



Sexual Abuse Support and Healing  
(SASH-Nelson) Inc

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## **Policy 2:1 August 2021**

# **Child and Young Person Protection Policy**

## **Introduction – statement of commitment**

Sexual Abuse Support and Healing considers the safety of the child/young person to be always of paramount importance and our prime consideration. SASH is committed to recognizing and responding to child abuse and neglect. This commitment applies to children or young people who are clients of SASH and children associated with or cared for by SASH clients. SASH is guided by Oranga Tamariki Act 1989, Family Violence Act 2018, and Privacy Act 1993/2020

## **Principles**

### **SASH is committed to the following principles:**

- This policy recognizes that children and young people have a right to be safe from abuse and harm without exception regardless of gender, age, ethnicity, disability, sexual orientation, gender, culture, language, religion, or belief.
- Support for survivors of sexual abuse and assault is based upon confidentiality, however when risk to a child/children is identified or child abuse/neglect is suspected or disclosed then the welfare and paramountcy of the child will take priority over confidentiality.
- During client interaction, risk to a child or current or historical abuse of a child may be identified, and this must not be ignored.
- SASH is committed to the prevention of abuse and to the well-being of all children, young people, and their families.



- SASH is committed to always acting in the best interest of the children and young people to whom it provides a service.
- SASH is committed to responding to abuse, suspected child abuse or disclosure of abuse as soon as reasonably possible.
- SASH recognizes that the family and whānau have the primary role in caring and protecting the child/young person, and that this role should be valued and maintained. However the child/young person's safety should have priority.
- SASH acknowledges that in cases of suspected child abuse, support for families and whānau is important.
- SASH will ensure any disclosure about alleged abuse is taken seriously and a report to Oranga Tamariki made to ensure the safety of children/young people who disclose information.
- SASH is committed to comply with all relevant legislation.
- SASH Child and Young Person Protection Policy will be reviewed annually or after an incident or event.
- The SASH Child Protection Policy and procedures are the guiding document and must be followed when staff are dealing with all child protection concerns.
  - Staff not following policy will result in disciplinary action.

### **Commitment to SASH staff**

- SASH acknowledges that dealing with child protection is stressful and staff require support and guidance to carry out this role effectively and remain child focused.
- SASH agrees that working in accordance with this policy requires staff to be trained and supported.
- All SASH staff will have Child Protection training within 3 months of commencing work.
- All staff will have at least 2 hours of annual Child Protection training.
- All members of SASH staff will be given a copy of this policy and will receive training on this policy to confirm they have been made aware of it and understand their responsibilities. All Staff will be required to read this policy annually to ensure they understand and remember it.
- SASH is committed to child protection supervision of staff throughout the continuum of a case which involves safeguarding assessment and decision making.

### **Purpose**



The purpose of this policy is to:

- Provide SASH staff with clear guidelines about their roles, responsibility and accountabilities in relation to children and young people who may be at risk of abuse and neglect.
- Assist SASH staff to provide coordinated, consistent, and safe care to children and young people who are living with, or who are at imminent or ongoing risk of neglect, family violence and abuse.
- Provide a framework to guide and support staff to work in a coordinated, consistent way when acting on concerns relating to child protection.
- To facilitate staff to raise concerns about poor or dangerous practice (whistle blowing)

### Scope

- This policy applies to all staff of SASH, including volunteers and contractors.
- This policy applies to all children/young people who are clients of this organisation, and to those with whom staff come into contact in the course of their work with SASH, including children of clients and children associated with the client.
- The policy will be available on the SASH website and made available to all clients of SASH (as per CA 2014 requirements).

### Definitions

- **SASH** refers to Sexual Abuse Support and Healing (SASH-Nelson)
- **Staff** means any paid or paid person providing services for or representing SASH. This includes volunteers and contractors but excludes the Governance Board.
- **Designated Person for Child Protection** is an appointed member of staff who has had additional child protection training.
- **Child abuse** means 'the harming (whether physically, emotionally or sexually), ill-treatment, abuse, neglect or deprivation of any child or young person", (Section 2, Children and Young Persons Amendment Act, 1994)
  - "Child abuse or maltreatment constitutes 'all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power", (World Health Organisation, 1999)



- **Neglect** is defined as failure to meet a child's essential needs through inadequate parenting and lack of responsibility. Neglect is about what parents and caregivers don't do. We all understand that parents are not able to meet all their child's needs all the time, but it is persistent neglect, of a child's need which results in some form of harm.
  
