Immediate Action Guide

Use this page first if you are worried about a child or young person.

IMMEDIATE DANGER?

CALL POLICE 111

Take reasonable steps to keep the child and others safe. Notify the Child Protection Lead or senior manager as soon as practicable. Do not delay urgent action while seeking internal approval.

WORRIED, BUT NO IMMEDIATE DANGER?

1. Record what you observed, heard or were told - objectively and in the child's own words where possible.
2. Contact the Child Protection Lead / deputy / appropriate senior clinician promptly.
3. Consider advice or a Report of Concern to Oranga Tamariki: 0508 326 459 (24/7).
4. Consider Police involvement and lawful information sharing with other agencies.
5. Document the decision, action taken and rationale.

If a child tells you something concerning

LISTEN	REASSURE	DO NOT INVESTIGATE	EXPLAIN & ACT
Stay calm. Give the child your attention. Let them speak in their own words.	Take them seriously. Acknowledge that it was okay to tell you.	Ask only open, non-leading questions needed to understand the immediate concern.	Do not promise secrecy. Explain what happens next and act on safety concerns.

Remember

You do not need proof that abuse has occurred before raising a concern. Internal consultation must never delay urgent action. Do not confront the alleged perpetrator or automatically inform a parent/caregiver before considering safety.

Police emergency	Oranga Tamariki	THH CEO
111	**0508 326 459**	**Claire Green / 027 304 4385**

I am worried about a child – what do I do?

Staff procedure

Follow this sequence. If at any point the risk becomes immediate, call Police 111.

1 NOTICE / RECEIVE

A concern may arise from a disclosure, observation, injury, behaviour, family violence, clinical information, another professional, or a pattern over time.

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2 CHECK IMMEDIATE SAFETY

If anyone is in immediate danger, call Police 111. Take reasonable protective action. Internal approval is not required.

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3 RECORD

Write down what you observed, heard or were told. Use the child's own words where possible. Separate fact, reported information and professional opinion.

↓

4 CONSULT & REPORT

Contact the Child Protection Lead / deputy promptly. Seek Oranga Tamariki advice or make a Report of Concern where appropriate. Consider Police and other lawful information sharing.

↓

5 FOLLOW THROUGH

Document who was contacted, advice received, what was shared, decisions made, the rationale, and any follow-up or Child Protection Alert required.

↓

Two important cautions

Do not automatically inform a parent/caregiver before considering safety and statutory advice. If the concern involves a THH staff member or other person working for THH, protect the child first and escalate immediately under section 16 - do not investigate the allegation yourself.

Child Protection and Safeguarding Policy

Document owner	Chief Executive	**Status**	Approved
Clinical owner	Child Protection Lead /CEO	**Version**	2.0
Approved by	Chief Executive	**Approval date**	8 September 2026
Effective date	08/09/2026	**Review date**	08/09/2029
Review cycle	At least every 3 years, or earlier if required	**Classification**	Internal controlled policy
Related procedure	Child Protection Immediate Action Guide	**Supersedes**	V. 1

1. Purpose

The Hearing House (THH) is committed to ensuring that tamariki and rangatahi who access our services are safe, respected and protected from abuse, neglect and other harm. The safety, wellbeing and best interests of the child are the primary consideration in all child-protection and safeguarding decisions.

This policy establishes THH expectations for safe practice, recognition and response to concerns, reporting, information sharing, children's-worker safety checking, allegations involving staff, training, documentation and organisational oversight.

2. Scope

This policy applies to all THH employees, contractors and consultants, students and trainees, volunteers, visiting professionals working under THH authority or supervision, and any other person providing services on behalf of THH who may have contact with children or young people.

For this policy, child or tamaiti means a person under 18 years of age. The policy applies whether a concern relates directly to a child receiving THH services or to another child whose safety or wellbeing comes to THH's attention through its work.

3. Principles

Safety and wellbeing

The safety and wellbeing of tamariki and rangatahi are the primary concern. Concerns will be taken seriously and acted on promptly. A staff member does not need proof that abuse has occurred before raising or reporting a concern.

Voice of the child

Children will be listened to and treated with dignity and respect. Information should be provided in a way appropriate to age, developmental stage, culture, language, communication preferences and disability or additional needs.

Te Tiriti o Waitangi and cultural safety

THH will provide culturally safe services and work respectfully with tamariki, rangatahi and whānau. Whānau, whakapapa and cultural context should be recognised where this can occur without compromising safety.

