

AMITY  
INTERNATIONAL SCHOOL AMSTEDAM

CHILD PROTECTION POLICY  
INCLUDING NL MELDCODE

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# **AMITY INTERNATIONAL SCHOOL AMSTERDAM CHILD PROTECTION POLICY**

## **Rationale**

Amity is committed to safeguarding and promoting the welfare of its students. Everyone is expected to share this commitment. Everyone means, all staff and all volunteers. Processes are designed to prevent unsuitable people working with children and young people and to promote safe practice as well as challenge poor and unsafe practice.

It is important to have good systems in place to identify abuse with well-trained staff who know what to do if a child is abused. Guidance is given to staff on how to ensure that their behaviour and actions do not place students or themselves at risk of harm or of allegations to harm a child.

From July 2013 Amity is legally obliged to adhere to the NL Protocol for Domestic Violence and Child Abuse (Meldcode) whilst understanding that there are differences from the UK Child Protection Procedures. The Policy is updated as more is learned and as the Meldcode is adjusted.

## **Aims**

Amity aims to ensure that all child abuse will stop and that students who may suffer from abuse are supported and protected.

Amity aims to ensure that there are effective procedures in place that safeguard the needs of students.

## **Definition of child abuse**

The NL Youth Care Act defines child abuse as follows:

Child abuse is any form of interaction that is violent or threatening towards a minor, whether physical, psychological or sexual in nature, which may be actively or passively imposed upon the minor by a parent or other person with whom the minor has a dependent or constraining relationship, and which causes or is liable to cause serious physical or psychological harm to the minor. *(Article 1 subsection m, 2005 Youth Care Act) [Wet op de Jeugdzorg, 2005]*

A shorter definition is:

Child abuse is the act or failure to act on the part of parents or others in a similar position with regard to the child, which forms a serious impairment of or a threat to a child's safety and wellbeing.

Children under 19 years of age includes unborn babies. They, too, can be a victim of child abuse.

## **Explanation of the concept to parents**

In the definition, the term of 'parents' refers to the biological parents, but also to step-parents, adoptive parents and foster parents. With the addition 'other person with whom the minor has a dependent or constraining relationship', the definition also refers to others on whom the child depends for attention, protection and care. The term of 'constrained' refers to the loyalty

conflict that may arise if parents or other acquaintances such as brothers or sisters, other members of the family, acquaintances or neighbours, abuse a child.

### **Definition of domestic violence**

The concept of domestic violence has not been legally defined. In this Protocol we follow the description assumed by the NL Government:

Domestic violence is violence committed by someone in the victim's domestic or family circle. This includes physical or sexual acts of violence, stalking and threat (whether or not with the help of or accompanied by damage of property in and around the house).

Important:

The combination of children and domestic violence always means child abuse. The procedure for domestic violence is the same as for child abuse or suspected child abuse.

### **Definitions**

	<b>Dutch Organisation</b>	<b>English Translation</b>
VT	Veilig Thuis	Advice for Child Protection and Domestic Abuse
BJZ	Bureau Jeudzorg	Youth Care Bureau
SHG	Steunpunt Huiselijk Geweld	Reporting Domestic Violence
VOG	Verklaring Omtrent het Gedrag (Bewijs van goed gedrag)	Certificate of Good Conduct
DBS (UK)		Discolsure Barring Service
DSL		Designated Safeguarding Lead

### **Forms of child abuse**

Child abuse manifests itself in various forms which may occur simultaneously. The most important forms are violence, neglect, sexual abuse, exploitation, breach of self-determination, witnessing domestic violence and the Paediatric Condition Falsification. ([www.nji.nl/kindermishandeling](http://www.nji.nl/kindermishandeling))

## THE MELDCODE IN PRACTICE AT AMITY

### Responsibilities

The Principal monitors all cases of child protection, and reports to the Amity Middle East CEO once per term. The Principal is updated on child protection issues by the School Leadership Team on a regular basis. The Principal is responsible for making sure that the Dutch Child Abuse Protocol is built into the policies of the school which includes:

- Ensuring that the Protocol is in keeping with work processes in the school
- Ensuring that the evaluation of the Protocol is undertaken at least annually
- Making arrangements concerning what to do when professionals are lawfully and otherwise criticised for the way they apply the Protocol.
- Have the ultimate responsibility for the implementation of the Protocol.
- Maintain contacts with the media. Maintain legal contacts. Ensure that the formal procedures for conducting criminal record checks on prospective and existing staff and volunteers are followed.
- Ensure key staff who are regularly engaged in recruitment are trained in 'Safer Recruitment' practices.
- Make sure that the CEO in Dubai has knowledge of Amity Amsterdam Child Protection Policy.
- Receive a confidential termly report from all the Primary Senior School regarding current causes and concerns. These reports will not include family names for confidentiality.
- Initiate a review of Child Protection issues if there are any worrying trends appearing on the termly reports.

The DSLs are the lead persons responsible for Child protection in the schools. The name of the lead person is available at the reception desk.

### They will

- Be regularly informed of any relevant child protection issues by the named person for Child Protection.
- Integrate the Child Abuse Protocol into the quality policy of the Organisation.
- Inform parents, students and staff about this policy.
- Implement the necessary preconditions for working according to the Protocol.
- Ensure that all staff have knowledge of the contents and the purpose of the Protocol.
- Include the Protocol as a recurrent theme in the agendas for meetings and consultations.
- Ensure that there are enough experts available who can support the professionals in signalling and in taking the steps of the Protocol.
- Offer frequent promotion of expertise in signalling child abuse and working with the Protocol, to bring and keep the knowledge and skills of professionals to the required standard.
- Take note of the contents of the Protocol and to act in accordance with the corresponding step-by-step plan.
- Be able to interpret the signals that (can) indicate child abuse.
- Guard the students' safety when decisions are taken.
- Maintain own knowledge of and experience in signalling and acting in case of (suspected) child abuse.
- Where necessary, discuss who is to contact the organisations involved with the student. Where necessary, discuss who is to contact VT, SHG or the police.

- Where necessary, discuss who is to refer to professional help or is to start professional help.
  - Monitor careful dealing with the privacy of the family involved, while taking the institution's privacy regulations into account.
  - Safeguard the continuity of e.g. schooling, care, and childcare.
  - Inform parents of concerns raised and obtain permission from parents to gather information from outside agencies.
  - Inform parents and Principal if and when making a report to the VT.
  - Update information about child abuse (and the Protocol) and to bring this subject frequently to the attention of the organisation.
  - Consult the staff member who is concerned about a child or parent with suspicion of child abuse.
  - Involve other staff in the consultations, where necessary. Good communication is essential to ensure that all staff involved are aware of progress made with the initial report.
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- Make appointments for case conferences, division of tasks and draw up a timeline (who is to do what and when).
  - Ensure that there are clear arrangements for transferring information and feedback to those involved with the suspicion of Child Abuse or Domestic Violence.
  - On admission of a new student, request any existing information on child protection concerns from the previous school.
  - Make contact with outside agencies, such as Huisarts or child care facilities, once permission has been given by parents.
  - Make reports to the VT when necessary. The VT can be asked for advice at any stage of the Meldcode without giving the name of the family involved. It will be recorded at the VT under the name of the person asking for advice. This can be recalled at a future date should it be required to make an official report to the VT.
  - To inform the Principal of all suspicions of Child Abuse or Domestic Violence.
  - To evaluate the Protocol periodically (at least once a year) for efficacy, accuracy and where necessary to adjust the own work instruction.
  - Inform the Nursing Staff of any students who have been identified as causing concern with regard to the suspicion of Child Abuse or Domestic Violence.

**All Staff (Teaching and Non-Teaching) will:**

Have a responsibility to report all suspensions or disclosures of child abuse/domestic violence immediately to the Designated Safeguarding Lead. They MUST NOT act on this information alone nor be worried about future consequences of this discussion.

- Be knowledgeable and alert to the possible signs of abuse. Teachers will be alerted to the possible signs of child abuse.
- Be personally responsible for ensuring they are conversant with child protection procedures and know to whom they would report a suspicion of abuse.
- Be able to cope with disclosures in an appropriate manner.
- Consult the Designated Safeguarding Lead of the signs or signals that can be indicative of child abuse.
- Implement arrangements made, following consultation with the Designated Safeguarding Lead, such as monitoring or a conversation with the parents.
- Ensure that all suspicions or disclosures of child abuse or domestic violence are documented as soon and as accurately as possible.

