

12.3 Student Safety Code of Conduct for Staff

Our Student Safety Code of Conduct for Staff encompasses requirements on physical and verbal conduct and behaviours across all environments (including online and via e-technology resources) and provides further guidance on expectations of practice and conduct.

All staff across all levels and irrelevant of working hours or type of engagement (e.g. volunteers, casual, contractors, part or full-time) are required to adhere to and abide by the Student Safety Code of Conduct. Staff are issued with a copy of or access to our Code to support them in implementing and promoting safe practice.

All staff must be familiar with the requirements of our Code of Conduct and are to always maintain our conduct requirements and appropriate professional boundaries in a manner consistent with the policy and our code of conduct.

Staff are to avoid any engagement and/or behaviour that could be open to misinterpretation and report and record any such incidents, should they occur.

Our Safeguarding Code of Conduct Policy encompasses requirements on physical and verbal conduct across all environments (including online and via e-technology resources) and provides further guidance on key areas of practice.

Appendix 2 holds our Student Safety Code of Conduct for Staff Summary.

Any breach of our Student Safety Code of Conduct for Staff is taken seriously and may be subject to disciplinary action, up to and including dismissal.

13. Recognising Safeguarding and Child Protection Concerns

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

Section 2, Oranga Tamariki Act 1989

Dilworth intends to ensure that all students and staff understand their roles and responsibilities in ensuring the safety of all students, always. When managing any suspected or known harm or abuse, the student’s best interests, safety and welfare remains paramount. Dilworth has specific written protocols for promoting a safe culture and environment for students, preventing any risks of child abuse and responding to any reported concerns, including should a concern relate to a staff member or another student(s). All staff undertake training in recognising child abuse and other types of harm and in the use of our child safety protocols provided on the staff splash page.

13.1 Some Types of Harm

Appendix 3 of this policy notes some particular types of harm for increased awareness and are further expanded on in our staff training. These include:

- Bullying and Cyber-bullying
- Child Criminal Exploitation
- Cumulative Harm
- Exposure to Family Violence
- Grooming
- Peer-to-Peer Concerns
- Harmful (PNT) Behaviours in Children
- Self-Harming Behaviours
- Suicidal Concerns.

13.2 Categories of Abuse and Possible Indicators

Sometimes students may feel unable to say something or be unable to protect themselves. Each staff member must be aware of and alert to potential signs of abuse, so we can help to identify any concerns. Dilworth recognises all types of harm and, as per child protection services, notes these come under four categories of abuse.

Physical Abuse

Sexual Abuse

Emotional Abuse

Neglect

Our primary responsibility relates to students of Dilworth. However, our child protection responsibilities encompass all children and may include non-Dilworth students (e.g. students’ siblings, friends, etc.).

Appendix 4 details the Categories of Abuse Definitions and Possible Physical or Behavioural Indicators

14. Responding To Disclosures

A disclosure is when a person shares information relating to vulnerability, abuse and/or neglect. It can relate to current or historical concerns and apply to a student's personal environment and/or within Dilworth. Disclosures can be – direct (from the person concerned), indirect (e.g. an indicator) or third-party (via someone else).

Any staff member may identify a concern, receive a disclosure and/or an allegation against a staff member. It is important these are taken seriously and responded to safely.

Unsafe responses hold the potential to increase risks of possible harm for the person disclosing, or others, and/or can risk jeopardising any possible criminal investigations. The below provides a summary of best practice in responding to disclosures.

DO	DON'T
<ul style="list-style-type: none"> ✓ Believe the person and take what they say seriously. ✓ Take the person to a safe place, a place of privacy ✓ Listen carefully ✓ Reassure the person, e.g. <i>they are right to tell someone; it's not their fault.</i> ✓ Thank them for telling you. ✓ Tell them you will need to get help. If necessary, explain this may involve telling another staff member. ✓ Report to your Manager, Safeguarding Officer or Head of Campus. ✓ Those parties will consult with the Headmaster and CEO of the Trust Board. ✓ Record in writing on the Incident Form as soon as possible. 	<ul style="list-style-type: none"> ✗ Do not interview or judge. ✗ Do not say anything critical, e.g. <i>'why didn't you tell me sooner.'</i> ✗ Do not jump to conclusions, especially about the abuser. It may be someone still trusted, liked and/or loved by the person. ✗ Do not investigate any concerns (suspected or raised), or ask leading questions, e.g. <i>did this happen at home?</i> ✗ Do not make promises or tell them you will keep anything confidential. ✗ Do not stop them when they are speaking freely (just listen) and do not feel the need to fill any silences. ✗ Do not let anyone who may be involved in the abuse know the young person has said anything to you. If the abuser is unknown, we are to assume this may involve the staff or the young person's parents or guardians. ✗ Do not share details of the disclosure with any other person outside of those involved in the reporting process.

Under no circumstances should a member of staff attempt to investigate or deal with concerns regarding child abuse alone. All incidents, concerns or suspicions must be responded to and reported as per the procedures set out in this policy and supporting protocols and guidance.

15. Reporting A Concern

Dilworth operates a mandatory internal safeguarding reporting process. This means all staff are required to report any safeguarding and/or child protection concerns to their Manager. Concerns must be treated as a priority and may include but are not exclusive to concerns relating to:

