

ISE Primary Division Child Protection Policy



Created February 2013

Child Protection Protocol

This protocol provides guidelines for the staff of the International School Eindhoven concerning the suspicion of child abuse – acknowledgment of signals and action plan.

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Introduction

All adults who either directly or indirectly work with children can play an important role in the campaign against child abuse. Children who are abused have the right to be helped and supported as established by the International Declaration of Children's Rights. The abuse must be stopped and the developmental phase of the specific child must be rectified. All staff members of the ISE, that work with children, have a responsibility to be aware of the signs of the different forms of child abuse and the correct procedures to take as described in this protocol.

Our school is a "SPIL" schools. The "SPIL" partners are the primary schools, after school day care centers and the Dutch Youth Health Organizations – SMW and GGD. As a collective group we can thoroughly review allegations/assumptions made by any of the SPIL partners before taking legal action.

This protocol provides guidelines for the acknowledgement of signals of child abuse and the necessary action plan to be implemented. Furthermore it offers support and establishes a framework for evaluation of individual responsibility. Staff members are guided how to act and are to be held accountable for their actions. This protocol prevents that steps of this plan of action are skipped and that neither emotions nor conflicts of interest influence this procedure. This protocol is binding. All of its detailed steps must be implemented to guarantee the quality and effectiveness of this plan.

In addition to this protocol wherein all the steps are minutely described is herein included a roadmap plan of action. This road map is adapted from the Dutch document entitled "acknowledgement of signals of suspected child abuse and resulting plan of action". It informs staff members how to act to a suspicion of child abuse.

This protocol has been put together on the basis of the Code of Report of Child Abuse from the NIZW. The road map has been adapted from the Amsterdam Protocol of Child Abuse.

1. Definitions, tasks and responsibilities

Definition of Child Abuse

Child abuse is every form of threatening or violent interaction (physical, psychological or sexual), a child undergoes from parents or other adults to whom this child is dependent on. This can be actively or passively imposed, resulting in a threat of and/or actual serious physical or psychological damage to the child.

Types of Child Abuse

Physical Abuse

This includes all forms of physical violence used against a child as hitting, kicking, biting, pinching, scratching, causing burns and letting children fall. By the so called “light forms” of physical violence when these practices occur on a regular basis they are then classified as child abuse. An exceptional form of physical mistreatment is the “shake baby syndrome” whereby a baby is so violently shaken that various symptoms and disorders occur and remain. Another exceptional form is Munchausen by proxy syndrome whereby parents, primarily mothers, on purpose make their child sick or claim that he or she is sick.

Psychological Abuse

Psychological or emotional abuse occurs when parents or other guardians through their behavior or attitude reject and/or hostilely treat their children. They continually curse their child, repeatedly stating that he/she is not wanted and on purpose scare him/her. Psychological or emotional abuse can also be comprised of degenerating remarks about the child made in the presence of others.

Physical Neglect

Physical neglect is a passive form of child abuse since the child does not receive the care and attention he/she needs. Mandatory physical needs as food, clothing, shelter, hygienic and medical care which are denied or not adequately provided categorize physical neglect.

Psychological Neglect

Psychological neglect occurs when parents or guardians do not provide sufficient positive attention for their child. Consequently, the basic needs of the child, love, warmth, protection and support are structurally denied. The child suffers from psychological neglect due to a lack of emotional support in the form of warmth, respect, attention and contact.

Sexual Abuse

Sexual abuse occurs when an adult forces a child to participate in any form of sexual activity. Children lack the capability to refuse almost all sexual advances of adults due to emotional

pressure, physical and relational strength, compulsion and violence. The child is thus forced to submit to sexual acts, to commit sexual acts, witness sexual acts of others and/or watch pornographic materials.

Witness to Household Family Violence

The child witnesses violence to a family member of their own home. Violence is hereby defined as an attack upon the personal integrity of the victim. Furthermore a distinction is made between psychological and physical violence which includes sexual abuse. The child is a witness to any of these forms of household family violence.

Female Genital Mutilation

This is a mutilation of the external female sexual organs.

Staff members of ISE

This includes teachers, classroom assistants, special needs counselors, librarians, department heads, management, secretaries, custodians and ICT specialists.

Head of Department

The head of department is always to be informed whenever an appeal is being considered to be made to: Dutch Anonymous Child Protection organisation (AMK) or the Dutch Youth Health Care Organizations (BJZ). It is mandatory that any report of possible child abuse, being sent to these organizations, first be discussed with one's head of department and the director of the school. The head of department checks if the further steps of the school's protocol are being followed. Lastly, the head of department must be informed of any derivations from the Child Abuse Protocol that a staff member plans to undertake.

Clients

Clients of the ISE are the pupils from the nursery to group 8 and their parents or guardians. In this protocol a distinction is made between parents and children. Parents may also mean guardian and children also includes youth.

2. Fundamental Principles

1. Staff members of the ISE carry a special and direct responsibility for the development, health and safety for our school's children with whom he/she professionally, directly or indirectly, works. This responsibility is based on the staff member's knowledge, experience and capabilities.
2. By consternation of definite or possible child abuse, staff members need to undertake the immediate steps of action as prescribed by this protocol.
3. In principle, parents are requested and required to grant their permission to all other outside organisations and professionals that are to be called in to help their family. A particular family situation and the priority of the primary interest of a child may demand, at times, the request of outside organizations' help without the knowledge or permission of the parents or guardians.
4. Staff members of the ISE are capable of recognising instances of possible child abuse. One's expertise in these matters must be maintained by self-study and in-service training.

3. Phases

When an ISE staff member suspects that a child is possibly abused, the following plan should be followed.

Procedure – Child Protection

When parents are cooperative, follow the “Spil-Protocol” below.

National protocol		Adapted in SPIL-protocol
1. Suspected abuse	→	SPIL Plan Level 1, 2, 3
2. Consultation	→	SPIL Plan Level 4
3. Further Investigation	→	SPIL Plan Level 4
4. Decisions	→	SPIL Plan Level 4, 5
5. Evaluation	→	SPIL Plan Level 4
6. Follow up	→	SPIL Plan Level 4

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SPIL Plan Level 1,2,3,4,

Phase 1: Suspected Abuse

The source of suspected child abuse can be:

- Your own suspicion
- Someone, for example a pupil, tells you a shocking story concerning another child.
- A pupil confidentially informs you of their own situation.
- A parent's behavior or specific words/actions trigger your attention to an alarming situation.

