STOP SERVICES
CHILD PROTECTION
POLICY

TALK PLAY AND STAY SAFE OK!
# CONTENTS

STOP Child Protection Policy ........................................................................................................ 3
Support Services in the Community ............................................................................................ 4
Purpose, Scope & Principles ........................................................................................................... 5
STOP SMaC Recipe ......................................................................................................................... 6
Glossary of Terms ........................................................................................................................... 6
Guidance on Identifying Possible Abuse or Neglect ................................................................. 10
Guidance on Responding to Suspected Abuse or Neglect and other Concerns .................... 12
Guidance on Allegations or Concerns about Staff ..................................................................... 16
Confidentiality and Information Sharing ...................................................................................... 18
Adventure Therapy ....................................................................................................................... 21
Safer Recruitment ......................................................................................................................... 34
Staff Recruitment ......................................................................................................................... 35
Safe Practice Guidelines ............................................................................................................... 40
  1. Home Visits .......................................................................................................................... 40
  2. Transporting Clients .............................................................................................................. 42
  3. Communication with Clients (Including the use of Technology) ....................................... 46
  4. Photography, Video, Images .................................................................................................. 47
  5. Pacific Island Clients ............................................................................................................. 48
  6. Guidelines for the Safety of Child Clients at STOP ............................................................ 50
Review of Policy ........................................................................................................................... 51
STOP Child Protection Policy

- Designated Person for child protection
  - Clinical Manager – Maureen Lorimer
  - In her absence a Clinical Team Leader

- Last updated March 2018

- Review date March 2019

- Person responsible for review. Clinical Manager (Maureen Lorimer)

- Digital copy 5:\Child Protection Policy\STOP Child Protection Policy Document.docx
STOP CHILD PROTECTION POLICY

- Child-centred decision-making informs action, recognising the vulnerability of children.

- Strengthening/maintaining a culture of best practice and creating an environment where staff constructively challenge poor practice and feel confident they can raise issues of concern without fear of reprisal.

- We work towards continuous improvement in child protection practices.

- We recognise the importance of early intervention.

- We support the principle of applying the least intrusive intervention necessary to protect vulnerable children.

- Concerns about the safety of children are taken seriously and responded to quickly.

- There are clear policies and procedures in place that are accessible to staff, along with sources of advice on good practice.

- The clinical team receive the training they need to respond to the needs of children accessing the service, including understanding the signs and symptoms of potential abuse or neglect, cultural frameworks for working with children and their families/whānau and responding appropriately where a concern is raised or an allegation is made (including ones involving staff).

- The clinical team understand safe practice. For example, when and how to touch, comfort or discipline children and what is expected of them when they are alone with a child.

- The clinical team understand the importance of working together, with professionals from other sectors, to better address the needs of vulnerable children.

- Safer recruitment procedures are used.

- Families/whānau seeking help for their children feel safe and trust the quality of support they receive.
SUPPORT SERVICES IN THE COMMUNITY

- Whānau Ora 0800 669 957 / (03) 344-5062
- Te Puna Oranga 03 381-8472
- Purapura Whetu (03) 379-8001
- Social Workers in Schools (STAND) (03) 322-2541 / 0800 86 5638
- Children’s Team 0800 367 6817
- Budget Services (03) 366-3422
- START (03) 355-5804 / 0800 86 5638
- Methodist Mission (03) 375-3470
- Odyssey House (03) 358-2690
- Youth Specialty Services (03) 365-5344
- Stepping Stones Trust (03) 337-6644
- Presbyterian Services (03) 366-5472
- Whakatata House (03) 364-0050
  (Child & Family Mental Health Services)
- Cholmondeley Children Home (03) 329-9832
- Oranga Tamariki - Ministry for Children 0508 FAMILY (0508 326 459)
- Etu Pacifika (03) 365 1002
- Barnardos 0800 227 627 / 04 385 7560
- Plunket 0800 933 922 / 04 471 0177
- Salvation Army (03) 377 0799
- Youthline 0800 376 633
- LifeLine 0800 543 354
- Police (Christchurch Central Station) (03) 363 7400
- Rainbow Youth (09) 376 4355
- Qtopia (Christchurch) 027 932 5396
- Family Planning (03) 379 0514
- Attitude (03) 379 6052
- Stopping Family Violence Services 0800478448 / (03) 365 6266
- Aviva 0800 86 5638
- Te Whare Whai Oranga (03) 359 1830 / 027 572 0370
- 298 Youth Health Centre (03) 943 9298 / Txt: 022 081 2991
PURPOSE, SCOPE & PRINCIPLES

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

This policy provides a broad framework and expectations to protect children, including (but not limited to) staff behaviours in response to actual or suspected child abuse and neglect. It applies to all staff, including 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, ie. Oranga Tamariki - Ministry for Children 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 our organisation 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 have been provided in this document.

To ensure that this organisation 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.
STOP SMAC RECIPE

1. **Our Core Purpose**
   - To achieve a community free from sexual abuse by helping people who have engaged in HSB to live safe and good lives

2. **The Right people in the Right roles**
   - Only employ the right people – people with solid training, passion & whose values match those of STOP
   - Support & provide professional development pathways
   - Nurture team cohesion

3. **Client focus**
   - Responsive to clinical needs of clients
   - Do everything possible to engage family & support systems
   - Collaborative therapeutic relationships with client & family
   - Commitment to strengthen clients’ connections to family
   - Keep resources focused on clients

4. **Accountable & clinically sound practice**
   - Hold safety as paramount
   - Visible & transparent clinical review process
   - Ensure space for creativity & innovation
   - Robust assessments
   - Comprehensive & flexible interventions – not one size for all

5. **Empirically derived & adaptable practice**
   - Critique emerging knowledge & trends then adapt our practice when we consider it will add to our intervention effectiveness
   - Aim for & expect world class outcomes

6. **Responsiveness to Māori**
   - Treaty partnership reflected in our valuing and understanding of Te Ao Māori
   - Kaimahi take Te Ao Māori into therapy with Māori clients
   - Consult & guidance by Kamahi to tauwi clinicians working with Māori

7. **Cultural responsiveness**
   - Strive to understand & respond to the cultural context of all clients

8. **Reputation with stakeholders that we will help**
   - Ensure STOP is first port of call for stakeholders
   - Prompt, reliable & useful consult advice to stakeholders
   - Influence stakeholder practice for clients benefit
   - Meet stakeholders needs within resource restraints

9. **Focus on systems to maximize efficiency**
   - Well-resourced admin systems to support client focus
   - Relentless focus on financials - to hold a buffer of rainy day resources to carry us in lean times
   - Focus on systems to streamline compliance requirements so as to maximize clinician time with clients

10. **Community education & training**
    - Increase the capability of community professionals to respond to HSB
    - Help the community understand HSB

11. **Sustained sector relationship**
    - Sector collaboration & mutual support at all organisation levels & activity (governance, leadership, clinical, cultural, research)
    - Sector relational contracting with government stakeholders to deliver services on a national basis

**Core Values**
- Ethical - Fair, truthful, honest
- Authentic - do what we say, walk the talk, integrity
- Believe people can change
- Professional – to do the best job possible
- Cutting edge – be pioneering
- Treat people with respect - clients, staff, stakeholders
- Value each other – care, support & enjoy
- Persevere – until the job is done
- Compassion

GLOSSARY OF TERMS
**Abuse** – the harming (whether physically, emotionally or sexually), ill-treatment, neglect or deprivation of any child.

**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.

**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)

**Designated person for child protection** – the Clinical Manager/Team Leader responsible for providing advice and support to staff where they have a concern about an individual child or who want advice about the child protection policy.

**Disclosure** – information given to a staff member by the child, parent or caregiver or third party in relation to abuse or neglect.

**Oranga Tamariki - Ministry for Children** – the agency responsible for investigating and responding to suspected abuse and neglect and for providing a statutory response to children found to be in need of care and protection.

**New Zealand Police** – the agency responsible for responding to situations where a child is in immediate danger and for working with Oranga Tamariki - Ministry for Children in child protection work, including investigating cases of abuse or neglect where an offence may have occurred.

**Children’s services** – any organisation that provides services to children or to adults where contact with children may be part of the service. These organisations should have child protection policies. Organisations that provide services to adults who may be caring for or parenting children should also consider developing a policy, e.g., adult mental health and addiction services.