The Nursing Team will:

- In the case of physical injury or neglect school nurses will be consulted to provide a professional opinion before referring suspected cases to the VT. Any visible injuries will be documented.
- Act as an advocate for the student when talking to the Designated Safeguarding Lead.
- Reports of suspicions of child abuse can be made to the Nurse if neither the Designated Safeguarding Lead, nor the Principal, are available in school. This would only be in very rare circumstances. The Nurse would then follow the Meldcode procedures until such time that she can pass the concerns to the Designated Safeguarding Lead or the Principal.

**A source of a suspicion of child abuse can be:**

- A member of staff who may have recognised a significant and worrying change in behaviour of a student.
- Someone else (another student) who reports a worrying story about a student.
- A student who takes a member of staff into his/her confidence about his/her situation.
- Concern expressed by a parent of a fellow student.

**Management of Suspected Cases of Abuse**

The staff member who has concerns or disclosure by the student should:

- Listen calmly to what the student is saying but do not ask leading questions.
- Take the student seriously, do not express doubt about his/her story.
- Do not promise complete confidentiality.
- Support the student in the fact that they have shared this secret, and that you will not take any further steps without having discussed this with the student first.
- Report the alleged incident immediately to the Designated Safeguarding Lead.

**• The Designated Safeguarding Lead should:**

- Ensure that the student is made to feel as at ease as possible when being talked to by the Designated Safeguarding Lead. The student should be asked if they would like to have another member of staff to accompany them in whom they trust. This may be their teacher, the nurse.
- The talk should be conducted in a comfort without interruption. It should not be hurried and the student must be given the time to explain in their own words about the concern.
- They should not be promised confidentiality and a full explanation of the process of the Meldcode should be explained. They should leave the interview with a clear understanding of what will happen next and in what time frame it will happen.
- Documentation must be completed as soon as possible after the interview and any notes taken during the time should be attached to the file and placed in the central Child Protection file. If personal notes are made as an "aide-memoire" it is important to file them securely, preferably un-named. These notes should then be destroyed as soon as possible (i.e. the case has been reported officially or closed).
- Assess the information and act in accordance with the Meldcode (see Step Diagram)
- Once a report is officially made to the VT the responsibility for initiating help lies with the VT. This is help for the family by agreement and may be through Bureau Jeugdzorg or other agencies. Continued alertness is still necessary, by the teachers and DSL, to

ensure that the child is not at increasing risk, or that the child's circumstances are improving.

- Advice may also be sought from the School Doctor where there is such a person
- If it is felt that a child's life is in danger Veilig Thuis should still be contacted and advice sought. In extreme circumstances the police can be contacted using 112. They will then summon the appropriate team who will act.

### **Documentation**

- All suspicions of child abuse/domestic violence are to be documented.
- All errors should be crossed out with one clear line and signed with the initials of the person writing the report.
- Any evidence of physical abuse/domestic violence disclosed by a student should be recorded on the Child Protection Concerns Record.
- Each reported concern regarding a student will be given a case number and all documentation, including emails and letters, pertaining to the case will be filed under that case number.
- All case files are to be kept in a dedicated Child Protection File in a central secure location, ideally the Principal's office.

### **Safer Practice in Recruitment**

- Amity website will carry a statement in the employment section about its commitment to safeguarding and promoting the welfare of children and reference to the need for a successful applicant to undertake a DBS or VOG Disclosure .
- Amity will use a process to obtain a common set of core data from all applicants and it will require a signed statement that the person is not disqualified from work with children and has no convictions or cautions.
- The job description will state the individual's responsibility for promoting and safeguarding the welfare of the students s/he is responsible for or comes into contact with.
- References will be sought directly from the referee and must be scrutinised before a person's appointment is confirmed.
- The identity of successful candidates will need to be checked and all candidates should bring documentary evidence to that end (passport or driving licence or full birth certificate).
- At interview, or as close to interview as possible, candidates should bring documents confirming any educational and professional qualification that are necessary or relevant for the post.
- In addition to the candidate's ability to perform the duties of the post, the interview will also explore issues concerning the candidate's attitude towards children and young people, their ability to support the school's agenda for safeguarding and promoting the welfare of its students and any concerns arising from information provided by the candidate or referee.

### **Pre-Appointment Checks**

An offer of appointment will be conditional upon:

- The receipt of at least two satisfactory references
- Verification of identity.
- A satisfactory DBS or VOG Disclosure or equivalent.
- Verification of qualifications and professional status where required.



- All checks will be documented and retained by the HR officer who is responsible for updating the single central record.
- Any matters will and followed up where they are found to be unsatisfactory

### **Induction and training**

Staff induction will include information on Amity's policies and procedures for safeguarding children which will enable them to fulfil their responsibilities effectively in respect of child protection. This will include anti-bullying, internet safety, local child protection procedures and guidance to staff on how to ensure that their behaviour and actions do not place students or themselves at risk.

Part-time staff and volunteers will be made aware of Child Protection arrangements.

### **Procedures for dealing with allegations against staff**

All allegations should be reported immediately to the the Principal. In cases where the Principal is the subject of the concern, reports should be made to the CEO. There may be three strands in the consideration of an allegation:

- assessment by the VT about whether the child is in need of protection.
- police investigation (subject to the above)
- consideration by the school of disciplinary action.

Suspension should be considered in any of these cases but should not be automatic. The school will consider carefully whether the circumstances of a case warrant a person being suspended from contact with students until the allegation is resolved and advice will be sought from HR.

Parents or carers of the child will be told about the allegations as soon as possible if they do not already know of it. They should be kept informed about the progress of the case and told the outcome where there is no criminal prosecution.

The school will also keep the person who is the subject of allegations informed of the progress of the case and consider what other support is appropriate for the individual, consistent with the school's disciplinary procedure. They should be given a full opportunity to answer the allegation and make representations about it, but the process of investigation should continue even if the person does not co-operate.

Clear and comprehensive records of the allegation, how it was followed up and resolved and a note of every action taken will be kept on the person's HR file and a copy provided to the person concerned. Every effort will be made to maintain confidentiality while an allegation is being investigated and to manage cases to avoid any unnecessary delay.

The fact that a person tenders their resignation must not prevent an allegation being followed up in accordance with these procedures. The school will report to the relevant national body, within one month of leaving the school, any person whose services are no longer required because he/she is deemed unsuitable to work with children.

## **Allegations against students**

The procedure for dealing with allegations against students will parallel those procedures laid out in the school's anti-bullying policy and, if abuse is suspected, will also include notifying the local authority as required.

## **Contractors**

Amity should seek to ensure that agencies or contractors who employ staff to work regularly with, or provide services for, students for whom the school is responsible also have in place measures to safeguard children. Occasional visitors should be monitored. The Operations Manager is responsible for giving a briefing to all contractors regarding the school's policy for safeguarding students.

## **Volunteers**

Volunteers, as well as teaching staff, are also seen by children and young adults as safe and trustworthy. A volunteer can be described as a non-member of staff who has been asked to participate in supervising children in a regular activity for example hockey training after school. The definition of a regulated activity is:

“Any activity which involves contact with children or vulnerable adults and is of a specified nature (e.g. teaching, training, care, supervision, advice, treatment or transport) frequent, intensively and/or overnight.”

It is not when a non-teaching adult transports other children as well as their own to and/or from a school event in an ad-hoc manner. This is a private arrangement between parents.

- All adult volunteers should be required to complete and sign Amity Volunteer Policy, which should be kept on file at the school.
- When engaging volunteers for a regulated activity we adopt the same measures as we would for paid staff, especially if the help is to become regular or overnight. A DBS Discloser or VOG Declaration will be required.
- If this is a one-off role, measures to obtain a DBS or VOG would be unnecessary provided the person is not left alone and unsupervised with children. However, if a volunteer stands in as a last-minute cover for regular sports coaches etc. they must read and sign Amity Volunteer Code of Conduct which will be found in the permanent coaches team documentation. This should then be submitted to the relevant school.
- Where volunteers are recruited by another organisation e.g. sports coaches from a local club, the school needs assurances from that organisation that the person has been properly vetted.
- Where allegations are made against volunteers the procedure for dealing with the allegations against staff will be invoked with the following difference: instead of suspension the school would cease to allow the volunteer to work with AMITY children until the case has been closed.