- **Neglect commonly falls into 5 categories:**
  - **Physical neglect** - not providing the necessities of life like a warm place, enough food and clothing.
  - **Supervisory neglect** - leaving children home alone, or without someone safe looking after them during the day or night.
  - **Emotional neglect** - not giving children the comfort, attention and love they need through play, talk, and everyday healthy affection.
  - **Medical neglect** - the failure to take care of their health needs.
  - **Educational neglect** - allowing chronic truancy, failure to enrol children in school, or inattention to special education needs.
  
- **Physical abuse** is any behaviour which results in physical harm to a child.
- **Emotional/psychological abuse** is a pattern of behaviour that attacks a child's emotional development and sense of self-worth. Witnessing domestic violence or sexual assaults will greatly impact a child's emotional wellbeing. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- **Sexual abuse** is any act where an adult or a more dominant person (including other children) uses a child or young person for a sexual purpose.
- **Bullying** is deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves.
- **Cumulative harm** may be caused by an accumulation of a single adverse circumstance or event, or by multiple different circumstances and events. Children may often be able to overcome and even learn from single or moderate risks, but when risk factors accumulate, children's capacity to survive rapidly diminishes.

#### **For the purposes of this policy**

- A **child** is under 13 years.
- A **young person** is 13 – 18 years.



- A **vulnerable adult** is 18 or over and someone who is or may be unable to take care of themselves or unable to protect themselves against significant harm or exploitation.

## **Working with sexually active children/young people under the age of 16 years**

- SASH sees many young people in this age bracket for sexual abuse help and support.
- SASH will only work with young people under 16 with the consent of their legal guardian.
- It is an offence under S134 The Crimes Act, 1961, for under 16 year olds to have sexual intercourse.
- SASH actively discourages sexual activity under the age of 16 years.
- SASH encourages all young people to disclose their sexual activity to parents /guardians.
- SASH recognizes that there are under 16 year olds, who despite our advice, choose to engage in sexual activity with and without the knowledge of their parents.
- The Fraser Guidelines and Gillick Competency underpin our practice and give staff members guidelines in managing these situations and may, in exceptional circumstances, enable SASH to work with a young person under 16 without consent of their legal guardian.
- The welfare of the child/young person is paramount, which is why staff members must work together to accurately assess the risk of significant harm when a child/young person is engaged in sexual activity and accesses our service.

## **Codes of conduct**

### **Staff MUST:**

- Treat all children and young people with respect.
- Set an example of ethical conduct, be a positive role model.
- Respect a child or young person's right to privacy.
- Encourage and support children and colleagues to report unacceptable attitudes or behaviour as soon as possible.



- Operate within the organisations principles, procedures and guidance provided in the Safeguarding and Child Protection Policy.
- Report all allegations of, suspicions of, or actual cases of abuse.

### Staff MUST NOT:

- Have inappropriate physical, verbal, phone or social media contact with children or young people.
- Make derogatory remarks in front of children or young people.
- Dismiss or trivialize any child abuse issues raised.
- Show favouritism towards any individual.
- Believe “it could never happen here.”

### Confidentiality, privacy, risk, and information sharing

- In working with children and young people, it must always be made clear to them from the outset that **absolute confidentiality cannot be guaranteed.**
- Abuse thrives in secret. The need for survivors needing support remains confidential within the organization, with the exception of child welfare and where actions have been taken to commit suicide.
- There may be some circumstances where the needs of the young person can only be safeguarded by sharing information with others.
- On each occasion that a young person is seen by SASH staff, consideration should be given as to whether their circumstances have changed, or further information has been given which may lead to the need for referral or re-referral to Oranga Tamariki or Police.
- SASH will share information with other agencies (e.g., General Practitioner, mental health services, Plunket, school, and any other agencies involved in the child/young person’s care) if they feel sharing that information will contribute to any assessment of risk regarding the safety or wellbeing of any child or young person or will prevent or reduce the risk of harm, ill treatment, abuse, neglect, or deprivation.
- Case managers are to share information with other services if they are concerned for the wellbeing or safety of a child or young person as per Oranga Tamariki Act, 1989.



