

# M Dental Child Protection Policy

## Policy Summary

This policy outlines M Dental's commitment to child protection.

Ensuring the wellbeing and safety of children who attend our practice, including prevention of child abuse or maltreatment, is a paramount goal of M Dental. This policy provides guidance to our staff on how to identify and respond to concerns about the wellbeing of a child, including possible abuse or neglect. All staff in our practice are familiar with this policy and abide by it.

- **The process for responding to a concern about a child is on Page 6 of this policy.**

The interests of the child will be the paramount consideration when any action is taken in response to suspected abuse or neglect. M Dental commits to support the statutory agencies (Child, Youth and Family (CYF) 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.

Our Designated Person for Child Protection, Uday Kasture (Practice Owner), will be responsible for the maintenance and annual review of this policy, in addition to carrying out the responsibilities outlined in this policy. Staff will not assume responsibility beyond the level of their experience and training. M Dental commits to ensure staff have access to the training they need.

It is consistent with Child, Youth and Family and Police guidelines and will be updated when new guidance is issued.

## Purpose, scope and principles

Our child protection policy supports our staff to respond appropriately to potential child protection concerns, including suspected abuse or neglect. It is M Dental's commitment to protect children from abuse and to recognise the important roles that all of our staff have in protecting children.

This policy provides a broad framework and an outline of expectations to protect children, including (but not limited to) staff behaviour in response to actual or suspected child abuse and neglect. It applies to all staff, including volunteers and part-time or temporary roles and contractors. It is intended to protect all children that staff may encounter, including siblings, the children of adults accessing services and any other children encountered by staff as they provide their service.

In addition to guiding staff to make referrals of suspected child abuse and neglect to the statutory agencies – i.e., Child, Youth and Family and the Police – this policy will also help our staff to identify and respond to the needs of the many vulnerable children whose wellbeing is of concern.

We recognise that in many of these cases, the involvement of statutory agencies would be inappropriate and potentially harmful to families/whānau. Throughout New Zealand statutory and non- statutory agencies provide a network of mutually supportive services, and it is important for M Dental to work with these to respond to the needs of vulnerable children and families/whānau in a manner proportionate to the level of need and risk. Contact details for agencies and services in our community are provided in Appendix 1 of this policy. To ensure that M Dental demonstrates continual improvement in child protection practice, we will work to maintain a good working relationship with child protection agencies and support our staff to protect children from abuse by consulting with experts with specialist knowledge and providing the necessary training options.

We also commit to explore opportunities to work with other providers, including from other sectors, to develop a network of child protection practice in our community.

This policy applies to all staff, including contractors and volunteers.

## Definitions

- **Child:** any child or young person aged under 17 years and who is not married or in a civil union.
- **Child protection:** activities carried out to ensure that children are safe in cases where there is suspected abuse or neglect or are at risk of abuse or neglect.
- **Designated person for child protection:** the manager/supervisor or designated person responsible for providing advice and support to staff where they have a concern about an individual child or who want advice about child protection policy.
- **Disclosure:** information given to a staff member by a child, parent or caregiver or a third party in relation to abuse or neglect.
- **Child, Youth and Family:** the agency responsible for investigating and responding to suspected abuse and neglect and for providing care and protection to children found to be in need.
- **New Zealand Police:** the agency responsible for responding to situations where a child is in immediate danger and for working with Child, Youth and Family in child protection work and investigating cases of abuse or neglect where an offence may have occurred.
- **Physical abuse:** any acts 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.
- **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.
- **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.
- **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).

### **Recruitment and employment (safety checking)**

Safety checking will be carried out in accordance with the Vulnerable Children Act 2014. This will include: a police vet; identity verification; 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.

### **Training**

We are committed to maintaining and increasing staff awareness of how to prevent, recognise and respond to abuse through appropriate training. As part of their induction, new staff are made aware of the policy on child protection.