MELDCODE STEPS	ACTION	BY WHOM
<b>STEP 1</b> <b>Recognition and reporting</b>	<p>Identification of possible signs of child abuse or domestic violence</p> <p>Inform Designated Safeguarding Lead (DSL) of concern</p> <p>Document concerns as soon as possible</p>	<p>Disclosure by student</p> <p>Friend of student concerned Staff Another parent</p>
<b>STEP 2</b> <b>Discuss signals</b>	<p>DSL discusses concerns with student DSL collects information from staff who know the student involved (case conferences are a time effective way of carrying this out) VT can be asked for advice. This can be confidentially without giving the name</p> <p>The VT expert in injury interpretation can be asked to check an alleged injury Make report to VT if concerns are severe and inform Principal of report.</p> <p>DISCUSS CONCERNS WITH PARENTS (see Step 3) Transparency is paramount</p> <p>Feedback advice to case conference members and reporting person</p> <p>Inform Principal or CEO if the Principal is leading the activity</p>	<p>DSL May include the minimum number of staff deemed appropriate</p> <p>DSL DSL and Parents</p>
<b>STEP 3</b> <b>Meeting with parents</b>	<p>Initiate meeting with parents/guardians to discuss concerns Ask VT for advice on how to conduct the meeting if necessary</p> <p>Set aims at the beginning of the meeting</p> <p>Be open and state facts, also sharing what going well</p> <p>Invite parents to respond</p> <p>Offer support from outside agencies and from within school if appropriate</p> <p>Document all agreements, appointments agreed and decisions made</p>	<p>DSL and parents/guardian</p>
<b>STEP 4</b> <b>Assess risk</b>	<p>DSL collates all information and assesses risk.</p> <p>Other staff can be consulted to help Ask VT for advice or go on to Step 5</p>	<p>DSL</p>
<b>STEP 5</b> <b>Decision Making</b>	<p>If risk is assessed to be low, a plan is made to support the student in school If risk is high the parents are informed that a report will be made to the VT.</p>	<p>DSL</p>

	A report is made to the VT Advice from VT should be documented and followed Inform Principal  Communication of decision to colleagues VT	
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## Appendix 1: AMITY Policy for Volunteer Help

This policy will assist in ensuring the safety of the children at our school, promote good practice and reduce the likelihood of false allegations.

- The School welcomes offers of help on a voluntary basis. All offers of voluntary help will be considered and approved by the Principal or person to whom the responsibility has been delegated.
- In order to ensure a common understanding all volunteers must read and sign this policy to indicate their agreement to the points raised.
- This signed agreement will be kept on file.
- An overview of the purpose and times at which the volunteer will be in school, will be held by the reception desk and names of volunteers will be listed centrally in HR.
- Volunteers, as well as teaching staff, are also seen by students and young children as safe and trustworthy. Volunteers must not take advantage of this trust.
- No volunteer should be with a student in a one to one situation without another adult in close vicinity.
- Volunteers are required to respect the confidentiality of information and be sensitive to the school ethos of respect for students and the school community.
- Volunteers are required to have read the school's emergency evacuation policy and procedure.
- The school carries insurance to cover its liability in respect of its staff, students and volunteers during normal school activities. Volunteers should check that their own personal insurance cover is adequate in respect of their own liabilities.
- The school is not liable to the volunteers for loss or damage other than that covered by the school's insurance.
- Being a volunteer in no way renders you liable for any payment or remuneration for work or time spent in support of the school.
- Volunteers must report to the reception on arrival at school and wear a volunteer badge.
- A DBS Discloser or VOG Declaration will be needed for all adults who are involved in:
  1. Regular activities where they are working independently with students e.g sports training.
  2. Accompanying students overnight on residential trips. If this is a one off role, measures to obtain a DBS or VOG may be unnecessary provided the person is not left alone and unsupervised with children.

Page 2 must accompany page 1 to ensure agreement to policy.

Name of volunteer \_\_\_\_\_

I wish to offer help on a voluntary basis as discussed with:

Name of member of staff \_\_\_\_\_

The main activities I will be engaged with are:

\_\_\_\_\_

My Telephone number: \_\_\_\_\_

My Email address: \_\_\_\_\_

Name and class of AMITY child/children:

\_\_\_\_\_

I have read the points raised in this policy and agree to them. I confirm that I have no previous criminal convictions/cautions/reprimands pertaining to child protection and welfare.

Signature of volunteer

\_\_\_\_\_ Date: \_\_\_\_\_

Principal \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix 2: Supporting explanation on forms of child abuse

### 1. Neglect

Neglect is the omission of care that the parents are supposed to give for the purpose of the child's safety, wellbeing and development. Forms of neglect are:

- antenatal neglect: such as drug and alcohol use during pregnancy.
- physical neglect: failing to give the child what it needs for its physical health and development. This includes shelter, proper food, a safe and healthy living and play environment, adequate clothing, sufficient sleep, proper hygiene and medical, dental or mental healthcare. It also includes failing to watch the child's physical safety.
- psychological or emotional neglect: failing to give the child what it needs for its mental health and development. This includes attention, respect, safety, contact, warmth, love, affection, confirmation, supervision, setting limits, room for increasing independence.
- educational neglect: failing to let the child get fitting education.

### 2. Witnessing domestic violence (partner violence)

- Domestic violence is violence committed by someone in the victim's domestic or family circle. This includes physical and sexual acts of violence, stalking and threatening (whether or not with the help of or accompanied by damage of property in and around the house).
- Witnessing domestic violence means that the child is a direct or indirect witness to consistent and/or violent quarrelling between the parents (including step-parents, foster parents, adoptive parents, partner of biological parent) or other carers. This causes damage to the child. Being a witness of domestic violence occurs in many ways. Children may literally see the violence or hear it when it happens in another room. This is frightening, because the child makes its own representation from what it hears. It also happens that children intervene when the parents are quarrelling or fighting. They scream that the parents must stop, literally jump in between a fight or call the police. Children are sometimes caught in the crossfire and fall victim to violence accidentally or deliberately. Another form is that children are confronted with the direct consequences of the violence; they may see that their mother, father or caregiver is upset or must go to hospital. The after-effect of the violence may result in the children being taken hostage and that they have to flee or must move to a sheltered home. Unborn children may also be exposed to domestic violence during pregnancy. They may be the target of the maltreatment, be hit unintentionally or suffer the adverse effects of the mother's stress.

#### **Important:**

The combination of children and domestic violence always means child abuse. The procedure for domestic violence is the same as for child abuse or suspected child abuse

### 3. Sexual abuse

- Sexual abuse involves sexual activities near or with the child which are inappropriate to the child's age or development, or which the child cannot evade. Sexual abuse involves enforced contacts with a child less than 16 years of age. A once-only sexual contact by an adult with a child, irrespective of gradation – the degree of 'invasiveness'

- must be seen as child abuse. Examples are: sexually touching the body, manual-genital contact, oral-genital contact, genital-genital contact, anal-genital contact, inserting objects in genitals or anus, showing pornographic material to a child, or forcing the child to sexual activities with third parties. Although we often associate sexual abuse with girls it must also be clear that boys can be at risk as well.

#### **4. Exploitation**

- If an adult incites a child or someone else to commit activities that are harmful to the child's safety, wellbeing or developments and he or she does so to satisfy his or her own needs, one can speak of exploitation. For example: making a child available to pornographic productions, putting children up to prostitution and making use of a child prostitute as a client.

#### **5. Violation of the right to self-determination**

- If the parents of a child deprive a child of the possibility to make its own choices and to blossom as a person, that is, growing healthily into adulthood, it is a violation of the right of self-determination of the child. Causing damage to the child's capacities of self-determination also falls within the scope of this definition.

#### **6. Female Genital Mutilation**

- Female Genital Mutilation (FGM) is an intervention of the genitalia of girls and young women. There are four forms:
- Incision: with this 'mildest' form a puncture or a little cut is made in the clitoris or prepuce with the symbolic aim of drawing some blood.
- Circumcision: this is, in analogy to men's circumcision, cutting away the prepuce of the clitoris. This is called the sunna circumcision. Often more is cut out, sometimes unintended, mostly intentionally.
- Excision or clitoridectomy: this form of FGM goes further with cutting away the top of the clitoris or even the whole clitoris. This sometimes involves the entire removal of the labia minora or parts thereof.
- Infibulation: the most drastic form of female circumcision is the 'pharaonic circumcision'. All of the outer genitals are cut away. The wound is left to close up except for a very small pencil-thick hole through which menstrual blood and urine can pass.

Important: If FGM is suspected please contact immediately the Designated Safeguarding Lead at VT



## Appendix 3:Meldcode (Protocol for Child Protection and Domestic Violence) Detailed Guidance

### STEP 1 - IDENTIFY AND LIST THE SIGNALS

Identify and list the signals that confirm or refute a suspicion of domestic violence or child abuse and document them. Also note the contacts held about the signals and the steps and the decisions that are taken. Make use of a signalling instrument to signal domestic violence or child abuse, if your organisation has one.

