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STRATEGY, INSIGHTS, AND PERFORMANCE

Child Protection Policies

Implementation enablers, barriers, and systems factors

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Executive summary

Background

Recommendation 12 of the Dame Karen Poutasi Review states "…agencies should have a specific responsibility included in their founding legislation to make clear that they share responsibility for checking the safety of children." This literature scan seeks to understand the reason for any non-compliance with this requirement and to identify gaps in the system.

Key findings

The Children's Act 2014 requires organisations delivering services to children to adopt Child Protection Policies (CPPs) specifying how they will identify and respond to abuse and neglect. While the legislative framework outlines expectations, supported by professional codes of practice, application in practice is uneven. CPPs are often developed as compliance artefacts rather than tools to drive consistent, child-centric, practice. Embedding CPPs requires fostering cultures of trust, communication, and shared accountability where staff feel supported to act.

Interagency collaboration and clear guidance drive implementation

The most effective implementation occurs when services are connected through strong multi-agency networks and shared practices. Joint forums, defined pathways, and clear expectations help to support compliance and consistency. Accessible, structured, and practical guidance reduces ambiguity and enables frontline professionals to act confidently when concerns arise.

Systemic pressures weaken capacity and consistency

Implementation is constrained by role confusion, fragmented accountability, and resource limitations. Heavy workloads and limited time for professional development reduce the likelihood that CPPs will be fully understood or applied uniformly. Frontline professionals often know what should happen but lack support to do this consistently.

Frontline professionals strongly support the importance and relevance of child protection to their role but need greater support, sustained leadership, and investment to enable implementation

Frontline professionals identified child safety and protection as core to their professional role. However, many remained uncertain on thresholds, expectations, and feared misjudgement. Confidence grows when professionals have access to trusted colleagues, clear leadership, and training that translates policy into practical, meaningful, steps. Strong and visible leadership, accessible training, and simple tools aligned to daily work all strengthen implementation. These enablers ensure that CPPs are understood, owned, and acted upon across all levels of the workforce.

System alignment and collective responsibility determine effectiveness of CPPs

CPPs are only as effective as the system that supports them. To achieve consistent implementation, child and family facing services must align expectations at a local and national level, invest in raising workforce capability, and build cultures of shared responsibility. When child protection becomes a collective, embedded practice, prioritised in day-to-day work, the system will be able to support keeping children safe.

There are key elements that should be considered when looking to improve compliance with CPPs

Looking across the findings, effective implementation of CPPs relies on alignment, capability, and culture. Written policies must be matched by organisational commitment and sustained investment in practice. To strengthen outcomes, CPPs should include provision around:

- Clarifying roles and accountabilities
- Resourcing ongoing, structured, and prioritised professional development
- Fostering workplace cultures that prioritise collaboration and trust
- Simplifying tools and guidance to make implementation practical in daily work.

Strengthening alignment between policy, systems, and day-to-day practice will support the development of consistent, confident practice that keeps children safe.

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Literature Scan

Background and approach

Purpose

Recommendation 12 of the Dame Karen Poutasi review states: "...Agencies should have a specific responsibility included in their founding legislation to make clear that they share responsibility for checking the safety of children."

The Children's Act 2014 requires children's agencies (and services they fund/contract) to adopt child protection policies. These policies must contain provisions on the identification of, and reporting on, child abuse and neglect. In response to recommendation 12 of the Dame Karen Poutasi Review, it is beneficial to first understand the reason for any non-compliance with this requirement and to identify gaps in the system.

Research questions

The purpose of this literature scan is to explore and synthesize existing literature to understand the conditions, capabilities, enablers, and barriers that affect the **implementation of child protection policies in child and family facing services.**

- What are the broader system conditions that enable or constrain the implementation of child protection policies?
- What are the key barriers and enablers to the effective implementation of child protection policies within child- and family-facing services?
- What capabilities and resources are essential for successful implementation of these policies?

Method

The literature scan centres on implementation of child protection policies and practices within child and family facing services with a focus on adoption and operationalisation on the frontline. The following parameters were put in place to guide the literature scan.

Area	Focus
Topic	- Implementation of child protection policies and practices within child and family facing services with a focus on adoption and operationalisation on the frontline.
Intervention	- Child protection policies, frameworks, and guidelines - Implementation strategies, practice, and support mechanisms
Population	- Primary population of interest: Frontline kaimahi working in child and family facing services. - Secondary population of interest: Decision-makers in these services (e.g. managers, leaders, board members etc.)
Geography	- Primary focus: Aotearoa/ New Zealand

	-	Secondary: Relevant international literature (for contextualisation and comparative insights)
Timeframe	-	Publications from January 2016 – December 2025

Key Findings

Child Protection Policies (CPPs)

The purpose of a CPP is to outline how the organisation will prevent, respond to, and report abuse, neglect, or exploitation

Aotearoa New Zealand has some of the worst rates of child abuse and neglect in the OECD. One of the key strategies to address this was the passing of *the Children's Act 2014* which legislated for child protection policies (CPPs) to be developed and implemented for specified organisations.

