

Child protection

1. Why do we have this policy?

- 1.1. The wellbeing, safety and rights of the tamaiti (child) or rangatahi (young person) are our first and paramount consideration. Health care providers have an important role in protecting, nurturing, caring for and advocating for tamariki (children) and rangatahi.
- 1.2. Pinnacle is committed to protecting and promoting the safety and wellbeing of tamariki and rangatahi and recognises its obligation to prioritise their safety and wellbeing in all interactions and services.
- 1.3. Pinnacle are committed to ensuring that all staff and contractors can identify the signs and indicators of potential abuse and neglect and are able to take appropriate action in response.
- 1.4. All allegations and concerns relating to child protection, safety and wellbeing are taken seriously and managed in accordance with our policies and procedures.
- 1.5. Every person involved with our organisation has a responsibility to understand the essential and specific role they play, individually and collectively, to ensure that the protection, safety and wellbeing of all tamariki and rangatahi is at the forefront of all they do and every decision they make.
- 1.6. This policy should be read in conjunction with the adjoining Pinnacle child protection procedure which provides guidance to support staff and contractors in the identification of possible abuse or neglect and how to respond when abuse or neglect is suspected or disclosed.

2. What does this policy cover?

- 2.1. This policy outlines the standards to protect tamariki and rangatahi, including:
 - Informing all staff of their obligations to act ethically towards children and young people, and their roles and responsibilities in ensuring the protection, safety and wellbeing of children and young people.
 - Giving guidance on the processes and procedures that aim to ensure children and young people's protection, safety and wellbeing across all areas of our organisation.
- 2.2. The adjoining Pinnacle child protection procedure provides:
 - Guidance on the identification of possible abuse or neglect.
 - A description of the appropriate response to disclosures by tamariki and rangatahi.
 - An outline the processes to be followed when they have concerns about the abuse or neglect of a tamaiti or rangatahi.
 - Guidance regarding confidentiality and information sharing.

2.3. When completing a report of concern (ROC), two forms need to be completed.

- Oranga Tamariki (OT) report of concern – <https://forms.orangatamariki.govt.nz/>
- Pinnacle internal notification of report of concern – [Oranga Tamariki Report of Concern Template.dotx](#)

3. Who does this policy apply to?

3.1. This policy applies to all Pinnacle Group employees, contractors and other representatives of Pinnacle who provide a service involving tamariki and rangatahi.

3.2. To protect the safety and improve the wellbeing of tamariki and rangatahi, Pinnacle employees and contractors who provide a service will:

- Have appropriate screening prior to starting clinical work.
- Receive training and support in responding to disclosures of abuse and in the identification and appropriate referral of suspected or established abuse or neglect.
- Understand the important considerations pertaining to confidentiality and information sharing.

3.3. This policy should be referenced whenever the abuse or neglect of a tamaiti or rangatahi is suspected or disclosed, including an unborn child.

4. Roles and responsibilities

4.1. Child protection, safety and wellbeing is the responsibility of everyone, however key roles and responsibilities are outlined below.

4.2. Designated person for child protection (DPCP) – Dr Jo Scott-Jones, Pinnacle clinical director

- A DPCP is responsible for providing advice and support to anyone who is concerned about a child or wants advice about this policy and adjoining procedure. This role can delegate some roles and responsibilities to the regional child protection leads.

4.3. The DPCP is responsible for ensuring that:

- Child protection, safety and wellbeing is prioritised at an operational level.
- This policy and the related procedure are implemented and adhered to at all times.
- Alleged or suspected child abuse is never ignored, minimised or normalised.
- This policy is circulated and made available to all employees and contractors.
- They are always available and contactable for all concerns about child protection, safety and wellbeing.
- Referrals to relevant agencies are sent through correctly, ensuring that child protection, safety and wellbeing needs are met.
- The sharing of information with other relevant agencies and record keeping meets requirements as per the Pinnacle privacy policy.
- A request to review that the child protection policy and procedures align is submitted when any third party services are contracted.
- All employees and contractors can easily report to a child protection lead, Oranga Tamariki or the police as detailed in this policy and procedure.
- Child safe practices are addressed at a strategic level.

