform such acts on the perpetrator or another, involvement of the child in activities for the purposes of pornography or prostitution. ♣ Non-contact abuse: exhibitionism, voyeurism, exposure to pornographic or sexual imagery, inappropriate photography or depictions of sexual or suggestive behaviours or comments.

c. **Emotional abuse** – any act or omission that results in adverse or impaired psychological, social, intellectual and emotional functioning or development. This can include: ♣ Patterns of isolation, degradation, constant criticism or negative comparison to others. Isolating, corrupting, exploiting or terrorising a child can also be emotional abuse. ♣ Exposure to family/whānau or intimate partner violence.

d. **Neglect** – neglect is the most common form of abuse, and although the effects may not be as obvious as physical abuse, it is just as serious. Neglect can be: ♣ Physical (not providing the necessities of life, like a warm place, food and clothing). ♣ Emotional (not providing comfort, attention and love). ♣ Neglectful supervision (leaving children without someone safe looking after them). ♣ Medical neglect (not taking care of health needs). ♣ Educational neglect (allowing chronic truancy, failure to enrol in education or inattention to education needs).

## **Appendix 5 - Family Violence and Abuse:**

Given the link between family violence, intimate partner violence and child abuse, it is also important to understand these terms:

a. Family violence has been defined by the NZ Family Violence Clearinghouse as violence and abuse against any person whom that person is, or has been, in a domestic relationship with. This can include sibling against sibling, child against adult, adult against child and violence by an intimate partner against the other partner (NZ Family Violence Clearinghouse; Issues Papers 3 & 4 April 2013).

Family violence is also defined in Te Rito, the NZ Family Violence Prevention Strategy, as covering a broad range of controlling behaviours, commonly of a physical, sexual and/or psychological nature that typically involve fear, intimidation or emotional deprivation. It occurs within a variety of close interpersonal relationships, such as between partners, parents and Child Protection Policies v 2.3

Common forms of violence in families/whānau include: ♣ Spouse/partner abuse (violence among adult partners). ♣ Child abuse/neglect (abuse/neglect of children by an adult). ♣ Elder abuse/neglect (abuse/neglect of older people aged approximately 65 years and over, by a person with whom they have a relationship of trust). ♣ Parental abuse (violence perpetrated by a child against their parent); sibling abuse (violence among siblings

(Te Rito – NZ Family Violence Prevention Strategy, Ministry of Social Development, 2002).



A legal definition of family violence is provided in Section 3 of the Domestic Violence Act 1995. d. Intimate partner violence is a subset of family violence. The NZ Family Violence Clearinghouse states that intimate partner violence includes physical violence, sexual violence, psychological/emotional abuse, economic abuse, intimidation, harassment, damage to property and threats of physical or sexual abuse towards an intimate partner (NZ Family Violence Clearinghouse; Issues Papers 3 & 4 April 2013).

## **Appendix 6 Child Safe Practice Guidelines and DHT Code of Conduct (revised/updated)**

To avoid situations where staff/volunteers may be alone with children/youth, all staff/volunteers should examine the opportunities or possible situations where staff/volunteers may be alone with children.

Wherever possible an 'open door' policy for all spaces should be used (excludes toilets). Staff/volunteers should be aware of where all children are at all times.

Visitors and outside instructors will be monitored at all times by staff/volunteers. If activities require one to one physical contact (i.e. swimming, blood glucose testing etc.) parents and caregivers should be advised.

Where a child or young person requires assistance, e.g. if they are intellectually or physically disabled, if possible involve the parents/caregivers. If this assistance is not available, ensure that the staff/volunteers are aware of the appropriate procedures when giving assistance.

Staff/volunteers should avoid being alone when transporting a child or young person, unless an emergency requires it. Except in an emergency, children and young people are not to be removed from parental supervision, or from any programmes/events we provide, without written parental consent.

**Diabetes HELP Tauranga**

**Children/Youth Volunteer - Code of Conduct**

**Adopted: April 2016, Updated: 07/12/2016**

**Revision: April 2019**

**Definition:** This Code of Conduct with special reference to children (hereafter referred to as the 'code'), requires anyone over the age of 18 years attending events organised by or involving Diabetes Help Tauranga and Diabetes YOUTH Tauranga (and/or other such organisations), to endeavour, to the best of their ability, to ensure the physical, emotional and psychological 'safety' and protection of any child/youth they may come into contact with during organised events, and/or as a result of an introduction by Diabetes Help Tauranga.

It is therefore requested that all volunteers, staff or others supporting our events:

- (a) Avoid, where possible, having unsupervised contact with a child/young person, other than those under their own authority. Should contact occur please move the conversation/contact into an area where other adults are present.
- (b) Avoid making comments that could be misconstrued as of a personal or sexual nature e.g. "You used to be a little girl, and look at you now!" We are aware these comments are mostly innocent, but taken out of context they may cause offense
- (c) Avoid bringing to our events any items that may cause offense such as reading material unsuitable for children/youth
- (d) will talk to those under my authority about the need to be safe and take responsibility for their own actions including physical contact with other adults
- (e) will ask for parental permission before making an individual approach to a child/youth relating to a personal matter to involve diabetes management
- (f) will avoid touching, in any capacity i.e. such as BGL testing, any child/youth that is not under my authority, other than that required during supervised activities
- (g) will avoid making references of a personal nature towards another child/youth unless there is an established parental relationship.
- (h) Will report any concerns to the Board Chair, DHT Manager, Board Member or Team Leader immediately, or if this is not possible, within 6-8 hours of the incident occurring.

Thank you for helping us to keep our children/youth safe. If you have any questions relating to this Code, please contact the Diabetes Help Tauranga Chair or Manager (07) 571 3422

I agree to abide by this code and will do my best to protect those children/youth I come into contact with whilst on Diabetes HELP Tauranga or Diabetes YOUTH Tauranga business.

I will report any concerns as per this code of conduct

Signed..... Date: .....



## Definitions:

**Abuse** – the harming (whether physically, emotionally or sexually), ill-treatment, neglect or deprivation of any child.

**Child abuse:** Includes physical, emotional and sexual abuse as well as neglect which is the direct consequence of a deliberate act or omission by an adult and which has the potential or effect of serious harm to the child.

**'Child'** means a child or young person aged under 17 years (who is not married or in a civil union)

**'Child protection'** describes activities carried out to ensure that children are safe in cases where there is suspected abuse or neglect or the risk of abuse or neglect. It also recognises the role that organisations play in promoting the wellbeing of children and responding to their vulnerability.

**'Child protection cultures'** are ones that are open and accountable, understand the needs of children, make their safety and security paramount and work in partnership with other agencies to meet the needs of vulnerable children.

**'Child protection policies'** are the documents describing the processes and procedures that organisations use to keep the children accessing their services safe.

**'Child protection practices'** are the processes and procedures that organisations use to implement their child protection policies.

**Disclosure** – information given to a staff member by the child, parent or caregiver or third party in relation to abuse or neglect.

**Neglect** – the persistent failure to meet a child's basic physical or psychological needs, leading to adverse or impaired physical or emotional functioning or development.

**'Provider, employer or organisation'** includes voluntary, commercial, private or independent agencies or organisations providing services for children and families/whānau.

**'Safety'** means that children are not exposed to a risk of abuse or neglect that could reasonably have been predicted or prevented by the organisation.

**'Safer recruitment'** means using recruitment processes that help keep children safe, including robust safety checking.

**'Staff'** means all persons employed or engaged, in both paid positions and as volunteers, by an organisation.

**Identifying possible abuse or neglect:** See Child, Youth and Family 'Signs of abuse and neglect' chart in appendix

End.