Early action

Staff should seek advice and act when they have reasonable concern about a child's safety or wellbeing. Uncertainty must not result in inaction.

Collaboration

THH will work appropriately with whānau, health professionals, Oranga Tamariki, Police and other agencies where this supports child safety and wellbeing.

Privacy is not a barrier to safety

Privacy and confidentiality are important but must not be interpreted in a way that prevents lawful information sharing necessary to protect a child.

4. Roles and responsibilities

4.1 All staff

Every person covered by this policy is responsible for understanding and complying with the policy, maintaining professional boundaries, recognising possible indicators of harm, responding appropriately to disclosures, raising concerns promptly, accurately documenting relevant information, and participating in required training.

4.2 Child Protection Lead

THH will designate a Child Protection Lead and an appropriately trained deputy. The Child Protection Lead will provide advice, support reporting and liaison with statutory agencies,

oversee child-protection documentation and alerts, support staff, oversee training and monitoring, and ensure this policy and associated procedures remain current.

> **Important**
>
> The Child Protection Lead does not replace individual responsibility. A staff member may contact Oranga Tamariki or Police directly. Internal consultation must never delay urgent protective action.

5. Safe clinical and professional practice

5.1 Physical contact

Clinical work at THH may require physical contact with children, particularly around the ears, head and face. Physical contact must have a legitimate clinical or therapeutic purpose, be explained where appropriate, take account of the child's understanding and assent, be respectful and proportionate, recognise cultural considerations including the significance of touching the head, and stop where practicable if the child becomes distressed or asks for it to stop. Unnecessary physical contact must be avoided.

5.2 Parent or caregiver presence

Parents and caregivers should generally be supported to remain with their child during appointments where they wish to do so. If a parent or caregiver is not present, the proposed activity should be explained, appropriate consent arrangements must be in place, the child's comfort should be monitored, and reasonable visibility or accessibility to other staff should be maintained where practicable while preserving clinical confidentiality.

5.3 One-to-one sessions

One-to-one clinical work may be appropriate and clinically necessary. Staff must maintain professional boundaries and, where reasonably practicable, use environments that provide appropriate visibility while protecting privacy and confidentiality.

5.4 Toileting and personal care

Where an unaccompanied child requires the toilet, staff should ordinarily wait outside. Where additional assistance is required because of age, disability or other needs, arrangements should be agreed with the parent or caregiver in advance wherever possible.

5.5 Children with additional needs

Staff must recognise that disability or communication needs may affect a child's vulnerability, how discomfort or concern is communicated, how a disclosure may be made, and how information should be sought or explained. Appropriate communication support, including New Zealand Sign Language or other assistance, should be arranged where required.

5.6 Transport and off-site contact

Staff should not transport or be alone with a child away from THH premises except where this forms an authorised part of the role, appropriate consent is in place, THH procedures have been followed, or urgent action is reasonably required in an emergency. Any emergency departure from usual procedure must be documented and notified to an appropriate manager as soon as practicable.

5.7 Outreach and home visits

Staff undertaking outreach or home visits must follow THH health and safety procedures. Where a safeguarding or staff-safety concern has been identified, consider attending in pairs, meeting in an alternative location, ensuring another staff member knows the appointment details, carrying a mobile phone, and establishing a check-in or escalation plan.

5.8 Photography, video and electronic communication

Images, recordings and videos of children may only be created, stored or shared through approved THH clinical, privacy and communications processes. Personal devices must not be used to photograph or record a child for THH purposes unless specifically authorised. Communication with children must use approved professional channels and maintain professional boundaries.

6. Recognising abuse, neglect and other harm

Safeguarding concerns may arise through a direct disclosure, information from a parent or other person, unexplained or concerning injuries, changes in behaviour or presentation, indicators of physical, sexual or psychological abuse, neglect or deprivation, exposure to family violence, concerning interactions, information in records, another professional or agency, or an accumulation or pattern of concerns over time.

Staff are not responsible for determining whether abuse has occurred. Their responsibility is to recognise concerns, respond appropriately, document them and take or facilitate appropriate action.

