



Kindergarten

**Dunedin Rudolf Steiner**

Learning with head, heart and hands

## **Child Protection Policy**

### **Rationale:**

The Rudolf Steiner School Trust, as the governing body of the kindergarten and playgroup, acknowledges without restrictions that a safe and supportive physical and emotional learning environment is to be provided to the children at all times. Children are to be treated with dignity and care. The requirements of the Children's Act 2014 are to be followed/

### **Objectives:**

All allegations, disclosures or suspicions of physical, emotional or sexual abuse and neglect will be taken seriously and responded to promptly, using a consultative approach by the relevant staff member(s)<sup>1</sup> and Kindergarten Head Teacher, ensuring the safety of the child and staff member. The Protocol of the Ministry of Education, the New Zealand School Trustees Association and Oranga Tamariki will be followed (as attached). The protocol will override all others, and the legal requirements for staff and the school will be followed.

All reports made by a parent to a staff member of concerns about inappropriate child behaviour will be discussed by the staff member and the Kindergarten Head Teacher and action taken as appropriate.

Any person, at any time who suspects child abuse or neglect can do so by contacting Oranga Tamariki, the Ministry of Education or the police.

To be able to respond to any suspected case of child abuse in the appropriate manner, or to allegations of neglect, all staff members are provided with professional development – through advice from the Public Health Nurse, through keeping up to date with relevant information and protocols and any other relevant means. All staff are therefore prepared to respond adequately to a child abuse situation and will receive appropriate training.

Where an allegation of abuse or inappropriate behaviour concerns the conduct of a member of Staff, the school will **also** follow the Complaints and Problems Resolution Policy and/or applicable employment contract requirements and the head of the relevant governing body will be informed.

### **Identifying possible abuse or neglect**

We understand that no situation is the same, and it is important that employees consider all available information about the child and their environment before reaching a conclusion. It is important therefore that all relevant factors are taken into account such as a divorce of parents, a new step parent and/or siblings, accidental injury, illness etc. It is not important to specifically identify the type of abuse, however it is important to notice when something is wrong and act upon this in the best interests and well-being of the child (always taking into consideration the risk of harm for the child).

Employees must take into consideration the “blurring of lines” when working with families. Employees must look for patterns occurring, or several signs that might suggest a cause for concern. For this reason, it is important that the employee or team consult and request advice from the OTS. Employees should also be aware of the link between Intimate Partner Abuse and physical abuse of children.

Signs of possible abuse:

- Physical Signs (e.g. unexplained injuries, burns, fractures, unusual or excessive itching, genital injuries and odours).
- Developmental delays (e.g. child is small for their age, cognitive delays, social skill concerns, poor speech).
- 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, withdrawn, helplessness, aggression).
- Disclosure(e.g. child talking about things that indicate abuse) Signs of possible neglect:
- Physical Signs(e.g. looking rough, dirty and uncared for, persistent skin disorders from lack of hygiene, without appropriate clothing for weather conditions, underweight/overweight, small for their age).
- Emotional (e.g. low self-esteem, sad or aggressive, inability to cope in social situations).
- Behavioural concerns (e.g. lack of attachment to parents, demanding of affection or attention, takes food, is always hungry or asking for food, poor self-help skills).
- Medical concerns (e.g. persistent nappy rash or skin disorders that are left untreated, untreated asthma, general poor health of child with no medical help sought).
- Supervision (e.g. child left in the care of another child, child home alone, parent not picking child up on time, parent with no form of contact for emergency).
- Disclosures (e.g. child talks about situations at home or while in the care of others that indicate neglect).

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

Print Name \_\_\_\_\_ (Trust Chair)

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_      Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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<sup>i</sup> Is the person to whom the disclosure or allegation is made, or who holds the suspicion