- Compliance with all aspects of this policy is monitored.
- Pinnacle MHN and Ventures will capture and monitor data on notifications made to monitor trends and ensure a culture of active escalation and notifications.

4.4. Regional child protection leads

District	Role	Name
Lakes	District manager – Lakes	Pen Blackmore
Tairāwhiti	Clinical services manager	Jane Wilkie
Taranaki	Primary Care Lead	Bailey Standing
Waikato	Service manager - school based health services	Teresa McGovern

5. Principles and policy clauses

- 5.1. Whenever possible, the whānau participate in the making of decisions affecting the tamaiti or rangatahi.
- 5.2. Worker safety checks will be carried out on all staff and contractors who provide a service in accordance with the requirements of the Children’s Act 2014. This will include police vetting, identity verification, reference checks, interview and risk assessment.
- 5.3. It is acknowledged that when child protection issues arise this work can be complex. Clinicians are therefore strongly encouraged to consult with their team leader, manager, supervisor or the Pinnacle DPCP.
- 5.4. We are committed to sharing relevant information appropriately and in a timely way and will follow up to ensure appropriate action is taken by OT. Where there are concerns about timely action, we will review and discuss this internally and escalate where required. We follow the OT information sharing guideline:
<https://www.orangatamariki.govt.nz/assets/Uploads/Working-with-children/Information-sharing/Information-sharing-Guidance-OT-Act-1989.pdf>.

6. Allegations of child abuse or neglect by a co-worker

- 6.1. Pinnacle has a duty of care to contact OT or the Police when concerned about a tamaiti or rangatahi’s protection and safety.
- 6.2. All allegations against staff must be treated very seriously and in a manner consistent with our organisation’s policies, procedures and New Zealand Law as detailed in sections 10 and 11 of this policy with additional information provided in appendix I of the child protection procedure.
- 6.3. Training, resources, advice and support will be provided in the identification and appropriate response to child abuse for all staff and contractors who provide a service. Refresher training will be undertaken when identified as necessary in the staff member’s performance review.
- 6.4. Pinnacle deals with all allegations against its staff with the following considerations at the forefront:
 - People reporting abuse or neglect by a co-worker must be believed.
 - People reporting abuse or neglect by a co-worker must be protected from harassment or bullying for making that report.

- Children must be kept safe from any alleged perpetrator whilst necessary investigations take place.
- When allegations are made against staff, people in positions of trust, or other roles where they have access to children, that staff member may be suspended from that role until necessary investigations have been completed or moved to a role with no contact with children.
- Records of allegations must be kept secure, and details only shared with necessary professionals, protecting the privacy of those involved.

6.5. The child protection lead DPCP and Pinnacle CEO will work together to:

- Contact statutory agencies immediately including Police and OT.
- If a staff member is involved in any role where they have access to children, advise the Police and any relevant professional registration body of allegation and provide all relevant information.
- Seek advice from Police and OT, follow guidance.

6.6. Following guidance, the Pinnacle CEO, who may delegate to the DPCP as required, will work with the necessary clinical manager or team leader to put a plan in place to manage risk to all children the staff member may be in contact with whilst necessary investigations take place. In making these plans to manage risk the following will be considered:

- Time since alleged incidents and seriousness of incidents.
- Any need for suspension of community member from roles working with children.
- Current allegations of a serious nature or allegations of adult sexual abuse of children will be dealt with by immediate suspension from any position of trust or from any role where they have access to children.
- Possible change of responsibilities within role to reduce contact with alleged victims or all children.

6.7. After consultation with Police and OT, the child protection leads will:

- Inform parents/caregivers as advised.
- Inform any professional registration body of allegation and outcome of any investigation.
- Record all actions taken on and ensure the roc is securely filed.

6.8. Upon completion of any OT or Police investigation, the child protection executive will make a decision regarding the staff member or volunteer's future roles within the organisation and whether formal warnings or dismissal is required to protect children.

7. Forms of abuse

7.1. Concerning sexual behaviour – This applies to children aged under 12 years and is sexual behaviour outside what is considered normal for this age group. Further explanation of what is considered developmentally common and what is concerning for different age groups is provided in the child protection procedure - appendix F.