The purpose of a CPP is to outline how the organisation will prevent, respond to, and report abuse, neglect, or exploitation. A CPP should ensure that children's safety and wellbeing are front, and centre, of all decision making and provide clear guidelines on how to identify and respond to actual or alleged abuse or harm.

The Children's Act 2014 directs identified State services, and organisations contracted by them to provide services to children, to adopt a CPP. The policy must be written and include provisions for the identification and reporting of child abuse and neglect. While the *Children's Act 2014* establishes expectations for CPPs, it provides limited guidance on how organisations should identify, manage, and action risks and symptoms of child abuse and neglect.

Child and family facing services are well placed to detect signs of harm or neglect

The frequency and nature of child contact makes frontline health services and education settings important detection points for child abuse and neglect.

For schools, particularly primary schools, it is recognised that these settings are like a 'second home' for children (Beddoe et al., 2018) and that school staff, due to the level of contact they have with children, are ideally placed to monitor children's behaviour and any changes in physical or psychological wellbeing that may indicate child maltreatment and neglect (Buckley & McGarry, 2011, as cited in Beddoe et al., 2018). This is particularly true for teachers of primary school children where children spend most of their time with one dedicated teacher. Early Childhood Education (ECE) professionals also spend a considerable time with young children, forming personal relationships with both children and parents/guardians. ECE professionals can observe children undressed when changing diapers or clothing, allowing them to identifying physical signs of abuse or maltreatment (Brunborg et al., 2024).

Another example seen in the literature reviewed, is within the oral health system. The New Zealand public funding scheme for oral health allows children and adolescents to have free routine dental care from birth to 18 years. There is the opportunity for children to have regular interactions with oral health practitioners in school-based, community-based, or private dental clinics. Oral health is often described as a window to overall health with orofacial presentations of child abuse or neglect that can be detected in a dental setting (Han et al., 2022). The New Zealand dental system puts oral health practitioners in a favourable position to detect signs and symptoms of child abuse and neglect and report to appropriate child protection agencies.

Legislative anchors shape expectations around child protection, however there is poor application of these within child and family facing services

CPPs in New Zealand are framed by legislation which sets expectations around these. *The Children's Act, 2014,* requires organisations receiving public funds to hold a CPP specifying how abuse/neglect will be identified and reported. Supporting this, the *Oranga Tamariki Act, 1989*, includes a clause stating there are no consequences for incorrectly reporting suspected child abuse and neglect "unless the information was disclosed or supplied in bad faith" (Oranga Tamariki Act, 1989, s.16). Legislation is complemented by professional codes, which tie closely to the intentions of the *Children's Act, 2014,* and accompanying legislation

Frontline professionals are expected to act on professional and ethical judgement, in accordance with the policies outlined for their respective organisation. However, there appears to be poor awareness and understanding of the framework which sits around their responsibilities as professionals working with children.

Han et al. (2022), in a cross-sectional study of oral health practitioners, identified a lack of understanding of the legislation and professional guidelines around recognising and reporting child abuse or neglect concerns. This study found that while CPPs aim to safeguard children through early detection and reporting, professional groups such as dental and oral health therapists face challenges translating these policy expectations into consistent practice.

Broader system conditions that enable the implementation of CPPs

Effective policy implementation relies not only on organisational processes and individual capability but also on the broader system conditions that support or hinder practice. Key enablers found in the literature include the importance of strong interagency collaboration and connectedness, as well as clear, structured, and accessible guidance.

Strong multi-agency networks and connectedness enable confidence and readiness

Strengthening the connection between agencies and organisations was identified as a core enabler for understanding and complying with CPPs. Regular forums, shared language, contact points, and coordinated responses developed as key themes across the literature.

Kelly et al. (2020) noted failure to share information between professionals about at-risk children has historically contributed to poor child protection outcomes. In contrast, when systems facilitate information sharing and joint decision-making, compliance with protection protocols improves. For example, New Zealand's national child protection alert system uses multidisciplinary teams to flag concerns across all districts, and most team members report that this collaborative approach helps support a focus on child protection (Kelly et al., 2020). This was further seen, overseas, in Usubillaga et al. (2023) which found that involving multiple agencies early in developing and implementing child protection guidance made it easier to

integrate that policy into practice. Shallard (2019) similarly observed that weak links between services undermined compliance with child protection policies; notably the presence of a liaison role to connect with child protection services was cited as being particularly helpful at bridging the gaps.