When you have a suspicion of possible child abuse or someone else has told you an alarming story concerning a pupil:

- Observe this pupil in detail on a daily basis. Be alert to watch for any extraordinary behavior or unusual physical signs of possible abuse. Pay attention to the parent-child relationship. Use the list in the workbook "Signals of Child Abuse".
- Write down the signals you observe. Use both the Signal and Observation Lists.
- Consult others who can provide you with trustworthy information about this family and child – a colleague or persons known to be familiar with this family. You may request another colleague to help you observe this pupil.
- Ask advice from Dutch Youth help organizations – SMW /JGZ and your own SEN coordinators.
- Ensure and build up your confidence with this child.
- **Set a time limit of maximum a month to verify your suspicion.**

When a child confidentially informs you of their own situation:

- Listen calmly to what the child tells you.
- Take notes of what the child has told you.
- Ask the child what he/she wishes that you should do for him/her. Ensure that your contact with the child continues.
- Use the same list of advice as described here above for "Your own suspicion".

A parent's behavior or specific words/actions trigger your attention to an alarming situation:

- Listen calmly to what the parent tells you.
- Share when possible your concern with this parent.
- Try to find together a solution to this problem.
- Continue to build together a relationship of trust.

Share your suspicions and consult others first in your own school – Level 1, 2 & 3.

Consult the parents concerning the signals you have observed. Check to see if there are brothers or sisters in this family and how they are. By any suspicion of female genital mutilation, contact immediately the Dutch Youth Care Office – JGZ.

1 - When a suspicion is invalid there may be another reason for a pupil's different behavior. Try to find out what is really going on and stay alert.

2 - When there remains a doubt concerning your suspicion which is not validated, continue to note down what you see and are told. Carry on using the Signal and Observation Lists and Forms of this protocol workbook. Share your suspicion confidentially with other SEN Team.

3 - Your suspicion is validated. Share this with your SEN team to set up the necessary measures required. Commence with phase 2 immediately.

Phase 2: Consultation

Consultation School's Child Abuse Committee – Level 4

When the suspicion remains unclear query some this case needs to be reported to the broader SEN team (SPIL team). Use the SPIL registration card*. When the suspicion is verified, immediately contact the chairperson of this committee who will then arrange an emergency meeting of the entire committee. All the involved parties will be contacted and possibly invited to the SPIL meeting. **If possible inform the parents of this meeting.**

The SENCO, together with the member of staff who has reported the cause for concern, registers the child's case with the chairperson. The chairperson asks all SPIL-committee members to share the information known about this family and child. The chairperson collates this data onto a family card*. This is discussed in the SPIL- committee meeting.

Use the following plan of approach:

1. Collecting information

Determine whether all the necessary information is collected, look into making further inquiries from other parties – for example: Family Doctor, Police, school attendance officer. If advisable, request information from the Dutch Anonymous Child Protection organisation AMK.

2. Establish a definite problem analysis. Determine if the child is presently safe or not.

3. Determine the plan of action

4. Appointing the coordinator for this case

5. Set up an action plan together

6. Feedback to the parents – the coordinator shares the action plan with the parents

7. In case of lack of professional expertise, refer this case to the Dutch organizations CJG and/or BJZ/AMK. Have an official “signal” sent out – earmarking this pupil in the regional child monitoring system to inform all parties a form of child abuse has been noted.

8. Following on from the SPIL-committee meeting this child/family needs to be added to the “SPIL Monitory List”*.

*Please refer to the Workbook Child Abuse and SPIL handbook for necessary documents.

Phase 3: Further Investigation

Gathering Additional Information

The extended SEN TEAM checks to see what relevant information is missing and delegates who will be responsible for obtaining this information. Doctors from JGZ are allowed to share information with other doctors. SMW can contact other help organizations that work with this family. SMW can obtain information concerning household family violence from the AMW. District nurses and offices for infant childcare can obtain information from: Het Kinderwerk, Home Start, Doorstart, Baby Extra, Op Stap and Spel aan Huis. If there is insufficient information concerning the home situation, the SPIL- Committee will appoint a member to visit this family.

Consulting the Dutch Anonymous Child Protection organisation AMK

- The coordinator of the Child Abuse Committee contacts when necessary the AMK for advice.
- The AMK offers advice concerning the following steps that may be taken.
- The outcome of the consultation with the AMK are discussed in the committee and their plan of action can be adapted if necessary.

An Additional Investigation by the Youth Health Service (JGZ)

The SPIL- Committee decides if it is necessary for the JGZ to visit the family and/or examine the child. The School Doctor/Nurse may request an examination of this child after the school has spoken with the parents. The District Nurse may visit families with children younger than four years old. The School Doctor/Nurse examines the child and speaks with the parents. The School Doctor/Nurse looks for signs of suspected child abuse, sexual abuse and female genital mutilation. The School Doctor exchanges information with other doctors. The results of these investigations are discussed by the SPIL-Committee and added to SPIL family card file.

Phase 4: Decisions

A decision needs to be taken if the SPIL- Committee and its partners can offer adequate help to this family or not. If this family's situation is too complex to deal with other support organisations must be called in.

When all SPIL- Committee members are able to prove their cause for concern, the director of the ISE is responsible for filing an official report of child abuse to the Dutch Anonymous Child Protection organisation (AMK).

Action Plan of the Partners

The partners agree upon an action plan and discuss this plan with the parents. It is decided what each partner's task is and when it will be undertaken. These plans and dates are entered in the SPIL Family Card file.

Action Plan of the Parents

The coordinator and district nurse (for children in the age range 0-4 years old) or the school's social worker (for the children in the age range of 4-12 years old) draws up an action plan with/for the parents. The SPIL committee members decide who has the best contact with the family and if he/she should accompany the coordinator during a family visit. Decide if one or preferably two SPIL committee members should visit this family. It is advisable to thoroughly plan how this visit to the home is carried out.