7.2. Emotional abuse – Emotional abuse can occur alone; however emotional abuse also occurs as the result of every other form of abuse. The threshold for emotional abuse is that there is either a persistent pattern of behaviour towards a child or a single severe event.

7.3. Emotional abuse may involve a child being:

- Frightened by threats, put into restraints or confinement, or subjected to continual coldness.
- Isolated, humiliated, shamed or bullied.
- Repeatedly rejected or ignored.
- Unpredictable and frightening adult responses.
- Verbally abused, put downs, called derogatory names.
- Witnessing others being abused and treated cruelly, including animal abuse and cruelty.

7.4. No matter what type of abuse children are experiencing, they will undoubtedly also be experiencing emotional abuse, making it the most common form of abuse in children and with lifelong consequences. Emotional abuse can diminish a child's sense of identity, dignity, and self-worth, resulting in damage to the child's social, intellectual or emotional development.

7.5. It does not leave physical injuries and its ongoing nature usually means there is no crisis which would precipitate easy identification. For this reason, emotional abuse is the most hidden and underestimated form of child maltreatment despite the impact being chronic and debilitating trauma. Everyone therefore needs to be particularly aware of the behavioural indicators of emotional abuse and astute in any assessment of risk.

7.6. Exposure to family violence – The nature of children's exposure to family violence ranges from witnessing (including seeing and overhearing violence and witnessing its effects) to being directly involved. Children were previously seen as "silent witnesses" to domestic and family violence; however, a now substantial body of research indicates children may be involved in domestic and family violence in a range of ways, including being forced to watch or participate in assaults or intervening to stop the violence occurring.

7.7. Grooming – In a child protection context, this refers to deliberate actions undertaken to engage in sexual activity with a child. It differs from sexual abuse in that it is primarily a preparatory activity occurring before abuse occurs but is continued during and after the abuse to ensure the safety of the groomer.

7.8. Grooming is the actions deliberately undertaken by an adult, adolescent, or child to befriend and influence a child (and in some circumstances members of the child's family) with the intention of achieving the criminal objective of sexual activity with children.

7.9. Grooming is generally subtle and ambiguous. Community members therefore need to be vigilant in reporting any breach of policy, code of conduct or generalised concern to enable patterns of behaviour by to be identified early and potential abuse prevented. Behaviours can include the following:

- Allowing the child to break the rules.
- Engaging inappropriately with a child on social media.
- Favouritism toward a child through giving gifts or money.
- Non-sexual touching such as tickling, hugging or rough play.
- Sharing secrets with a child.
- Spending time with the child away from protective adults.

7.10. Harmful sexual behaviour in young people - Sexual behaviours expressed by children and young people between the age of 13 and 17 years may be harmful towards self or others, or be abusive towards a child, young person or adult. Harmful sexual behaviour involves a child (13 to 17 years of age) engaging in sexual activity that is either unwanted or where, due to the nature of the situation, the other party is not capable of giving consent (e.g. children who are younger or who have cognitive impairment). This type of behaviour usually involves some power and coercion.

7.11. Neglect – This is the persistent failure to meet a child’s basic needs when reasonably able to do so. Such as providing adequate nutrition, clothing, supervision, and hygiene and medical attention to the extent that the child’s health and development are, or are likely to be, placed at risk. The threshold for becoming neglect is that it is persistent and ongoing, and caregivers are unable or unwilling to make changes to address the needs. Neglect often co-exists with other types of abuse.

7.12. Neglect also includes a failure to meet a child’s social and emotional needs, for example a child may receive no emotional warmth, nurture, and affection with the caregiver unattuned or disinterested in the child’s needs.

7.13. Neglect is also when any of a child’s basic needs are not met as a form of punishment. Children may experience neglect in all aspects of their care (global neglect), or only some aspects.