Collaboration among professionals (such as between health and social services) would improve the readiness of health professionals to address concerns around child abuse. Evidence suggests that a multidisciplinary team approach is more effective in improving responses than stand-alone practices. Increasing the access of frontline professionals to multidisciplinary support and embedding this in the professional standards framework and education programmes was identified as essential by Han et al. (2022).

This was also seen in an education setting. Beddoe et al. (2018) identified that "improved understanding and relationships between schools and statutory services might lead to more effective response" (p. 55). Social workers in schools identified better interagency communication and mutual understanding with child protection authorities as top priorities for improving schools' responses to abuse (Beddoe et al., 2018). Further, Keddell et al. (2025) found that school staff decisions to report suspected abuse were heavily influenced by the strength of cross-sector support networks.

Clear, structured, and accessible guidance reduces ambiguity and interpretation and improves compliance

A consistent finding across the literature is that clear, well-structured guidance, including standardised protocols, definitions, and clear role expectations, is crucial for frontline compliance with CPPs. In a study by Beddoe et al (2018) amongst Social Workers in Schools, Social Workers spoke of the need for clear definitions, responses, and school procedures to be in place so that teachers are well equipped and see themselves as "a key part of the process" of protecting children. When protocols are straightforward, definitions are shared, and staff understand their role, compliance with child protection duties becomes more uniform.

Kelly et al. (2020) found that New Zealand hospital teams varied in their understanding of a new child protection alert system and called for additional training and clearer criteria to support more consistent implementation. This was supported by Rosenburg et al. (2024) noting the push to bolster compliance by explicitly defining who must report and what constitutes abuse.

By having clear guidance, this minimises the need for personal interpretation of requirements and reduces inconsistent compliance. In a case study by Shallard (2019), which looked at how nurses are currently engaging with child protection, findings suggested that with little guidance to support the use of policy, nurses were left to interpret the policy on their own using their intuition or "gut feelings". O'Connor (2021) observed that without clear guidance, training, and oversight, schools tend to reduce CPPs to simply "tick box compliance" (p.168) and do not integrate the practices into daily routine. O'Connor (2021) argues that providing accessible guidance (akin to guidance given on workplace safety laws) is essential for those who work with children are to have the confidence, skills, and resources to protect children.

The New Zealand Royal Commission of Inquiry into Abuse in Care and in the Care of Faith-based Institutions (2023) noted how unclear or insufficient reporting procedures created a barrier to reporting. Some former residence staff members who gave evidence said they wanted to report staff practice in residential institutions but didn't know how to. Victims and survivors also reported barriers to reporting abuse, including inaccessible and unclear reporting processes in care settings, an absence of trusted adults to talk to, and compounded experiences of not being listened to or believed.

More broadly, Usubillaga et al. (2023) found that coherence and accessibility of policy guidance are essential enablers of implementation; when national directives clash with local practices or are disseminated as lengthy, complicated documents, frontline uptake suffers.

Broader system conditions that constrain the implementation of CPPs

Role confusion and accountability gaps can slow decisions and diffuse ownership

Unclear roles and mandate confusion at both a micro and macro level undermine effective compliance with CPPs. At a micro level, studies reviewed highlighted that frontline professionals often feel uncertainty about their responsibilities, leading to hesitation or inconsistent action. Shallard's (2019) study of New Zealand nurses found many were unsure around 'who does what' with participants openly not knowing proper procedures and some disagreement about roles.

At a macro level, fragmented accountability across the system further constrains policy implementation as gaps and misalignments across the system confuse and disrupt appropriate action. Keddell et al. (2025) describe how a shift toward 'family preservation' in New Zealand has raised the threshold for statutory intervention without expanding the remit of community services, essentially creating an accountability gap. Keddell et al. (2025) mention that this policy change, albeit well intentioned, led to divergent understandings and a lack of 'clear reconstruction of the roles' of statutory and community services led to role ambiguity.

In Wales, a similar dynamic is seen. If national and local policies are not well coordinated, frontline teams can get conflicting signals (Usubillaga et al., 2023). Usubillaga et al (2023) further warn that contradictions between policy directives can lead to "confusion in what local teams should prioritise" (p1) and that poor multi-agency integration means essential information might be missed. We know that this is also an issue in New Zealand, with social workers indicating that there was considerable ambiguity about who should notify suspected abuse and called for greater clarity between teachers, social workers, and statutory services (Beddoe et al., 2018).

Resource pressures reduce training uptake, documentation, and referral quality resulting in uneven knowledge across the workforce

When looking at the implementation of effective CPPs, a consistent theme is that financial, staffing, and time resource constraints significantly hinder implementation. Research in New Zealand schools shows that even well-intentioned policies face setbacks when the system is under-resourced. Keddell et al. (2025) found that resource scarcity and inequity in school communities led teachers to believe that if they did report their concerns, the system was not resourced to cope with it. Similarly, school-based social workers observed that teachers were often at capacity with their regular duties and felt limited in their ability to respond without additional support (Beddoe et al., 2018). Beddoe et al. further identified that education staff needed dedicated support personnel to help with child protection, highlighting that, without extra resources, they would struggle to comply fully with child protection protocols. In this study, Beddoe et al. reported that while the school formally adopted the required CPP, significant “time and cost” barriers prevented staff from attending training. Frontline education professionals highlighted heavy workloads, insufficient training opportunities, and not enough staff or support as key resource constraints.