**Safer recruitment** – following good practice processes for pre-employment checking which help manage the risk of unsuitable persons entering the children’s workforce.

**Standard safety checking** – the process of safer recruitment that will be mandatory for organisations covered by the Vulnerable Children Act 2014.

**Workforce restriction** – a restriction on the employment or engagement of people with certain specified convictions under the Vulnerable Children Act 2014.
Children’s workforce/children’s workers – people who work with children, or who have regular contact with children, as part of their roles.

Physical abuse – any acts that may result in the 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, and drowning, poisoning and fabricated or induced illness.

Report of Concern - A notification is a report of concern received by Oranga Tamariki, usually at the national contact centre, that there are concerns about a child or young person, including that they may be at risk of abuse or neglect. A report of concern can be received from a range of avenues including parents, family, whānau, members of local communities, schools, the police, health care organisations and other government and non-government agencies.

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 himself/herself or another, involvement of the child in activities for the purposes of pornography or prostitution, sexual behaviour involving animals.

- Non-contact abuse: exhibitionism, voyeurism, exposure to pornographic or sexual imagery, inappropriate photography or depictions of sexual or suggestive behaviours or comments that initiate sexual conversations with a child.

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

*Given the link between family violence, intimate partner violence and child abuse, it is also important to understand these terms:*

Family violence has been defined by the NZ Family Violence Clearinghouse as violence and abuse against any person whom that person is, or has been, in a domestic relationship with. This can include sibling against sibling, child against adult, adult against child and violence by an intimate partner against the other partner (NZ Family Violence Clearinghouse; Issues Papers 3 & 4 April 2013).

Family violence is also defined in Te Rito, the NZ Family Violence Prevention Strategy, as covering a broad range of controlling behaviours, commonly of a physical, sexual and/or psychological nature that typically involve fear, intimidation or emotional deprivation. It occurs within a variety of close interpersonal relationships, such as between partners, parents and children, siblings, and in other relationships where significant others are not part of the physical household but are part of the family and/or are fulfilling the function of family. Common forms of violence in families/whānau include:
• Spouse/partner abuse (violence among adult partners).

• Child abuse/neglect (abuse/neglect of children by an adult).

• Elder abuse/neglect (abuse/neglect of older people aged approximately 65 years and over, by a person with whom they have a relationship of trust).

• Parental abuse (violence perpetrated by a child against their parent); sibling abuse (violence among siblings), (Te Rito – NZ Family Violence Prevention Strategy, Ministry of Social Development, 2002).

A legal definition of family violence is provided in Section 3 of the Domestic Violence Act 1995.

Intimate partner violence is a subset of family violence. The NZ Family Violence Clearinghouse states that intimate partner violence includes physical violence, sexual violence, psychological/emotional abuse, economic abuse, intimidation, harassment, damage to property and threats of physical or sexual abuse towards an intimate partner (NZ Family Violence Clearinghouse; Issues Papers 3 & 4 April 2013).
GUIDANCE ON IDENTIFYING POSSIBLE ABUSE OR NEGLECT

1. 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.

2. Staff should feel empowered to act on suspected abuse and neglect, even when the symptoms or patterns of symptoms are subtle, while avoiding adhering to stereotypes and making assumptions.

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).

3. Every situation is different and that 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 or the arrival of a new sibling. Decisions should not be made in isolation and all concerns need to be raised in the first instance with your Supervisor or Team Leader and a plan for action made. The Clinical Manager is also to be informed of any Report of Concern that is made. More detail about responding to concerns is covered in the next section.
4. When we respond to suspected child abuse or any concerning behaviour we write down our observations, impressions and communications in the client file. This is separate from the process for a Report of Concern.

5. Staff involved in cases of suspected child abuse are entitled to have support and are encouraged to seek extra supervision if required. This may be internal or with approval from the Team Leader/Clinical Manager, it may be external supervision.

Additional Resources

Oranga Tamariki - Ministry for Children’s has developed the Working Together guide on inter-agency working to identify and respond to potential abuse and neglect.

The Ministry of Health has also made guidance available in the health sector:


GUIDANCE ON RESPONDING TO SUSPECTED ABUSE OR NEGLECT AND OTHER CONCERNS

1. • Responding to a child in immediate danger – referral to the Police.
   • Responding to a child when the child discloses abuse or when there are concerns about abuse or neglect – a phone call to the Oranga Tamariki - Ministry for Children National Contact Centre to discuss appropriate next steps.
   • Responding to more general concerns about the wellbeing of a child, where referral to the statutory agencies (Oranga Tamariki - Ministry for Children or the Police) is not appropriate – e.g., referral to a family/Whānau support agency in the community, such as Social Workers in Schools or Whānau Ora is considered alongside Family Therapy sessions at STOP.

2. Responding to a child when the child discloses abuse:

   (i) Listen to the child
   Disclosures by children are often subtle and need to be handled with particular care, including an awareness of the child’s cultural identity and how that affects interpretation of their behaviour and language.

   (ii) Reassure the child
   Let the child know that they:
   • Are not in trouble.
   • Have done the right thing.

   (iii) Ask open-ended prompts – e.g., “What happened next?”
   Do not interview the child (in other words, do not ask questions beyond open prompts for the child to continue).
   Do not make promises that can’t be kept, e.g., “I will keep you safe now”.

   (iv) If the child is visibly distressed
   Provide appropriate reassurance and re-engage in appropriate activities under supervision until they are able to participate in ordinary activities.

   (v) If the child is not in immediate danger
   Re-involve the child in ordinary activities and explain what you are going to do next.

   (vi) If the child is in immediate danger
   Contact the Police immediately.

   (vii) As soon as possible formally record the disclosure
   Record:
   • Word for word, what the child said.
   • The date, time and who was present.

3. Recording and notifying Oranga Tamariki - Ministry for Children of suspected child abuse or neglect:
<table>
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<tr>
<th>What process to follow</th>
<th>For example</th>
<th>Key considerations</th>
</tr>
</thead>
</table>
| (i) Recording | Formally record:  
- Anything said by the child.  
- The date, time, location and the names of any staff that may be relevant.  
- The factual concerns or observations that have led to the suspicion of abuse or neglect (e.g., any physical, behavioural or developmental concerns).  
- The action taken by your organisation.  
- Any other information that may be relevant, i.e. child’s affect | Relevant information can inform any future actions. |
| (ii) Decision-making | Discuss any concern with the Team Leader/Supervisor or the designated person for child protection (Clinical Manager). | No decisions should be made in isolation. |
| (iii) Notifying authorities | Notify Oranga Tamariki - Ministry for Children promptly if there is a belief that a child has been, or is likely to be abused or neglected.  
A phone call to the National Contact Centre (see below) is the preferred initial contact with Oranga Tamariki - Ministry for Children as this enables both parties to discuss the nature of the concerns and appropriate response options.  
Phone: 0508 Family (0508 326 459)  
Fax: 09 914 1211  
email: contact@mvcot.govt.nz | Inform parent/s  
- Inform the relevant adult that you are making a ROC and our reason for doing that.  
- Reiterate our focus is on the safety of the child/children.  
- Consideration given to any scenario where safety concerns mean parents/caregivers will not be informed  
Oranga Tamariki - Ministry for Children will:  
(i) Make the decision to inform the parents or caregivers if this hasn’t already occurred in consultation with your organisation.  
(ii) Advise what, if any, immediate action may be appropriate, including referring the concern to the Police. |
<p>| (iv) Following the advice | Oranga Tamariki - Ministry for Children advice will include what, if Oranga Tamariki - Ministry for Children is responsible for | |</p>
<table>
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<tr>
<th>of Oranga Tamariki - Ministry for Children</th>
<th>any, immediate action may be appropriate, including referring the concern to the Police.</th>
<th>looking into the situation to find out what may be happening, whether we need to work with the family or to put them in touch with people in their community who can help.</th>
</tr>
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| (v) Storing relevant information | Securely store:  
- The record of the concern.  
- Completed overview sheet, Report of Concern, and verification of sending RoC to Oranga Tamariki provided in hard copy to Clinical Manager  
  - digital copy held  
- A record of any advice received.  
- The action your organisation took, including any rationale.  
- This concern with any earlier concerns, if the notification is based on an accumulation of concerns (rather than a specific incident). | Records assist in identifying patterns. |
Disclosure of abuse or neglect is made

- Listen to the child.
- Reassure the child.
- Ask open-ended prompts – e.g., “What happened next?”