Referral to the Case Consultation of the CJG (Centre for Youth and Family)

Level 5 – Complex situations whereby either support organizations are involved or neither are involved, need to be referred to the CJG. The partners use the signal/report system from the Zorg voor Jeugd. The coordinator of the SPIL committee provides the CJG the file and family card when this case is reviewed. Zorg voor Jeugd and/or CJG take over the coordination of this case and draw up an action plan (possibly with parents). The new coordinator is held responsible for the implementation of the plan of approach and to provide feedback to the SPIL team at the ISE. Newly signified information acquired by the SPIL team needs to be passed on to this (new) coordinator.

Sharing Information BJZ/AMK

If the BJZ/AMK (Bureau Youth Care/ Dutch Anonymous Child Protection organisation) are involved in this case they are responsible for feedback to the SPIL team. Sharing case information may only take place with the agreement of the client (based on the National Privacy Law). When the client does not grant his/her permission the BJZ/AMK will only give notice of its decisions.

Phase 5: Evaluation

Evaluation of Action Plan with the Parents

The Action Plan is evaluated with the SPIL – committee.

It is essential to have a written documentation of all this evaluation.

When necessary the plan of approach is revised.

Phase 6: Follow Up

Continue to be vigilant of the child's behaviours.
Continue to be supportive towards this child.

Stay in contact with the parents

If there are new incidents and/or reasons for further consultation, initiate a new meeting of the SPIL - Committee.

The concern for this pupil can affect the committee members feelings and doubts. Make sure that there is adequate care/attention for committee members' needs.

Crisis

When does a crisis situation exist?

When the safety of a child is seriously and abruptly endangered and/or the safety of the staff member who reported this suspected child abuse is endangered.

What to do in a crisis situation?

The staff member, who consternates this crisis situation, contacts directly the director of the school and follows the step by step plan. **Discuss with the director if it is possible and safe to discuss these new crisis signals with the parents.** A decision must be taken whether or not to report this new situation to BJK/AMK. The chairperson of the SPIL Committee is informed of these new developments. The SPIL team is informed of this child's predicament for further consultation.

Sharing Information BJK/AMK

Only with the client's permission may information be shared according to the Law of Privacy. If the client does not grant his/her permission, BJK/AMK may only share the decisions that are taken.

Taking the Case higher up within Centrum Jeugd en Gezin

If the cooperation of a help organisation's partner is insufficient, the alderman responsible for Jeugd en Gezin must invite the manager of this organisation to speak with him/her within one week (CJG Covenant 2007).

If the Raad voor de Kinderbescherming does not implement the necessary actions, repeatedly requested from the Case Consulting Organizations , this case is then brought to the attention of the Mayor who can decide to request a ruling from the Judge of Juvenile Court Cases (Ministry of Justice 2009).

Parents do not cooperate

When it is clear that the parents do not cooperate or will not cooperate, direct contact is to be made with the SENCO, SMW (social worker), JGZ (Youth and Family Care), team members, Management, etc). This brings the case to a SPIL level 2 within the school's SPIL committee. Immediate contact is made with the district nurse for children ages 0-4 and the school's social worker for children ages 4-12.

These persons submit a registration in the signal system of Zorg voor Jeugd, which forwards an appeal for care to BJZ/AMK. The district nurse and social worker register the child for care with the SPIL team. The family's case is discussed and further followed by the SPIL care team.

Appendices

Appendix 1a : Signs of Child Abuse 0-12 years of age

One should be careful with the use of the following information. Whenever one of the following signs is noticed this does not mean automatically that one should suspect child abuse. Other causes are possible. Therefore the following list is neither absolute nor binding. Other signs may also point to child abuse.

The Signs:

Physical and behavioural:

- Unexplainable bruises, cuts and black and blue marks.
- Not well cared for: clothes, hygiene, food. Insufficient health and dental care.
- Developmentally behind: motor system, speech, language, emotions and cognitive skills.
- Psychosomatic complaints: stomachaches, headaches, nauseous . . .
- Reserved behavior – stays on the sidelines
- The child is scared of its parents
- Reoccurring urine infections
- Sudden change in behavior
- Not toilet trained after 3 years of age
- Small in size for his/her age
- Asks a lot of attention in strange ways
- Child goes to many different doctors and hospitals
- Knowledge of sexuality does not fit his/her development level
- Stiff way of moving – legs and pelvis are “locked”
- Has a sexual contagious disease
- Sleeping problem
- Eating problem
- By sudden unexpected physical contact reacts shocked and afraid
- When picked up holds his/her body totally stiff
- Scared and afraid when clothes/diapers are changed
- Does not play with other children (from 3 years of age on)
- Strange way of playing (unusual themes that may imply child abuse)
- Anticipates to be punished
- Reacts aggressively to other children
- Shows no interest in toys or games

Peculiar Signs at a day care center:

- Child is almost every day picked up too late
- Little or no interest from the parents for the experiences of the child
- Child displays peculiar and abnormal behavior when brought or picked up
- Does not wish to get undressed before going to sleep
- Child is suddenly removed from the center without notice

Peculiar Signs at School :

- Learning problems
- Speech and language problems
- Sudden regression in level of achievement
- Fear of failure
- Often absent from school
- Arrives very early to school and is picked up quite late
- Concentration and memory problems
- Little or no interest of the parents for the child's progress and achievements
- Fearful when undressing for gym or swimming
- Child displays peculiar and abnormal behavior when brought or picked up
- Child is suddenly removed from school without any notice

Peculiar Home Signs:

- Unsafe home
- Lack of hygienic environment
- Socially isolated
- Child behaves differently when the parents are around
- Family moves often
- Family changes doctors often
- Parents have marriage problems
- Physical punishment is often used
- Parent screams and/or curses at the child
- Parent does not comfort the child when he/she cries
- Parent does not react at all or barely to their child
- Parent does not keep his/her agreements
- Parent's expectations of the child are not realistic.

Appendix 1b : Signs of Sexual Abuse

In a child's use of language or behavior signs can appear physically or psychologically that point to possible sexual abuse. Each sign on its own does not mean abuse occurs. Recurring and various signs may point to actual abuse.