## **Role of the Designated Person for Child Protection (DPCP)**

Michelle Marnane is the person with ultimate responsibility for Child Protection at SASH (021 548 530). Emma Brazendale (022 548 2407) will act as the Deputy Designated Person for Child protection when Michelle is unavailable.

This person is to be contacted with any issues relating to a child's safety, wellbeing or for guidance regarding the organizations safeguarding and CP policy.

The DPCP shall:

- Prioritize Child Protection concerns.
- Adhere to this policy and procedures.
- Work with the staff member who has raised concerns, to assess the situation.
- Make a Report of Concern to Oranga Tamariki/Police
- Ensure the incident is appropriately recorded and such recording is dated, signed, and correctly stored.
- When the assessment results in the decision that a Report of Concern to Oranga Tamariki/ Police is not necessary the reasons for the decisions should be recorded, signed, and dated.
- The DPCP should follow up any Reports of Concern with Oranga Tamariki/Police no later than 5 working days after submitting the Report of Concern
- The DPCP should track the case until they are confident that the child or young person is safe and re-refer to Oranga Tamariki/Police if they have additional information or are unsatisfied with the response and continue to have concerns about the child or young person.
- The DPCP shall be the person who deals with all communications from statutory agencies in relation to child protection.
- The DPCP should ensure staff at SASH receive annual training and support on child protection as per this policy.
- Identify any barriers to implementation and compliance with this policy and remedy these.

## **Process for acting on identification of concerns**

If a staff member has a concern of vulnerability, child abuse, or neglect they will:

- Assess if the child/young person is in immediate danger and if so, contact Police on 111 and DPCP immediately.
- If no immediate danger is identified, consult with DPCP to decide if this requires a Report of Concern to Oranga Tamariki or not.



- If a Report of Concern is required, the Case Manager to make Report of Concern, supported by DPCP, and be responsible for follow up.
- Inform the young person and parent/carer of the concerns, and that you have to share this information, and to which agencies as long as this **does not** put them at further risk.
- **Do not** inform the young person or carer of your intention to share information if you feel this will put **you** at immediate risk (document your rationale)
- If no report of concern to be made at this time, with DPCP produce a plan regarding any information staff member will seek from another agency to assist in understanding the risk or if staff member will share information to another agency to assist in managing the risk or if referral will be made to another agency to address safety or wellbeing needs.
- Speak with child/young person or their whanau (if this does not place child/young person at greater risk) about your concerns and your intentions to share information or refer to another agency to meet need of children's/young person's wellbeing.
- DPCP will work with staff member to ensure any plan to address a concern by way of referral to another agency and/or information sharing is reviewed.
- Record all discussions, decisions made, information shared, or referrals made, and any actions taken by whom and when.

## Process for Responding to Disclosures of Current or Historical abuse

If a child or young person discloses current or historical abuse staff will:

- Believe the child/young person.
- Listen to child/young person, provide reassurance, ask open questions such as "what happened next?"
- If the child/young person is distressed, provide appropriate reassurance, and stay with them or link them with someone else to support them.
- Explain to the child/young person what you will be doing next.
- Record:
  - What child/young person said in their words as soon as possible
  - Dates, times, locations, and names that may be relevant
  - Sign this record and put date and time of disclosure given.
- If the child is in immediate danger, ensure the child/young person is supervised and supported while you contact the Police on 111, then DPCP immediately.
- If there is no immediate danger, follow up with DPCP by the following working day and provide the record of the disclosure to the DPCP as soon as possible.
- DPCP to make Report of Concern to Oranga Tamariki and follow up.





## **Allegations and concerns against staff members**

'Members of staff' should be interpreted as meaning all staff, whether they are in a paid or unpaid capacity. An allegation may include, but is not restricted to:

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

## **Roles and Responsibilities**

Michelle Marnane, Clinical Lead, is the Designated Lead for Child/Young Person Protection at SASH, and as such has overall responsibility for:

- Ensuring that SASH deals with allegations in accordance with these procedures
- Ensuring that all allegations against staff are taken seriously.
- Ensures that the welfare of the child will be of paramount importance in all decision making.
- Informing the accused person about the nature of the allegation, how enquiries will be conducted and the possible outcome e.g., disciplinary action, deregistration, dismissal or referral to the barring lists or regulatory body.
- Ensuring safeguards are put in place to prevent exposure to any further vulnerability or risk during the investigation, e.g., additional supervision, alternative non-child/young person facing duties, suspension.
- Liaising with other agencies.
- Resolving any inter-agency issues.
- Monitoring the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.
- Appointing an external organization to conduct the review.
- SASH will not enter into Settlement Agreements with any member of staff regarding any allegations, such settlement agreements contradict a culture of safeguarding and child protection.
- If the allegation is against DPCP, the staff member who needs to report an allegation will report this to Emma Brazendale or Delia Collins.

