RANFURLY DENTAL CARE

Ranfurly Dental Care- Child Protection policy (December 2025)

Policy statement and purpose

This policy represents our commitment to child protection. Its purpose is to ensure that any child who comes to the practice is safe and protected from harm. A child is defined as any person under the age of 18.

It includes the protocols followed in the practice:

- When child abuse is reported to a team member, or suspected by them
- For safety checking of prospective and existing team members.

All team members are expected to be familiar with this policy and follow the protocols outlined in it. 'Team members' includes employees of the practice, contractors, and the principal dentist (also the practice owner).

Team members have a responsibility to be vigilant, be able to recognise the signs of potential abuse and neglect and take appropriate action in response.

Defining and Identifying Child Abuse

The Oranga Tamariki Act 1989 defines child abuse as "…the harming (whether physically, emotionally, sexually), ill-treatment, abuse, neglect, or deprivation of any child or young person".

Appendix A (pg. 5) provides detailed definitions of physical abuse, sexual abuse, emotional abuse, and neglect (based on Oranga Tamariki definitions), and includes examples for each.

A child may talk about things that indicate abuse (sometimes called an allegation or disclosure); however, team members need to be familiar with signs of potential abuse or neglect.

The table below details signs of potential abuse and/or neglect

	Signs of potential abuse	Signs of potential neglect
Physical signs	Unexplained injuries, burns, fractures, unusual or excessive itching, genital injuries, sexually transmitted diseases	Looking rough and uncared for, dirty, without appropriate clothing, underweight
Developmental delays	Small for their age, cognitive delays, falling behind in school, poor speech and social skills	
Behavioural concerns	Age-inappropriate sexual interest or play, fear of a certain person or place, eating disorders/ substance abuse, disengagement/ neediness, aggression	
Emotional abuse/neglect	Sleep problems, low self-esteem, obsessive behaviour, inability to cope in social situations, sadness/loneliness and evidence of self-harm	
Neglectful supervision		Out and about unsupervised, left alone, no safe home to return to
Medical neglect		Skin disorders or other untreated medical issues

Responding to disclosed or suspected abuse or neglect

Any team member who believes that a child has been abused, or is likely to be, must inform the principal dentist.

In the case of suspected abuse or neglect

The principal dentist will immediately:

- Record the report from the team member
- Report the concern to Oranga Tamariki 0508 326 459 or contact@ot.govt.nz

If the principal dentist is away, they must nominate a substitute in their absence. If the abuse is disclosed to the principal dentist, or suspected by them, they must consult with another team member- so they are not acting alone.

When a child discloses abuse (a flow chart of this protocol is provided as Appendix C, on page 7)

A team member must not:

- Attempt to deal with the concerns of abuse or conduct an investigation themselves
- Formally interview the child – never ask leading questions, never push for information
- Keep the information to themselves or promise confidentiality
- Take any action that might undermine future investigation or disciplinary procedure – such as interviewing the alleged victim or potential witnesses or informing the alleged perpetrator or parents/ carers.
- Permit personal doubt to prevent them from reporting the allegation to the principal dentist

A team member must:

- Listen to the child
- Reassure the child – let the child know they are not in trouble and that they have done the right thing
- Provide appropriate reassurance if the child is visibly distressed
- Inform the principal dentist as soon as possible
- Formally record the disclosure as soon as possible using the *Record of concern* form (Appendix B, pg. 6)

The principal dentist will:

- Contact the police immediately on 111 - if an immediate response is needed to ensure the child's safety
- Contact Oranga Tamariki on 0508 326 459 or contact@ot.govt.nz ,or the Police, to report the concern - in all other circumstances where there is a concern of abuse
- Ensure that all concerns of abuse and related information are recorded factually using the *Record of Concern* form - and held confidentially.
- Ensure all *Record of Concern* forms are kept together in the Child Protection register which is held in a secure location.

Allegations or concerns about team members

When a team member is suspected, the same protocols apply.