Even if you do not have any contact with your client's children you can still document signals of the situation which the children are possibly in, if your client's situation occasions this. If the signals are related to domestic violence or child abuse committed by professional personnel, you must notify the supervisor or the management in conformity with the internal guidelines. In such case the step- by-step plan does not apply. Describe the signals as factually as possible. If hypothesis or presumptions are also recorded, specify explicitly that it is a hypothesis or presumption. Make a follow-up note if a hypothesis or presumption is proven or refuted later. Specify the source if information from third persons is recorded.

Source: Basic model Reporting Code domestic violence and child abuse

Explanatory notes to Step 1

Risk and protective factors

There are all kinds of factors that influence a child's wellbeing and health. If you are concerned about a child, it is important that you describe what you see and hear as objectively as possible. Give attention to both the risks and the protective factors. Even if a family meets several risk factors it does not always mean that there is indeed a matter of child abuse or domestic violence as the protective factors may again reduce the risk. That is why it is important to pay special attention to this.

Important: Identify and list objectively

This chapter contains an extensive list with signals. And here, too, is the rule: do not jump to conclusions and do not give an interpretation to them. In other words: identify and interpret objectively instead of subjectively. Describe concrete, factual signals. You may write: 'Stefan looks pale, has bags under his eyes and has a stony face' instead of: 'Stefan looks bad'.

Risk factors for child abuse

Parents

- cruelty to an earlier child
- cruelty or neglect in their own past
- personality disorder: impulsiveness, instability, aggression, tendency towards suicide, murder
- addiction: alcohol, drugs, gambling
- (light) mental deficiency
- denying the seriousness of child abuse
- verbal or physical relational violence
- father or mother is under 20 years of age
- single parenthood

- being noncommittal towards health care and care providers (no-shows).

#### Environment

- financial problems (poverty)
- unemployment, poor education, lack of perspective
- little support from relatives and environment (isolation)
- new migrants, illegal immigrant.

#### Child

- unwanted or disappointing child
- persistent infant crying
- child with (multiple) handicap
- child with developmental and behavioural problems (ADHD, autism, ODD);
- premature or dysmature baby
- adoptive or foster child, step-child
- large family with three or more children
- child that has been abused before.

#### Family, interaction between parent and child

- lack of parenting knowledge, strange expectations or opinions
- negative parent-child interaction
- unwanted pregnancy
- negative experience with pregnancy (medical complications, violence, relationship problems)
- stress factors in the family (removal, divorce).

#### Protective factors

##### Parents

- competence and financial capacity: parents can cope with parenting as for time and energy
- positive self-image
- partner supports and shares in care and parenting
- parents have adequately coped with unpleasant childhood experiences
- parents draw support from their own loving upbringing
- parents are able to ask support from their environment and to use it well
- parents are present for and emotionally available to the child
- parents are flexible and can handle changes.

##### Child

- child is socially skilled, can express feelings well, problem-solving capacity
- positive self-image
- above-average intelligence
- attractive appearance, nice-looking child
- child has good relations with adult(s) other than parents
- ego-resilience, child can hold its own in all kinds of social situations, shows resilience
- child is willing and able to change, can see its own share and learn new things.

## Family and environment

- support from informal network: there is at least one reliable person to look after the child or support the parents practically, materially or emotionally
- support from formal network: institutions help parent(s) and/or child (such as Youth Health Care, GP, church).

## Signals in children that could be indicative of maltreatment

### Physical signs in children under 12 years of age

- inexplicable bruises, grazes, contusions, broken bones
- scratch or bite wounds, burns
- scars
- clothes, hygiene, nutrition are ill cared for
- insufficient medical or dental care
- delay in development (motor skills, speech, language, emotional, cognitive)
- psychosomatic complaints (stomach ache, headache, nausea, etc.)
- tiredness, listlessness
- genital or anal injuries
- itchiness or infection around vagina or anus
- becoming thinner or fatter noticeably
- recurrent urinary tract infection or problems with urinating
- not toilet trained (from 4 years of age). Note: the age of being toilet trained may differ

### in the mentally impaired

- aberrant growth or weight curve
- child does not thrive
- child goes to every other physicians or hospitals
- wooden way of moving (legs, pelvis "locked")
- pain when walking or sitting
- sexually transmitted disease
- sleeping problems
- nutritional or eating problems

### Extra for children aged less than 4 years

- keeps the body stiff when lifted up
- Extra for children in the 12 to 19 age bracket
- Pregnancy
  - Abortion
  - delayed puberty
  - bulimia

### Emotions and behaviour in children aged less than 12 years

- extremely nervous, edgy, frightened or angry
- withdrawn behaviour
- introverted, depressed
- passive, compliant, apathetic, listless
- child is afraid of the parent
- sudden change in behaviour

- asking much attention in a strange manner
- knowledge, behaviour or handling sexuality in a way that is inconsistent with its age
- hanging on to someone, or remaining aloof
- fearful or shock reaction with unexpected bodily contact
- self-injury
- overzealous
- young or oldish behaviour
- stealing, arson, vandalism
- always watchful
- (fear of) pregnancy
- extreme sense of responsibility
- not playing with other children (from age 3)
- aberrant play (unusual themes that could indicate child abuse)
- expecting punishment quickly
- using alcohol or drugs
- aggressive reactions towards other children
- no interest in toys or games

Extra for children aged less than 4 years

- fearful when being changed
- tantrums
- delayed speech-language development

Extra for children in the 12 to 19 age bracket

- suicidal behaviour
- anorexia
- bulimia
- running away from home
- criminal behaviour
- addicted to alcohol or drugs
- promiscuity or prostitution
- relational violence
- high school absenteeism

Signals pertaining to the family

- unsafe accommodation
- unhygienic living conditions
- socially isolated
- closed family who avoid assistance
- child behaves differently when the parents are around
- family often moves
- family often changes GP, specialist or hospital
- relationship problems of parents
- physical or mental punishments are normal in the family
- family wrestle with various problems
- composition of the family often changes
- socio-economic problems: unemployment, benefit, migration
- illnesses often occur in the family
- violence between members of the family
- other children are taken into care
- family make an un-cared for, neglected impression

### Signals from parent(s)

- parent yells at the child or calls the child all sort of names
- parent does not console the child when it cries
- parent hardly reacts to the child, if at all
- parent does not keep appointments
- parent has unreal expectations of the child
- parent had own experience with violence in the past
- parent has to manage it all alone and has little support from the environment
- parent refuses necessary medical or mental help for the child
- parent has psychiatric or mental problems
- parent still behaves like a child
- parent has cognitive impairments
- parent displays negative and compulsive behaviour
- parent was dismissed from parental authority over another child
- parent charges child with adult concerns or problems
- parent maltreated, neglected or abused other children

### Signals from pregnant women

- using alcohol or drugs
- smoking
- keeps herself distant during antenatal care, or leaves
- no permanent home or address
- frequently moving (more than two addresses in a year)
- unhealthy residential environment
- makes an uncared for, neglected impression
  
- lives isolated
- no social network
- psychological or psychiatric problems (at present or in the past)
- mental or cognitive impairment
- makes a confused impression
- unprepared for the delivery or the arrival of a baby
- hides the pregnancy
- does not want the child
- unrealistic expectations of the unborn child
- rapid succession of pregnancies
- an earlier child was maltreated, neglected or abused
- parent was dismissed from parental authority over an earlier child, or earlier child was taken

### into care

- woman is being abused or has experienced abuse
- sexually transmitted diseases (STDs)
- prostitution
- criminality
- uncontrolled use of medication

### Signals at childcare facilities

- child is often dropped off and picked up late
- no or little interest by the parents for the child's experiences or development

- aberrant behaviour of the child when parents drop it off and or pick it up
- child does not want to undress before going to bed
- child does not want clean clothes to be put on
- pinching, biting, pulling hair of other children
- child is dropped off uncared for (very full napkin, unwashed, hungry)
- child is deregistered unexpectedly without farewell

#### Signals at school

- learning problems
  - language or speech problems
  - sudden drastic backslide in school performance
  - fear of failure
  - high frequency of school absenteeism
  - being always very early at school and staying at school or in the schoolyard after school
  - often arriving at school late
  - memory or concentration problems
  - no or little interest by the parents in the child or in the child's school performance
  - afraid when changing clothes (for gymnastics or swimming)
  - aberrant behaviour when the parents pick up the child from school
  - child is unexpectedly deregistered without farewell
  - child is sent uncared for to school
- 
- without breakfast and/or without packed lunch to school
  - parents do not follow school advice
  - too much pressure on school performance

#### Own expertise comes first

To conclude an advice. The lists with signals show you the way for identifying and listing them. They are no more and no less than a tool. In order to act properly it is important that you always take your own expertise as the basis. Belonging to professional personnel, you have knowledge of the development in children and you are pre-eminently the person who can identify aberrant behaviour. Rely on your knowledge, experience and intuition and take your feeling about the situation seriously. State in specific terms what you are actually worried about (including the question whether sexual abuse may be a point at issue) and share your concerns about a child or family with an expert colleague or Designated Safeguarding Lead.