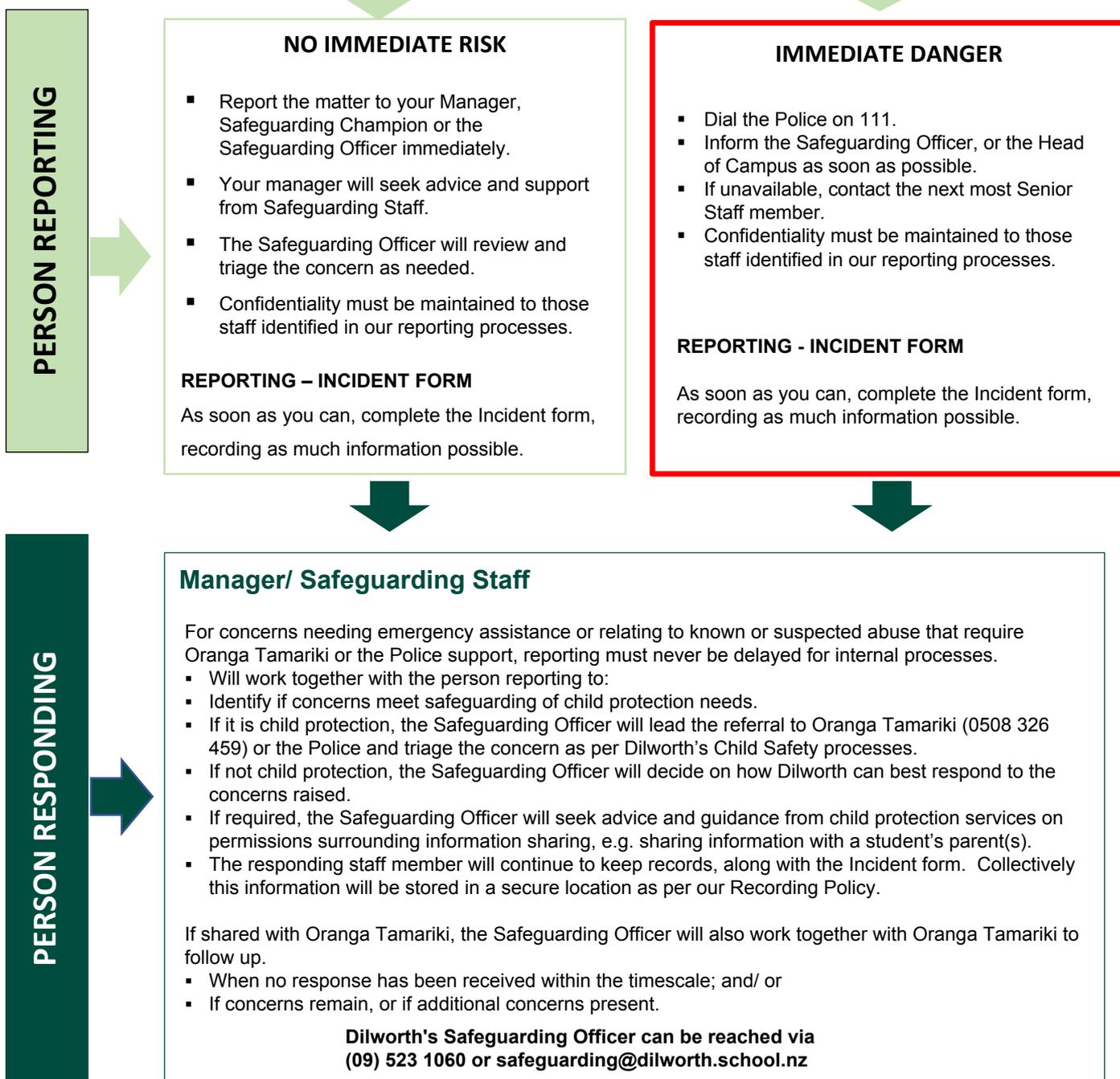
- Peer-to-peer interactions.
- The student's personal or Dilworth environment.
- In places/organisations outside of their family or Dilworth.
- Allegations against the Dilworth staff; or
- Allegations against any other professional.

Managers are to seek advice and support from the Safeguarding Officer, who will then, in accordance with our Child Safety protocols, inform the Headmaster and the Protection and Response Committee (if applicable), which is in place to help the school be able to respond to such issues.

For concerns needing emergency service or statutory body support (e.g. concerns relating to known or suspected abuse requiring a referral to Oranga Tamariki or the Police), reporting must never be delayed for internal processes. **In these circumstances, staff must ensure the safety of all involved persons is prioritised and only implement internal processes once any immediate action has been taken.**

15.1 Worried about a student?

- Stay Calm.
- Listen to the person.
- Believe and reassure them they have done the right thing by telling someone.
- If appropriate, use open-ended prompts (Tell|Explain|Describe) to help gain more information.
- Explain to the person that you will need to tell a colleague, so together you can make sure the right help can be identified.



15.2 Right to Refer Concerns to Oranga Tamariki or the Police

We do encourage the sharing of any concerns relating to a student in our care or someone representing Dilworth school with our Safeguarding Staff or a Staff Member in the first instance.

However, all persons (students, families, staff, etc.) have the right to report any child abuse/neglect concerns directly to Oranga Tamariki and/or the Police. Should any person decide to do so, we would welcome being notified of all reports made to external services relating to a student in our care and/or our staff.

15.3 Concerns/Allegations Against Staff

Any information questioning the suitability of our staff or their ability to work safely with students is taken seriously. Any information of this nature will be investigated, no matter if the concern is current, historical, known or suspected, or if the allegation has been received

We appreciate that making a disclosure or a complaint against someone in a position of power and authority is always difficult. The person making the disclosure may reconsider and express a wish to retract their allegation. This is not unusual. At the outset, it must be clearly communicated with the student (or adult) that their concern is being taken seriously and will be responded to in accordance with this and other applicable policies.

Any allegations or complaints that constitute an allegation against staff are to be referred directly to the Headmaster (if relating to the Headmaster the Chair of the Trust Board), who may, if required seek guidance from the Safeguarding Officer and inform the Protection and Response Committee.

This may also include Dilworth working together with child protection services (Oranga Tamariki, Police) and/or other sector parties for support and/or case management, e.g. Child Wise, Ministry of Education, Teaching Council, etc.

Our safeguarding and child protection procedures are designed to support best practice and reflect our expectations. Whilst not exclusive, any conduct or behaviours applicable to the below would be considered as an allegation against staff:

- Staff have behaved in a way that has harmed or may have harmed a child/young person.
- Staff have possibly committed a criminal offence in relation to a child/young person.
- Staff have behaved towards a child/young person in a manner that indicates they are unsuitable to work with children.