The principal dentist as the practice owner and employer will:

- consult with Oranga Tamariki or the police before advising the team member concerned
- advise the team member that they have the right to seek legal advice and provide them with an opportunity to respond to the allegation
- inform the team member of their right to seek support and/or advice
- follow ordinary disciplinary policies, guided by the employment contract and relevant statutory obligations.
- not use a 'settlement agreement' where these are contrary to a culture of child protection.

Recruitment and employment (safety checking)

In accordance with the Vulnerable Children Act 2014, safety checking will be carried out for all potential employees (all employees in our healthcare setting are children's workers).

This will include:

- Police vetting
- Identity verification – sight and copy original identity documents (save in 'Employment/ Personnel file'
- References and an interview
- 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.

Police vetting will be repeated every 3 years for all team members. Contracting practitioners will be responsible for their own safety checks, by an independent provider and will provide evidence to the principal dentist that these have been completed successfully every 3 years.

For all registered practitioners working in the practice, the principal dentists must confirm annually they hold a current APC.

Education and support

Resources and advice will be available to ensure that all team members:

- Can recognise the signs of potential child abuse and/or neglect
- Understand their responsibility to report any suspected or disclosed child abuse or neglect to the principal dentist
- Are familiar with the practice protocols in place to manage cases of suspected or disclosed child abuse or neglect, and follow them
- Respect the confidentiality of information related to cases of suspected or disclose child abuse
- Understand and comply with legal obligations regarding child abuse

Key resources

'Working together to support Tamariki, rangatahi and their family/whānau', published by Oranga Tamariki. This resource has been developed specifically for people in social service agencies, schools, healthcare organisations, community and other groups who have close contact with children and families/whanau.

It contains useful information about identifying possible child abuse and outlines their process of assessment after receiving a report of concern.