These signs can be divided into children's signs and family signs. Children's signs are classified as:

- 1) Signs of substantial references – psychosomatic and behavioral
- 2) Specific signs- psychosomatic and behavioral
- 3) General signs -psychosomatic and behavioral

Children's Signs :

- Signs of substantial references – psychosomatic and behavioral
- Breasts, buttocks, abdomen, thighs
- Sexual contagious disease
- Sperm or odd objects found in body openings
- Pain in abdomen and thighs
- Pregnancy at a very early age
- Abnormal width of body openings

Substantial behavioral signs that may lead to a suspicion of sexual abuse are:

- Insinuations of sexual activities
- Sexual games that repeatedly occur with toys, other children or him/her self not fitting to the age of this child
- Excessive masturbation
- Sexual aggressive behavior towards others
- A detailed understanding of sexual behavior not fitting to the age of this child
- Excessive interest in sexual topics
- Sexual enticing behavior to men/adults as primary form of forging contact
- Free in sexual contact – promiscuous
- Recurring victim of sexual abuse
- Extreme fear of men
- Afraid of being touched
- Considers him/her self dirty (stinks)
- Does not smell like other small children
- Negative image of one's body
- Stiff and does not dare to move
- Does not dare to get undressed

- Afraid of showers or baths
- Does not dare to lie on one's back

Specific children's signs do not point directly to sexual abuse but since they are common by children that have been sexually abused they give one reason to suspect sexual abuse. These signs can be divided into psychosomatic and behavioral signs.

Psychosomatic:

- Chronic stomachache
- Anorexia, overweight, bulimia (teenagers), recurrent vomiting (young children)
- Physical wounds and scars which could point to self afflicted wounds and/or suicidal attempts

Behavioral:

- Pseudo-adult behavior
- Negative self-image, inferiority complex
- Feelings of guilt and shame
- Division between feelings and reason
- Denial of enjoyment
- Lack of trust – in particular adults who are important in the life of this child
- Does not participate in school or social activities
- Sudden regression in level of achievement at school
- Ran away from home
- Depressive feelings
- Self mutilation
- Suicidal feelings and/or attempts
- Prostitution
- Torture and/or abuse of others or animals

Children who have been sexually abused are often characterized by common children's signs yet children with different problems may share these signs which exhibit tension, fears and insecurity.

Psychosomatic :

- Sleeping problems
- Breathing problems
- Hysterical symptoms –paralyzed, numbness, speechless, deaf, blind

- Bladder and urinal problems
- Skin sicknesses – eczema, itching ,loss of hair
- Hernia

Behavioral:

- Extreme form of copying other persons behaviors
- Aggressive behavior – acting out
- Toilet training problems
- Clinging behavior
- Regressive behavior
- Sudden change in personal relationships
- Fluctuation of moods
- Withdrawn
- Hyperactive
- Speech problems and difficulty in developing language skills
- Concentration problems at school
- Truant
- Arriving early at school, leaving late and not fully present
- Difficulty to make friends – few or no friends
- In possession of many toys and money
- Addicted (drugs, alcohol, TV.)
- Many problems as a teenager
- Sexual problems
- Married or living together at an early age
- Sensitive to authorities
- Delinquent behavior

In additional importance to the listed child signals:

General behavior and attitudes of children who have been sexually abused differ from their peers and their stage of development.

Young children exhibit this by being serious and grownup instead of being curious innocent playful children. They are often quite alert, always on the lookout.

Adolescents feel often that they have no right to exist.

Girls internalize their pain, whereas boys are more aggressive and assert their own pain on others.

Family Signs:

Although the following list can apply to any family, in specific family situations these descriptions may call for extra attention. For example in the classical normal and respectable family where incest occurs:

- Pathological behavior is limited to the home situation
- The family appears to be stable
- The family has no records of any problems in help and social services institutes.

The Multi-Problem Family

- Incest is only one aspect of the general malaise of this family
- Family has many problems
- There is contact with at least one or more social service organizations for other problems than incest.

Examples that point to possible forms of sexual abuse:

- A family with little or no contact with the outside world
- A child that carries many responsibilities
- History of incest in one of the parent's families
- Chaotic or too rigid lifestyle
- Alcoholism
- Violence
- Lack of affection and concern
- Bad sexual relationship between the parents
- Excessive reference to sexual subjects
- Abnormal sleeping arrangements
- Excessive rivalry between the children

Appendix 2 : Observation Plans

When you have a suspicion about possible child abuse it is important that you observe the child and fill in the observation plans. These plans can be filled in more than once and thus render a clear picture of this child's situation. You can discuss this observation list with the head of your department and the S.E.N. coordinator. When you have a clear picture of this child and his/her possible problem you can pass this case onto a superior. By discussing this case together you can share your concerns with a colleague. When you are not totally sure of what you have observed you can ask the S.E.N. coordinator to observe the child and fill in the observation plan. This plan can also be discussed with the parents either by yourself or a superior. The observation plan is the basis for this talk. Since you have filled this form in several times, you can present a clear and objective picture of their child.

When you fill in the observation plan keep the Child Sign List next to you in order not to miss any important behavioral or physical signs.

Questions concerning peculiar behavior of a child

Name of child :

Age :

School/group :

Date :

1. When has this particular behavior begun?
2. This peculiar behavior consists of . . . (use the observation list).
3. How is this child's relationship with his/her peers?
4. How is the relationship of this child with female teachers, class assistants . . .?
5. How is the relationship of this child with male teachers, class assistants . . .?
6. How is the school's/ group's contact with the parents ?
7. Are there any special/ peculiar details needed to be stated about this family?
If possible list your source of this information.
8. In your opinion what are the problems?
9. Are there recently any changes in the child's behavior or his/her situation?
10. Do you have any information about this child's brother or sisters?