Concerns may be raised in several ways, e.g.:

1. Any type of disclosure (direct, indirect, third-party);
2. Via a feedback or complaints processes, e.g. from a student, parent/guardian or whānau member;
3. Reports by other agencies; or
4. As an anonymous report.
5. Contacting the Safeguarding Officer via email safeguarding@dilworth.school.nz or phone

(09) 523 1060 extn 9838

Throughout this process, Dilworth will take appropriate action for the safety of the student and all other students, ensuring that all allegations are managed immediately, sensitively and expediently within the procedures outlined in this policy and in our Investigation Policy.

15.4 Historical Allegations of Abuse

Dilworth takes all allegations seriously, including any historical allegations, and we have specific policies and procedures in place to support individuals coming forward to share their experiences and/or concerns.

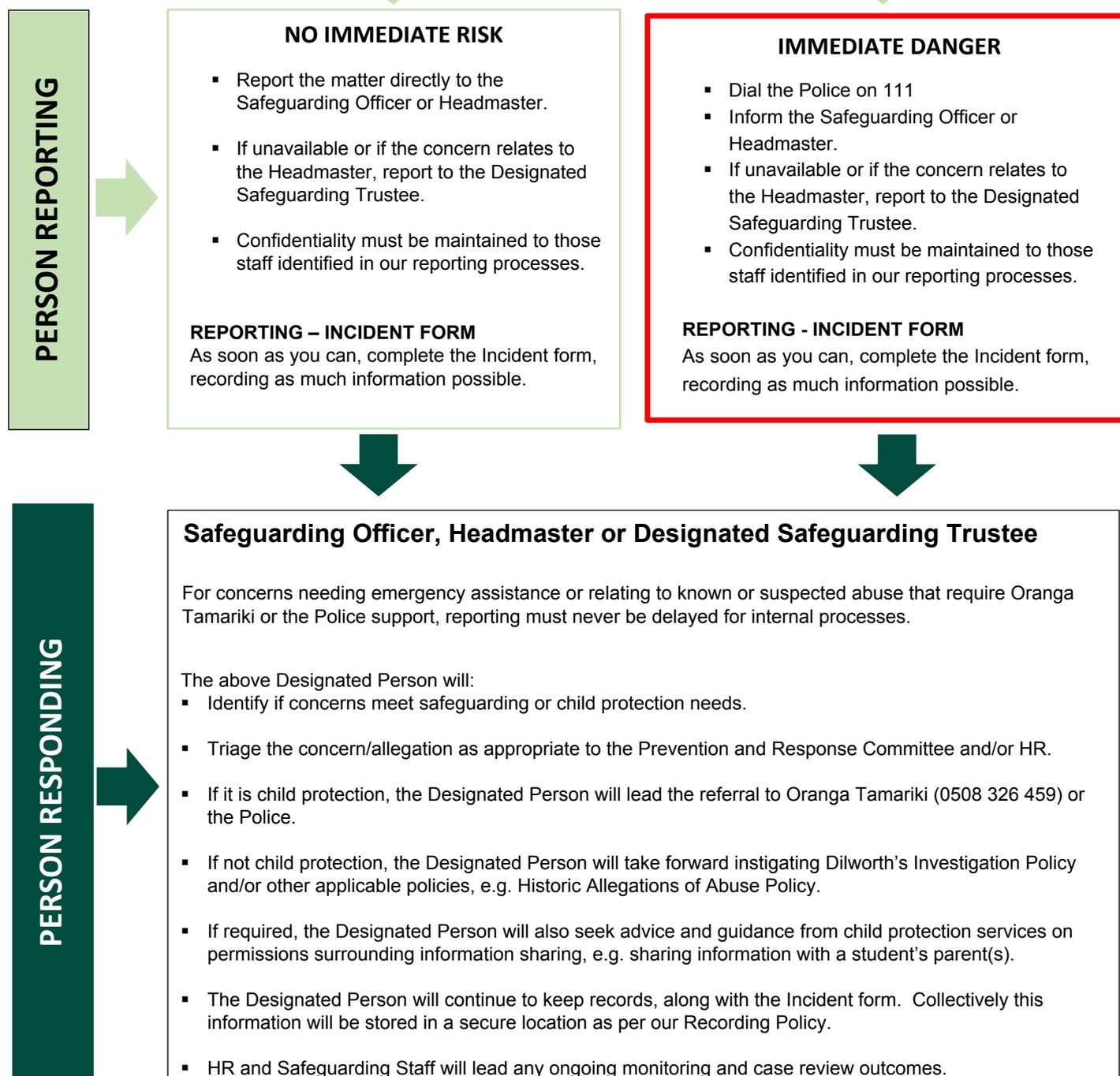
Should an allegation relate to a historical concern/allegation, we request the individual wishing to report their concern or the staff member receiving this concern contacts either the Headmaster or Safeguarding Officer directly.

15.5 No Settlement Agreements

- Dilworth is committed to not using 'settlement agreements' where these are contrary to a culture of safeguarding.
- Should a staff member be subject to an allegation and decide to resign or cease to provide their services to us, this will not prevent the allegation from being investigated in accordance with our safeguarding and student protection procedures.

15.6 Worried about a staff member?

- Stay Calm.
- Listen to the person.
- Believe and reassure them they have done the right thing by telling someone.
- If appropriate, use open-ended prompts (Tell|Explain|Describe) to help gain more information.
- Explain to the person that you will need to tell a colleague, so together you can make sure the right processes are followed, and the right help can be identified.



Please Contact Either:

The Safeguarding Officer - 09 523 1060 or safeguarding@dilworth.school.nz

The Headmaster - 09 523 1060 or d.reddiex@dilworth.school.nz

The Designated Safeguarding Trustee - safeguarding@dilworth.school.nz

16 Recording Concerns

All safeguarding and child protection information relating to a student or staff member is to be recorded and stored in accordance with Dilworth's Record Keeping Policy.