7. Responding to a disclosure

- Remain calm and give the child attention
- Listen carefully and take the disclosure seriously
- Acknowledge that it was okay to tell someone
- Allow the child to speak in their own words
- Ask only open, non-leading questions necessary to clarify the immediate concern
- Avoid repeated questioning or attempting to investigate
- Do not confront the alleged person responsible

- Do not promise secrecy or confidentiality
- Explain in an age-appropriate way that information may need to be shared to help keep them safe
- Address any immediate safety issue
- Document the disclosure as soon as possible using the child's own words where possible

Records should clearly distinguish what the staff member personally observed, what the child or another person said, and any professional assessment or opinion.

8. Immediate danger

Call Police 111

If a child or another person is in immediate danger, or urgent Police assistance is required, call 111. Take reasonable steps to maintain safety until assistance arrives. Notify the Child Protection Lead or an appropriate senior manager as soon as practicable after urgent action is taken.

9. Concerns that are not an immediate emergency

Where there is no immediate emergency but a staff member has a concern about the safety or wellbeing of a child, the staff member should:

1. Document the concern
2. Consult the Child Protection Lead or appropriate senior clinician/manager as soon as practicable
3. Consider whether advice should be sought from Oranga Tamariki
4. Consider whether a Report of Concern should be made under section 15 of the Oranga Tamariki Act 1989
5. Consider whether Police involvement is appropriate
6. Consider whether relevant information should lawfully be shared with other professionals or agencies involved with the child or whānau
7. Document the decision, action taken and rationale

A decision not to make a Report of Concern should also be documented where the concern was significant enough to require formal safeguarding consideration.

10. Reports of Concern to Oranga Tamariki

Anyone may make a Report of Concern to Oranga Tamariki where they are worried about the safety or wellbeing of a child or young person. THH staff do not require certainty or proof before seeking advice or making a report.

When contacting Oranga Tamariki, provide relevant information where known, including the child's identifying information, parent/caregiver and whānau details, the nature of the concern, observations or disclosures, relevant dates or events, immediate safety concerns, relevant previous concerns, actions already taken, and other professionals or agencies involved.

Current contact

Oranga Tamariki: 0508 326 459, available 24/7. Immediate danger: Police 111. Contact details should also be maintained in THH's quick-action procedure so they can be updated promptly.

11. Informing parents, caregivers and whānau

THH supports open communication with parents, caregivers and whānau. However, a parent or caregiver should not automatically be informed that a safeguarding concern has been raised or reported.

Before informing them, consider whether doing so could increase risk to the child or another person, interfere with a Police or Oranga Tamariki investigation, lead to intimidation, result in evidence being destroyed, or otherwise compromise safety. Where uncertain, seek advice from Oranga Tamariki, Police or the Child Protection Lead first.

12. Family violence

THH recognises that family violence can seriously affect the safety and wellbeing of the whole whānau, including children. Children may experience harm whether violence is directed at them personally or occurs within their household or family environment.

- Call 111 where there is immediate danger
- Respond in a supportive, respectful and non-judgmental manner
- Consider the safety of any children
- Consider Oranga Tamariki and Police involvement
- Support access to specialist family-violence services
- Consult the Child Protection Lead or another appropriately trained staff member
- Consider lawful information sharing under the Family Violence Act 2018, Oranga Tamariki Act 1989 and Privacy Act 2020

- Document the concern, decisions and actions

Information should not be discussed with a person suspected of perpetrating family violence where doing so may increase risk.

13. Information sharing and privacy

THH will comply with applicable privacy, health-information, child-protection and family-violence legislation. Information relating to child safety may be shared without consent where legislation permits or requires it. Relevant frameworks include the Oranga Tamariki Act 1989, Family Violence Act 2018, Privacy Act 2020 and Health Information Privacy Code 2020.

Information sharing should be for a legitimate safeguarding or statutory purpose, relevant to that purpose, limited to information reasonably necessary, provided to an appropriate person or agency, and documented. Where appropriate and safe, the child and/or parent or caregiver should be informed about information sharing; however, consent is not always required. Staff who are uncertain should seek advice from the Child Protection Lead, THH Privacy Officer or an appropriate statutory agency.

14. Documentation

Accurate documentation is an essential part of safeguarding practice. Clinical records should include, as appropriate:

- Relevant observations and the child's or other person's words
- Date, time and context of the concern or disclosure
- Who was present
- Injuries or relevant clinical findings
- Consultation with senior staff, the Child Protection Lead or other professionals
- Contact with Oranga Tamariki or Police
- Information shared with other agencies and whether the child/parent was informed
- Actions taken, decisions made and the rationale for significant decisions

Records must be factual, objective and sufficiently clear that another clinician can understand what occurred and what action was taken.