Observation plan physical abuse

Description	Date	Date	Date	Date	Date
Inexplicable black and blue marks and sores (face, back, buttocks, or thighs)					
Inexplicable scars (burns on palms, foot soles and buttocks)					
Inexplicable broken bones and wounds(bites, scratches, cuts)					
Inexplicable pain in the abdomen - swollen and frequently vomiting					
Avoids physical contact with adults and is withdrawn					
Scared, easily shocked and alert					
Extreme behavior which does not fit this child's age – very aggressive or withdrawn					
Scared, easily shocked and alert in relation to his/her parents					
The child seems to be afraid of his/her parents – is not happy when he/she is picked up or is relieved when he/she is dropped off					
Too obedient and goes along with whatever he/she is told					
Behaves differently in the presence of his/her parents					

Observation plan of psychological abuse

Description	Date	Date	Date	Date	Date
Speech disorder					
Physical and emotional development is behind average level for his/her age					
Peculiar behavior – aggressive and destroying especially during play times					
Peculiar behavior which does not fit a child of this age – too obedient, passive, aggressive or asking too much attention					
The emotional development of the child is clearly disturbed					

Observation Plan Physical Neglect

Description	Date	Date	Date	Date	Date
Child is often hungry					
The child smells and often wears the same clothes					
Bad dental care					
Problems with food					
Eating problems					
Overtired, falls often asleep					
Recurring stomachaches, headaches and faints					
Often sick					
Does not recover well from being sick					

Observation Plan Emotional or Psychological Neglect

Description	Date	Date	Date	Date	Date
Reserved and depressed					
Lack of spontaniety					
Passive , no desires, lack of interest					
Apathetic, shows no feelings or pain					
Lives in one's own fantasy world, self centered					
Unstable					
Extremely nervous					
Avoids eye contact					
Hyperactive					

Negative self-image, lack of self trust, fear of failure					
Negative physical image					
Seldom plays with other children					
Distrustful					
Not liked by other children					

Observation Plan Sexual Abuse *

Description

Date and Notes

Child Signs

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Family Signs

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Peculiar Home Signs

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 * Use the Sign List from the protocol when filling in this observation plan.

Observation Plan Munchausen by Proxy

Description	Date	Date	Date	Date	Date
The child has a rare sickness					
The symptoms are not fitting for a child					
The child has various allergies					
The symptoms go away when the parent is present					
One parent, often the father is not present when the child is in the hospital					
A parent is exaggeratedly tied to their child					
The child is poisoned on purpose					
The child is depressive from medicine the parent makes him/her take					
The child has often diarrhea and vomits frequently					

Appendix 3A : Guidelines for a talk with the parents

When you suspect that a child is being abused it can be quite difficult to have a talk with the parents. Nevertheless, such a talk is very important to clarify the actual situation. In such a talk it can turn out that there is something else completely different going on. It may also be the necessary push the parents need, to go and ask help. In situations that parents react reserved, defensive or aggressive, you then have a justified reason to take this matter seriously. It is good to ask yourself the question: what sort of parents are upset when someone else has a “caring eye”, concern, for their child? Remember it is also possible that the child is being abused by someone else than its own parents. Try in this talk to share the concern you have with the parents by not standing automatically against them.

Use the following points during your talk together:

- State clearly the purpose of the talk
- Avoid using the word child abuse
- Tell the parents what you have observed of their child
- Ask the parents if they recognize this observation and concern
- Ask the parents how they experience their child at home
- Respect the parents experience with their child
- Speak of the parents responsibilities for their child
- Encourage the parents to speak themselves by using open questions
- Speak from your own voice: “I see that . . .
- Be honest and open and not vague
- Ask the parents for their reaction to the concerns you have raised
- Formalize conclusions and agreements with the parents in a Conversation Form which they signed and receive a copy of.
- Adapt your approach to the family’s culture
- When you wish to speak with parents about your concern for their child use the following helpful sentences:

Opening sentences:

- I would like to speak with you about a change in behavior of your child
- I am concerned about your child because . . .
- There is a change in our class, since then your child . . .

The Reality

State facts:

- I happen to observe . . . it seems as . . .
- I notice, I hear, I see, I think . . .
- Your child is recently quieter (lacks concentration, sad, busy, withdrawn, angry, secretive, noisy) and I am concerned about this.
- Your child recently has difficulties with other children, I notice that. . .
- Your child is recently very affectionate and asks for a lot of attention. Has difficulty with rules. What do you think of this? What could be the cause?
- How is life at home?
- Is there something special going on with friends, neighbors, family?
- It seems that your child is being teased (shouted at, is afraid, receives punishments, is not happy, feels pushed, is tense) and is affected by this. What is your opinion?

Follow up

I would like to talk with you again to determine together if there is a change in your child's behavior.

Ask the AMK for advice and support for talks with parents. Ask a colleague to practice such a conversation with you.

Appendix 3b : Guidelines for a talk with a child younger than twelve years old

A conversation with the child can possibly add information to the background of the suspected problem. From age two it is possible to converse together. Be sure to keep in mind the age and developmental phase of this child. This should not be a cross examination session. This talk may provide additional information and most important support for the child. This talk is not in place of a talk with the parents. In addition to providing support for this child it is equally important to maintain an open attitude to the parents.

Tips for this conversation:

- Conduct this talk in an open manner.
- Join in with the child where he/she is busy – drawing, playing . . .
- Sit at the same level as the child and choose a restful moment to talk together
- Support the child and make him/her feel relaxed, at ease.
- Use short sentences.
- Ask questions with interest and concern but be sure not to fill in the child's story yourself.
- Start with open questions (What happened? When did it happen? Where does it hurt? Who did this?) Change off with closed questions(Did you fall? Does it hurt? Did you cry? Did you like it or not?)
- Do not continue to ask questions if the child does not wish to answer or tell more.
- Keep to the tempo of the child.
- Do not let the child know that you are shocked by their story.
- Do not attack the parents or other important persons in this child's life due to a child's inherent feeling of loyalty to his family.
- Explain that you cannot keep everything secret that the child has told you. Explain that you will consult with others how to help him/her in the best way possible. Explain to the child that you will inform him/her of every step you will take. The child must never receive the responsibility for the choice of steps needed to be taken.
- Tell the child that he/she is quite smart to tell their story so well.

- Watch during the conversation for any non-verbal signs of the child.
- Stop the talk if you lose the attention of the child.

It is difficult to have a real conversation with children younger than four years old since they live in a make believe world.

Appendix 3c : Guidelines for a talk with a child that is suspected to have been sexually abused

General:

- Determine the purpose of this talk beforehand; what do you wish to achieve?
- Ask yourself if you are the right person to conduct this talk? For girls it is preferable to speak with a woman and boys with a man.
- Ask yourself if you are at this moment able to carry out such a talk? If not, look for someone to take your place.
- Children will often not say they have been abused if this is not the truth; on the other hand abuse is often denied while it has actually taken place.