All safeguarding or child abuse concerns must be recorded on an **Incident Form**. This form will then populate the information onto Safeguarding Staff documentation that only restricted staff can access. All physical records are kept in the Headmaster's office as per our Record Keeping Policy. Records should:

- **Be specific** – what is the exact nature of the concern, which category of abuse does it suggest?
- **Reflect the evidence** – what was seen, heard, who said what, when, how?
- **Be precise** – with responses displayed, actions taken, by who, when.
- **Be factual** – noting what has happened, been said or is supported by evidence. They should avoid containing any opinions, and if included, records should clearly reflect these points as opinions.

17 Referring Concerns

Any welfare concerns identified or presented to Dilworth will be explored upon their own individual merit. Our responses will be in accordance with any applicable level of need, consent, information sharing and/or referral needs. We may undertake responses aligned to any of the following intervention levels:

<p>17.1 Early Help:</p> <p>With consent from the whānau/family, we can explore support options that Dilworth can offer or provide directly and/or signpost to or help with referrals to specific community service(s).</p> <p>The goal of early help is to help reduce the prevalence and severity of vulnerabilities that have already presented. It is basically aiming to prevent any vulnerabilities from taking hold and/or becoming ingrained, escalating and/or from being repeated.</p>	<p>17.2 Multi-Agency/Community Support:</p> <p>For concerns that without support, there is a worry they are likely to escalate to become a child protection worry, with consent from the whānau/family, Dilworth can help the family seek access to the community multi-agency support needed. The below can help in identifying local support options:</p> <ul style="list-style-type: none"> ▪ Family Services Directory ▪ Oranga Tamariki Children's Teams ▪ Strengthening Families
<p>17.3 Child Protection Services:</p> <p>Any concern indicating known or suspected abuse or neglect must be referred to child protection services (e.g. Oranga Tamariki or the Police).</p> <p>Dilworth may escalate lower-level concerns to child protection services when:</p> <ul style="list-style-type: none"> ▪ The Parent/Guardian is failing to acknowledge and/or engage on the identified support needs, and concerns for the child's well-being and safety concerns remain. ▪ Current support measures are failing to make a difference, and concerns are continuing to impact the child, other children or are escalating. ▪ The necessary support and/or multi-agency community structures is not available. 	<p style="text-align: center;">Oranga Tamariki</p> <p>Oranga Tamariki referrals are made via the Contact Centre (0508 326 459) (0508) FAMILY Lines are open 24/7) or email contact@mvcot.govt.nz</p> <p style="text-align: center;">Police</p> <p>Police have Child Protection Units, a division specifically designated to investigating child abuse/neglect cases. They work with Oranga Tamariki to support the child's welfare, although their responsibilities relate to cases where criminal charges and/or prosecutions may be applicable.</p> <ul style="list-style-type: none"> ▪ 111 for emergencies ▪ 105 for non-emergencies – ask for the child protection unit.
<p>17.4 Online Safeguarding Concerns:</p> <p>For online concerns, Netsafe can also offer support services. Netsafe is an independent, non-profit organisation focused on online safety. Netsafe's free and confidential helpline is set up to help with online bullying, abuse and harassment. Open from 8am-8pm Monday to Friday, and 9am-5pm on weekends and public holidays. Netsafe – 0508 NETSAFE (0508 638 723) or email queries@netsafe.org.nz</p>	

18 Sharing Information and Confidentiality

Privacy Act 2020 – Principle 11 – Disclosure of Personal Information

Principle 11 states that an organisation may only disclose personal information in limited circumstances. This includes when a disclosure is necessary to avoid endangering someone's health or safety

Dilworth has a responsibility to know when and how to share appropriate information with external agencies to protect the safety and wellbeing of students.

Giving information to better protect students is not a breach of confidentiality. Wherever possible, the family/whānau will be made aware of any student safety concerns. Their consent will be sought to share any information with others to seek support for the student.

Should a refusal of consent have a subsequent effect of escalating the level of concern for the young person, the school would then inform the parent/guardian that due to concerns being welfare related, we still have a responsibility to share this information.

It would be **unsafe or inappropriate for us to share concerns** with a parent/guardian or the young person directly when:

- Sharing information may increase the risk of harm to the person concerned, staff or others.
- It is unclear who is/has caused any suspected abuse.
- Doing so may impact any possible child protection investigation.
- Specialist child protection services have advised us not to share concerns at that stage.

19 Policy Monitoring and Reviews

- This Student Protection Policy is subject to Dilworth's review process for key policies and guidance. These review processes include student, family and staff consultation.
- We aim for this policy to be reviewed annually. However, at no stage will a review period exceed 3 years from its last review.
- Circumstances that may trigger an earlier or additional review include but are not limited to - legislative changes, organisational changes, incident/case learnings, etc.
- All student, family and staff consultation data, case learnings and sector developments are utilised to inform our policy and procedural reviews.

20 Other Applicable Policies and Procedures

This Student Protection Policy aligns with and supports the below Dilworth policies and procedures. Further guidance outside of any specific safeguarding points relating to these workplace elements can be found within these other policies and procedures.

- Child Safety Training and Education Policy
- Complaints Suite – Policies & Procedures
- Disciplinary Rules and Procedures
- Incident Form
- Investigation Policy.
- Recruitment and Staffing Policy
- Student Code of Conduct
- Student Safety Code of Conduct for Staff
- Whistleblowing Policy

Legislation and Guidance

The Children Act 2014	Requires organisations to have a child protection policy and safety check staff.
The Crimes Amendment Act 2011, Section 195 and 195A	Introduces possible criminal accountability for any staff member of a residential facility who fails to protect a child from harm or abuse.
The Education Act 1989	Governs the education system and requirements for schools.
The Education (Pastoral Care) Amendment Act 2019	Ensures domestic tertiary education students live in a safe environment.
The Harmful Digital Communication Act 2015	Identifies 10 principles to help safeguard people from some forms of online harm and abuse.
The Health & Safety Act 2015	Requires organisations to uphold a duty of care and provide a safe environment for all.
The Oranga Tamariki Act 1989	Defines child abuse and governs our state care services.
The Privacy Act 2020	Protects the gathering, holding, sharing and storing of personal information.
Te Tiriti o Waitangi/Treaty of Waitangi	A constitution promising to protect Māori and Māori culture.
Teaching Council Rules 2016	Rules relating to teacher disciplinary bodies, functions, practices and procedures.
United Nations Convention on the Rights of the Child 1989	UNCROC is a human rights treaty that enshrines specific children’s rights in international law.