If the child is visibly distressed

Provide appropriate reassurance and re-engage in appropriate activities under supervision until they are able to participate in ordinary activities.

If the child is not in immediate danger

Re-involve the child in ordinary activities and explain what you are going to do next.

As soon as possible formally record the disclosure.

Decision-making

Notifying authorities

If the child is in immediate danger.

Contact the Police immediately.

Record:

- Word for word, what the child said.
- The date, time, location and the names of any staff that may be relevant.
- The factual concerns or observations that have led to the suspicion of abuse or neglect (e.g., any physical, behavioural or developmental concerns).
- The action taken by your organisation.
- Any other information that may be relevant
- Effect of the child

Discuss any concern with the manager/supervisor or the designated person for child protection (Clinical Manger)

Notify Oranga Tamariki - Ministry for Children promptly if there is a belief that a child has been, or is likely to be, abused or neglected.

Phone: 0508 Family (0508 326 459)
email: contact@mvcot.govt.nz
email: OTcallcentre@OT.govt.nz
GUIDANCE ON ALLEGATIONS OR CONCERNS ABOUT STAFF

STOP Code of Conduct

1. As an employer there is a dual responsibility in respect of both the child/adolescent and the employee. The decision to follow up on an allegation of suspected abuse or neglect against an employee should be made in consultation with Oranga Tamariki - Ministry for Children and the Police. This will ensure any actions taken do not undermine any investigations being conducted by the external agencies.

2. If it is a child/adolescent making the allegation or raising the concern, or the allegation/concern regards a child/adolescent accessing the service, that child/adolescent must not be exposed to unnecessary risk. This may mean suspending an employee from their duties, subject to the requirements of the applicable employment contract and relevant legal obligations. At the very least, clinical sessions with the staff member will cease.

3. If, after discussion with Oranga Tamariki - Ministry for Children and/or the Police, there is a need to pursue an allegation as an employment matter, advise the person concerned, inform them that they have a right to seek legal advice and provide them with an opportunity to respond. They should also be informed of their right to seek support from the relevant professional body. It is vital to follow ordinary disciplinary policies, guided by the employment contract/collective employment contract and relevant statutory obligations.

4. Historical allegations will be responded to in the same way as contemporary ones, with the same priority. All allegations or concerns should be investigated fully, regardless of the resignation or termination of the staff member concerned.

5. All employees have a responsibility to raise any concerns about the conduct of other staff members with the Clinical Manager/or relevant Team Leader or CEO.

6. It is likely to be a troubling or traumatic experience. STOP will ensure that support is available to both the staff receiving the allegation or expression of concern and the staff member against whom the allegation has been made. It is inappropriate, however, for the same person to provide support to the staff member receiving the allegation and to the staff member against whom the allegation is made.

7. STOP has a commitment against using, ‘settlement agreements’, where these are contrary to a culture of child protection. Some settlement agreements allow a member of staff to agree to resign provided that no disciplinary action is taken, and a future reference is agreed. Where the conduct at issue concerned the safety or wellbeing of a child/adolescent, use of such agreements is contrary to a culture of child protection.

8. List of all professional bodies for all staff:
   - New Zealand Association of Counsellors (NZAC)
     http://www.nzac.org.nz
   - Aotearoa New Zealand Association of Social Workers (ANZASW)
     http://www.anzasw.org.nz
   - The New Zealand Psychological Society (NZPS)
     http://www.psychology.org.nz
   - New Zealand Psychologists Board
http://www.psychologistsboard.org.nz

- The Professional Association for Arts Therapy in Australia, New Zealand and Singapore
  enquiries@anzata.org
CONFIDENTIALITY AND INFORMATION SHARING

Sharing the right information with appropriate persons is one way STOP can safeguard the children and adolescents accessing its service.

Information management and confidentiality are sometimes not well understood by staff, which can result in information not being shared in situations where a risk to a child could have been addressed.

1. The Privacy Act 1993 and the Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017 (2017 No 31) allow information to be shared to keep children safe when abuse or suspected abuse is reported or investigated.

2. Generally parents are informed of STOP’s need to make a Report of Concern prior to informing Oranga Tamariki. Advice may be sought from Oranga Tamariki - Ministry for Children and/or the Police before a Report of Concern is made. A decision is made with the Team Leader/Clinical Manager prior to a Report of Concern being made.

3. Under sections 15 and 16 of the Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017, any person who believes that a child has been, or is likely to be, harmed, or ill-treated (whether physically, emotionally or sexually), neglected or deprived or who has concerns about the well-being of a child or young person, may report the matter to the Chief Executive or a Constable.

4. Staff should also understand their obligations under the Privacy Act 1993 and for the Health Information Privacy Code namely:

   a. 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.

   b. 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). As noted above, disclosure about ill-treatment or neglect of a child/young person may also be made to the Police or Oranga Tamariki Ministry for Children under sections 15 and 16 of the Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017

   Principle 11

   **Limits on disclosure of personal information**

   An agency that holds personal information shall not disclose the information to a person or body or agency unless the agency believes, on reasonable grounds,—

   (a) that the disclosure of the information is one of the purposes in connection with which the information was obtained or is directly related to the purposes in connection with which the information was obtained; or
(b) that the source of the information is a publicly available publication and that, in the circumstances of the case, it would not be unfair or unreasonable to disclose the information; or

(c) that the disclosure is to the individual concerned; or

(d) that the disclosure is authorised by the individual concerned; or

(e) that non-compliance is necessary—
   (i) to avoid prejudice to the maintenance of the law by any public sector agency, including the prevention, detection, investigation, prosecution, and punishment of offences; or
   (ii) for the enforcement of a law imposing a pecuniary penalty; or
   (iii) for the protection of the public revenue; or
   (iv) for the conduct of proceedings before any court or tribunal (being proceedings that have been commenced or are reasonably in contemplation); or

(f) that the disclosure of the information is necessary to prevent or lessen a serious threat (as defined in section 2(1)) to—
   (i) public health or public safety; or
   (ii) the life or health of the individual concerned or another individual; or

(g) that the disclosure of the information is necessary to facilitate the sale or other disposition of a business as a going concern; or

(h) that the information—
   (i) is to be used in a form in which the individual concerned is not identified; or
   (ii) is to be used for statistical or research purposes and will not be published in a form that could reasonably be expected to identify the individual concerned; or

(i) that the disclosure of the information is in accordance with an authority granted under section 54.

5. That all clients receive a hard copy or electronic copy of either the adolescent or children’s version of the STOP ‘Agreement for Assessment’ document prior to the initial session at STOP.

   a. That the ‘Agreement for Assessment’ document is reviewed in the initial sessions.

   b. That a note is made in the clinical file that this has occurred and was understood by the client and family/Whānau/caregivers.

Children

Children's Programme\Assessment\Client Forms\Forms for Intake meeting\Children's Service Agreement for Assessment (as at FEB 2018).pdf

Adolescents

Adol General\Forms\Client\Intake and SR Meeting Letters\Christchurch\Intake\word intake docs for intake letters\1802 - Assessment Agreement - Adol Service.docx

6. That if Intervention is recommended the client and family/whānau/caregivers sign the Intervention Agreement form. This document is held on the client file.
7. That specific consent forms for sharing of information between STOP and other organisations are signed and held on the client file

I:\Adol General\Forms\Client\Release of Information Forms\Current client Release of Information for current client direction and timeframe options.docx

I:\Adol General\Forms\Client\Intake and SR Meeting Letters\Christchurch\Intake\Agreement for Intervention Adolescent Service 01022018.pdf

I:\Children's Programme\Clients\a - Master\Intake Forms\07c - Working Together Agreement.doc

I:\Adol General\Forms\Client\Intake and SR Meeting Letters\Christchurch\Intake\word intake docs for intake letters\1802 - Assessment Agreement - Adol Service.docx
ADVENTURE THERAPY

Overall responsibility for the activity is held by Adventure Specialty

1. Identify the Treatment Goal
2. Choose and design activity to address this goal
3. Consult with Clinical Manager - get approval for staff time, cost and activity
4. Write or review RAMs form (Risk Analysis and Management)
5. Write or revise SOP (Standard Operating Procedure)
6. Book date, venue, transport and staff - See Transport policy
7. Make Contact with Families
8. Letter informing family and caregivers of the event
9. Consent for activities
10. Activity Plan Current form completed
11. Activity Plan Current form & In Field Emergency Procedure form taken
12. Staff meet and plan activity delivery and staff roles
13. Run activity
14. Debrief Activity - record on Group weekly notes form Current
15. Supervision with Group Supervisor
16. Activity Form Filed in Outdoor Activity Archive
17. Complete Incident Form if required
18. Incident form filed in Outdoor Activity Archive
19. Changes made to RAM’s or SOP if required
20. Debrief with Clinical Manager and CEO if incident is serious
21. Incident form filed in Outdoor Activity Archive
22. Changes made to RAM’s or SOP if required

Overall responsibility for the activity is held by Adventure Specialty
Safe Operating Procedure

**Activity:** High Ropes

<table>
<thead>
<tr>
<th>Leader: Clinician’s name</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group: CD Group</td>
<td>Location: The Groynes</td>
</tr>
</tbody>
</table>

**Ratio:** 1 to 10

**Equipment List**
- Wind / Sun Protection
- Ensure closed toe shoes are worn
- First Aid Kit
- Cell Phone
- Christchurch Ropes Course Safe operating procedures.