Conditions for the safety of the child

- Conduct the talk in a quiet setting and take your time.
- Respect the wishes of the child if he/she does not wish to speak.
- Take the child serious.

Avoid the following situations:

- Too long staring eye contact.
- Unexpected physical contact.
- Expressions of disgust, shocking reactions . . .
- Why questions: these could be interpreted as accusations.
- Accusations against the perpetrator.
- Becoming irritated by the child's ambivalence and/or unclearness.
- Questions of he/she liked it.
- Questions of if he/she resisted or not.

Possibilities of support for the child:

- Begin with explaining your professional vow to secrecy and how it works.
- Try to comfort the child by beginning with general topics of problems at home, physical problems . . .
- Ask clearly but carefully about sexual abuse, for example: I ask this question since it happens in many homes. Have you had a annoying sexual experience with your father, brother, uncle?
- Acknowledge that it is a big step to confide with someone about such a secret and that it is better that it comes out. Confirm their courage to speak out and not be burdened with this secret.
- Let him/her know that you believe their story and take them serious.
- If you have the feeling that he/she wishes to tell more but cannot, ask questions that he/she can answer; ask for facts and background information.
- Do not act surprised or suspicious when a child speaks soberly about sexual abuse. This is often a common survival strategy.
- Tell him/her that the perpetrator is solely and fully responsible for this action. There is no reason to blame themselves or feel any shame.
- Without pointing an accusing finger at the perpetrator, be clear that the he/she should never have undertaken this action
- Emphasize that he/she is not the only one this ever happens to.
- Sometimes a child feels guilty that he/she wants attention. Explain that this is not the sort of attention an adult should give to a child.
- Try to find any points in their account of resistance to prevent this abuse. Support their efforts.
- Be aware of children's loyalty to their family and their sense of responsibility to keep their family together.
- State that adults who sexually abuse children rarely stop by themselves and that intervention is necessary.

Appendix 3d : Guidelines and advice for talks with parents from foreign countries

During a talk with parents from foreign countries it is important that you do not only take into consideration their culture but in addition the persons themselves. Stand together and do not accuse them. Try to look together with the parents at the problem at hand. Perhaps you are also a mother and can give advice as a fellow mother and not solely as a teacher. Don't look at the family as the "Turkish family" or the "Moroccan mother" but rather as the family, the mother. The following guidelines can help you in conversations with parents from foreign countries:

- Make sure you have made yourself familiar beforehand with the cultural background of this family.
- Ask the parents how they see the upbringing of their children in the light of their own culture.
- Use the services of a translator if necessary or a go between but not their own child.
- Honor is very important to foreign families.
- Make compliments about their children.

Take into account that a teacher is seen by many foreign parents as an authority. You may have more influence than what you may realize.

Appendix 4 : Privacy and Professional Ethics

It is sometimes necessary in the stride against child abuse that social workers and other professionals exchange information about their clients. This concerns factual information of an identifiable client. For example – the family situation, state of health, information concerning the help the family receives . . . Exchange of information of clients is governed by strict rules. This is important due to the fact that the client must be able to trust their social worker. The client must trust that everything he/she tells the social worker stays secret. If the client is not sure that this is the case then he/she will not readily ask for their help nor confide in him/her. To assure good cooperation it is important to be quite careful with clients' information. The Dutch government has created a law- article 272 of the Penal Law book – to ensure clients' confidence stating that a intentional violation of one's professional ethics is punishable by law. Though this law has seldom resulted in convictions, it is clearly stated how important it is to gain and keep the confidence of one's clients. Abiding to professional ethics can create a dilemma of conscience when there exists a suspicion of child abuse. In certain situations a social worker can feel that by sharing the information of his/her client with others he/she is helping their client. When clients give their permission to share information then legally there is no problem. The social worker can then share information of his/her client with others though of course he/she remains responsible for the way they share this information.

Juridical Cadre

All employees of the ISE are governed by article 272 of the Dutch Penal Law Book. For everyone yet especially for juveniles, it is stated in Article 255 that social workers who have

the confidence of their clients may not leave their clients in a helpless state. Article 34c -3 from the Law of Juvenile Help Services deals with social workers and their oath of Professional Ethics. This article gives social workers the right without permission of their client to pass on information concerning a suspicion of child abuse. For social workers there is in addition a Professional Code for Social Workers drawn up by the Dutch Society of Social Workers (VMW). This code is applicable to all workers in the social sector. Lastly, the International Charter for the Rights of Children states the requirement to weigh first the rights and concerns of children even if this is in conflict with their parents' interest.

Sharing information without permission

In principle social workers may not share information with others without the permission of their clients. In situations of utmost urgency such as challenging child abuse, the social worker may break their code of Profession Ethics.

An appeal to circumstances beyond one's control

The social work can make an appeal to circumstances beyond one's control. This is also called a conflict of responsibilities since the obligation to professional ethics may conflict with the obligation to speak. An appeal to circumstances beyond one's control is legally defined. It must be an exceptional situation in which you experience a conflict of conscience. The following five questions help determine if one's situation embodies circumstances beyond one's control:

1. Which justified goal will I reach by sharing a client's information?
2. Can this goal be reached without sharing a client's information?
3. Is it possible and responsible to ask for permission from a child or his/her parents to share their information? If the answer is yes, have I done everything to receive their permission?
4. Is the prevention of the child's endangerment more important than professional ethics?
5. If I decide to share information, which specific information is necessary to share to protect this child?

When you wish to make an appeal to circumstances beyond one's control discuss this matter with your superiors.

Participation in deliberation

When there is a meeting of deliberation with persons outside your institute and a client's information is shared without their permission this is allowed only under the following circumstances:

1. The situation is comprised of circumstances beyond one's control.
2. All the participants of this meeting have a direct relationship with this client whose interests they support.
3. The purpose of this meeting is to support the client's interests and fight child abuse.
4. The client will be informed as soon as possible about this meeting's contents and results.
5. The information of this client is shared since
 - they are necessary to achieve a justifiable goal
 - are only use for obtaining this goal
 - it will not be shared with others outside the circle of this meeting without delegated permission
 - it will only be given to the participants that need this information to fulfill their duties.