Appendix 2

Student Safety Code of Conduct for Staff Summary

Our Staff DO	Our Staff DO NOT
<ul style="list-style-type: none"> ✓ Only commence active duties once all child safe safer recruitment elements are complete and satisfactory. ✓ Uphold Dilworth's child safety policies and procedures at all times, in particular our Student Protection Policy. ✓ Complete all required child safety induction and training. ✓ Promote child rights and demonstrate safe practice that upholds students' rights to safety and wellbeing. ✓ Maintain their Position of Trust by upholding our code and other professional codes of conduct and ethics. ✓ Uphold Dilworth's child safety physical, verbal and online conduct expectations. Making certain personal and professional boundaries are demonstrated at all times. ✓ Comply with Dilworth's communication expectations, ensuring all language is child-friendly, consent processes are reflected (where applicable) and relevant policies upheld (e.g. Information Sharing and Record Keeping Policies). ✓ Always aim to avoid lone working and seek to operate within the line of sight and sound of other adults, uphold supervision ratios and avoid being left alone with students. <ul style="list-style-type: none"> ○ Staff are only permitted to be alone with students in their classrooms between 8am to 5pm. ○ Tutorials and/or meetings must have 3 or more students in attendance, and classroom doors must be open. ✓ Create an environment that mitigates child safety risks and enables student participation, is culturally respectful and inclusive for all students and their families. ✓ Take all reasonable steps to protect students from child safety risks, including identifying and reporting any concerns, disclosures, complaints or allegations in accordance with our child safety processes. ✓ Positively encourage and empower students to be involved in making decisions about activities, policies and process that concern them. ✓ Consider and respect the diverse backgrounds and needs of the students. Promoting inclusivity and equity by behaving respectfully, courteously, and ethically towards students and their families and towards staff. ✓ Demonstrate safeguarding as a shared responsibility. ✓ Actively support and contribute to Dilworth's safeguarding culture. 	<ul style="list-style-type: none"> ✗ Ignore or disregard any suspicions of child harm or abuse, inappropriate conduct towards a student, or any student who raises a child safety concern. ✗ Use any form of physical conduct or discipline that permits physical harm or abuse and/or breaches Dilworth's Code of Conduct or Discipline policies and procedures. ✗ Use any form of verbal or written engagement that is emotionally harmful or abusive and/or is in breach of Dilworth's Code of Conduct. ✗ Exploit or use a student's scholarship or any other Dilworth opportunity against that student as a means of power, control or for any other purpose. ✗ Enable anything that negates Dilworth's duty of care or withdraws basic care necessities. ✗ Initiate, engage in or permit any discussions or behaviours towards or in the presence of a student that is sexual, has a sexual association or is open to perceptions of grooming. ✗ Enable walls of silence by being secretive or encouraging students to be secretive. ✗ Initiate or encourage contact with students or families outside of their professional duties, hours or environments. ✗ Give students or families personal gifts. ✗ Allow students to babysit for their Dilworth staff families. ✗ Undertake any direct on/offline correspondence (includes social media) with a student or their family, when doing so is: <ul style="list-style-type: none"> ○ Without any required Headmaster and/or Parental consent. ○ Unrelated to any Dilworth matter. ○ Fails to use Dilworth designated resources, e.g. using a personal social media account instead of Dilworth's account. ○ Breaches Dilworth's policies and procedures. ✗ Undertake any of the following without Headmaster and/or Parental consent – <ul style="list-style-type: none"> ○ Take any imagery of a student. ○ Travel alone with/or transport a student in a personal vehicle. ○ Take a student off-site or outside of any activity location or Dilworth environment. ○ Provide independent support to a student. ✗ Attend any Dilworth environment under the influence of or in possession of any non-prescribed or illicit drugs or alcohol.

Any exemptions to the scope of this policy will be at the discretion of the Board Chairman, in consultation with the Deputy Board Chairman. Any breach of our Student Safety Code of Conduct for Staff is taken seriously and may be subject to disciplinary action, up to and including dismissal.