15. Child Protection Alerts

Where THH uses a Child Protection Alert within the clinical record, it must be used carefully and for a legitimate clinical or safeguarding purpose. The associated procedure will specify who may create an alert, the threshold, location, access permissions, how factual and unverified

information are differentiated, review requirements, updates, and who may amend or remove the alert.

Alert caveat

The presence of an alert does not necessarily mean a child is currently at risk. The absence of an alert does not mean there have never been safeguarding concerns.

16. Concerns or allegations involving THH staff

Any concern or allegation that a THH employee, contractor, student, volunteer or other person working under THH authority has abused or harmed a child, behaved in a sexually inappropriate manner, seriously breached professional boundaries, groomed or exploited a child, acted in a way that may present a safeguarding risk, or otherwise behaved incompatibly with safe work with children must be reported immediately.

16.1 Reporting route

- Report to the Child Protection Lead and Chief Executive.
- If the allegation concerns the Chief Executive, report to the Board Chair.
- If the allegation concerns the Child Protection Lead, report directly to the Chief Executive.

16.2 Immediate considerations

- Immediate safety of the child and any other children
- Whether Police or Oranga Tamariki should be contacted
- Whether duties or access to children should be modified or suspended
- Preservation of relevant records and evidence
- Employment or contractual obligations
- Professional-regulatory notification obligations
- Privacy and confidentiality
- Support for affected children, whānau and staff

16.3 Investigation

THH must not undertake an internal investigation in a way that could compromise a Police or Oranga Tamariki investigation. Where suspected criminal conduct or abuse is involved, THH will seek appropriate statutory advice before substantive interviews about the allegation. Employment processes and child-protection processes may proceed separately but must be coordinated appropriately. Procedural fairness does not override the need to protect children from immediate risk.

17. Children's worker safety checking and recruitment

THH will comply with applicable safety-checking requirements under the Children's Act 2014 and associated regulations. Where a role meets the statutory definition of a children's worker, the required safety check must be completed before the person begins work unless a lawful exception applies.

Safety checking will include the elements prescribed by legislation and THH recruitment procedures and may include identity verification, Police vetting, work-history checks, professional-registration checks, reference checks, interviews, risk assessment, and confirmation of relevant qualifications or practising status. THH will complete periodic safety checks at the intervals required by law. A Police vet alone is not treated as a complete children's-worker safety check.

18. Professional registration and conduct

Clinical employees must maintain any professional registration, practising certificate and professional standards required for their role. Staff must comply with THH codes and policies, applicable professional codes of ethics and conduct, professional-boundary requirements and this safeguarding policy. A concern about professional conduct involving a child's safety must be escalated under this policy even where a separate professional-regulatory process may also apply.

19. Training

Child-protection training is a requirement for relevant THH personnel and is not optional. THH will provide training appropriate to role and level of contact with children, including as appropriate indicators of abuse and neglect, responding to disclosures, family violence, professional boundaries, cultural safety, communication and disability considerations, Reports of Concern, information sharing and privacy, staff allegations, documentation and THH escalation procedures.

Relevant employees will receive child-protection training as part of induction and refresher education at intervals determined by THH. Significant policy or legal changes will be communicated when required.

20. Staff safety and support

Child-protection matters can be difficult and distressing. Staff involved in a safeguarding matter should have access to appropriate support, including debriefing with a senior colleague, clinical or professional supervision where applicable, the Child Protection Lead, the Employee Assistance Programme and other support considered appropriate. Threats arising from child-

protection action must also be managed under THH health and safety and incident-management procedures.

21. Monitoring and quality assurance

THH will periodically review child-protection systems to ensure this policy is implemented effectively. Review may include staff training completion, safety-checking compliance, safeguarding incidents, Reports of Concern, Child Protection Alerts, documentation quality, complaints or allegations involving staff, learning from incidents, and changes in legislation or national guidance.

Serious child-protection events should be reviewed to identify improvements to systems, practice or training. The purpose of review is organisational learning and prevention as well as compliance.