These themes relating to resource constraints are evident in other sectors and countries as well. In healthcare, Kelly et al. (2020) found that while a hospital-based child protection alert system was valued by staff, many team members pointed out the significant time investment required to manage alerts (such as gathering information and attending MDT meetings) and the ongoing training needs required. Some described the process as “time consuming” suggesting that without allocating sufficient time and training, consistent use of the alert system was difficult.

Shallard (2019) similarly noted that even when clear child protection protocols exist, nurses’ abilities to carry them out routinely was limited by workload and role constraints; they often felt they lacked time or support to fully engage in the extra responsibilities that the policies entailed. On an international scale, this was supported by Usubillaga et al. (2023), examining the roll out of child protection guidance in Wales, concluding that effective policy implementation hinges on sufficient funding, staffing, and low staff turnover. Usubillaga et al. (2023) warn that “staff turnover and resource limitations” are central barriers that can derail even well-designed policies (p270).

Translating policy into practice

The implementation of CPPs extends beyond the creation of a written document or policy. As O’Connor (2021) argues “access to information alone appears to have little impact on practitioners’ performance” (Fixsen et al., 2005, p. 20, as cited in O’Connor, 2021). Simply having a policy in place, whether uploaded to a website or introduced in an induction, does not ensure meaningful application and improved outcomes. True implementation requires that the policy is actively embedded and integrated into everyday practice, where staff move from basic awareness to habitual, confident, and reflective engagement with child protection responsibilities (O’Connor, 2021).

One example used to understand transition from policy to routine action was the Normalisation Process Theory (NPT), used as a framework in O’Connor’s (2021)

thesis. NPT identifies three phases of implementation: implementing (ensuring materials and procedures are in place), embedding (developing shared understanding and daily practice), and integrating (sustaining actions as a matter of routine) (May and Finch, 2009, as cited in O'Connor, 2021). For example, embedding involves more than knowledge, it includes emotional and cognitive shifts such as recognising behavioural red flags and responding appropriately to disclosures (O'Connor, 2021).

Implementation can sometimes be complicated by assumptions that policy will automatically translate to behaviour change. Buckley and McGarry (2011, as cited in Beddoe et al, 2018) and others caution against overreliance on protocols, noting that detection and response to child abuse are nuanced, context-dependent processes. Without aligning these components, implementation falls short, with staff defaulting to past experiences or informal norms.

Attitudes and behaviours towards CPPs

Understanding key attitudes and behaviours that contribute to understanding and enacting CPPs helps to uncover key attitudinal shifts that may need to occur to encourage greater uptake of CPPs. Attitudes and behaviours identified in the literature include the belief that child protection is important, however this is coupled with the belief that child protection is 'not my role'. Further, there are varying levels of confidence, concerns around compliance culture, and a staged approach to reporting.

Frontline professionals believe child protection is important and a key part of their role

Across the literature, it was evident that most, if not all, frontline professionals viewed child safety as a key part of their role and agreed that child abuse and neglect were significant issues in New Zealand. O'Connor (2021) found that all staff within her study agreed that child protection was important and viewed it as a value underpinning their work. Similarly, Shallard's (2019) study of nurses revealed a deep emotional and ethical investment in the wellbeing of children and expressed that caring for children and ensuring their safety lay at the core of their profession.

However, while child abuse and neglect were strongly believed to be an important social issue in NZ, participants in (Han et al., 2022) advised that they are 'somewhat' confident in recognising the signs and symptoms of child abuse and neglect and 'somewhat' familiar with the reporting process and protocol. Of the 84 participants in Han et al.'s study, 74% identified 1 or more suspected cases during their careers; however, only 21% had ever reported their concerns to child protection agencies.

While frontline professionals are committed to child protection, there can be diffusion of responsibility

A recurring theme across the literature is that while professionals overwhelmingly agree that child protection is important, many perceive it as someone else's responsibility. O'Connor's (2021) study provides one of the clearest examples of this. Although all personnel expressed strong support for child protection, many assumed responsibilities rested with others, typically someone more senior. Support staff,

volunteers, and non-teaching personnel often felt that it was beyond their remit. This led to a 'diffused sense of responsibility' in which the CPP was seen as belonging to the institution, rather than individuals. O'Connor (2021) argues that without explicit role clarification and collective reinforcement, CPPs will continue to sit at the level of institutional compliance rather than individual responsibility.