Some Types of Harm

Bullying	Cyber/Online Bullying
<p>Bullying can present in 3 main ways: physically, verbally or socially.</p> <ul style="list-style-type: none"> It is usually purposeful, one-sided, unwanted behaviour directed at another. It represents a misuse of/ or perceived power and control within a relationship (e.g. someone’s age, physical build, personal knowledge about that person, etc.). It is mostly repetitive or indeed has the means to be repetitive. Behaviours are deliberate and usually with the intent of intimidating, causing harm and/or humiliation, and is often based on difference (real or perceived) or prejudice. It can be aggressive, passive-aggressive, manipulative or exploitative, e.g. getting them to do things, hand over possessions/finances, etc. It can be using someone’s individuality to make them be or feel treated differently, be excluded, or made to feel worthless. <p>An individual or group can commit bullying. It is most common amongst those of school age. However, adults can also bully children and/or other adults. The impact of bullying can be significant, creating potential long-term physical and emotional trauma. Source: Holistic Safeguarding</p>	<p>Online bullying is when digital technology is used to send, post or publish content with the intent to cause fear, distress and/or harm to another person (e.g. direct messages, text) or a group (e.g. public posts, or in closed/public groups). It is often on purpose, aggressive, repeated and involves some kind of power imbalance between the people involved. Online bullying can be:</p> <ul style="list-style-type: none"> Embarrassing someone, e.g. pictures, videos, websites, memes or fake profiles. Calling someone names. Spreading rumours, lies, private information, etc. Using fake accounts to make fun of or harass someone. Repeatedly sending unwanted messages. Purposefully excluding people from online groups, chats, events, social activities, etc. Hacking or impersonating someone else online. <p>Bullying is not banter between mates. True banter or ‘roasting’ is not meant to shame, upset or offend someone or make them feel uncomfortable.</p> <p style="text-align: right;">Source: Holistic Safeguarding & Netsafe</p>
<h4>Child Criminal Exploitation</h4>	
<p>When an individual/ or group exploits a child/young person into any criminal activity, for example: in exchange for something the victim needs or wants, for the perpetrator’s advantage (e.g. financial) and through violence or threats of violence. Young people can be manipulated, forced or coerced into committing acts of crime for others, this can include drugs, thefts and/or acts of violence.</p> <p style="text-align: right;">Source: Holistic Safeguarding</p>	
Cumulative Harm	Exposure to Family Violence
<p>Refers to the effects of multiple adverse or harmful circumstances, experiences and/or events in a child’s life, commonly over prolonged periods.</p> <p>Cumulative harm may be caused by an accumulation of a single recurring adverse circumstance (such as unrelenting low-level care); or by multiple circumstances or events (such as persistent verbal abuse and denigration, inconsistent or harsh disciplines and /or exposure to family violence).</p> <p>All impacting on the child’s safety, stability and well-being, commonly resulting in the daily impact being profound and exponential and/or complex trauma.</p> <p style="text-align: right;">Source: Adapted from Child Wise Definitions of Child Abuse</p>	<p>Family violence is behaviour by a person towards a family member that is:</p> <ul style="list-style-type: none"> Physically, sexually and/or Emotionally (psychologically) abusive Coercive or in any way controls or dominates that family member and causes that family member to fear for their safety or wellbeing or for that of another family member. Causing a child to hear or witness or otherwise be exposed to the effects of behaviour referred to above. Exposing a child to family violence which includes seeing, hearing or experiencing violence in a number of ways. Causing cumulative harm for the child. <p>The victim may or may not be living with the person, e.g. current/ex-partner; family member; housemate; friend or carer.</p> <p style="text-align: right;">Source: Adapted from Child Wise Definitions of Child Abuse</p>

Grooming	Peer-to-Peer Concerns
<p>Grooming is not the abuse, but more the process used by a perpetrator to manipulate a child for abuse and minimise the risk of others finding out. Perpetrators can groom all those around the child, e.g. parents, professionals, etc., as grooming is “a process by which a person prepares a child, significant adults and the environment for the abuse of a child” (Adapted from Gallagher’s (2000)). For example:</p> <ul style="list-style-type: none"> ▪ Spending special time with a child e.g. in private settings, away from their family or organisation, including online ▪ Isolating the child or young person from family and peers ▪ Giving gifts to a child ▪ Showing favouritism ▪ Allowing the child to step out of boundaries or rules ▪ Touching the child ▪ Testing and breaking professional boundaries. <p>There is no set pattern, and some abusers may groom over a lengthy period of time. Others may continue onto abuse relatively quickly. The risks of grooming are significant both on and offline.</p> <p style="text-align: right;">Source: Adapted from Child Wise Definitions of Child Abuse</p>	<p>Children can harm other children. These behaviours are outside of what may be considered the normal range and can extend to bullying, violence or sexual assault. Examples include but are not limited to:</p> <ul style="list-style-type: none"> ▪ Bullying, including cyber/online bullying. ▪ Committing ‘games/stunts’ that cause others harm for social media. ▪ Unhealthy relations that mirror family violence. ▪ Physical abuse, e.g. hitting, kicking, shaking, biting, or otherwise causing physical harm. ▪ Gang initiation type violence and rituals. ▪ Sexually harmful behaviours, violence, harassment, or acts, e.g. nudes (sending or receiving nude images, videos or texts), upskirting (taking a picture under a person’s clothing without them knowing, usually to obtain imagery of their genitals or buttocks, for sexual gratification and/or to cause the person humiliation, distress or alarm). <p>When a student alleges inappropriate harmful behaviour by another student, safeguarding procedures must be applied for both students.</p> <p style="text-align: right;">Source: Adapted from Holistic Safeguarding</p>

Harmful Sexual Behaviours In Children

Harmful sexual behaviour refers to harmful behaviour perpetrated by a child (18 years of age or younger) to another child. Harmful behaviours in children are often an indicator that they have witnessed or experienced abuse or neglect. Where harmful sexual behaviour occurs, organisations have a duty of care to both children. Note that in children under 10 years of age, such behaviour is usually referred to as sexually problematic behaviour.

Source: Adapted from Child Wise Definitions of Child Abuse

Self-Harming Behaviours	Suicidal Concerns
<p>Self-harm behaviours are when the person damages or injures their body on purpose and can be an unhealthy and high risk means used to cope with intense emotions or distress. It is not uncommon, especially for young people. Intense or difficult feelings and factors such as the below can all lead to self-harming behaviours:</p> <ul style="list-style-type: none"> ▪ Social problems, e.g. bullying, exam pressures, relationship stresses, identity issues (e.g. sexuality or culture), poverty or money worries, etc. ▪ Trauma, e.g. abuse and/or neglect, the death of a close family member or friend. ▪ Health issues, e.g. illness or physical problems, anxiety or depression, psychological problems, repeated thoughts or hearing voices telling them to self-harm. <p>Sometimes there is no clear reason why someone is self-harming. While some people who self-harm are at a high risk of suicide, others who self-harm don’t want to end their lives.</p>	<p>Suicidal Concerns - New Zealand has one of the highest youth suicide rates in the OECD. As well as age risk factors aligning to Dilworth’s students, other risk factors relevant for Dilworth’s awareness include but are not exclusive to – males being 3-4 times more likely to die by suicide, Māori being more likely to die by suicide than non- Māori and family and childhood experiences including poverty, deprivation, abuse, substance abuse and the loss of significant family members, is another risk factor.</p> <p>When a student identifies thoughts of suicide or self-harming behaviour, this must be immediately notified to the school counsellor, school psychologist or Chaplain and, if immediate action is required, one of these staff members will phone the Kari Centre</p>