How Can I Tell? Recognising child abuse, published by Child matters

Presented as a foldable booklet

Requirements under the Children's Act

Safeguarding children Tiakina ngā tamariki

Appendix A: Types of abuse, neglect and harm – and examples

Note: These examples should not be seen as an exhaustive list or a checklist

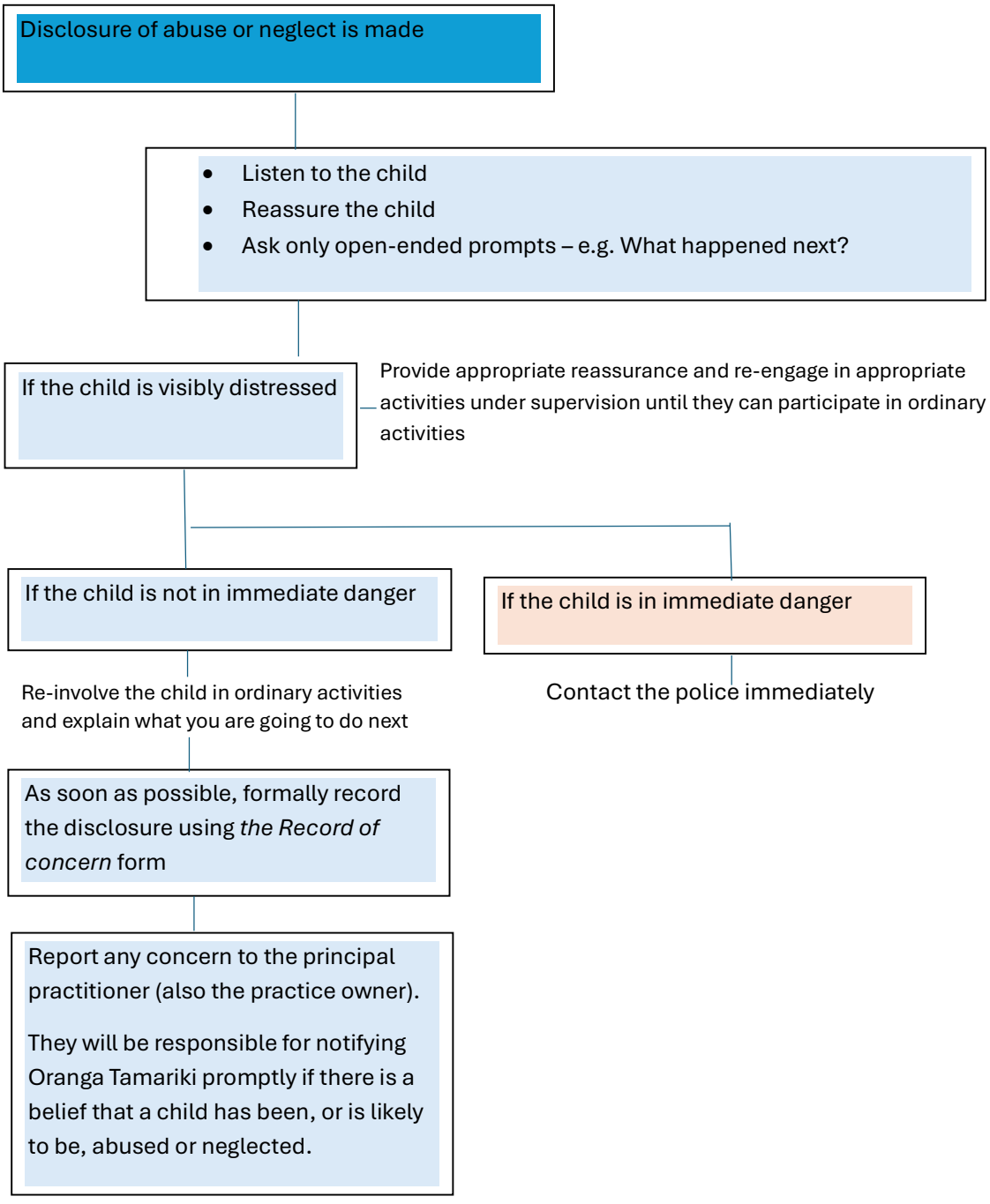
Physical abuse	Physical abuse involves situations where a child has an injury or was at serious risk of injury. The harm could be the deliberate or unintentional result from a deliberate action. **Examples**: cutting, hitting, biting, burning, causing abrasions, strangulation, suffocation, drowning, poisoning, fabricated or induced illness, shaking (of an infant), and use of an object as a weapon (such as broom, belt or bat).
Sexual abuse	Sexual abuse is any action where a child is used for a sexual purpose. **Examples of 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 (person or animal), involvement of the child in activities for the purpose of pornography or prostitution. **Examples of non-contact abuse**: Exhibitionism, voyeurism, exposure to pornographic or sexual imagery, inappropriate photography or depictions of sexual or suggestive behaviour or comments, sexting, cyber grooming or grooming behaviours (grooming behaviours are not easily recognised but occur when a person prepares the child or significant others and their environment for the abuse of the child without detection).
Emotional abuse	Emotional abuse is when the mental health and social and/or emotional functioning and development of a child has been damaged by the way they are treated. **Examples:** • Patterns of degradation, constant and vitriolic criticism, or repeated negative comparison to others. • Deprivation of contact with people significant to the child. • Corrupting, exploiting, or actively scaring and threatening to the child. • A significant period of denying access to cultural, faith, or other associations that sustain the sense of normality, identity, and self-esteem for the child. • Ongoing exposure to whanau or family violence.
Neglect	Neglect is failing to meet the basic needs of the child. **Examples:** • Physical neglect: not providing the necessities of life such as adequate shelter, food and clothing. • Emotional neglect: not providing comfort, attention and love. • Neglectful supervision: leaving the child without someone safe looking after them • Medical neglect: not taking care of health needs.

	• Educational neglect: allowing truancy, failure to enrol in education, or inattention to education needs.

Appendix B: Record of Concern Form

Child's name:	**DOB:**
Date:	**Time:**
Location:	
In this section: • *Record what the child says – exactly, word for word* • *Name of anyone present* • *The physical and/or behavioural signs of abuse/neglect* • *Any other information that may be relevant* **Notes:**	
Action:	
Name:	**Position:**
Signature:	**Date:**

Flow chart of protocol when a child discloses abuse[1]



[1] Modified from Oranga Tamariki's *Guidelines for child protection policies*