- **Abandonment:** when a caregiver leaves a child alone for more than a reasonable period and does not provide for the presence of alternative age-appropriate care. Alternative care can only be considered appropriate if the substitute caregiver is capable of caring for the child.
- **Educational neglect:** failure to provide an education and the necessary tools to participate in an education system. This may be allowing a child to stay home from school or preventing a child from attending school without reasonable justification (e.g., illness) or having the means to provide books and required tools but failing to purchase them.
- **Emotional neglect:** failure to provide adequate nurturing, affection, encouragement and support for a child (emotional neglect is sometimes referred to as emotional maltreatment—particularly where a caregiver belittles, calls a child names, or actively isolates and demeans a child).
- **Medical neglect:** a failure to provide appropriate medical care. May include failing to seek treatment for emergency or acute illness. Failure to provide care and treatment for chronic illnesses or disabilities. The concept of medical neglect is further complicated by the consideration of some religious beliefs where certain medical interventions are contrary to the belief systems.
- **Physical neglect:** a failure to provide age- appropriate physical necessities like hygiene needs, food, clothing, and shelter.
- **Socialisation Neglect:** A failure to take account of the need of the child or young person to engage positively with peers and significant others
- **Supervisory neglect:** characterised by absence or inattention and can lead to physical harm or injury, sexual abuse or, in an older child, failure to protect from risky behaviours such as substance misuse or criminal behaviour.

7.14. Physical abuse – Occurs when a person intentionally or recklessly uses physical force against or in the presence of a child without their consent, which causes or could cause harm to that child. It can also occur when someone intentionally or recklessly causes a child to believe

that physical force is about to be used against them without their consent. These may be ongoing patterns of behaviour towards a child or a one-off serious event, and can take the form of:

- Beating
- Behaviours, such as words or gestures that lead a child to believe they are about to experience physical abuse (ie; making threats or threatening gestures).
- Confinements and restraints
- Dragging
- Hitting
- Hitting with implements
- Kicking
- Otherwise intentionally harming a child
- Pinching
- Punching
- Shaking
- Slapping
- Strangulation (choking/throttling).

7.15. Sexual abuse – Occurs when a person uses power, force or authority to involve a child in any form of sexual activity whether or not the child is aware of what is happening. Sexual offences include:

- Exhibitionism and voyeurism.
- Obscene or suggestive communication.
- Touching or fondling.
- Exposing children to, or involving them in sex acts such as:
 - children present in the same room during sexual activities
 - demonstration of sex acts as a form of sex education
 - encouraging children to watch or join in
 - failure to remove children or prevent exposure to sex acts or conversation.

7.16. Sexual misconduct is another type of sexual abuse and includes a variety of sexualised behaviours toward children. Examples of sexual misconduct include comments of a sexual nature or behaviour that crosses a professional position of trust boundary, such as establishing (or seeking to establish) an overly familiar relationship with a child.

7.17. Sexual exploitation – Is a specific form of sexual abuse where children and young people, by virtue of their age and development, are unable to give informed consent to sexual activity. Sexual exploitation of children takes different forms. It can include children being involved in sexually exploitive relationships, exposing a child to pornography, receiving money, goods, drugs, or favours in exchange for sex, or being exploited in sex work. In all cases, those exploiting the children have power over them due to the child's age, gender, physical strength, economic or other resources such as access to drugs or gifts.

8. Definitions

8.1. Clinical director – Clinical director in executive provides professional clinical leadership, direction and expertise to support the provision of quality services internally and across the pinnacle network.