Source – adapted from <https://mentalhealth.org.nz/suicide-prevention/suicide-statistics> and <https://www.healthnavigator.org.nz/health-a-z/s/self-harm/>

Categories of Abuse and Possible Indicators

Neglect

Neglect is the persistent failure or deliberate denial to meet a child or young person’s basic needs when reasonably able to do so. Neglect may involve but is not exclusive to:

- Physical Neglect – Insufficient housing, food, clothing, etc.
- Medical Neglect – Failure to take care of their physical (including dental) and mental health needs.
- Supervisory Neglect – Leaving a child home alone or without someone safe looking after them (day or night)
- Emotional Neglect – Not giving the attention, emotional engagement and love needed through play, talk and everyday affection.
- Educational Neglect – failure to enrol the child in educational services, allowing chronic non-attendance and/or inattention to any special educational needs.
- Neglect may also occur during pregnancy, e.g. as a result of lack of prenatal care, maternal substance abuse, etc.

Neglect can be a one-off incident but mostly represents persistently failing to act or meet a child’s needs, to the extent the child’s health and development is, or is likely to be, significantly harmed.

<i>Physical indicators may include</i>	<i>Behavioural indicators may include</i>
<ul style="list-style-type: none"> ▪ Persistently showing noteworthy levels of being uncared for, extremely dirty, wearing inappropriate clothing, e.g. for weather, activities, etc. ▪ Non-organic failure to thrive, e.g. underweight, small for their age. ▪ Persistent nappy rash or skin disorders without medical cause. ▪ Non-medical related reasons for indicators such as, e.g. frequent hunger, malnutrition or obesity. ▪ Having poor hygiene, constantly dirty or smelly and no understanding of basic hygiene. ▪ Unattended health and/or dental problems, including a lack of proper medical or dental attention. ▪ Poor speech or other developmental delays. ▪ Frequently tired or falling asleep. 	<ul style="list-style-type: none"> ▪ Stealing/hoarding (particularly food or clothing). ▪ Unsupervised for long periods, spending lots of time outside of the home, e.g. streets, neighbours, etc. ▪ Experiences of abandonment by parents/guardians. ▪ Falling behind in education work and/or attendance. ▪ A reluctance to attend a particular activity, place, etc. ▪ Indiscriminate attachment to adults, affection seeking, or a severe lack of attachment to a parent(s)/guardian(s). ▪ Abuse of alcohol or drugs. ▪ Aggressive, destructive and/or offending behaviour. ▪ Poor peer relationships, having few friends. ▪ Poor social skills or other developmental delays. ▪ Poor emotional response/lack of expression or enthusiasm, low self-esteem, dull, unsmiling. ▪ Anxiety about being left. ▪ Running away.

Appendix 4 Continued

Emotional Abuse

Emotional abuse is where behaviour towards or of a child, has a damaging impact on the child's psychological, physical, social, intellectual and/or emotional functioning or development. Often the result of the child being exposed to persistent negative experiences and treatment that causes a severe and long-lasting impact on their well-being and development. However, it can also include exposure to a single severe incident (e.g. witnessing a serious assault).

Emotional abuse includes persistently withholding affection, failing to give a child the love or attention they need for healthy emotional, psychological and social development. This includes causing a child/young person to live in fear, for example – exposing children to seeing and/or hearing the ill-treatment of another. Emotional abuse can also include conveying to the child they are worthless, unloved, inadequate, valued only if they meet another person's needs or any other form of degrading, isolating and/or rejecting the child.

Overprotection that significantly limits a child's exploration, learning and participation in normal social interaction, is another form of emotional abuse. As is age or developmentally inappropriate expectations being imposed on and/or expected of a child that is beyond their capability. Emotional abuse also relates to any deliberate or persistent disregard for the child/young person's cultural identity and well-being.

Emotional abuse is associated with all categories of abuse. However, it may also be the only form of abuse suffered by a child.

<i>Physical indicators may include</i>	<i>Behavioural indicators may include</i>
<ul style="list-style-type: none"> ▪ Frequent physical complaints, e.g. real or imagined, such as headaches, nausea and vomiting, and abdominal pains (may coincide with the child being underweight or dehydrated). ▪ Delays in physical development, slow development or regression ▪ Sleep problems like bedwetting or soiling with no medical cause, nightmares, poor sleeping patterns, being tired, lethargic, falling asleep at inappropriate times. ▪ Talking about hurting themselves or ending their lives (suicide threats, attempts, self-harm). ▪ Eating disorders. ▪ Sudden speech disorders. ▪ Stunted growth, failure to thrive (non-organic). ▪ Abuse of alcohol or drugs. 	<ul style="list-style-type: none"> ▪ Excessive lack of self-esteem or confidence. ▪ Overly compliant and apologetic, an excessive fear of making mistakes. ▪ Difficulty developing normal relationships, including poor peer relationships. ▪ Lacks trust in others. ▪ Concerning interactions between the child and parent/guardian or another adult (e.g. overly critical, lack of affection, demonstrating fear). ▪ Reluctance to attend an activity, a particular place, organisation, setting, etc. ▪ Staying at school/other activities outside hours and not wanting to go home. ▪ Inability to cope with praise, unable to express views when asked, cope in social settings. ▪ Aggressive behaviour (active or passive). ▪ Very 'clingy', possessive, attention-seeking, sometimes obsessive or risk-taking behaviour. ▪ Depression, habitually frightened, anxious and/or nervous. ▪ Habit disorders – hair twisting, sucking, biting, rocking, etc. ▪ Indiscriminate with affection. ▪ Stealing (particularly food) or destroying property.

Appendix 4 Continued

Physical Abuse

Physical abuse is when a child is injured or has been placed at serious risk of being injured or suffering significant harm as a result of a physically aggressive act(s). Injuries may result from a single incident or combine with other circumstances and may be deliberately inflicted or the unintentional result of behaviour, e.g. shaking an infant, physical discipline.