## **Initial action by person receiving or identifying an allegation or concern**



The person to whom an allegation or concern is first reported (usually, but not always the Designated Lead for Child/Young Person's Protection) should treat the matter seriously and keep an open mind.

- They should:
  - Make a written record of the information (if relevant, where possible in the child/adult's own words), including the time, date and place of incident(s), persons present and what was said.
  - Sign and date the written record
  - Ensure the Designated Lead for Child/Young Person Protection is notified as soon as possible.
- They should not:
  - Investigate or ask leading questions if seeking clarification.
  - Make assumptions or offer alternative explanations.
  - Promise confidentiality but give assurance that the information will only be shared on a 'need to know' basis.

## **Confidentiality**

Every effort should be made to maintain confidentiality and guard against publicity while an allegation is being investigated or considered.

## **Timeliness**

If the allegation results in concerns regarding care and protection of children and young people and abuse is suspected a Report of Concern (ROC) to MVC or Police must be completed as per SASH Child Protection Policy flow chart.

## **Allegations against staff in their personal lives**

If an allegation or concern arises about a member of staff, outside of their work with children, and this may present a risk to children for whom the member of staff is responsible, the general principles outlined in these procedures will still apply. Safety of children is paramount.

Allegations against staff should be taken to the Manager. Any allegations will be thoroughly investigated.

## **Protection for Staff Members who Report Allegations**

Any staff member who reports allegations about another staff member will be supported by SASH to ensure they are safe. The allegation will not be discussed by staff apart from those who are involved in any investigation.



## Staff recruitment, support, and training

Safe recruitment of all staff will be ensured by checking their suitability to work with children and young people.

- As per workforce safety check requirements of Children's Act 2014, Police checks must be carried out prior to commencing the role and then every 3 years after commencing a role.
- SASH will complete 2 reference checks from former employers (not friends) with probing questions about the candidate's suitability to work with children and the opportunity to disclose any concerns about the candidate working in a role with children and young people.
- A risk assessment will be completed to identify any perceived risks to SASH or its clients in employing the staff member.

Upon commencement of employment at SASH all staff will have:

- Child/young person protection procedures explained, and training needs identified.
- Training will be completed within 3 months.
- Read the SASH Child/Young Person Protection Policy within 2 weeks.
- All staff will complete child protection training annually.
- Police vetting and risk assessment will be repeated every 3 years.

## Review and audit of SASH Child Protection Policy

- The DPCP and SASH Board of Trustees should review this policy every 3 years as a minimum.
- The Child Protection Policy must be reviewed after each Report of Concern, incident, or event to ensure that staff found the policy and procedures easy to follow, workable, robust, and fit for purpose.

Signed Manager

Emma Brazendale

Date: 3rd September 2020

|                      |                               |
|----------------------|-------------------------------|
| Date Adopted: 3/9/20 | Last Reviewed: September 2023 |
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|                                 |                                |
|---------------------------------|--------------------------------|
| Next Review Due: September 2025 | Approved By: Board of Trustees |
| Location:                       |                                |

Next Review Date: September 2025

- If Report of Concern is required, Case Manager to make Report of Concern in consultation with DPCP and follow this up. **TEMPLATE IN CLOUD – Policies-Policies current 2022 – Prevention of Child Abuse**

- Inform the young person and parent/carer of concerns and that you have to share this information, and to which agencies as long as this **does not** put them at further risk.
- **Do not** inform the young person or carer of your intention to share information if you feel this will put you at immediate risk (document your rationale)

## Procedure for Responding to vulnerability, disclosed or suspected child abuse or neglect (including children of clients)

s about a child/young person’s safety and welfare



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.



If no immediate danger consult with DPCP to decide if this requires a Report of Concern to Oranga Tamariki or not.