The Right to Report Child Abuse

The right to report child abuse as established by the Law of Juvenile Help may be used to stop a situation of child abuse or to start an investigation concerning a serious suspicion of child abuse. Thereby all persons bound by Professional Ethics have the right to report a suspicion of child abuse without the permission of their client. In addition the AMK or the Raad voor de Kinderbescherming have the right to ask for confidential information from social workers who may not even be aware themselves that there is a question of possible child abuse at hand.

The AMK and Raad voor de Kinderbescherming cannot extort information or a report of child abuse. A judicial obligation to report child abuse or deliver information requested does not exist. The social worker maintains in other words his/her own responsibility. It is necessary when requested to pass on information to consult one's superiors, since a court case or a police hearing could take place. Informing the parents of an official report of child abuse is utmost important. The time, place and the how's of informing the parents can be arranged together with the AMK. The rule often is that how many more persons carry the concern for a child the more information they will share with one another.

Examination Right

Both parents have the right to examine their file for all children under 12 years of age. Parents and child have the right to examine their file for children of ages 12 to 16. The child has the sole right to examine his/her file from age 16.

Exceptions

Parents have the right of examination of their files for children under 12 years of age. When a judge has ruled OTS , the child is put under supervision and a family guardian is appointed. By a ruling of OTS the parents maintain their parental authority and right of examination. The guardian does not have these rights. When the parental authority is taken away a guardian is appointed This guardian then receives the parental authority and right of examination.

Lawyers

A lawyer does not have the same rights as their client. In theory the lawyer may request, with permission of the parents, the right of examination of the family's file.

The parents may also ask for a copy of their file. If they give this copy to their lawyer that remains the responsibility of that parent and a social worker may not be held responsible for this file's copy.

Appendix 5 : Information – Dutch organizations: AMK, Bureau Jeugdzorg, en Raad voor de Kinderbescherming

When you suspect a family has a problem, you can investigate together with your colleagues this suspicion and undertake actions to establish help for them. It may be that you do not have the capabilities to determine these family problems nor find the right help. In that case the AMK and the Raad voor de Kinderbescherming can take over these responsibilities. They will further determine if this is a case of child abuse or not and whether or not help is guaranteed with or without taking protective measures for the child.

1. Advice and Report Point of Child Abuse (AMK)

The AMK is the organization where all your questions can be asked about child abuse. As of January 1st 2005 AMK East Brabant is part of Stichting Bureau Jeugdzorg Noord- Brabant.

Advice

You can ask the AMK advice for any issues related to child abuse. For example: How should I proceed with my concern for this child, how do I conduct a talk with a parent or child, how justifiable are my concerns? You can present your request anonymously but the most practical is to use your name for further contact. Your concerns are discussed thoroughly together. The name of the parents or child do not need to be mentioned. Together with the AMK a follow up plan is set up. It will be determined if you can initiate the help needed to be organized. A plan is drawn up and discussed. The responsibility for the care of this child remains with you as requester of advice. Together it may be decided that the AMK will not undertake any actions if the situation does not require it. Therefore they will not create a file on this family. The responsibility stays with you. You may recurrently request advice from the AMK about this same child and any eventual actions needed to be taken.

Point of attention: In any recurrent requests it is important to request to speak with the same clerk/official you spoke with before. A report of your initial or prior meetings may be kept with your name on it.

Note: Not in every situation can advice be given.

Official Registration Report

You decide to register an official inquiry request for a suspected form of child abuse. The AMK takes on the responsibility for this inquiry and enlists when necessary other social services. New concerns you may have can be reported at any time.

An inquiry request enables the AMK to begin an investigation of the type and seriousness of possible child abuse, the underlying problems and the possibilities for family help services. Contact is established with the parents and when necessary all persons who professionally work with this child – G.P., school doctor, day care center, nursery school, grammar school, health center. . . The next step is, in consultation with the parents and the register of the inquiry request, to determine which steps are necessary to be taken and if there is a possibility to use voluntary help measures.

The AMK does not provide help services but tries together with the parents to find the appropriate channels of help. Requests for inquiry that are determined false suspicions are closed and if the parents request they are removed from all registers. In the event that a case is not confirmed nor neither disproven, the case is then closed but remains registered. Caution should be taken to continue monitoring this situation. When the parents are not willing to cooperate and accept voluntary help services and the concerns remain or the child is endangered then the AMK can call in the services of the Raad voor de Kinderbescherming. When you have registered an official inquiry request with the AMK, in principle you will be informed of the further developments in this case (in accordance with the privacy of the child and family). If you are not contacted you may of course contact yourself the official you have spoken with assigned to this case.

Within five days you will be informed if your request is accepted or not. When the case is closed you are informed by the AMK how the child and parents are being helped. You will not receive any internal information of this investigation unless your organization participates in the help services.

Three groups who request official inquiries into possible child abuse are:

Professional help service workers

These are employees of an institute for youth help services, child protection, and/or psychological healthcare. These employees have a direct contact with the child and family of the inquiry. They cannot remain anonymous to this family due to their professional contract. The AMK can immediately contact the parents of this child since this is a professional inquiry request.

Professional workers

These are persons who through their profession come in contact with this child and family as teachers, day care center staff, youth workers. Their inquiry request enables the AMK to immediately contact the parents of this child to begin the investigation. It is only possible to remain anonymous if you are threaten or the child faces a life threatening situation.

Request from the non professional sector

These persons do not work professionally with the child or family in question – family, neighbors and friends. Their inquiry request remains anonymous.

In addition to working with “requesters of inquiries” the AMK uses the services of “informers”. These are persons who work professionally with the child or family and know them well. They are requested by the AMK to share information about this child and family.

Clarification of the role and position of Informers

When the AMK investigates and judges an inquiry request, at times they ask informers, professionals who work with this family, to provide them with information. The informers' information is registered in the family's file. If danger arises for the informers when the family examines their file, the informers name is deleted from this file. When a suspicion of child abuse is not confirmed the informers are notified. Persons from the informal non professional sector are not ask to be informers of the AMK.