Physically abusive behaviour includes (but is not limited to) hitting, punching, shaking, throwing, slapping, shoving, kicking, biting, burning or scalding, drowning and suffocating. Faking or deliberately inducing an illness within a child may also be a form of physical abuse, and this would include giving children harmful substances such as drugs, alcohol or poisons.

<i>Physical indicators may include</i>	<i>Behavioural indicators may include</i>
<ul style="list-style-type: none"> ▪ Head injuries. ▪ Unexplained bruises, welts, scratches, cuts and abrasions (specifically regular, multiple, clustered and/or historical). ▪ Injuries in areas that are soft tissue, hidden and/or unusual places, e.g. face, back or tummy, buttocks, backs of legs, inner thighs, soles of feet, etc. ▪ Unexplained fractures, sprains, dislocations and broken bones. Particularly to the head, face, hip or shoulder dislocations. ▪ Injuries with particular patterns, e.g. bite marks, belt mark, fingertip bruising (e.g. being forcefully held). ▪ Burn or scald marks (including cigarette burns, stove ring, iron, rope). ▪ Strangulation or suffocation marks. ▪ Ingestion of alcohol and drugs. ▪ Poisoning. 	<ul style="list-style-type: none"> ▪ Disclosing that physical harm has occurred. ▪ Unlikely explanations for injuries. ▪ Explanations not making sense, changing or differing and/or not fitting with injuries presented. ▪ Refusal to discuss/access medical help and/or delayed access to treatment. ▪ No explanation, or student/family can't recall how the injury occurred. ▪ Reluctance to have parent/guardian contacted. ▪ Mistrust of adults/demonstrating fear of particular adults/caregivers/peers. ▪ Fear of going home and/or to a particular location, including running away. ▪ Being bullied and/or bullying others, and/or displaying controlling behaviour towards others. ▪ Patterns of illness/claims of illness surrounding contact with a particular person. ▪ Withdrawn, depression, moods or acting out behaviours. ▪ Aggressive behaviour, disruptive nature or severe temper outburst. ▪ Anxious, nervous, restless, jittery, flinching when approached or touched. ▪ Expressing little or no emotion when hurt. ▪ Being fearful when other children cry or shout. ▪ Being excessively friendly to strangers, relationship difficulties. ▪ Being passive and compliant. ▪ Reluctance to undress and/or inappropriately dressed, e.g. wearing long-sleeved clothes/remaining covered on hot days.
<p>Sometimes accidental injuries can match some of the points noted above. However, what can help to identify non-accidental injuries is often the context surrounding the injury:</p> <ul style="list-style-type: none"> ▪ Does the injury fit with the explanation given? ▪ Is the injury plausible to the child's age and/or developmental level? ▪ Is there a variance in explanations between those around the child and/or between them and the child? ▪ Are the injuries in unusual places (e.g. soft tissue areas, hidden areas, on both sides) or do they have any particular patterns? <p>Does there appear to be a delay in seeking assistance? Are the injuries appearing to be untreated?</p>	

Appendix 4 Continued

Sexual Abuse

Sexual abuse is any action where any person (adult or peer (other children)) uses any perceived or actual power, authority or position they may have over a child for sexual purposes. This includes whether or not the child is aware of what is happening. Effectively forcing or enticing a child or young person to take part in or be exposed to sexual activities.

Sexual abuse does not always involve physical contact (e.g. penetrative acts such as rape or oral sex); it can be non-penetrative acts (e.g. masturbation, kissing, rubbing and touching inside or outside of clothing).

Non-contact activities such as exposing a child/young person to offensive material, producing or watching sexual images/activities, or encouraging them to behave in sexually inappropriate ways, inappropriate sexual situations or comments, are also all forms of sexual abuse.

Sexual abuse often begins with some form of grooming, which is where the person prepares the child for sexual abuse by lowering their resistance, inhibitions and by seeking to gain their trust and compliance. Grooming and forms of sexual abuse can also occur via the internet and social media.

<i>Physical indicators may include</i>	<i>Behavioural indicators may include</i>
<ul style="list-style-type: none"> ▪ Bruising, lacerations, bite marks, including injuries to areas such as breasts, buttocks, thighs and genitalia. ▪ Unusual or excessive itching, redness, swelling or bleeding in the genital area. ▪ Frequent complaints of headaches and/or stomach pains. ▪ Discomfort when walking or sitting down. ▪ Signs of being sexually active, STIs, pregnancy, torn, stained or bloody underclothing (particularly if under 16 years). ▪ Compulsive eating or dieting. ▪ Nightmares/other sleep problems without explanation. ▪ Chronic urinary tract infections or difficulty/pain when urinating or blood in urine or stools. ▪ Self-injury (cutting, burning). ▪ Suicide attempts. ▪ Regression, e.g. bedwetting or thumb sucking. ▪ Unexplained gifts or new possessions. ▪ Purposefully making themselves unattractive. 	<ul style="list-style-type: none"> ▪ Alluding to having a secret. ▪ New words for body parts. ▪ Resists removing clothes or wearing inappropriate clothing, e.g. for the weather. ▪ Trying to feel clean via obsessive washing. ▪ Persistent and/or age-inappropriate sexual interest, play and/or comments. ▪ Encourages others to behave sexually or play sexual games. ▪ Exposure to or involvement in child sexual abuse material (photos/videos, etc.). ▪ Sexual promiscuity or exploitation. ▪ Fear of intimacy or closeness. ▪ Running away from home. ▪ Fear of a particular person, gender, activity, place, etc. ▪ Significant difficulty relating to adults or peers. ▪ Significant change in status or quality of relationships with friends and/or parents. ▪ Friendships or relationships with older individuals and/or groups ▪ Problems with schoolwork or unexplained changes in behaviour or school results. ▪ Sudden mood swings: rage, fear, withdrawal, depression, anxiety, persistent crying, etc. ▪ Challenging and aggressive behaviour. ▪ Drug or alcohol abuse. ▪ Risk-taking behaviour, such as starting fires. ▪ Cruelty to animals.