O'Connor (2021) notes that a key barrier to reporting was historically "confusion about all professionals' role in reporting" (p21). While *The Children's Act 2014* tried to address this by requiring every school staff member (not just teachers) to identify and respond to abuse and neglect O'Connor identified that many assumed that "the required work was being conducted by someone else" (p1) rather than it being seen as a core part of their role.

In the health sector, Shallard's (2019) mixed method study of nurses revealed similar patterns. Although nurses were deeply committed to the wellbeing of children, many expressed uncertainties around their precise role in child protection. Several participants viewed social workers as the primary actors in responding to child abuse and neglect, perceiving their own role as limited to purely clinical care. As a result, nurses often delayed or deferred action, assuming others with more perceived expertise or authority would intervene.

Confidence in implementing CPPs varies by exposure and preparation

Confidence in implementing CPPs is often linked to previous professional exposure, training, and the perceived availability of support. Neels et al. (2019) found that clinicians' confidence in reporting concerns increased with training, supervision, and experience, while those without this felt hesitant and fearful.

Shallard (2019) identified that nurses frequently expressed uncertainty around what constituted sufficient evidence, underscoring the importance of experiential and educational reinforcement. Similarly, Beddoe et al. (2018) documented variable levels of understanding among school personnel, noting that their response differed based on their exposure to prior scenarios and access to training.

Perception of agency responsiveness shapes behaviour. Reports of concern processes and outcomes were sometimes a source of conflict (Beddoe et al., 2018). Social workers in schools spoke of their relationships with both systems, as this could be two-way critique:

> "Better communication between a local CYF office and the school and the provision of training about statutory processes might reduce the potential for misunderstandings about timeframes and practices" (Beddoe et al., 2018, p54)

This was also seen in international literature which identified Norwegian ECE professionals' reluctance to report indicated a lack of trust in the child protection agency, referring to previous cases that had been critical of parental rights (Brunborg et al., 2024).

There were concerns that CPP falls into 'compliance culture' rather than a moral commitment

Concerns were noted around how the implementation of CPPs in New Zealand may stop at 'compliance' rather than being ingrained habitual or moral practice. O'Connor (2021) identified that most staff understood their legal responsibilities under the *Children's Act 2014* but did not fully internalise the purpose of these policies. This study highlights a 'compliance culture' where procedures exist mainly to satisfy legal requirements rather than to shift commitment to child protection.

This was reinforced in Keddell et al. (2025), finding that frontline professionals' responses to CPPs were shaped by perceived organisational priorities and accountability pressures. Frontline professionals sometimes felt compelled to meet bureaucratic compliance requirements even when these conflicted with professional judgement. Similarly, Shallard's (2019) interviews with nurses revealed moral distress when institutional guidelines clashed with their intuitive duty of care, with nurses describing relying on 'gut feelings' and emotional reasoning when policy guidance was unclear.

This focus on compliance was noted within the training identified in Treacy & Nohilly (2020) where the training aims to "familiarise participants with the content and requirements of the new *Child Protection Procedures for Primary and Post-Primary Schools 2017*" (PDST, 2018, as cited in Treacy & Nohilly, 2020). These seminars focused solely on the explicit knowledge of signs, symptoms, policies, and procedures i.e. informing schools about child protection *requirements*.

> "PDST has a role in outlining the requirements for schools in the implementation of Children First National Guidance and the 2017 DES Child Protection Procedures. It does not have a role in advising schools on child protection concerns and/or disclosures" (Treacy & Nohilly, 2020, p4).

This focus on compliance jettisons the implicit, less tangible factors such as teacher beliefs and attitudes about child protection that have been highlighted as influential (Bourke & Maunsell, 2016 as cited in Treacy & Nohilly, 2020). This exemplifies a lack of emphasis on child protection referral as a "practice, moral activity" and suggests a sole focus on it as a "technical, rational" activity despite it being both a head and a heart activity in which personal feelings such as fear, guilt, over-empathy and anxiety about the response of the community have an effect on practice (Treacy & Nohilly, 2020).

Current approaches to child protection appear to be staged depending on perceived severity

Enacting behaviour change involves an understanding of current state pertaining to how child abuse is approached amongst child and family facing services. Key themes across New Zealand based literature suggest that current child abuse approaches increasingly reflect a tiered, staged approach that considers both the severity of the harm and the context surrounding the family.

A staged response based on perceived severity is evident in current practice, particularly in schools. Rather than immediately referring all concerns to Oranga

Tamariki, many schools and frontline professionals prefer to triage their concerns by identifying whether the case may be managed with support services or if it requires escalation. There also appears to be an informal “support first” policy that is adhered to within school settings. Keddell et al. (2025) describes how schools have moved towards a support first model as a first line measure. With this, teachers often seek to engage with social workers, health professionals, or other services before considering formal reports. Some schools had extensive options available to help families and children with poverty-related issues that could contribute to harm for children, in low decile schools particularly. These included school social workers, food programmes, washing machine access, learning supports, counsellors, student support and truancy workers, after and preschool care and parenting support (Keddell et al. 2025).