22. Related THH policies and procedures

- Child Protection Immediate Action Guide and Staff Procedure
- Child Protection Concern / Documentation Form
- Child Protection Alert Procedure
- Children's Worker Safety Checking Procedure
- Family Violence Procedure
- Staff Code of Conduct
- Privacy Policy
- Health Information and Clinical Records Policy
- Complaints Policy
- Incident Management Policy
- Recruitment and Employment Policies
- Professional Boundaries Guidance
- Health and Safety Policy
- Photography, Video and Social Media Policy

23. Key legislation and guidance

- **Children's Act 2014:** https://www.legislation.govt.nz/act/public/2014/0040/latest/whole.html
- **Oranga Tamariki Act 1989:** https://www.legislation.govt.nz/act/public/1989/0024/latest/whole.html
- **Family Violence Act 2018:** https://www.legislation.govt.nz/act/public/2018/0046/latest/whole.html

- **Privacy Act 2020:** https://www.legislation.govt.nz/act/public/2020/0031/latest/whole.html
- **Health Information Privacy Code 2020:** https://www.privacy.org.nz/privacy-principles/codes-of-practice/hipc2020/
- **Health New Zealand - family and sexual harm guidance:** https://www.healthnz.govt.nz/health-professionals/guidance-standards/topic/family-and-sexual-harm/aboutfamily-and-sexual-violence
- **Oranga Tamariki - Worried about a child?:** https://www.orangatamariki.govt.nz/worried-about-a-child-tell-us/
- **Office of the Privacy Commissioner - child wellbeing and safety information sharing:** https://www.privacy.org.nz/resources-and-learning/a-z-topics/information-sharing-childrens-wellbeing-and-safety/

Appendix A - Child Protection Concern Record

Use this form to support clear, objective documentation. It does not replace the clinical record or any statutory reporting form.

Child / young person Name: _____ NHI: _____

Date of birth _____

Date / time concern arose _____

Staff member _____

Nature of concern

Record objectively what you observed, heard or were told. Use the person's own words where possible.

_____
_____
_____
_____
_____
_____

Immediate safety issue

☐ Yes ☐ No If yes, action taken:
_____
_____
_____

Relevant context

Include relevant dates, previous concerns, injuries, behavioural observations or other information.

_____
_____
_____
_____

Consultation

Child Protection Lead / senior staff consulted:
_____
Date/time: _____ Advice:
_____

External agencies	☐ Police ☐ Oranga Tamariki ☐ GP ☐ Other health provider ☐ Family violence service ☐ Other Details / advice received: _____ _____ _____
Parent/caregiver informed	☐ Yes ☐ No If no, reason where relevant: _____
Information shared	What was shared / with whom / purpose: _____ _____ _____
Follow-up	_____ _____ _____ _____
Child Protection Alert	☐ Yes ☐ No Decision made by: _____ Date: _____
Completed by	Name/signature: _____ Date: _____

Appendix B - Staff allegation immediate escalation

Protect the child first

Do not investigate the allegation yourself. If there is immediate danger, call Police 111.

1 **Notify**

Child Protection Lead + Chief Executive immediately. If the allegation concerns the Chief Executive, notify the Board Chair.

2 **Secure safety**

Consider temporary changes to duties/access, supervision, other children potentially at risk, and immediate support needs.

3 **External reporting**

Consider Police and Oranga Tamariki. Seek statutory advice before substantive internal interviewing where criminal abuse may be involved.

4 **Preserve records**

Secure clinical, HR, communications, access and other relevant records. Do not alter or delete potential evidence.

5 **Coordinate processes**

Employment, professional-regulatory and child-protection processes may run separately, but must be coordinated so statutory investigations are not compromised.

Appendix C - External contacts

Service	Contact	Use
Police - immediate danger	111	Emergency response.
Oranga Tamariki - concerns about a child	0508 326 459	Free, 24/7. Advice and Reports of Concern.
Oranga Tamariki email	contact@ot.govt.nz	General contact / concerns. Do not use email instead of 111 for emergencies.
New Zealand Relay	www.nzrelay.co.nz	Relay service for Deaf, deafblind, hearing-impaired and speech-impaired callers.

Appendix D - Document review and approval record

Version	Date	Change / review	Approved by	Next review
2.0	08/09/2026	2029 substantive review and rewrite	Claire Green	01/09/2029

Before approval

- Confirm Child Protection Lead and deputy names/contact details.
- Confirm whether approval authority is the Board or Chief Executive under THH's policy framework.
- Confirm previous policy/version being superseded.
- Audit which THH roles are core/non-core children's workers and confirm safety-check records are current.
- Approve or update the Child Protection Alert Procedure, including creation threshold, access, review and removal.
- Confirm associated HR, privacy, incident, photography/social media and family-violence procedures are aligned.