- If no report of concern to be made at this time, staff member and DPCP come up with a plan regarding any information staff member will seek from another agency to assist in understanding the risk or if staff member will share information to another agency to assist in managing the risk or if referral will be made to another agency to address safety or wellbeing needs.
- Speak with child/ young person or their family (if this does not place child/young person at greater risk) about your concerns and your intentions to share information or refer to another agency to meet need of children’s/young person’s wellbeing.
- DPCP will work with staff member to ensure any plan to address a concern by way of referral to another agency and/or information sharing is reviewed.

Practitioner makes a notification to:

- Oranga Tamariki: National Call Centre
  - Ph: 0508 326 459 or
  - Fax: 09 914 1211 or
  - E-mail: contact@ot.govt.nz and
- Nelson Office
  - Ph: 03 989 4200
  - Fax: 03 989 1981
- **TEMPLATE IN CLOUD – Policies-Policies current 2022 – Prevention of Child Abuse**
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- Share relevant information with agencies involved with the client.
- If a telephone notification has been made, email a copy of R.O.C form to OT National Office to back up the notification. Include copy of body map if used.
- Ensure that a hard copy of the notification to the OT National Call Centre, is also faxed to OT Nelson: for the attention of Duty Social Worker. If you need to speak to a local duty social worker, call 989 4200 or see OT organisation chart.
- Upload a copy of OT form onto client's Exess file and advise in ALERTS box.
- Add Name, Client number and date to ROC folder in cloud.
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- Within 48 hours the notifying practitioner must phone OT/Police to ensure action was taken. If the practitioner is not satisfied with action taken, refer to SASH manager.
- If risk factors are still present/situation remains unchanged despite notification, then re-notify and restart process.
- Seek supervision as appropriate.
- Await response from OT.
- Contact duty team at OT if response not received within 7 days.
- If you are informed by any person/organisation or professional that they are intending to submit a notification, ensure:
  - SASH notification is submitted regardless.
  - The other person/organisation/professional submitted their notification and if not, ask why this was not done and document in SASH notes.
- Review case with DP at every stage and whilst an active CP case, review weekly.

### **Documentation Guidelines**

**Date of Contact**

**Time of Contact**





## **Who is present**

### **Place of Contact**

- planned or unplanned contact
- home visit / telephone contact/clinic contact/seen at school/counselling session/doctors appointment
- if telephone contact who phoned who

### **Purpose of Contact**

- developmental assessment
- health check
- review following concerns expressed at previous contact
- routine contact e.g., normal school day
- recreational activity

### **Information Gathering**

- what you have seen
- what you have heard
- what you have smelled
- what you did or did not observe the parent/carer do or say (signs of attachment)
- what did the child/young person say?
- what did the child/young person do?
- presentation of the child/young person
- use speech marks to document what was said
- any other relevant information or background

### **Analysis**

- impact on the child/young person
- consequences
- signs of risks
- signs of safety

### **Action Plan**

- for you
- time scale – review date
- signature and print name
- record of referral/copy of notification



Date completed:

Signed: \_\_\_\_\_





## Appendix

### Signs of abuse

Recognising child abuse is not easy. It is not your responsibility to decide whether or not child/young person abuse has taken place or if a child/young person is at significant risk of harm from someone. We do however, have both a responsibility and duty, as set out in our SASH Child and Young Person Protection Policy, to act in order that the appropriate agencies can investigate and take any necessary action to protect a child/young person.

The definitions and indicators described in this policy are not meant to be definitive but serve as a guide. It is important to remember that many children/young people may exhibit some of these indicators at some time and that the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behavior such as a death or the birth of a new baby in the family or relationship problems between parents/carers. In assessing whether indicators are related to abuse or not, the authorities will always want to understand them in relation to the child/young person's development and context.

### Physical Abuse

Most children will collect cuts and bruises as part of the rough-and-tumble of daily life. Injuries should always be interpreted in light of the child's medical and social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body, e.g., elbow, knees, shins, and are often on the front of the body. Some children, however, will have bruising that is more than likely inflicted rather than accidental.

Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the 'soft' parts of the body where accidental injuries are unlikely, e.g., cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern, although this can be more complicated with burns, as blistering may come later.