Kelly et al. (2020) reinforce this, noting that health professionals perceive supportive, cross-sector collaboration as more effective and less adversarial than immediate reporting.

Barriers to implementation

Despite policies and procedures being in place, a range of barriers continue to affect how child protection responsibilities are understood and acted on in practice. Bourke and Maunsell (2016, as cited in Treacy & Nohilly, 2020) identify that these barriers can be explicit and implicit. Explicit factors comprise tangible barriers such as lack of explicit knowledge on the signs, symptoms, policies and procedures; whilst implicit barriers encompass fewer tangible factors, including the individual’s belief system about children, children’s rights, child protection and child abuse.

A lack of awareness and understanding of child abuse and neglect can prevent action

A lack of awareness of the realities of child abuse and neglect can constrain professionals’ abilities to identify and respond appropriately. This issue is compounded by the assumptions that child abuse and neglect is less likely to occur in certain communities, such as higher decile schools, leading to an invisibility of harm (O’Connor, 2021).

It is reasonable to assume that teacher would hold the care of the child as first priority, although precisely what this would entail is open to interpretation (Beddoe et al. 2018). If a new staff member has had little-to-no prior engagement with the concept or reality of child abuse and neglect in New Zealand, either personally or professionally, they are unlikely to be aware of its prevalence or of possible indicators. Social workers in schools supported this, stating they wanted signs of child abuse and ways to respond to be a “mandatory part of [teacher] training, part of the schools” and mentioned “if they actually had training around that, you know, this is what neglect looks like, you know, these are the signs, then they can be more confident in following the schools process of how to report.” (Beddoe et al. 2018, p51).

This was further iterated in an Irish study looking at teacher education. This study, by Treacey et al. (2020) highlighted that the “limited time allocation for child protection training” (p.4) jettisons the implicit, less tangible, factors such as teachers’ beliefs,

attitudes, and professional theories, when dealing with child abuse and neglect. Further, this study identifies 'compassion fatigue' amongst teachers as a predictor towards child protection referral and recommend mental health training and support to help mitigate this.

Ambiguous thresholds and fear of getting it wrong can generate hesitancy amongst frontline professionals

Ambiguity or lack of understanding around what constitutes abuse can generate hesitancy amongst professionals working with children and families. While most professionals recognise their duty, a large proportion experience fear of false accusing families or exacerbating harm to the child. In their study of oral health therapists Han et al. (2022) found that 70% of respondents identified fear of false reporting as a significant barrier.

Uncertainties can discourage action unless symptoms are overt or extreme, contributing to underreporting. As a participant in O'Connor (2021) observed, educators might notice isolated signs such as unkempt appearance or repeated absences but fail to "join the dots" to identify neglect, leading to uncertainty and lack of action. O'Connor (2021) found that many teachers had trouble distinguishing between signs of potential abuse and other social or emotional challenges faced by children. They feared misreading the signs and inadvertently causing harm by triggering an unnecessary intervention.

This was seen in O'Connor (2021) whereby responses to a vignette identified fear as a barrier to reporting. These worries concur with research in the Netherlands which found experiencing fear is an important barrier in detecting and reporting child abuse (Gubbels et al., 2021).

Loss of confidence and trust in statutory agencies constrain willingness to report suspected abuse or neglect

CPPs often include a directive to report concerns. A lack of trust in Oranga Tamariki significantly constrains professionals' willingness to escalate child protection concerns to a statutory agency. Educators often perceive Oranga Tamariki as unresponsive, bureaucratic, or potentially harmful in its interventions, leading to reluctance to involve them when concerns arise (O'Connor, 2021). Some staff feel protective towards families, feeling that managing complex situations internally is better than potential inaction by Oranga Tamariki.

> "...I don't know whether Oranga Tamariki, in my experience, would be able to provide a solution…when you think about, you know, the welfare of the children…if you thought Oranga Tamariki were going to come in and they were going to support the family, and they were going to make a difference, you know, you'd do that straight away, probably." (Keddell et al. 2023, p27).

This is exacerbated by a lack of response or feedback loop. Nurses report submitting concerns with no clarity or feedback as to whether the situation was addressed (Shallard, 2019) reinforcing scepticism about the system's effectiveness. Keddell et al. (2025) highlights that educators may perform compliance tasks without true engagement, out of concern that the statutory response may not align with the need

of the child or whānau. Additionally, concerns around cultural misalignment, particularly in relation to whānau Māori, contribute to wariness.