#### STEP 2 - ASK ADVICE FROM EXPERT COLLEAGUE, DESIGNATED SAFEGUARDING LEAD, FROM BJZ/VT AND/OR SHG

Discuss the signals with an expert colleague. If so required, also ask advice from the Youth Care Agency/Child Abuse Counselling & Reporting Centre or from the Support Centre for Domestic Violence.

#### Permission from child or parent(s), and professional confidentiality

Consultation with an expert colleague or Designated Safeguarding Lead within your organisation is internal consultation. In such cases there is no need to obtain permission from the child or the parents to provide information. The same applies to having a consultation with BJZ/VT where client information is kept anonymous. However, when you report to or have consultations with someone outside your

organisation and provide information about the child or the parent(s) you will need the child's or the parent's permission, but the rules for it are not very clear. The Personal Data Protection Act stipulates that a client over 16 years of age must give permission to a professional for providing his or her information to another person (whether or not in the form of reporting). The client has this right from the age of 12 onward in accordance with the Youth Care Act and the Medical Treatment Contracts Act. But reporting about a client less than 16 years of age and living at home must be discussed with the child's parent(s), since a report usually does not only contain information about the child but also about the parent(s)

### STEP 3: TALK WITH CLIENT, PARENT(S) AND/OR CHILD

A meeting with the parent(s) and/or the child is required, but can be a delicate matter. This chapter contains tips and recommendations in preparation for the conversation

Discuss the signals with the parents. If you need support for preparing or holding the conversation you should consult an expert colleague and/or the VT or JGZ.

1. Explain the purpose of the conversation to the client
2. Describe the facts that you have established and the observations you have made
3. Invite the client to respond to these matters
4. Give an interpretation of what you saw, heard and observed only after the clients response

has been given.

Reporting without discussing the signals with the client is only possible if

- the safety of the client, yourself, or someone else is at issue
- you have good reasons to assume that the client will break off the contacts with you because of this conversation.

#### 1. Explanation to the conversation with the parent(s) Sharing concerns

If you have any concerns about a child or the parent(s), discuss them as soon as possible with one or both parents. They are your principal conversation partners and your source of information. If the 'non-discussed concerns' are mounting up, the parents may wonder why they were not informed before and this may betray their confidence. It may of course be difficult to have such discussions with the parent(s), but they are nevertheless needed for getting a clear picture of the situation. Perhaps it seems that there are issues other than child abuse or domestic violence, or perhaps the parent(s) need(s) a bit of encouragement to seek help. Moreover, situations in which the parents' reaction is reticent, defensive or aggressive there is all the more reason to have great concerns. You can also turn it around: what parent would find it annoying that someone is sympathetic towards his or her child? You must also take the fact into account that the child may be abused by someone else than the parent(s). Anyway: try to share your concerns with the parent(s) in this first but important conversation.

#### Setting an aim

The contact or the conversation with the parent(s) is always linked to an aim, such as gathering more information, sharing the concerns about the child or motivating the parent(s) to get help. Set the aim of the conversation beforehand, preferably with an

expert colleague or the Designated Safeguarding Lead. With a clear aim in mind you will have something to hold on to and reduce the risk of a conversation that will come to nothing.

### 3. Further preparation

Not only must you set the aim of the conversation but also who is to hold the conversation with the parent(s) and what you will give as your reason for the conversation. Consider also whether it is desirable or necessary to hold the conversation together with a colleague and whether it is necessary for your own safety that a colleague knows that you are holding this conversation so that he or she can stay nearby.

Prepare also the practical side: where to hold the conversation, at what time and on what date, whether the child and other children of the family are taken care of. And do you make the appointment with one or both parent(s)? And also have a think about the follow-up. What kind of help can you offer the parent(s)? Whom can they contact?

#### Sympathetic questions

It is important that you, metaphorically speaking, remain not vis-à-vis but alongside the parent(s). Open the conversation with the usual, sympathetic questions. You did not forget the parking meter? Has your son been seeing the doctor? How are things at home? How does your daughter feel about the arrival of her baby brother? Though everyday questions, they can give extra information to clarify the situation and create a more relaxed atmosphere.

### 5. Follow-up of the conversation

In the next phase you explain what the aim of the conversation is and why you have concerns about the child (who also can be an unborn child). Tell also factually what your concerns are and inquire whether the parent(s) recognise them. Tell also what is going well with the child. When sharing your concerns, take possible reactions of shock, anger or sorrow into account, and be aware that these are normal reactions to an unpleasant message. It is not easy for parents to hear that their child is not doing well. For some parents this may be a relief because they feel acknowledged in the concerns they have about their child. It is important that you give the parent(s) room to respond. See what stir the story creates in the parent(s) and how they react. Ask whether they are already getting help and what should happen to ease their worries. Inquire also what their own possibilities for help are in the family's social network, such as taking some weight off their shoulders. Your regional social guideline lists organisations where parents and children can get assistance.

### 6. Concluding the conversation

Conclude the conversation with a short summary of the subjects that have been discussed. Check whether the message has come across. You must also concisely document the agreements, appointments and decisions from the conversation; the parent(s) will get a copy.

#### More conversations

Parents often need time for reflection on the concerns that are expressed. This means that one conversation may not be enough. A follow-up talk may also make clear whether the worrisome situation is changing or has changed. For the follow-up conversation decide also beforehand what help your organisation can offer to the parent(s) and what help can be offered



by other institutions. Check whether these institutions have a waiting list. If so, prepare the parent(s) for it, and discuss how they can bridge the waiting time.

## 8. Safety

Your own safety is equally important during the conversation with the parent(s). You can make sure that one or more colleagues are aware of your holding this conversation. Check whether there is a security policy, and implement it. For security reasons, it may be advisable in some situations to consult first with VT before entering into conversation with the parent(s). Do not hold the conversation if the safety of the parent(s), the child or yourself is at issue. Document this, and call in the police when necessary.

Summary: tips for the conversation with the parent(s)

- Select a line of approach that is consistent with this family's culture and customs
- Open the conversation with sympathetic questions then clarify the purpose of the conversation
- Share your concerns: describe concretely what your concerns are
- Tell the parent(s) what was actually noticeable about the child
- Indicate also what the child is doing well
- Ask the parent(s) whether they recognise your observations, and how they can explain them
- Ask how things are going at home with the parent(s) and the child
- Respect the parent(s)' expertise where their child is concerned
- Appeal to the parent(s)' sense of responsibility as a parent
- Invite the parent(s) to talk by asking open questions (who, what, where, how, when)
- Talk in a personal way (I see that ..., I notice that ...)
- Be frank and open, but watch out for laxity
- Ask the parent(s) how they feel about the concerns you expressed
- Succinctly record arrangements, appointments and decisions after concluding the conversation, and give the parent(s) a copy of this report
- Don't let a child interpret for his or her parent(s)
- Don't make promises you can't fulfil
- Check whether there is already help in the family
- If the parent(s) make threatening remarks, name them and stop the conversation. If the parents are totally absorbed in their own emotions, just call them back into the here and now. You may ask: you did not forget to refill the parking meter? Do you take sugar or milk in your coffee?
- Check if appointments are made and kept.

### Opening sentences

- "Recently, your child has been behaving differently and I would like to talk with you about it."
- "I am concerned about your child because .."

### The real message

Mention the facts. You may say:

- "I noticed that your child..."
- "It seems that your child..."
- "I notice, I hear, I see, I think ..."

- “Your child has recently been rather quiet (not concentrated, boisterous, noisy, absent-minded, sad, angry, close-mouthed) and I am concerned about it.”
- “Your child has recently been having difficulties with other children, I noticed...”
- “Lately, your child is so clinging and demands so much attention (has trouble with the rules). Have you seen that too? Do you know the reason?”
- “Is something going on in your child's environment (friends, in the streets, family or in your environment?)”
- “It seems that they make fun of your child (are calling names, your child is afraid, is punished, is embarrassed, is forced, is not happy) and it troubles him or her. What have you noticed?”