### **Identifying child abuse and neglect**

Our approach to identifying abuse or neglect is guided by the following principles:

- We understand that every situation is different and it's important to consider all available information about the child and their environment before reaching conclusions. For example, behavioural concerns may be the result of life events, such as divorce, accidental injury, the arrival of a new sibling etc.

- We understand when we are concerned a child is showing signs of potential abuse or neglect we should talk to someone, either a colleague, manager/supervisor or the Designated Person for Child Protection – we shouldn't act alone.
- While there are different definitions of abuse, the important thing is for us to consider overall wellbeing and the risk of harm to the child. It is not so important to be able to categorise the type of abuse or neglect.
- It is normal for us to feel uncertain, however, the important thing is that we should be able to recognise when something is wrong, especially if we notice a pattern forming or several signs that make us concerned.
- Exposure to intimate partner violence (IPV) is a form of child abuse. There is a high rate of co- occurrence between IPV and the physical abuse of children.

### **We recognise the signs of potential abuse:**

- **Physical signs** (e.g., unexplained injuries, burns, fractures, unusual or excessive itching, genital injuries, sexually transmitted diseases).
- **Developmental delays** (e.g., small for their age, cognitive delays, falling behind in school, poor speech and social skills).
- **Emotional abuse/neglect** (e.g., sleep problems, low self-esteem, obsessive behaviour, inability to cope in social situations, sadness/loneliness and evidence of self-harm).
- **Behavioural concerns** (e.g., age-inappropriate sexual interest or play, fear of a certain person or place, eating disorders / substance abuse / disengagement / neediness / aggression).
- The child talking about things that indicate abuse (sometimes called an allegation or disclosure).

### **We are aware of the signs of potential neglect:**

- **Physical signs** (e.g., looking rough and uncared for, dirty, without appropriate clothing, underweight).
- **Developmental delays** (e.g., small for their age, cognitive delays, falling behind in school, poor speech and social skills).
- **Emotional abuse/neglect** (e.g., sleep problems, low self-esteem, obsessive behaviour, inability to cope in social situations, sadness/loneliness and evidence of self harm).
- **Behavioural concerns** (e.g., disengagement/ neediness, eating disorders/substance abuse, aggression).
- **Neglectful supervision** (e.g., out and about unsupervised, left alone, no safe home to return to).
- **Medical neglect** (e.g., persistent nappy rash or skin disorders or other untreated medical issues)

Every situation is different, and staff will consider all available information about the child and their environment before reaching conclusions. For example, behavioural concerns may be the result of life events, such as divorce, accidental injury, the arrival of a new sibling etc.

M Dental will always act on the recommendations of statutory agencies, including Child, Youth and Family and the Police. We will only inform families/whānau about suspected or actual abuse after we have discussed this with these agencies.

When we respond to suspected child abuse or any concerning behaviour we write down our observations, impressions and communications in a confidential register. This is kept separate from our other records and access will be strictly controlled.

Staff involved in cases of suspected child abuse are entitled to have support. We will maintain knowledge of such individuals, agencies and organisations in the community that provide support.

### **Confidentiality and information sharing**

We will seek advice from Child, Youth and Family and/or the Police before identifying information about an allegation is shared with anyone, other than the service manager or designated person. Staff should be aware that:

- Under sections 15 and 16 of the Children, Young Persons, and Their Families 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 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.
- 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.
- Staff 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 child/young person may also be made to the Police or Child, Youth and Family under sections 15 and 16 of the Children, Young Persons, and Their Families Act 1989.