Enablers for implementation

Successful implementation of CPPs relies on a range of enabling factors that create the conditions for effective and sustained practice. These enablers operate at multiple levels, from organisational leadership to support and trust within the work environment.

A designated CPP lead enables effective CPP implementation

A clearly identified leader or focal point for child protection is widely cited as crucial for effective CPP implementation. A designated leader provides a focal point for training, consultation, and procedural clarity, making it easier for staff to engage confidently with CPPs. They can also act as a connector between frontline workers and external agencies. O'Connor (2021) found that although schools often appoint designated leaders in line with policy requirements, ambiguity about their responsibilities can limit their effectiveness.

In practice, schools often rely on de-facto leads such as social workers in schools, but these roles may only be on site part-time and miss staff meetings. This highlights the value of having a consistent and on-site designated person who is embedded in the daily life of the workplace setting. Their constant presence means staff always know who to turn to with concerns, avoiding confusion or diffusion of responsibility. It also ensures that the dedicated lead maintains an up-to-date and in-depth knowledge of the CPP and the steps involved in child protection.

Support and peer consultation strengthens CPP application amongst child and family-facing services

A supportive organisational culture with opportunities for consultation is another vital enabling factor. Literature identified that being able to discuss cases and consult with senior practitioners and team managers would be beneficial in increasing confidence. In Shallard's (2019) thesis, research with nurses found that confidence and decision-making improved when nurses could discuss cases with peers or supervisors, highlighting that collegial support was essential when navigating uncertainty and complex circumstances.

Frontline professionals recognise the value of peer support. One case study noted that staff were willing to adopt new practices but needed peer reinforcement to fully integrate the policy into routine practice (Usubillaga et al. 2023). Creating formal and informal avenues for consultation, mentoring, and teamwork helps professionals feel supported and improves consistent policy application.

> "I could probably go onto our, what do you call it, our Google Docs, and our staff intranet and probably google and possibly find that there is a procedure. But to be honest, I probably wouldn't go there first, I'd probably go to the [AP for whichever area of the school the child is in] first. (Teacher, experienced: interview)" (O'Connor, 2021, p123)

This was also seen in Beddoe et al. (2018) where school social workers were unanimous that teachers needed more support. There was strong support for social workers in schools having more time to support and work with classroom teachers and to offer consultation about children where the teacher held concerns. One participant argued that if she was in charge she "would have a trained social worker that they can consult with if they were concerned. I think just providing that level of support for them would help alleviate anxiety that they may take home with them" (Beddoe et al., 2018, p.52)

A trusting workplace culture enables implementation of CPPs

A trusting and collaborative work environment underpins all other factors. Implementation efforts flourish in organisations with open communication and trust among staff and agencies. Studies highlight that "the existence of a collaborative environment, both within and between local authority teams… seems to facilitate the implementation" of new child protection policies while "the lack of a collaborative environment" can "reduce the spaces where the new… policy can be discussed," (Usubillaga et al., 2023, p276).

Frontline professionals need to trust that raising concerns or reporting abuse will lead to appropriate action. When that trust is absent, implementation falters. For example, hospital nurses in New Zealand reported frustrations with and limited confidence in child protection services citing this lack of trust as a barrier to reporting suspected abuse cases (Kelly et al., 2020). Such findings echo the broader point that a supportive and collaborative organisational context, where colleagues, supervisors, and partner agencies trust one another, is essential for child protection policies to be embraced and enacted in daily practice.

O'Connor et al. (2021) also identified that trust was a theme guiding immediate factors of building and maintaining confidence in a set of practices. Trust was referred to by most participants as a condition that allowed them to feel the school contributed successfully to enable a child safety focus, in a variety of ways. This extended to the trust in senior leaders to be able to deal with an incident of child abuse or neglect. Participants from all focus groups had no hesitation in saying they would refer issues or concerns up to senior leaders and had full confidence these would be handled appropriately.

Capabilities and resources required for effective implementation of CPPs

Frontline professionals require time and space to engage with CPPs and embed them in their practice

A persistent structural barrier to compliance with CPPs is a lack of time and space within professionals' workloads. Teachers report being overwhelmed by competing

demands and limited non-contact time, which rarely allows for policy engagement or reflective practice. One teacher noted:

> "It's just finding the time to do this. Because you're just doing a million other things and you think, yeah, it might be there, when do you actually have the time to look at these things, unless you're actually directed to it, and if it's actually timetabled, ok, staff meeting, let's look at this and look at this, and actually tick it off. Otherwise you tend not to because you're so busy doing everything else." (Teacher, syndicate leader: interview) (O'Connor, 2021, p115)

Without clear, timetabled, compulsory training sessions, personnel may neither access, engage with, or internalise CPPs. O'Connor (2021) identifies that directing personnel to individually and voluntarily seek out the CPP, then read and internalize it in their own time, means it is less likely to be done. A lack of compulsory Professional Development around the CPP might indicate to personnel it is not viewed as important.