2. Bureau Jeugdzorg (Youth care office)

All children, youth and parents in need of help or advice can uses the services of this office. Bureau Jeugdzorg determines what is necessary, offers advice and help, and sets up a plan for suitable help. This office is responsible for the protection of children via implementation of guardianship and youth rehabilitation work. Furthermore Bureau Jeugdzorg arranges the contact with all other offices. The Children's Telephone, Advice and Inquiry Registration for Child Abuse and the offices of Halt Brabant Central are all part of Bureau Jeugdzorg.

Help for problems

Every child has the right to develop and grow up healthily in an emotionally balanced setting. Parents are the first ones responsible for the welfare of their children. When problems arise with raising children the health care centers, schools, the G.P, may all help the family solve its problems. Sometimes this help is insufficient. If additional help is

required a parent or a child who is old enough to legally request help can ask Bureau Jeugdzorg directly for help.

Together with the parents and child Bureau Jeugdzorg will try to determine what is exactly the problem at hand. Thereafter is decided what sort of help is necessary. Sometimes personnel of Bureau Jeugdzorg offer this help themselves. If the problem demands more specific help Bureau Jeugdzorg will determine an indication for further help. With this indication (comparable to a G.P.'s reference letter to a medical specialist) the client can receive help from other specialized youth care organizations. An employee of Bureau Jeugdzorg supports and guides this family and child as long as help is being received.

3. Raad voor de Kinderbescherming (Council for Child Protection)

This Dutch organization actively supports the rights of children whose development and upbringing are endangered. It creates an approach with definite conditions to end or prevent this endangerment. Furthermore it undertakes surveys and research, renders advice in judicial procedures, and can invoke sanctions and other measures. The "Raad" works closely together with other organizations.

Objectives

The "Raad's" purpose is to protect children when their physical, emotional and psychological health is endangered. Children have the right to a healthy well-balanced development. The "Raad" is a department of the Ministry of Justice and supports children in danger. Requests can be made to the "Raad" in cases of child abuse, negligence, divorces, adoption and court cases against children who have violated laws. The "Raad" is an institution that investigates if a child is endangered and how that endangerment can be taken away. The "Raad" can ask a judge to issue decrees to protect children. This takes place when voluntary assistance is not possible or insufficient. When voluntary assistance is sufficient the "Raad" invokes the help of other organizations. Employees of the "Raad" do not provide help themselves since this is not a social service organization. Employees of the "Raad" do not work with families to solve their problems. Instead they investigate which form of help will benefit best the child and family and ensure that this help begins as soon as possible. The "Raad" works to guarantee the rights of children. The child always comes first.

Tasks

The three most important tasks of the "Raad" are child protection, dealing with divorce and criminal court cases involving juveniles. In addition the "Raad" is concerned with adoption, changes of family names and foster homes.

Child Protection

Whenever the development of a child is endangered the “Raad” initiates an investigation of this child’s life. A voluntary advice will follow. Nevertheless, when the child’s safety is threatened a judge may be asked to declare mandatory help services.

Dealing with Divorce

When parents cannot agree during their divorce procedure how to further arrange the care of their child, a judge may ask the “Raad” for advice. The “Raad” investigates this problem and tries with the cooperation of the parents to find a solution for it. The child’s welfare is always the number one concern. When the partners still cannot reach an agreement, the “Raad” issues an advice to the judge concerning the future care of this child.

Criminal Court Cases

The “Raad” helps children who are suspected of committing a crime. It attempts to prevent these children from committing further crimes by advising the officer of justice or judge of the best punishment that can improve this child’s behavior. The “Raad” checks in addition if this child needs extra help.

Remaining Tasks

The “Raad” is involved in any cases where the interest of the child plays a definite role. For example : adoption, changes of family names, foster homes . . . The “Raad” checks these procedures to see if the interest of the child is sufficiently taken into consideration.

What can the “Raad” do?

When the development of a child is endangered by parents’ negligence or other negative factors and the parents do not wish to agree to voluntary help services, AMK or Bureau Jeugdzorg may request the “Raad” to initiate an investigation of this family. When this request meets the required criterions the “Raad” starts the investigation.

Investigation

-When is an investigation necessary?

When the AMK of Bureau Jeugdzorg notices in their intake procedure that voluntary help services are not possible or do not work and the child in question is endangered, they then call in the services of the “Raad”.

The “Raad” can be directly called in cases where the child faces acute danger. It then requests from the judge a motion of temporary family supervision (with or without a request to remove the child from this home) or a temporary guardianship. In these

situations the “Raad” is authorized to immediately intervene and guarantee the safety of these families’ children. Often these children are removed from their homes. The parental responsibility is then transferred partially or completely to a professional service institution which ensures that children receive a temporary safe home. During this period the “Raad” investigates further the family’s situation.

- How is this investigation conducted?

A “Raad’s” investigator tries during their investigation to determine what sort of environment the child is growing up in. He/she speaks with the parents and child and eventually with others (teachers, doctors and any social service worker already working with this family). What is most important:

- The development of the child
- The manner of upbringing
- The help the parents receive from others to raise their children.

The “Raad’s” investigator tries during the investigation to find together with the family solutions for their problems. He/she consults with the family concerning what he/she intends to do. In addition he/she consults with other specialists of the “Raad”. A “Raads’ investigator never takes decisions on his/her own.

Advice

Solutions

After an investigation is completed the “Raad’s” opinion is formulated which aims to assure a healthy safe development of this child. There are several possibilities:

-The intervention of the “Raad” stops when it is determined that there is nothing wrong with the upbringing of this child or the problems have been solved during the duration of the investigation.

-The “Raad” advises the family to look for help (a psychologist or social worker)which often will improve this family’ situation.

-The judge must decide. When a child’s development is seriously threatened the “Raad” can intervene in this situation. This occurs when the family refuses to accept voluntary help services and denies the need of this help. The “Raad” asks the judge in any event for a ruling of child protection.

These rulings are:

Voluntary help services

OTS = Family supervision

-The parents are released from their parental authority in which case OTS was first applied.

–The parents loss their total authority over their children and their children are taken away. This occurs only in extreme crisis situations and there has been no prior OTS.

When a youth court judge declares a measure of child protection this is primarily OTS. The parent(s) are obliged to carry out the recommendations from the judge's appointed family guardian. Thereby a part of their parental authority over their child is taken away. If the position of a child in a family is too fragile, then the parents totally lose their parental authority over their child and he/she is taken away from them. Often a foster home will take care of their child.