In a second conversation

- “I would like to talk to you again to see whether your child has changed.” Explanation to the conversation with the child

A conversation with the child

It is required to have the conversation with the child from the age of 12 years, depending on the kind of organisation you are working for and on your professional responsibility. A conversation may even be advisable and produce more information if the child is younger (children less than 12 years of age). Whatever the child's age, it is important that you create safe and familiar surroundings. This safety is very valuable to children who have had to deal with abuse, as they will give off signals earlier and be more prepared to talk about things.

Signals by pre-schoolers

Physical and behavioural signals are important when given off by very young children who cannot express themselves verbally. Children phrase sentences from the time they are toddlers and they can have a verbal communication about their situation. The child may spontaneously say during a conversation: “Mummy is bad, mummy hits.” But there is more chance that a toddler gives off non-verbal or verbal signs during playing, such as repetitive aggressive or sexual play, like the 3-year old girl who said angrily to her doll: “Stupid bitch, off to your room, fuck off!” Making sexually-slanted remarks that are not consistent with its age is a verbal sign that can be an indication of child abuse.

Children with limited mental capacities

Children with limited mental capacities are usually not well able to express themselves in words. That is why it is important to pay careful attention to physical and behavioural signs by these children

Signals by children and youngsters

Children of primary school age and young people can transmit physical, behavioural and verbal signals. About the latter: it need not be a remark in which the child directly tells that it

is being abused; indirect references can also be indicative of a suspected situation of child abuse. Such as the child who says: „I never do anything right.“

### Sympathetic questions

Just like for adults, sympathetic questions may be a good way to get more information. For instance: 'how are your dancing classes going? What did you do yesterday? What happened? What did you draw there?

Where does it hurt?' Another way is to join in the child's play and ask what toy represents what and what is happening. Confine the questions to those that are in line with your professional responsibility. Example: if you are a nursery school teacher you should not ask explicit questions about sexual abuse.

### Do not burden the child

In the contact with the child you are not supposed to burden the child with your concerns about the child. You play primarily an observing, supporting role. Be reserved in the conversation with the child in case of sexual abuse, serious maltreatment or neglect or suspected abuse in connection with possible future burden of proof. For advice you can always turn to VT and/or the police (Vice Department).

### Summary: tips for a talk with children and young people

- Determine the purpose of the conversation beforehand.
- Enter the conversation with an open attitude, do not judge, but ask questions.
- Fit in with what the child or the youngster is presently engaged in, such as a game, a drawing, area of interest, examination week.
- Offer support and make the child feel at ease.
- Do not touch the child unnecessarily.
- Do not make long eye contact, this may be threatening.
- Do not press the child to talk only about your concerns.
- Follow the tempo of the child or the young person; you need not discuss all matters in one conversation.
- Do not let the parent(s) (or other persons important to the child) down, take feelings of loyalty into account.
- Pay attention to non-verbal signs during the conversation.
- Use the wordings of the child or the young person in your questions or summary.
- Tell the child or the young person that he or she is not the only one to experience such things.
- Do not ask any 'why?' questions.

### Extra tips for a talk with children less than 12 years of age.

- Select a quiet moment.
- Sit at eye level with the child.
- Use short sentences.
- Ask sympathetic and concerned questions, but do not fill in the story for the child.
- Start with open questions: 'What happened? When did it happen? Where does it hurt? Who did it?'
- Alternate this with closed questions: 'Did you fall? Does it hurt? Did you have to cry? Did you like it, or not?'
- Do not keep asking questions if the child does not want it or cannot tell anything.

- Tell the child that you cannot keep a secret of the things he or she told. Explain that you will explore with others the best way to help the child. Explain the child that you will keep them informed about every step you are to take. The child should never be burdened with the responsibility for the choice in the steps to be taken.
- Tell the child how clever it is to explain everything so well.
- Stop the conversation when the child's attention fades.

#### Extra tips for a conversation with youngsters

- Be sure you have a quiet place and enough time.
- Mention exactly what you have observed or seen in the young person and ask him or her to tell something about it. For instance: "I have recently seen that you were not so alert, for instance ..... Tell me, why is that?"
- Tell him or her that you cannot keep a secret of the things he or she tells when this is not safe for him or her or for others. Explain that you will tell him or her immediately when this is the case and that you will
- involve him or her as much as possible in the further steps to be taken.
- Listen to the youngster's reaction.
- Ask the youngster what he or she wants.
- Ensure that the young person knows globally what will happen and how you involve him or her and others like the parents in this.
- Express your appreciation: "Very smart of you to tell me this, it was not so easy."
- Close the conversation with a light subject, such as plans for the weekend.

#### STEP 4: ASSESS NATURE, SERIOUSNESS AND RISK OF CHILD ABUSE OR DOMESTIC VIOLENCE

How real is the chance that there is indeed a case of child abuse or domestic violence? And how serious or how urgent is it? These are the questions to which you must find an answer now that there is more information. A risk profile can be a handy tool for this process of assessment and weighing up. An often-used example from the Youth Care institutions is the LIRIK.

#### Step 4

The professional will have quite some information after the first three steps:

- the description of the signals which he documented
- the results of the conversation with the client
- advice from specialists.

In Step 4 it is important that the professional should assess this information. This step demands from the professional that he should assess the risk of domestic violence or child abuse, as well as the nature and the seriousness of this violence. Needless to say that advice can also be sought from expert colleagues such as the Designated Safeguarding Lead and VT. The VT will use a risk assessment tool prior to giving appropriate advice for the case.

#### STEP 5: DECIDE: ORGANISE HELP YOURSELF, OR REPORT TO VT

Organising help and following the effects

If on the basis of your assessment in step 4 you believe that you can protect your client and the family reasonably sufficiently against the risk of domestic violence or child abuse:

- organise the necessary help
- follow the effects of this help
- report also when there are signals that the domestic violence or the child abuse has not stopped or has started again.

Reporting and discussing with the client

If you cannot sufficiently protect your client against the risk of domestic violence or against child abuse or if you have doubts whether you can offer sufficient protection against it:

- Report your suspicion to the Youth Care Agency/Child Abuse Counselling and Reporting Centre or to the Supporting Centre for Domestic Violence
- Let your reporting be as much as possible in line with the facts and with what happened, and indicate clearly whether the information you are reporting (also) originates from others
- Consult in your reporting with the Youth Care Agency/Child Abuse Counselling and Reporting Centre or to the Supporting Centre for Domestic Violence what you can do within the limits of your usual activities
- to protect your client and his or her family against the risk of domestic violence or maltreatment.

Discuss your reporting beforehand with your client (from 12 years of age) and/or with the parent (if the client is less than 16 years of age):

1. Explain why you intend to report, and what the purpose is
2. Ask the client explicitly for a response
3. In case your client has objections, discuss in what way you can meet these objections
4. If this is not possible, weigh the objections against the necessity to protect your client or his or her family against the violence of the child abuse. Also involve the nature and the seriousness of the violence and the necessity to protect the client or his/her member of the family by reporting it
5. Report if in your opinion the protection of the client or his/her member of the family must be the deciding factor.

You can give up contacts with the client about the reporting

- if the safety of the client, of yourself or of someone else is at issue
- if you have every reason to assume that the client will break off contact with you. Inform parent(s) about the reporting

A reporting to VT of suspected child abuse is quite drastic for parents, even when preceded by a whole process and parents do not seem to share your concerns. Parents would rather hear of your intention to report beforehand than from VT afterwards, so that they will not have the feeling that you acted behind their backs. It can be a delicate matter to inform the parent(s) about the reporting. That is why there are some tips below for preparing and the conversation itself.