Consistent and directed training enables the application of CPPs

Several sources cited the absence of embedded and consistent training mechanisms and the impact on capabilities in frontline professions. In the education sector, many schools rely on ad-hoc or one-off training sessions and opportunities for staff to engage in these is often optional. New teachers, for example, enter the profession with minimal preparation on how to interpret and act on concerns related to child abuse or neglect. They may be informed that a CPP exists but receive no substantive or ongoing training around its contents or application (O'Connor, 2021).

> "I asked all my programme leaders the specific question about what they get about CPPs, and the answer is they don't get in-depth preparation on CPPs. So [student teachers] … should know there is one, they are themselves VCA checked and that is explained to them. They're told things at the level of policy exists; in their practicum briefs, for example, it says, you've got to read these policies as soon as you get into a school, one of them is Child Protection, Health and Safety, Treaty of Waitangi policies, so they're directed to do that, but I don't know how many of them do do that" (Interview – head of ITE) (O'Connor, 2021, p77)

There was also a strong emphasis on training to ensure that processes were clear when concerns were noted and action was needed. Participants in Beddoe et al. (2018) wanted signs of child abuse and ways to respond to be a mandatory part of their training and for there to be policy and procedures in place that teachers were trained in.

This was supported in the health sector, with Han et al. (2022) participants providing potential facilitators to help dental and oral health professionals in child protection. Responses to open-ended questions supported the effectiveness and potential benefits of having child protection training to gain up-to-date information on reporting pathways and policies. Shallard (2019) found that there was a statistically significant association between training and confidence; participants who had received training were more confident to identify child maltreatment compared to those who had not.

Implementation of CPPs require simple tools that fit workflow

Enabling implementation also requires practical tools, guidance, and processes that mesh with daily workflows. Across the literature it was found that essential implementation inputs, such as clear guidelines, were often missing, leading frontline professionals to rely on personal judgment rather than standard procedures.

Conflicting or cumbersome tools can create confusion; for instance, researchers observed that overlapping “local and national tools/policies are likely to lead [to] confusion for practitioners” (Usubilliga et al., 2021, p276), such that neither policy is implemented effectively. To counter this, policy directives should be streamlined and context appropriate. Evidence from a Philippine school revealed that while teachers had a strong moral intent, the absence of practical, localised, and streamlined guidance disrupted the causal link between awareness and implementation. Shallard (2019) noted that simple, accessible, tools such as clear referral pathways and standardised systems, would support timely and confident action.

Evidence gaps

We know that Māori experience more structural disadvantage than non-Māori (Keddell et al., 2022) and there is a disproportionality of Māori and Pasifika in the NZ care and protection system. The interactions between Māori and the child protection system must be viewed within the broader historical context and legacy of trauma created by colonisation. These ongoing impacts underscore the need to understand current disparities. However, there is a paucity of literature around implementation of CPPs and the impact of this on Māori and Pasifika communities.

International research has shown racial bias should be considered when looking at the reporting of concerns. A study investigating the role of racial and ethnic bias in the evaluation and reporting of suspected abusive head trauma in the United States found minority race/ethnicity patients were twice as likely to be evaluated and reported than white/non-Hispanic patients (Hymel et al., 2018). These disparities were most common for minority race/ethnicity patients with less severe head trauma. This was supported through Keddell and Hyslop (2019) whereby responses to vignettes showed family ethnicity had a moderate effect on perceptions of risk, safety, and decisions. The Māori family was perceived as higher risk than the Pākehā family and had more decisions made about them. These results illustrate how implicit bias affects how evidence is interpreted, and cases are subsequently handled.

The inclusion of Māori and Pasifika views around the implementation of CPPs for child and family-facing services would strengthen the understanding for any future decision-making.

Conclusions

Implementation of CPPs across New Zealand's child and family-facing sectors remains inconsistent. While legislative requirements are clear, variation in capability, leadership, and system alignment means that policy intent is not always realised in practice.

Effective implementation depends on clear accountability, shared understanding, and collaboration. However, fragmented systems, workforce pressures, and limited resourcing weaken consistency and confidence.

Strong leadership, trust, and a supportive workplace culture are essential to embedding CPPs into everyday practice. Regular, practical, training and simple, accessible tools help frontline professionals act decisively if concerns arise.

Progress to embed CPPs will depend on moving beyond compliance towards a culture of collective responsibility, where every professional sees child protection as a shared, integral part of their work.

To strengthen outcomes, CPPs should include provision around:

- Clarifying roles and accountabilities
- Resourcing ongoing, structured, and prioritised professional development
- Fostering workplace cultures that prioritise collaboration and trust
- Simplifying tools and guidance to make implementation practical in daily work.

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