**Emergency Response**
- Evacuate site if possible or call for emergency services

**RAM's Forms**
- `\server03\adolescent\Adol General\Groups\Adventure Activities\RAMS`

**Briefing Notes**
- Boundaries
- Toilet location
- Consider Emotional Safety
- Challenge by Choice

**Safe Operation Procedures (Read Christchurch Ropes Course Safe Operating Procedures for generic and individual element procedures)**

**Set Up**
- Key Code 5238 (KAET) Toilets and Gate 3370
- Choose element(s) to suit groups abilities
- Ensure haul cords are stowed tidily
- Check equipment as set up for wear or damage
- Prior to participation on High ropes
- Ensure participants have learned and practised belaying
- Check helmet and harness is worn correctly and checked before each climb
- Activity
- Calling Systems used
- Climbers are clipped in with two opposing gate carabineers
- Belaying is monitored to ensure it is safe and effective. All participant belayers have a backup belayer.
- Focus is maintained by belayers and participant
- Ensure climbing ropes are clipped to belay before and after use to avoid pull through
- Clear Up
- Return equipment to correct location
- Record use and any damage or incidents
Turn off Johns Road into Groynes Drive – the main park entrance

- At the roundabout turn right
- Continue over the one lane bridge
- At the T intersection turn left
- Continue past the playground and over the bridge
- Turn right at the Kamahi sign post (just after the bridge)
- Continue along the gravel road for 1km
- The Ropes Course is signposted on your left

Operating Procedures

Generic
The following operating procedures apply across all high ropes activities at the Christchurch Ropes Course:

Helmets
- Climbers must wear a helmet when participating in a high ropes course activity
- For ease of management it is suggested that all participants present on the bark below the high ropes course also wear helmets when in the area. (Belayers etc.)

Harnesses
Facilitators must teach participants how to correctly fasten the harness prior to use.
- Size of harness is correctly selected for size of climber
- Harness is facing right way on climber
- Leg loops are adjusted snugly and leg loop strap is threaded back through the buckle
- Waist belt is adjusted snugly and waist belt strap is threaded back through the buckle.
**Attaching Belay Ropes**

- Participants must be attached to climbing ropes using an industry recognised method of attachment. Examples include:
  - Clipping in (carabineer) to a bowline on a bight secured with a fisherman’s
  - Clipping in (carabineer) to a figure 8 on a bight secured with a fisherman’s
  - Tying in with a retraced figure 8 knot, secured with a fisherman’s
  - Carabineers must be attached so the gate screws downwards
  - If clipping in to an activity where the climber’s carabineer is likely to come in contact with, and rub against the element (e.g. Giants Ladder) the climber must be attached with 2 apposing gate carabineers

**Belay Procedures**

- Facilitators must assess the physical, social and intellectual maturity of participants and judge their readiness and suitability for being a belayer.
- Facilitators must ensure that participants are thoroughly trained in proper belaying procedures.
- Facilitators must carefully supervise belayers.
- The key principles which must be introduced to belayers are:
  - The belay is a contract and lifeline between two people.
  - The method which is used must be appropriate to ensure that a hand is on the dead end of the rope at all times.
  - The belayer should stand close to the element and in line with the participant.
  - The belayer must know the lock off position for the belay device that is being used
  - Appropriate tension must be kept on the belay rope
  - The belayer must ensure that the participant does not climb up or down faster than the rope can be taken in or let out.
  - The belayer must keep their entire attention on the participant being belayed.
  - Proper climbing calls or an agreed upon system must be used to maintain effective communication between participant and belayer at all times.
  - The belayer must lower the participant carefully to the ground with a slow, controlled and smooth descent.
  - The belayer should offer appropriate support and encouragement.
  - It is strongly recommended that back up belayers should be used in conjunction with primary belayers and should receive training about their role.
  - Back up belayers must stand near the primary belayer and hold the belay rope. A small amount of spare rope (smile) should consistently be kept between the primary belayer and the backup belayer to ensure that the back up belayer does not impede the safe action of the primary belayer. The position of the back up belayer allows them to be the ‘fail safe’ system should the primary belayer unexpectedly lose control of the belay and rope.
- Backup belayers should remain alert and focused on the primary belayer rather than the participant climber.
- A belayer anchor should be used where there is any safety concern (eg: belayer inexperience or weight differential between belayer and participant) - where the belay anchor person holds the back of the belayer's harness and with their combined weights keeps the belayer on the ground.

Postie's Walk
The Postie's Walk consists of two parallel offset cables strung horizontally between trees approximately one metre apart. A third cable is oriented above the second cable in line with the foot cable and serves as the belay cable. This activity takes 1 climber.

Aim
The challenge is for the participant is to climb to the element and traverse across, with the lower cable serving as the foot cable, and the upper cable providing support for the hands.

Traverse Wall
The traverse wall is a more challenging element and involves climbing up to and traversing a suspended climbing wall panel. This activity takes 1 climber.

Aim
The challenge for this activity is for the participant to traverse across the wall to the other side and then return back to the middle.

High Beam
The High Beam consists of a horizontally positioned log suspended between two poles. The belay cables are positioned horizontally above the log and at approximately 3-4 metres above the log. This activity takes 2 climbers crossing over (one from each pole) or moving together

Aim
The challenge is for the participant/s is to climb to and traverse the log, or switch sides

Specific Safety Considerations
- Participant must keep feet on the beam when lowering to avoid colliding into the beam.
- Ensure participants climb the correct pole and lower off the correct side, participants can find this confusing when using two ropes.

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Chicken Walk
The Chicken Walk consists of two horizontally positioned cables suspended side by side between two poles. Two belay cable is positioned horizontally at approximately 3metres above the cables. This activity takes 2 climbers crossing over (one from each pole) or moving together

Aim
The challenge is for the participant/s is to climb to and traverse (shuffle) along the cables, or switch sides

Specific Safety Considerations
- Participants should climb around the outside of both foot cables on the way up, not through the space between them.
- Ensure participants climb the correct pole and lower off the correct side, participants can find this confusing when using two ropes.

- Participant must keep feet on the cables when lowering to avoid colliding into them.

### Heebee Jeebee

The Heebee Jeebee consists of a single, tensioned foot cable with a 4 multi-vine ropes suspended from an overhead cable, and one angled hand rope connected from the pole to the foot cable. A horizontal belay cable is placed above the Multivine cable. This activity takes 2 climbers

**Aim**

The challenge is for the single participant or pairs is to walk across the foot cable using the various support vines for aid. Participants must move in the same direction

**Specific Safety Considerations**

- When using the activity for two people, consideration must be taken to ensure that the belay lines are not twisted before leaving the ground.

- Participants must be lowered on the correct side of the cable to ensure continuation of the activity for the next group.

- The participant who will traverse out onto the element first (be in front) should climb first.

### Rickety Bridge

The Rickety Bridge is a wooden bridge joined together by chain links. This activity takes 2 climbers crossing over (one from each pole) or moving together

**Aim**

The challenge is for the participant/s is to walk along the bridge to the far side and then back to the middle.

**Specific Safety Considerations**

- Participants should make sure that the belay lines with the posties walk and high beam are not twisted before leaving the ground.

- The belay line tends to get snagged on the edge of the bridge; this is easily rectified by the participant pulling on / flicking the belay line.