- 8.2. Child/Tamaiti** – Anyone under the age of 18.
- 8.3. Child protection** – The skills, knowledge, and processes to recognise and respond to concerns about a child. Knowing how and when to work with other organisations during investigative processes into concerns for a child. The action to follow when a child is identified as suffering from, or likely to suffer from serious harm – for example, a disclosure of suspected abuse and neglect.
- 8.4. Child protection policy** – A child protection policy informs everyone who has contact with our organisation about your commitment to the protection, safety and wellbeing of children. The Policy also provides accountability. The policy provides clear definitions of roles and responsibilities. The Policy also provides detailed guidance in recognising and responding to child abuse and neglect. This leads to consistency in the responses to such concerns.
- 8.5. Child protection procedure** – Procedures form part of the policy. Procedures guide and direct you on the steps to take when someone has concerns for the safety and wellbeing of children. Procedures provide guidance needed in a crisis moment.
- 8.6. Child safety** – Reducing risk of harm to children.
- 8.7. Children/tamariki** - Young people from birth to adolescence who are growing, learning, and developing, and who have the right to be safe, healthy, nurtured, and supported to reach their full potential.
- 8.8. Children's worker** – is a person who works in, or provides a regulated service, and the person's work may or does involve regular or overnight contact with a child or children (other than children who are co-workers) and takes place without a parent or guardian of each child being present (Children's Act 2014).
- 8.9. Children's workers safety check** – Is a legislative requirement in New Zealand under the Children's Act 2014. The aim is to develop a safe and competent children's workforce who can better identify, support and protect vulnerable people. The safety check is designed to identify people who pose a risk to children and prevent them from being employed in a position of trust that provides care or support to a child. This process can take up to 6 weeks. The safety check for new and existing children's workers includes:
- Employment verification check
 - Identity verification check
 - Interview with the applicant
 - New Zealand Police vetting check
 - Professional membership check
 - Reference check (professional or personal)
 - Risk assessment.
- 8.10. Code of conduct (Safeguarding Children)** – Provides guidance on safe, appropriate and expected standards and behaviours towards children. It reflects New Zealand and International legislation to prevent harm to children's health, safety and wellbeing.
- 8.11. Disclosure** – The action of making new or secret information known. It includes the process of a child starting to share their experiences with others. This process can start before the child is ready to put their thoughts and feelings in order. The process can be verbal or nonverbal and can take place over a long period of time. It is a journey, not one act or action.

- 8.12. Family/whānau** - The people who provide love, care, support, and a sense of belonging. This may include immediate and extended family, caregivers, and others who are considered family through close relationships or cultural connections.
- 8.13. Police vetting** – A criminal history check completed by the New Zealand Police.
- 8.14. Position of trust** – People can be considered to be in a ‘position of trust’ when they are likely to have contact with any children or adults as part of their role and the role carries an expectation of trust, and the person is in a position to exercise authority, power or control over any children or adults.
- 8.15. Wellbeing** – Wellbeing is how a child feels and functions taking into consideration the following internal and external factors:
- **Children are loved, safe and nurtured** – includes loving homes that are free from abuse and violence, having time with family and being safe from avoidable harm and accidents.
 - **Children have what they need** – this includes income and resources, as well as other important aspects of material wellbeing such as nutritious food and quality housing.
 - **Children are happy and healthy** – this includes physical and mental health, spaces, and opportunities to play and healthy environments, including empathy in its simplest form, a sense and awareness of the emotions of other people.
 - **Children have the opportunity to learn and develop** – this includes education to build knowledge, skills and capabilities and opportunities to develop resilience and self-esteem to achieve their full potential.
 - **Children are accepted, respected and connected** – this includes feeling a sense of belonging, living free from racism and discrimination, having good relationships and being connected to identity.
 - **Children are involved and empowered** – this includes support to contribute, be listened to, care for others, make healthy choices and develop autonomy.
- 8.16. Young person/rangatahi** - A person in the transition from childhood to adulthood, typically aged 12–24 years, developing their identity, independence, and wellbeing.

9. References and relevant legislation

Refer to the child protection procedure - appendix I for an explanation of the relevant legislation and standards listed.

- 9.1.** Children’s (Requirements for Safety Checks of Children’s Workers) Regulations 2015
- 9.2.** Children’s Act 2014
- 9.3.** Family Violence Act 2018
- 9.4.** Health Act 1956
- 9.5.** Oranga Tamariki Act 1989
- 9.6.** Te Tiriti o Waitangi (The Treaty of Waitangi)

9.7. The United Nations Convention on the Rights of the Child

10. Related internal policies and procedures

- 10.1.** Child protection procedure
- 10.2.** Code of conduct
- 10.3.** Family violence policy and procedure
- 10.4.** Learning and development policy
- 10.5.** Privacy policy
- 10.6.** Recruitment and selection policy

11. If you have a question or complaint

- 11.1.** Please report any issues with the control and distribution of this document to the administration manager, who will follow up, in consultation with other Pinnacle Group employees as required.
- 11.2.** For any queries or issues with the content of this document, please follow up directly with the document owner identified below.
- 11.3.** Any complaints associated with this policy will be investigated according to the organisation's complaints policy.

Policy name: Child protection policy (POL073-3.0)

Document owner: Pinnacle clinical director

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Authorised by: Pinnacle CEO

Signature:



Justin Butcher
Pinnacle CEO