### **Child safe practice guidelines**

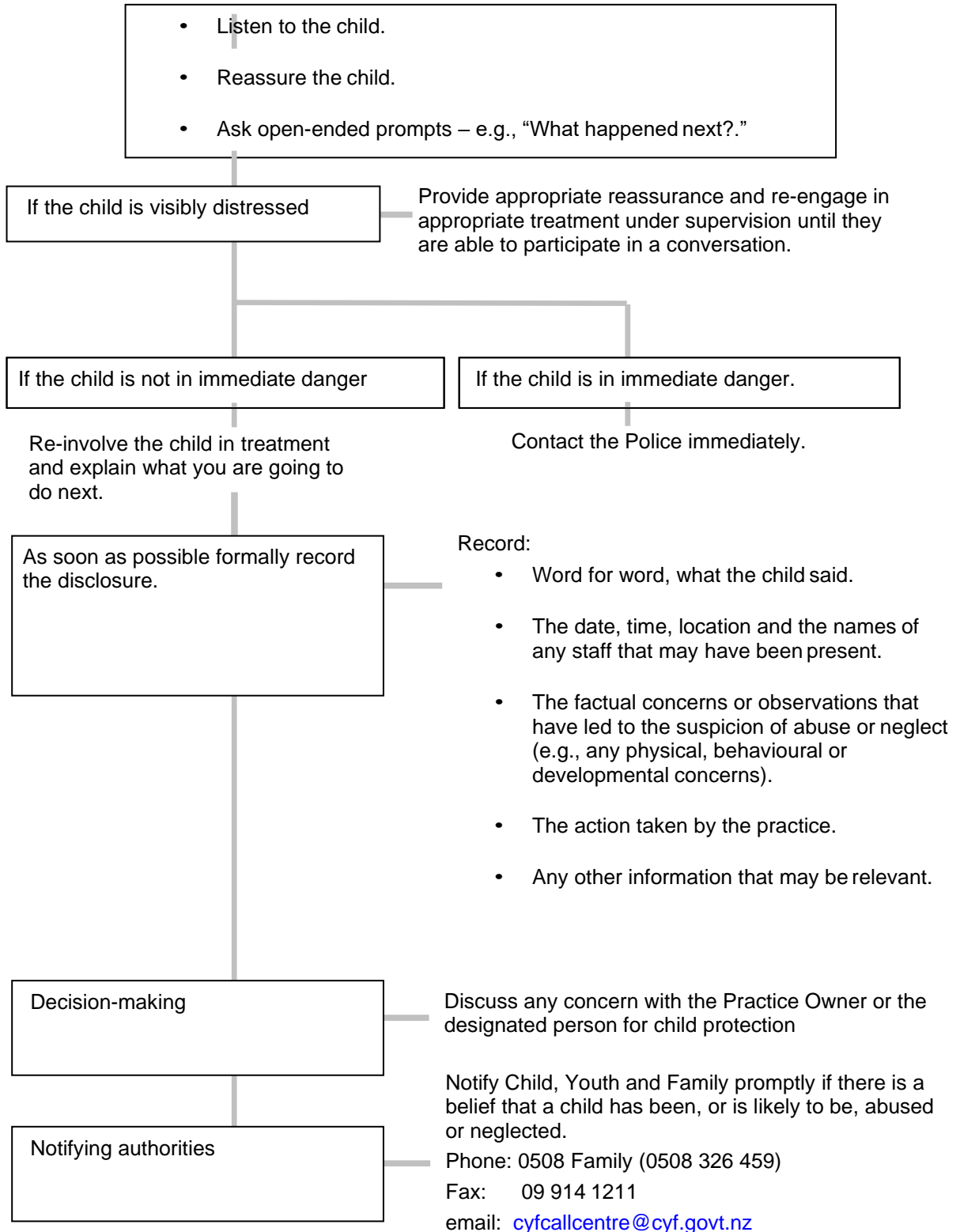
To avoid situations where staff may be alone with children, all staff should examine the opportunities or possible situations where staff may be alone with children. Wherever possible an open-door policy for all spaces should be used (excludes toilets). Staff should be aware of where all children are at all times.

Visitors should be monitored at all times by staff and contractors/volunteers should be monitored by staff.

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

# Appendice S

**Appendix 1 : M Dental’s procedure when disclosure of abuse or neglect is made**



## Appendix 2 : M Dental's procedure when an allegation is made against a member of staff

All matters involving allegations against staff need to be escalated to the management team.

To ensure the child is kept safe, management may take steps to remove the staff member against whom an allegation has been made from the environment, subject to the requirements of the applicable individual employment contract and relevant employment law.