Tips for preparing the reporting to BJZ/VT

- Consult with VT or the Designated Safeguarding Lead whether the reporting of your suspected child abuse is justified.
- Consult with VT or the Designated Safeguarding Lead whether it would in this family situation be advisable and safe to inform the parents about the reporting.
- Consult with VT or the Designated Safeguarding Lead how you can inform the parent(s) about the reporting, who will do it and who must be aware of it in your institution or organisation. Make a follow-up appointment with VT where necessary. The conversation with the parent(s) about a reporting
- Take the time for a conversation, be serious and let the parent(s) know that you are concerned about their child.
- Sum your concerns up for the parent(s) as factually as possible. Also tell them that you think that there is a matter of child abuse (this is in contrast with earlier talks in which you should not mention the word 'child abuse').
- Briefly mention also the conversations that were held, and the steps that were taken.
- Inform the parent(s) that you are going to report your suspicion to VT, do not ask permission
- Explain clearly that you noticed that the parent(s) do not support the help or solution you proposed, or explain that you deem it necessary that specialised people investigate this matter of concern.
- Tell the parent(s) that it is both your and your organisation's responsibility to call in VT for these grave concerns.
- Describe VT as an institution where everybody, even the parents, can get help when they are worried about children and when you think that there may be a case of child abuse.
- Tell them that you will leave it up to VT to continue talking with the parent(s) about the concerns.
- Hold the conversation together with a colleague Sample Sentences

Below are some sample sentences that you could use in your conversation with the parent(s). Select a sentence that suits the situation. If these sentences are not applicable to you or if the situation about which you report is very specific, ask advice from VT

- “I think it would be wise if you would talk to the Child Abuse Counselling and Reporting Centre about the concerns you and I have about your child. This centre is specialised in child abuse and can investigate whether it is appropriate to suspect child abuse.” “In my work as a .... (name your profession) it is my duty to attend to your children's wellbeing. I am (or we are) so concerned about your child that I will report this to the Child Abuse Counselling and Reporting Centre. I can imagine quite well that this is not a pleasant message for you and that is why I'd rather tell you myself than have you get the message from the Centre..”
- “I am (or we are) concerned about your child. I suspect (complete with: maltreatment, neglect, sexual abuse, ...). That is why I will report my concerns to the Child Abuse Counselling and Reporting Centre. They are specialised in this matter, and their staff can investigate whether my suspicion is justified.”
- “I understand that this information is awkward for you. But it is my responsibility to share these (serious) concerns with you. And if (complete: you think otherwise; no proper care is given; more investigation is needed) I must call in the Child Abuse Counselling and Reporting Centre. That is the arrangement (or: those are the rules) which apply here at (the name of the organisation).”
- “We spoke with you about the things we saw in your child and what we are concerned about. They are unfortunately signals we often see in children who are maltreated. As

these signals are still present, we will report this to the Child Abuse Counselling and Reporting Centre.”

## Appendix 4: Avoiding Allegations of Harm to Students

Purpose of Guideline: to assist staff in using their own professional judgement and common sense so that they avoid situations that could lead to allegations of harm to children and young adults at Amity.

In any planned interaction with students bear in mind the following:

- How others might perceive your actions
- The age, gender and experience of the student
- The justification for the action
- The possibility that explicit permission is required
- Who else (particularly colleagues) should know what you plan to do

Make sure that you are familiar with other policies that have a bearing on appropriate behaviour including Amity Staff Code of Conduct and the Guidance for Staff Who May Need to provide Intimate Care for Children.

You need to think carefully about what is appropriate (and what could be misconstrued) in relation to the following:

- Physical proximity and contact with students
- The way you communicate with students in and out of the classroom
- Being alone with students (including car journeys)
- Being in places where students are changing clothes
- The choice of materials for the instruction or pastoral care of students
- Insisting on appropriate communication with you from students

### Reporting and Recording Incidents

- Always report to your leaders any complaint or allegation made about you by a student, parent or other adult.
- Always place on record any incident in which you had to physically restrain a student.
- If in doubt about any matter relate to this topic consult your Leader/Principal or department

manager.



Appendix 5: Child Protection Concerns Report

Case Number

Name of Child: .....

Boy  Girl

Year Group: .....

Nationality: .....

Date of Birth: .....

Place in Family: .....

Address:

Huisarts(Doctor)

.....  
.....

Participants to the Consultation:

.....

Describe the information as carefully and as objectively as possible. Children above 12 years of age and parents of children under 16 years of age have the right to inspect and correct the information.

A. Analysis of the situation

What are the concrete signals (from the child, parent(s), environment, and who identified them?

Since when have the signals been noticed? By whom?

What was the cause of the concerns about this situation or about the suspected child abuse?  
By whom?

Do others share these concerns about this situation? If so, who and why? Are there also signals about any siblings? By whom? What questions must be answered?

How often and when do these signals occur? Are the signals increasing in intensity or number?

#### B. Earlier actions

What actions have already been taken? By whom?

What has been discussed with the parent(s)/the child? By Whom?

#### C. Action plan

What actions are required? Describe also how, when, by whom and for what purpose the actions will be implemented.

D. Feedback

How, by whom, to whom and when will feedback be provided and documented?

E. Results of the actions

Describe for each action whether it has been implemented, how this went, and what the outcome is. Follow the step- by-step plan.

F. Further description of the steps taken

This form was completed by: (name and position)

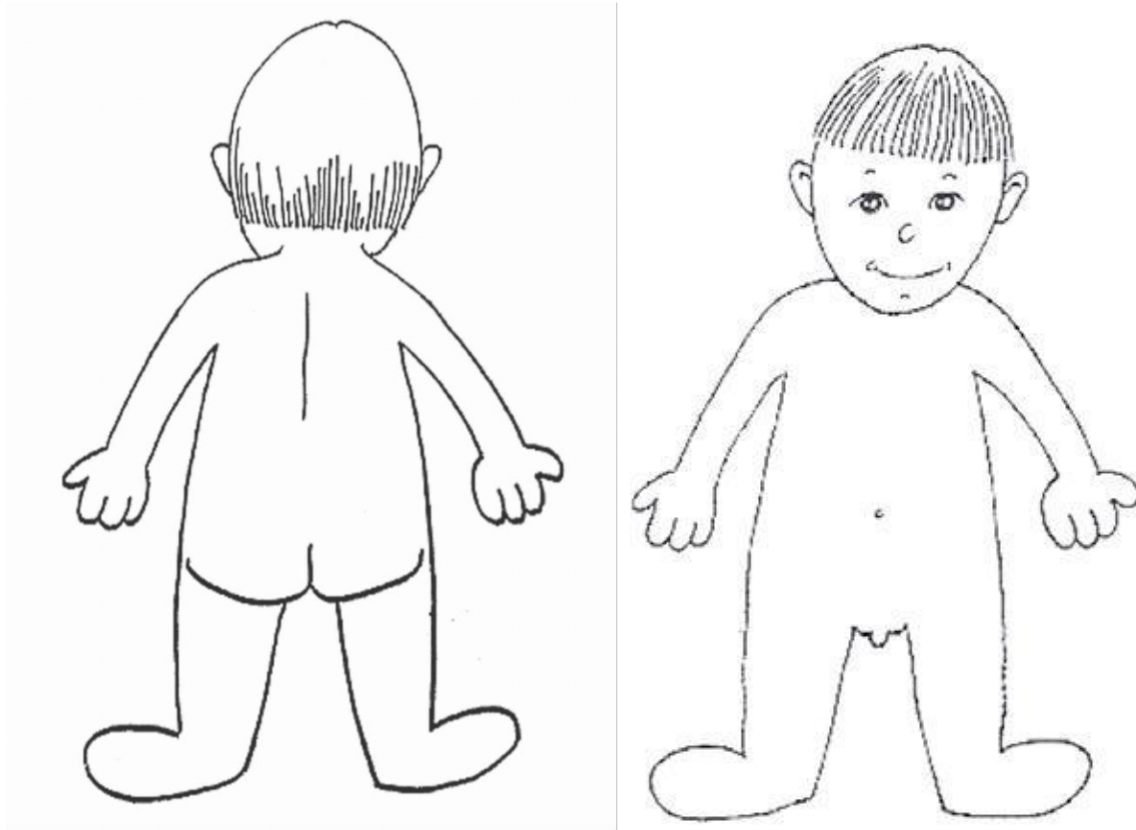
.....

Date: .....

## Appendix 6 Drawing of a BOY

Indicate the place of external injuries by putting a cross on the drawing.

Write a number next to the cross and describe the corresponding observations at the bottom of the drawing.