- Participants should not go under the chain link attaching the bridge to the tree but around it.

- Participant must be lowered on the correct side of the bridge to allow the next participant to be able to climb up the staples.
## RAMS Risk Analysis and Management

### Activity:
Flat Water Kayak

### Leader:
clinician’s name

### Date:

### Group:
STOP group

### Location:
Groynes reserve

### Risks (potential losses)

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Drowning</td>
<td>3. Capsize</td>
</tr>
<tr>
<td>2. Injury: paddle strike, sun burn</td>
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</tr>
<tr>
<td>5. Violent or Risky behaviour</td>
<td>6. Road accident</td>
</tr>
</tbody>
</table>

### Causal Factors

<p>| | |</p>
<table>
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<tr>
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<tbody>
<tr>
<td>People</td>
<td>Risk reduction strategies</td>
</tr>
</tbody>
</table>

- Refusing to wear correct clothing and equipment
- Incorrect use of equipment.
- Inadequate instruction and management of paddlers.
- Paddlers becoming separated
- Poor instruction on gear use and care.
- Mischievous or Careless use of gear.
- Client skill/confidence level low for chosen activity.
- Lack of skill progression.
- Lack of attention to group dynamics
- Poor fitness
- Poor instruction of paddling and kayak use

- Paddlers are checked to ensure correct fitting of PFD’s and wearing appropriate clothing
- Instruction of capsize drill and basic steering skills prior to going in the water
- Teach paddle signals and rafting up so that further instruction can be given when required on the water
- Set clear boundaries for practise area.

| Equipment | Risk Reduction Strategies |

- Inadequate paddling equipment
- Inadequate clothing

- Hire canoes, paddles & pfd’s from reputable source
Causal Factors | Risk Reduction Strategies
--- | ---
Lack of safety equipment eg. First Aid kit, cell phone, Unfamiliarity with the boats | Provide appropriate spare clothing and ensure jeans are not worn.
Check boats for condition | Check boats for condition
Check for First Aid kit, Mobile phone charged, Spare warm clothes in dry bag | Check for First Aid kit, Mobile phone charged, Spare warm clothes in dry bag

**Environment**
- Wind
- Cold, wet weather
- Poor water quality
- Check weather report before leaving office.
- Take shelter and spare clothing
- Disclose poor quality water and recommend using hand sanitiser or washing hands before eating.

**Critical Incident Management**
Emergency procedures to manage each identified risk. 1 - 5

| Staff to have knowledge of kayak rescues | Keep group together/rafted up
Or land and use shelter to keep group warm
Apply first aid | Call for assistance if required

**Emergency gear required**
- Shelter/Kisu
- Spare clothing in dry bag
- First aid Kit
- Cell phone

**National Standards applicable**
- NZOIA Flat water / Canoe 1

**Policies and guidelines recommended**
- Prevention of problems
- Intensive local knowledge
Good communication with other staff

**Minimum skills required by staff/volunteers**

- Kayaking skills
- Experience & confidence in flat water
- Group handling skills
- First Aid & CPR

**FINAL APPROVAL:**  
Accept  
Not yet achieved

**Comments**
ACTIVITY PLAN

Date: ____________________  Leaving time: ____________  Return time: ____________

Activity: ____________________  Location: ____________________

Clinical Manager approval  ❑  Letter Home  ❑  Rams checked  ❑

Vehicle:  red car

<table>
<thead>
<tr>
<th>Staff name</th>
<th>Next of kin name</th>
<th>Phone no.</th>
<th>Medical issues</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Client name</th>
<th>Age</th>
<th>Next of kin name</th>
<th>Address &amp; Phone no.</th>
<th>Medical issues/Medications</th>
<th>Consent verbal/ signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
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<td>Signed</td>
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<tr>
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<tr>
<td>16</td>
<td></td>
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<td>Ritalin</td>
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<tr>
<td>17</td>
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<td>Nil</td>
<td>Signed</td>
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<td>17</td>
<td></td>
<td></td>
<td></td>
<td>Nil</td>
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</tbody>
</table>

Therapeutic Theme:

Equipment:

Emergency Contact:  Maureen Lorimer  Phone: 021 077 3275

Emergency Contact has:  Copy of this form  ❑  ECP Pack  ❑

Time to raise alarm ____________

Process when raising alarm:

a) Call staff on trip
b) Check location of vehicle if possible:
c) Call police and begin emergency contact procedure
### Activity Follow Up

Clean + return gear  ❑  Update activity log  ❑

**Debrief:**

(including hazard notification, incident reports, goal achievement, staff feedback negotiated)

<table>
<thead>
<tr>
<th>Item</th>
<th>Tick</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident report completed and sent to Clinical Manager</td>
<td>❑</td>
<td></td>
</tr>
<tr>
<td>Client goal achievement recorded in file/counsellor record</td>
<td>❑</td>
<td></td>
</tr>
<tr>
<td>Staff feedback recorded in activity log or staff file</td>
<td>❑</td>
<td></td>
</tr>
</tbody>
</table>
RAMS Risk Analysis and Management

**Activity:** Flat Water Kayak

**Leader:** STOP Staff Member  
**Date:**

**Group:** STOP group  
**Location:** Groynes reserve

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**Causal Factors**  
**Risk reduction strategies**

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<td>• Disclose poor quality water and recommend using hand sanitiser or washing hands before eating.</td>
</tr>
<tr>
<td>No.</td>
<td>Name of Form</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Risk Management Analysis (RAMS Template)</td>
</tr>
<tr>
<td>2</td>
<td>Standard Operating Procedures (SOP Template)</td>
</tr>
<tr>
<td>3</td>
<td>Guidelines for info letters</td>
</tr>
<tr>
<td>4</td>
<td>Consent for activities</td>
</tr>
<tr>
<td>5</td>
<td>Emergency Contact and Med Form</td>
</tr>
<tr>
<td>6</td>
<td>ACTIVITY PLAN Current</td>
</tr>
<tr>
<td>7</td>
<td>IN THE FIELD EMERGENCY PROCEDURE</td>
</tr>
<tr>
<td>8</td>
<td>Group weekly notes form Current</td>
</tr>
<tr>
<td>9</td>
<td>ACTIVITY Accident Incident REPORT - STOP</td>
</tr>
<tr>
<td>10</td>
<td>Outdoor Activity Archive</td>
</tr>
</tbody>
</table>
SAFER RECRUITMENT

Check List

☐ CV is reviewed by Clinical Manager, CEO, Team Leader

☐ STOP Application form completed and signed

☐ Short list

☐ Informal meeting with Clinical Manager or Team Leader and prospective staff member may occur

☐ Formal interview using standard interview guide with 3 staff members

☐ Consensus decision to proceed

☐ References (at least 2) – one reference must be from immediate current/recent manager.

☐ Agreement from interview team that in their assessment the applicant would not pose an undue risk to the safety of children

☐ Contract signed

☐ Police vetting completed (see procedure for Declaration of Criminal Record and Police Check Pg 38

☐ Identity verification – (2 forms checked), ie. RealMe identity verification, Driver’s License, passport

Safety checking will be carried out in accordance with the Vulnerable Children Act 2014. Care workers are subject to workforce restriction if they have offenses specified under the Vulnerable Children Act 2014. People with a conviction for a specified offence will not be able to take up or continue to work in a care worker role without applying for and achieving an exemption.

Exemptions from the Workforce Restriction from 1 July 2015, people with specified convictions will be able to apply for a Core Worker Exemption. The Core Worker Exemption process will be administered by the Ministry for Social Development on behalf of the key government agencies responsible for the VCA. Information about how to apply is available at www.childrensactionplan.govt.nz. In some cases there will be clear evidence that the person with a specified conviction poses no undue risk to the safety of children. Mitigating circumstances or rehabilitation are examples of evidence that might be taken into account by decision-makers. The onus will be on the applicant to prove they do not pose an undue risk to children. The provision for an exemption process recognises that people can change and that certain historic convictions may not mean that a person is still a risk. Child safety will always come first and the exemption process will be a robust and fair consideration of individual circumstances. If an individual is granted a Core Worker Exemption it is (subject to conditions) no longer against the law to employ that person as a core worker. However, it is still up to the employer to decide whether or not a person with a Core Worker Exemption is suitable for the role they are applying for. As an employer, or as the person responsible for a relevant educational or vocational training course, you may need to verify that a current/prospective employee or student is a Core Worker Exemption holder. To do this, you must enquire against the Core Worker Exemption register using the Core Worker Exemption Verification Enquiry form available on www.childrensactionplan.govt.nz. Confirmation of an individual’s status will only be released to employers or training institutions with the confirmed consent of the individual in question.
Recruitment

Policy
STOP will recruit suitably qualified employee at all levels to enable the delivery of services in an effective and efficient manner.