### Physical abuse may include

- Hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating.
- Failing to protect a child/young person from that harm.
- A parent or carer fabricating the symptoms of, or deliberately inducing illness in a child/young person.



## **Emotional abuse**

Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a developmental delay due to a failure to thrive and grow, although this will usually only be evident if the child puts on weight in other circumstances, for example when hospitalised or away from their parents' care. Even so, children/young people who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children/young people not being allowed to mix or play with other children.

### **Emotional abuse may involve**

- Conveying to the child/young person that they are worthless or unloved, inadequate, or valued only as they meet the needs of another person.
- Age or developmentally inappropriate expectations being imposed. These may include interactions that are beyond the child/young person's developmental capability, as well as overprotection and limitation of exploration and learning.
- Prevention of participation in normal social interactions.
- Seeing or hearing the ill-treatment of another person/animal.
- Serious bullying causes a child/young person to frequently feel frightened/in danger.
- Exploitation or corruption of children/young person.

## **Sexual abuse**

Adults who use children/young people to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. Usually, in cases of sexual abuse, it is the child/young person's behaviour that may cause you to become concerned, although physical signs can also be present. In all cases, children/young people who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

### **Sexual abuse may involve:**

- Physical contact both penetrative and non-penetrative acts such as kissing/ touching/ fondling genitals or breasts, vaginal/anal/oral intercourse.
- Looking at, or being involved in, the production of pornographic material.
- Watching sexual activities.
- Encouraging children to behave in sexually inappropriate ways.
- Sexual drawings or language.
- Bedwetting.



- Eating problems such as overeating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts
- Saying they have secrets they cannot tell anyone about
- Substance or drug abuse
- Suddenly having unexplained sources of money
- Not allowed to have friends (particularly in adolescence)
- Acting in a sexually explicit way towards adults

## **Neglect**

Neglect can be a difficult form of abuse to recognise. It is likely to result in the serious impairment of the child/young person's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse.

### **Neglect may involve:**

- A parent or carer failing to provide adequate food/clothing/shelter
- Exclusion from home or abandonment
- Failing to protect a child from physical and emotional harm or danger
- Failure to ensure adequate supervision including the use of inadequate care-takers
- Failing to ensure access to appropriate medical care or treatment
- Neglect of, or unresponsiveness to, a child's basic emotional needs

## **Bullying**

The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children/young people to the extent that it affects their health and development. At the extreme, bullying can cause significant harm, including self-harm, even suicide.

### **Bullying may involve:**

- Physical: pushing, kicking, hitting, pinching and other forms of violence or threats
- Verbal: name-calling, sarcasm, spreading rumours, persistent teasing, racist or homophobic remarks, threats
- Emotional: tormenting, ridiculing, humiliating, isolating an individual from the activities and social acceptance of their peer group

### **Persistent bullying may result in:**

- Depression
- Low self-esteem
- Shyness



- Poor academic achievement
- Isolation
- Threatened or attempted suicide

## **Appendix: Related Documents**

- The Treaty of Waitangi
- The Principles of the Children Young Persons and their Families Act, 1989
- The provisions of the UN Convention on the Rights of the Child
- Health and Disability Commissioner Act, 1994
- The Oranga Tamariki, 1989
- Privacy Act, 1993
- Human Rights Act, 1993
- Education Act, 1989/1998
- The Family Violence Act 2018
- Care of Children Act, 2004
- Employment Relations Act, 2000
- Code of Health and Disability Services Consumers' Rights, 1994
- Health Information and Privacy Code, 1994
- NZ Standard for screening, risk assessment for family violence including child abuse and neglect, 2006
- The Children's Act, 2014

## **Helpful Links to Supporting Documents:**

Leaflet for agencies regarding working together to safeguard children and young people with lots of very useful information about child abuse and neglect:

<https://orangatamariki.govt.nz/assets/Uploads/Support-for-families/Support-programmes/Working-together-seminars/Working-together-guide-2020.pdf>

Information on new information sharing changes including links to printable leaflets to assist staff in navigating these changes:

<https://www.orangatamariki.govt.nz/working-with-children/information-sharing/>

Direct link to the Information Sharing leaflet for staff:

<https://www.orangatamariki.govt.nz/assets/Uploads/Working-with-children/Information-sharing/Information-sharing-Guidance-OT-Act-1989.pdf>