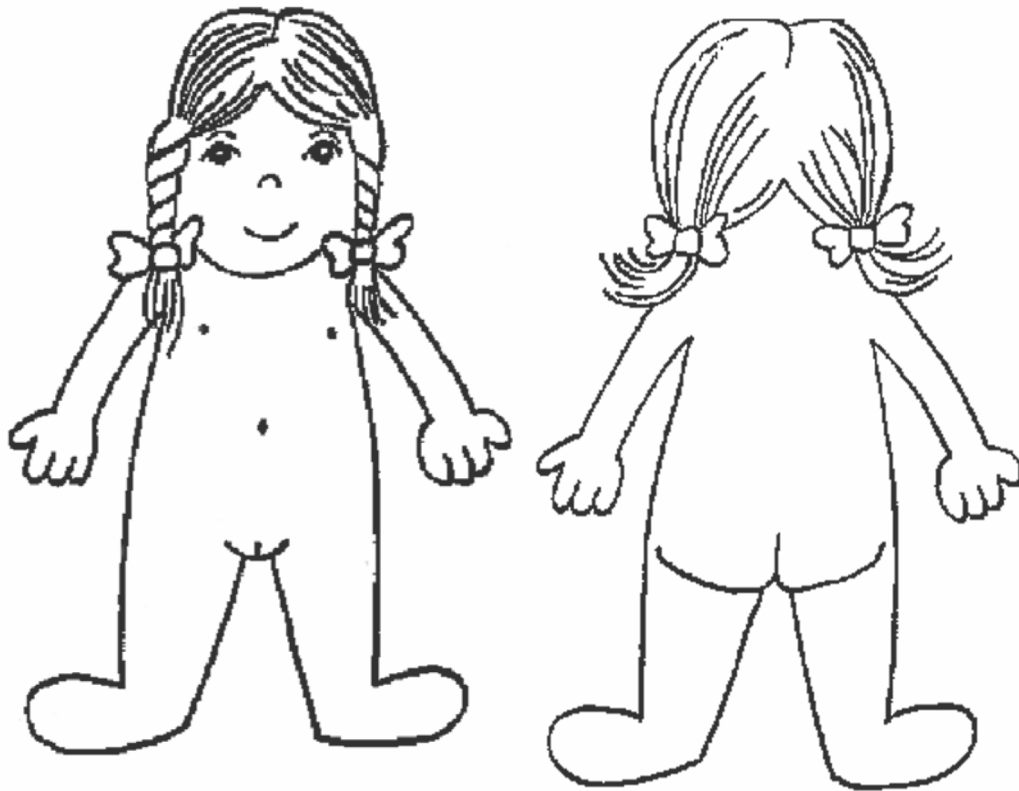
Concrete description of the observations (such as: what did you see, where, form, size, colour, kind):

1. 2. 3. 4.

## Appendix 7 Drawing of a GIRL

Indicate the place of external injuries by putting a cross on the drawing.

Write a number next to the cross and describe the corresponding observations at the bottom of the drawing.



Concrete description of the observations (such as: what did you see, where, form, size, colour, kind):

1. 2. 3. 4.

## Appendix 8: Legislation and Reporting Codes (Meldcode)

### International Convention on the Rights of the Child

This Protocol is based on the International Convention on the Rights of the Child. The United Nations adopted this Convention on 20 November 1989, and it became officially effective in the Netherlands on 8 March 1995. However, the right of children to be raised in a safe environment is not yet a matter of course for each child in the Netherlands. This Protocol aims to contribute to signalling timely and acting adequately in situations where a safe upbringing for children is at issue.

The Dutch Criminal Code does not have a separate article on child abuse, though there are some Articles in the Criminal Code about maltreatment, neglect and child abuse. An outline of laws set forth in the Dutch Criminal Code that may be applicable is given at [www.nji.nl](http://www.nji.nl) (see dossier child abuse – dossier kindermishandeling). The Dutch Civil Code also stipulates a number of obligations.

### The Reporting Code Act on domestic violence and child abuse

The Reporting Code Act on domestic violence and child abuse became effective by law in July 2013. This Act stipulates that it is obligatory to apply a step-by-step plan in case of domestic violence and child abuse, and states explicitly that sexual violence, female genital mutilation (female circumcision) and honour-related violence are also forms of child abuse. The obligation applies to organisations and independent staff of healthcare and educational organisations, child care and social support organisations, youth care agencies, judicial authorities and the police.

Important: This Protocol on child abuse, including the step-by-step plan, is in conformity with this Reporting Code Act.

### Basic model for the Reporting Code

The Protocol on child abuse is also based on the Reporting Code Act Domestic Violence and Child Abuse and on the Basic model of the Reporting Code for domestic violence and child abuse.

### Nonviolent parenting is laid down by law

On 25 April 2007, the Act (Article 247 second paragraph of Book 1 of the Dutch Civil Code) was extended with the sentence: „In their care for and upbringing of the child, the parents shall not apply any mental or physical violence or any other humiliating treatment.”

### The right to report, the duty to report and professional confidentiality

Article 53, paragraph 3 of the Youth Care Act stipulates an explicit right to report: every professional with a professional confidentiality or other duty to observe secrecy has the right to report suspicions of child abuse to the Child Abuse Counselling and Reporting Centre, if necessary without the permission of the child or the parent(s). The right to report also means that, at the request of the Reporting Centre, the professional may provide information about the child or its parent(s) to the Reporting Centre also without permission from the child or the parent(s).

The Reporting Code Act does not stipulate the duty to report, but there is a special provision in the Youth Care Act (Article 21): care providers (such as boarding schools) must notify the Youth Care Agency if a member of staff is guilty of child abuse. A member of staff who is working for Youth Care institutions and is aware that a colleague is guilty of child abuse, is obliged to report this to the (management of the) care provider. The legal duty to report child abuse remains limited to workers of Youth Care institutions (only for care providers). Other professionals have no duty to report. The educational sector has the duty to report (suspected) vice offences to the police; the school boards are not allowed to keep it 'under their hats'. This is stipulated in Article 3 of the Secondary Education Act. When using the Reporting Code, the decision of whether or not to report suspicion of child abuse to the Child Abuse Counselling and Reporting Centre is vested in the professional. The step-by-step plan of the Reporting Code and this Protocol gives something to hold on in their decision.

The Basic Model for the Reporting Code gives some information about professional confidentiality and the relation with the duty and the right to report. Exchange of information is possible on certain conditions and agreements between the authorities involved. See also [www.meldcode.nl](http://www.meldcode.nl) and [www.huiselijkgeweld.nl](http://www.huiselijkgeweld.nl) below for a model covenant with explanation and the digital Guideline domestic violence and professional confidentiality of the Ministry of Health, Welfare and Sport.

#### Young People at Risk Reference Index

It is obligatory to report child abuse to the *verwijsindex risicjongeren* [Young People at Risk Reference Index]. The Reference Index is a digital registration system for risk signals of care providers concerning young people. From reports in the Reference Index professionals will soon know whether a child is also known to a colleague so that they can consult about the best approach. It is a way to prevent care providers from missing each other and to keep each young person in the picture. Important: reporting to the Reference Index is no substitute of the Protocol but an addition to this and a support. You can find the report criteria at [www.meldcriteria.nl](http://www.meldcriteria.nl).

#### Role of municipalities

The law stipulates that municipalities should promote the use of the Reference Index. The municipalities arrange for care providers to cooperate locally and be linked to the Reference Index.

Some 300 municipalities are currently connected. All municipalities must be connected with the nation-wide Reference Index when the law enters into force later this year. The connection is usually effected via a local signalling system, such as MultiSignaal, Matchpoint, Vis2 or 'Zorg voor Jeugd'. See also: <http://www.vng.nl/eCache/DEF/93/879.html>

#### Reporting policy

Child abuse is liable to punishment. This makes that reporting must be considered in case of child abuse. Sometimes it is the person involved who wants to report, and sometimes it is the authority involved. It is advisable to include the consideration of reporting in the requests for advice and the work processes.

Several parties play a role in monitoring the safety of children and reporting child abuse. The Youth Care Agency, of which the Child Abuse Counselling and Reporting Centre is part, has a central role in dealing with child abuse. An important task of the Youth Care Agency is conducting investigations into the safety of the child or the children and offering the necessary

protection and services where needed. The Youth Care Act provides the (statutory) frameworks. The police not only have the task

of ensuring enforcement (laws and regulations), investigating criminal offences and rendering assistance (in case of emergencies) but also of signalling and advising. In conclusion, the Public Prosecution Service supervises the criminal investigation.

The cooperation between these parties must not be an obstacle to starting the assistance and protection, but a support to them. Indeed, the police and VT synchronise their activities in case of (serious forms of) child abuse. When synchronising, it is also decided whether reporting will yield added value to the child in the near future and in the long term.

Excerpt from translated NL Gouvernement document "Basismodel meldcode - huiselijk geweld en kindermishandling" By VT Amsterdam. Please note the VT has been replaced by Veilig Thuis (VT) in 2014.



## Appendix 10: Contact Details for Agencies (Meldcode)

AMITY students live throughout the various districts of Amsterdam, Amstelveen etc. and each having individual contact numbers.

However, for the purpose of asking advice, or reporting suspected abuse to Veilig Thuis I Amsterdam initially.

If it is assessed that urgent advice is necessary, reporting number 0800-2000 should be contacted.