STOP is an equal opportunity employer and undertakes to recruit without prejudice the best person for the position.

STOP acknowledges the need to protect the integrity of its programmes through the selection and appointment of appropriately qualified employees who are skilled and safe to practice.

The appropriate mix of employees from relevant professional disciplines is employed to cover all facets of STOP’s services.

Procedure
The Employee Recruitment Flow Chart summarises the process of recruitment of employees for STOP.

Vacancies
Before advertising a vacant position, the CEO must determine if the duties of the vacant position:

- Can be absorbed among the current work force;
- Can be redefined to better represent up-to-date organisational requirements
- What the duration of the position is.

The CEO will discuss these issues with the appropriate Clinical Team Leader and Clinical Manager only after formal consideration of the above has been carried out, should the process of recruitment commence.

The Position Description for the position will be reviewed to ensure that it is still relevant or if one is not available, one will be developed prior to advertising.

Advertising
All recruitment advertising shall be processed by the Finance Manager or Admin Support. The advertising copy is generally prepared by admin support in consultation with the appropriate Clinical Team Leader or Clinical Manager.

Advertisements for employees should contain an accurate summary of the position and a request for expressions of interest to be made by phone or email.

Applicants who make an expression of interest will be sent a letter outlining the appointment process including a Position Description, Competencies Required for the Role and an Information package.
about STOP. Applicants will be required to name two referees, one of whom is directly responsible for their work.

A list of those persons who have made an expression of interest and received a job application package shall be prepared by Admin Support for the CEO, Clinical Team Leader or Clinical Manager as appropriate.

**Selection Process**

All applications will be acknowledged either by email or letter.

Interviews will be held as soon as possible after the application has been received, should the person be short listed.

For clinical positions, each short-listed applicant should be interviewed by at least three suitable persons who have a sufficient understanding of the position and the interviewing process, including the Clinical Manager and CEO. The CEO, Clinical Manager and Team Leaders will be involved in the short-listing process.

For administration positions applicants will be short-listed and interviewed by the relevant senior staff. The CEO will be involved in the recruitment and interviewing of applicants for the Finance Manager.

The Board will be responsible for the short-listing and interviewing for the CEO position.

Each applicant short-listed for clinical positions, if possible, will meet with at least one of the Kaimahi employees, either informally prior to the interview or as part of the interview, in order to assess their cultural awareness.

Applicants short-listed for clinical positions will generally be offered the opportunity of meeting informally with clinical team members prior to the interview. This provides an opportunity for applicants to learn more about the programme.

The referees will be contacted by telephone generally following the interview for applicants who are short-listed. In some circumstances written references may also be requested.

Selection interviews will follow a standard format of a structured interview of approximately 1-2 hours. The applicant's responses will be recorded by interview panel members on a selection interview schedule (Refer Appendix H).

Following the interview, the interview panel would review the strengths and weaknesses of each applicant. Applicants shall be considered solely on merit in accordance with STOP's equal employment opportunity policy.

A prospective employee's safety to practice as a clinician is carefully checked through the selection process. Prospective employees are required to make a statement asserting to their living a non-abusive lifestyle. Moreover all persons employed by STOP, including Trust Board members, will be required to meet all criteria in accordance with the Vulnerable Children Act 2014, have a clear police record in relation to the relevant offences as listed in the Standards for Approval, Level Two, Contracting Group, Oranga Tamariki - Ministry for Children (OT Standards), Section A (6) Staffing.
• The organisation does not employ any person in a paid or voluntary capacity, including management committees, who has a conviction for sexual crimes or for any offence involving the harm or exploitation of children.

• Unless there are exceptional circumstances, the organisation does not employ any person in a paid or voluntary capacity, including management committees, who has a conviction for crimes of violence against the person or dishonesty.

Procedure for Declaration of Criminal Record and Police Check

1. Prior to appointment, prospective employees shall be required to sign a declaration that they have no criminal record that would be prejudicial to their taking up the appointment. If a person makes a false declaration, and police checks subsequently reveal they have a criminal record that would exclude them from employment, their employment will be immediately terminated.

2. Prospective employees shall be required to complete a New Zealand police vetting service Request and Consent form. This is process through the site and the email result is saved on the staff member’s electronic HR file.

Appointment

A letter of offer will be sent to the selected applicant which advises that any acceptance of an offer of permanent employment is subject to verification that the applicant’s record shows no relevant information and that the declaration by them was correct. A copy of an Individual Employment Agreement is also sent. This is the Employment Agreement common to all employees, whereby Schedule A of the Employment Agreement, contains remuneration, annual leave, and other conditions and Schedule B, contains the position description, being specific to the position of the appointee.

On signed acceptance of the offer, all unsuccessful applicants shall be notified in writing. Any original evidence of qualifications, certificates, samples of work, references and like information shall be returned to the applicant if requested, otherwise STOP will shred the application.

It is not the policy of STOP to provide reasons for non-appointment to unsuccessful applicants. STOP considers this policy to be a sound one as there may be any number of reasons why applicants are unsuccessful in their applications and STOP views going into detail with each unsuccessful applicant is unnecessarily time consuming for STOP and not useful for either party. This policy is consistent with section 29(3) (a) (i) of the Privacy Act 1993.

The appointed applicant will sign the Employment Agreement either prior to or on the day of commencement of employment. Evidence of qualifications and other relevant documents for the successful applicant must be sighted prior to appointment.

Contractors

The recruitment, selection and appointment of contractors to undertake either ongoing or time-limited services for STOP will follow a similar process to that described above for employees. However in most circumstances the contractor will be recruited from professionals already known to the Clinical Manager or CEO. As such the position will not generally be advertised but the contractor or several contractors will be approached directly. All contractors will however be
required to submit curriculum vita, be interviewed, referees contacted and a Contract for Services agreement signed Contractors will also be subject to the same procedure for Declaration of Criminal Record and Police check.

This policy applies to all staff, including contractors and Board members.

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F:\Board Documents\Manuals\Human Resources Manual\Chapter 2 - Employment\Appendix A - Employee Recruitment Flowchart.pptx
STAFF RECRUITMENT FLOWCHART

Approval
- Replacement of current or additional position within budget
  - Positions over budget
  - Manager position

Job advertisement prepared

Advertisement placed in:
- NZ jobs website
- Canterbury Skills Hub
- Professional journals

Copy of advertisement to Executive Assistant who will take incoming calls and refer to person specified in ad as necessary

Job packages prepared, appropriately signed and sent out
Copy of list of applicants to whom packages sent given to CEO/Clinical Manager/Team Leader

Applicants shortlisted

Interviews arranged and held

Letter of offer sent to selected applicant

Employment agreement prepared and Police Check process actioned

Employment agreement signed; original held in staff file (for clinical positions, copy held by CEO)
SAFE PRACTICE GUIDELINES

1. Home visits  
   The pink diary.docx

2. Transporting clients

3. Communicating with clients including use of technology

4. Photography, video, images

5. Use of Interpreters (example with Pacific Island family)

6. Guidelines for safety of the child clients at STOP

7. All visitors to the building (adults in waiting room from past 5pm)

1. HOME VISITS

   i. Home visits may form part of the clinical assessment and intervention. STOP require staff to:

      a) Ensure that all visits are justified and recorded

      b) Always ensure that your Team Leader/work colleagues and reception staff are aware of the visit

      c) All clinicians are aware of the 'Pink Diary' safety procedure

      d) Ensure that any behaviour or situation that gives rise to concern is discussed with their Team Leader/Clinical Manager and where appropriate, action is taken

      e) Never make a home visit if you are concerned about being exposed to unknown or unacceptable risk
**The pink diary**

**Overview**

The pink diary system is a way of a clinician raising an alert that you are not safe and need help. It is particularly designed for situations when you may want to be discreet about raising an alert, as in situations where you do not want to let the aggressor know that you are calling the police. Most likely to be during an offsite meeting or home visit.

**The protocol**

When you arrange a home/community visit you must first take the following steps.

- Inform your team manager and admin staff where you are going and what time you expect to return. Do this via email, as well as verbally as you leave.
- Put the address of the place you are visiting into your electronic diary.
- Take a **charged** mobile phone and ensure that admin staff have your number. Ensure the office number is saved in your mobile phone, and easily accessible.
- **Buddy system** - pair up with somebody at work, and always let them know about your home visits or after hours work. Arrange check in phone calls between you. Eg. Let the person know you are working until 7pm and that you will call them by 7.30 pm to let them know you are safe. If you do not call, they will try to call you. If they can’t reach you, they will raise an alert with the Team Leader/Clinical Manager or Police.

**Using the pink diary**

**Making the call**

If you find yourself in a situation where you do not feel safe, escape is not an easy option, and you do not wish to raise alarm by making an alert...

- Call the office/your manager/your buddy and say ‘Hi, could you please check my pink diary?’
- Turn down the speaker volume on your phone so that only you can hear them.

There are plenty of ways that you could discreetly arrange to make this call. For example, you can say, ‘I can see we need a bit more time to talk here, I’ll just check my diary with the office and cancel my next appointment’.

**Taking the call**

When your colleague calls and mentions the ‘pink diary’, you know they are asking for your help in making an alert. You take the following steps;

- Get the pink diary
- Read the **prompt sheet** inside the diary making a note of answers.
- After the call, you alert the police if indicated by the questions. Also, alert your manager and team of the situation.
2. TRANSPORTING CLIENTS

Policy

Wherever possible STOP vehicles will be used in preference to private cars and taxis. The exceptions to this policy are:

- Where a STOP vehicle is not available
- Where an employee’s home is such that it would be inappropriate to have them come to STOP to pick up a car to travel to their destination;
- Where STOP has specifically requested that employees use their own vehicle.
- Where work travel in a STOP vehicle is not practical.

Prior approval from the Clinical Manager should be sought for travel by private car or by taxis. Private cars should not be used without prior approval, except in emergencies.

Where private vehicles are used on STOP’s business, other than travel to normal place of work and home, mileage will be reimbursed at the current IRD rate.

Where prior approval has not been given for the use of a private vehicle when the STOP car is available, the Clinical Manager will not authorise reimbursement unless the use was in an emergency situation.

In certain situations, staff may agree to transport children and adolescents. Wherever possible and practicable it is advisable that transport is undertaken in designated STOP vehicles other than in private vehicles.

There will be occasions when adults are expected or asked to transport children and adolescents as part of their duties. Adults who are expected to use their own vehicles for transporting children should ensure that the vehicle is roadworthy, appropriately insured and that the maximum capacity is not exceeded.

It is inappropriate for adults to offer lifts to a child or adolescent outside their normal working duties, unless this has been brought to the attention of the Clinical Manager and has been agreed with the parents/caregivers.

There may be occasions where the child or adolescent requires transport in an emergency situation or where not to give a lift may place a client at risk. Such circumstances must always be recorded and reported to the Clinical Manager and parents/caregivers.

The safety of clients and staff must be provided in all offsite activities from STOP. Proper restraint systems and the correct use of them are critically important during travel to/from STOP as well as a part of the activities of the setting.

Application

Use of STOP Vehicle:

- The use of any STOP vehicle is restricted to current STOP employees engaged in the conduct of official STOP business. The STOP vehicle is not to be used for private purposes at any time.
• All employees must produce a current driver's licence to the Finance Manager prior to driving the STOP vehicle. For new employees this will be undertaken as part of the induction process.
• An employee convicted of a driving offence that results in demerit points, endorsement of licence or loss of licence must advise the Finance Manager that this has occurred.
• Use of a STOP vehicle will require pre booking, using the vehicle diary held at Whitmore Street reception.
• The STOP Social Workers and Children’s Service Clinicians will have priority in the use of the STOP vehicle as their work involves home and community visits.
• The mileage will be recorded in the vehicle logbook together with the date and destination of each journey.
• Permission must be obtained from the CEO or Clinical Manager before taking a vehicle home and parking it at a personal residence overnight.
• Where a vehicle suffers damage or theft, a full report is to be written and supplied to the Finance Manager. The CEO or Finance Manager will investigate all instances of damage or missing items.
• STOP’s insurance fully covers authorised employees to use the agency’s vehicles for business purposes. No one is permitted to drive STOP vehicles unless they are current STOP employees.

Procedure and Practices, including responsible person(s)

• A consent for transporting will be filled out for each child or young person being transported
  S:\Child Protection Policy\Consent Form for transporting client.docx
• Smoking is prohibited in vehicles used to transport clients
• All clients will be transported properly in a seat belt, car seat, or booster seat according to current New Zealand regulations. Parents may be required to supply a booster or car seat as needed for their child if trips involving use of transportation are a part of the programme. Staff will be sure that car seats, booster seats and seat belts are used properly and each child is properly secured before setting the vehicle in motion. Staff will assist with releasing children from their transportation safety restraints, when needed. All adults in the vehicle will use proper restraining devices according to the vehicle manufacturer’s recommendations.
• The number of passengers in the vehicle will not exceed the manufacturer’s stated capacity for the vehicle.

Vehicle Requirements

• Only insured, licensed, well-maintained vehicles will be used to transport clients.
• A back up vehicle will be available if needed and can be dispatched immediately in case of an emergency.
• A first aid kit will be in the vehicle during transportation of children.
• A cell phone will be available in case of emergency.

Driver Responsibilities

• Any driver of a STOP vehicle must operate the vehicle in accordance with all Acts, Regulations and By-Laws relating to the operation of motor vehicles, and observe/obey all traffic laws.
• All drivers must hold and carry a current NZ or International Driver Licence for the type of vehicle to be driven and shall not be under the influence of any alcohol or chemical substance that may alter their ability to drive safely.
• All drivers must be fit and able to drive. Vehicles should not be driven if the driver is sleepy or unable to drive safely for any reason. Vehicles should not be driven for longer than 2 hours without changing drivers or the driver taking a brief break.
• Drivers must ensure that they and all passengers wear seat belts when the vehicle is in motion.
• The driver is personally responsible for all traffic violations and any resulting fines or penalties. If necessary penalty costs incurred will be deducted from the driver’s salary.

• The driver to whom a STOP vehicle has been released is fully responsible for the security and operation of the vehicle until it is returned to the STOP car park.

• The carriage of hitchhikers in STOP vehicles is not permitted. This rule does not preclude the rendering of assistance to people in difficulty or in an emergency.

• Smoking is not allowed in vehicles.

• An authorised driver who permits their allocated vehicle to be used in contravention of STOP policy will be liable for the full cost of any damage incurred whilst it is so used, and may be subject to any disciplinary action which may be considered appropriate.

• Drivers will meet staff qualifications including a criminal history check.

• Drivers will obey all traffic regulations

• The driver will be familiar with the planned route ahead of time.

• The driver is not permitted to talk on a cell phone while driving.

The Finance Manager is responsible for collecting background checks, driving histories and updating this information yearly for those who are transporting clients.

The Finance Manager is responsible for ensuring the safety of the vehicle and proof of insurance for the vehicle. This includes ensuring the vehicle has a current warrant of fitness, is serviced at the due date or recorded odometer reading (whichever comes first) and that a current registration is displayed.

Refuelling

The STOP fuel card, which is kept in each vehicle, will generally be used to refuel the vehicle. In any circumstances where an employee needs to pay personally for the refuelling, a refund can be claimed with a receipt and completed claim form that is signed by the Clinical Manager.

Vehicle Accidents

• Drivers of STOP vehicles involved in a motor vehicle accident must follow the following "Instructions to drivers involved in accidents", a copy of which is provided in the glove box of each vehicle. This information is designed to assist drivers in obtaining and providing the correct type of information when involved in a vehicle accident. The main points for drivers to be aware of:
  o Make no admission of fault or liability or offer payment to any other party concerned irrespective of the circumstances;
  o Obtain the following details from the other party:
    ▪ Registration number;
    ▪ Make of the vehicle;
    ▪ Name and address of the driver and owner;
    ▪ Owner and insurance company of any other vehicle involved in the accident
    ▪ Obtain the name and addresses of any witnesses;
  o If any person is injured, the Police must be notified within 24 hours - this is the driver’s statutory responsibility.

• All vehicle accidents must be reported within 1 working day to the Finance Manager, who will assist the driver in completing the vehicle insurance claim form.

• The employee must fill out a STOP Accident Incident Form, available from the Finance Manager, after an accident.
• All private cars used for work purposes must have full insurance cover and current registration and warrant of fitness. In no circumstances should any client be carried in an uninsured or unwarranted vehicle.

Audit Procedures

The following audit procedures will be undertaken for the use of the STOP vehicles:

1. The CEO or Finance Manager will review the car logbook on a regular basis and the CEO will follow up on any problems related to usage. Basic information that is required to be recorded includes: date, destination, purpose, mileage and drivers initial.
2. The Finance Manager will generally follow up minor breaches in procedure with the employee. If there are serious or continued breaches of procedures, the Finance Manager must inform the CEO detailing the breaches. The CEO or Clinical Manager will then follow up these breaches with the employee.
3. COMMUNICATION WITH CLIENTS (INCLUDING THE USE OF TECHNOLOGY)

All interactions with children and young people need to be carefully considered and planned for as to how these may occur in a way that reduces potential risk to children. Adults should clearly understand the need to maintain appropriate professional boundaries in their communication with children and expectations around boundaries need to be firmly established to provide guidance to adults. These situations include communication with children at work, at home, in public settings and through the use of mobile technology and social media. This includes the wider use of technology such as mobile phones, text messaging, emails, digital cameras, videos, webcams, websites and blogs.

Children are at increased risk of sexual abuse and exploitation where adults have the opportunity to gain access to children and young people in a setting that is not open to casual observation by other adults. Adults should also be circumspect in their communications with children so as to avoid any possible misinterpretation of their motives or any behaviour which could be misconstrued.

STOP require clinicians to:

- Ensure that their communication with children takes place within the boundaries of a professional relationship and are open to scrutiny from other adults.
- Have no secret social contact with children or their parents.
- Take care that their language or conduct does not give rise to comment or speculation.
- Be vigilant in maintaining their privacy and mindful of the need to avoid placing themselves in vulnerable situations.
- Social contact with clients is not considered appropriate.
- Report and record any situation which may place a child at risk or which may compromise the service or their own professional standing.
- Be aware that the sending of personal communications such as birthday or faith cards should always be recorded and/or discussed with Team Leader/Clinical Manager.
- Understand that some communications may be called into question and need to be justified.
- Ensure that personal social networking sites are set at private and children or adolescents are never listed as approved contacts.
- Never use or access social networking sites of children/adolescents.
- Do not give their personal contact details to children/adolescents including their personal mobile telephone number.
- Only use equipment eg mobile phones, provided by organisation to communicate with children, making sure that parents have given permission for this form of communication to be used.
- Only make contact with children for professional reasons and in accordance with STOP policy.
- Recognise that text messaging should primarily be used to set up/remind/postpone clinical sessions.
- Not use internet or web-based communication channels to send personal messages to a child/adolescent.
- Clients use of the internet at STOP will always be actively monitored by a STOP staff member.
4. PHOTOGRAPHY, VIDEO, IMAGES

Working with children may involve the taking or recording of images. Informed verbal consent from parents or carers and agreement, where possible, from the child or young person, should always be sought before an image is taken for any purpose.

Careful consideration should be given as to how activities involving the taking of images are organised and undertaken. Care should be taken to ensure that all parties understand the implications of the images being taken.

During therapy sessions, STOP cameras or cell phones may be used to record work undertaken by your child. Once downloaded to the secure STOP computer system, these images will be deleted from the device and saved to your child’s computer file and will not be held in any other location. If copies are printed, they will be held securely in a locked filing cabinet. If photographs are taken of your child, the purpose of this will be discussed with you and your child and your verbal consent gained. As above, these images will be held securely in the child’s computer file.

Permission for taking of images is covered in the STOP Intervention Agreement

Occasionally permission may be sought to film and save footage of an individual, group or family therapy session. This would usually be for the purpose of ongoing staff professional development via training or supervision. Consent for sessions to be recorded needs to be specific i.e. clearly identify the purpose, who will view the session and where and how long the session will be saved in the computer file. Consent needs to be in written form and given by both the child/adolescent and their parent/guardian.

STOP require staff to NOT:

- Display or distribute images of children unless they have consent to do so from parents/carers
- Use images which may cause distress
- Take images ‘in secret’ or take images in situations that may be construed as being secretive
- Create images that can in any way be construed as sexualising of the client or their family members

STOP requires staff to:

- Ensure that children are not exposed to unsuitable material on the internet
- Ensure that any films or material shown to children are age appropriate

STOP needs to:

- Make guidelines available to both adults and children about appropriate usage
5. PACIFIC ISLAND CLIENTS

- Consider consultation with Etu Pasifika around specific cultural responses when a young person has engaged in harmful sexual behaviour
- Request consent from the family to make contact with Etu Pasifika
- If interpreter is required:
  1. Gain consent from family to seek an interpreter
  2. Ensure Clinical Manager approved funding from Oranga Tamariki - Ministry for Children
  3. Request interpreter from 'Interpreting New Zealand'
  4. Share name of potential interpreter with the family to ensure they are agreeable to this person interpreting and get approval to go ahead
  5. At meeting, sign confidentiality agreement with family and the interpreter
  6. Provide family with 'Interpreting New Zealand’s Code of Ethics' (see attached)

Other Cultures –
- Consider consultation with an appropriate agency relevant to that culture
**Code of ethics for interpreters**

1. The interpreter shall to the best of that person’s ability interpret faithfully and accurately between the parties; omitting nothing said by either party nor adding anything which the parties did not say, except with the full knowledge and agreement of all parties.

2. All the information gained by the interpreter in the course of that person’s duty shall remain strictly confidential. This information shall not be communicated, published, or in any other way divulged to any person or organisation other than the person or organisation engaging the services of the interpreter.

3. The interpreter shall respect all confidences received in the course of the interview.

4. The interpreter shall observe impartiality and neutrality in all interpreting assignments and shall not permit personal opinions or involvement to influence the performance of his/her work.

5. The interpreter shall be punctual for every appointment.

6. The interpreter shall observe at all times the obligations arising from his/her employment agreement with Interpreting New Zealand and shall not on any occasion take unfair advantage of the position of trust he/she is in.

7. The interpreter shall not allow personal or any other interests to influence the performance of his/her duties. The interpreter shall not accept or solicit any present, gift or other consideration, benefit or offer of such a character that it may have the effect of influencing or benefitting him/her.

8. The interpreter shall, in an appropriate and tactful manner, bring to the attention of the professional any issues pertaining to culture, creed and language that may arise in the course of the interview.

9. The interpreter shall provide a service of high standard in all interpreting situations in order to maintain full confidence in the integrity of Interpreting New Zealand.
6. GUIDELINES FOR THE SAFETY OF CHILD CLIENTS AT STOP

An expectation of the STOP Children’s Service is that child clients will be accompanied to STOP by an adult support person, usually a parent or guardian. This adult will remain either in the room where the session taking place or in the Children's Service or general waiting room.

1. Waiting Room – Child clients and the adult accompanying them will be directed by the person at Reception to the Children’s Service waiting room. This room is adjacent to the children’s therapy rooms. No adolescent clients will be permitted to use this waiting room. Child clients must be accompanied by an adult if they are to wait in the Children’s Service waiting room.

2. Toileting - There is a toilet adjacent to the waiting room which can be used by child clients and their family members. If a child requests that they be accompanied to the toilet, this should be done by the adult support person.

3. Supervision - The Clinician will collect the child from the waiting room. It will be ensured that the child is in the presence of either their adult support person or the Clinician at all times. At the end of the session, the Clinician will ensure that the child is handed back to their adult support person.

4. Physical Contact – physical contact between the clinician and child clients should be child led and boundaryed by the clinician. It should also be open to scrutiny by other adults. Where a child requires comfort, or cleaning up e.g. after spilling paint on their clothes, this task should where possible be given to the adult support person. Any behaviour from the child which gives rise to concern, including aggressive or sexualised behaviour directed towards the clinician, should be discussed with the Team Leader/Clinical Manager and a plan of action to be developed.

5. Any allegation by the child directed towards the clinician should be referred to the Team Leader/Clinical Manager.
REVIEW OF POLICY

☐ Document to be reviewed in: July 2018

Date: June 2017
Designated person for child protection: Maureen Lorimer