

Victoria Road Montessori policy on child abuse

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1. Introduction
 - 1.1 It is intended that these procedures will give specific guidance to Victoria Road Montessori employees working with children under five. Some of it may appear to be irrelevant to this age group but is included to provide additional background information about the problem.
 - 1.2 Child abuse occurs in all groups within society. It occurs within all cultural, ethnic and religious communities and across all classes.
 - 1.3 Staff working with young children have an important role to play in the recognition of abuse and referral of it to the appropriate authorities. Children usually attend school and nursery provision daily and close relationships are formed between early years workers, children and families.
 - 1.4 Our society embraces a variety of child-care practices and early years workers must be sensitive to cultural differences, but firmly of the view that child abuse is not tolerated.
 - 1.5 The main principle in the law on child protection (Children Act 1989) is that the welfare of the child is paramount. Early years workers may get

to know families well and may feel anxious about their loyalties to the parent. However, under the law, early years workers must put children's interests first, and the Social Services Department must be informed if child abuse is suspected.

- 1.6 It is not an early years worker's role to investigate child abuse. Only Social Services Departments, the NSPCC, and the police have the statutory power to investigate when a child is considered to be at risk.
- 1.7 All staff working in early years provision should read the document and be clear about the procedure.

2 Legal requirements

- 2.1 Local Authorities are under a statutory duty to investigate where they have "reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm". The Social Services Department carries these responsibilities on behalf of the Local Authority.
- 2.2 On October 14th 1991 the Children Act 1989 became law. The Department of Health has recommended that any person who has "knowledge, or suspicion, that a child is suffering significant harm or is likely to suffer significant harm" should refer their concern to the Local Authority Social Services Department, the police, or the NSPCC. ("Working Together Under The Children Act 1989", H.M.S.O).
- 2.3 The recommendations also state that:
 - Day care providers in the private and voluntary sector must have agreed procedures for contacting their Local Authority Social Services Department about an individual child. In all cases, the decision to contact the Social Services Department should be made by a senior member of staff, normally the "Officer in Charge or Deputy".
 - Managers should ensure that they and their staff receive training on child abuse and child protection. They must also ensure that staff are aware of these procedures
- 2.4 It is the directress's responsibility to act in all cases of suspected child abuse. There is a duty to report or seek advice from the child protection officer in the Local Authority Social Services Department if there is any concern about child abuse.
- 2.5 Some service providers may make use of independent child psychology consultancy services. This consultancy should not be used a substitute for reporting concerns regarding suspected child abuse to the child protection officer, Social Services. All service providers and consultants

must be aware that they have a responsibility under the Children Act and "Working Together" to report to the Social Services Department.
(Child Protection Procedures for Early Years Services - 1995 - 2)

3 The responsibility of Victoria Road Montessori

- 3.1 Under five's provision provided by Victoria Road Montessori may be the only place where a child is regularly seen outside the family and therefore members of staff are in a position to observe signs and symptoms of abuse, or to be told of concerns which can alert them to the possibility of abuse.
- 3.2 Legally all managing staff have a duty and responsibility to inform the Social Services Department and to liaise with other professionals, such as health visitors and doctors.
- 3.3 Managing staff may have concerns about the possible repercussions on the reputation of their establishment if they are known to have contacted the Social Services Department, or may even fear threats from parents. However the protection of the child is paramount at all times.

4 Recognition of Abuse for Early Years Services

- 4.1 Many children who are being abused do not suffer from only one form of abuse. Sexual and physical abuse nearly always include some form of emotional abuse. Some children who are physically abused will also be neglected and/or sexually abused.
- 4.2 When might you suspect abuse: Every child will react differently to abuse. The following signs might arouse your suspicions that a child is being neglected or otherwise abused. However, there could be legitimate and reasonable explanations for all of them:
 - Growth and development: children who are emotionally deprived may fail to thrive for no specific medical reason. They may seem under-nourished and small in height and weight, compared with their peers. Their behaviour may seem like that of a younger child, perhaps easily distracted, unable to concentrate and show a low level of skills or competence. Children whose development has been impaired by lack of stimulation may seem detached or disinterested, and have poor social skills. There may be an obvious medical reason for this, but that can be ascertained from the parents, or by referral to a paediatrician.
 - General appearance: children who are being neglected often seem ill-kempt. Their clothing may be inappropriate, ill fitting and dirty;

the child may smell of urine. But do not forget that children who are well cared for can also be abused.

- Eating problems: if a child always appears ravenously hungry and/or persistently takes or steals food from others, s/he may be receiving insufficient food at home. A child may also show lack of interest in food, or take no pleasure in eating if unhappy. However, eating problems are common in early childhood, but extremes and/or changes need to be monitored.
- Attendance: note should be taken if a child is absent from school/nursery for prolonged periods of time, has regular unexplained periods of absence, or where the explanation of absence does not seem to fit.
- Physical changes: there may be sudden physical changes. The child might start wetting, have tummy pains with no medical reason, or become constipated. The child may have irritating infections of their genitalia or rectum. There may also be discharge. Such changes may not be due to abuse, but the child's parents should be informed, and they should take their child to the doctor.
- Behavioural changes: the child may become quiet, aggressive, very detached or attention seeking. When sexual abuse is occurring s/he may behave in a sexually explicit way (playing sexual 'games', masturbating, and showing the inappropriate sexual awareness of a much older child). However, don't automatically assume that sexual behaviour is unnatural.
- Bruising, cuts, burns or bites: all children sustain injuries and bruises in the normal rough and tumble of play. These usually occur in specific places, such as the elbows, knees and shins. If you notice bruising on the cheeks, ear lobes, upper arms, chest, stomach, or buttocks, this may suggest that the child has been gripped or slapped. Burns that cannot be explained are also suspicious: in particular, cigarette burns, which have a typical circular appearance, and iron burns, which appear triangular or linear. Children who are being abused are frequently reluctant to discuss how they got their injuries, whereas most children who have fallen over or fallen off their bikes etc are only too eager to explain what has happened and to tell everybody about it. There have been cases where infants have been wrongly suspected of suffering child abuse because the professionals mistook uneven skin pigmentation for bruising, for example Mongolian Blue Spot, which is common among infants of Afro-Caribbean, Mediterranean and Asian descent. If you are not sure, ask the parents and/or doctor.
- Relationships with parents: a child who is being abused may seem to be frightened of their parents, or only seem happy with you and the other workers. If one of the parents is also being abused, the child

may cling to that person and be reluctant to leave them. A child may also seem anxious to protect the parents, or may even take over the parent's role. As mentioned in the introduction, abusing adults come from all walks of life; child abuse happens in families from all social classes, racial, cultural or religious groups. Parents who have more social power are more able to hide abuse behind a facade of respectability. Some abusing parents may appear hostile and intimidating, while others may appear overtly cooperative and self-effacing. Where a family employs a nanny, au pair or child minder, any concern regarding the welfare of the child should first be discussed with the parents (unless the concern is with regard to child sexual abuse)

- Child's own statement: if a child trusts you enough to tell you that s/he is being abused in some way, however unlikely you may think it is, it is very important to take seriously what the child says. Make a written note of what the child actually said straight away.

4.3 It is recognized that children with disabilities can also be abused, especially those with communication disabilities. Staff must be alert to this possibility.

5 What to do if you suspect child abuse is taking place

- 5.1 If you are worried that a child in your care is being abused, talk to the directress about your concerns.
- 5.2 If you notice something is definitely wrong, for example you notice bruise/burn marks when you are helping a child undress for rest, or some vaginal/rectal abnormality when changing a nappy, make a written, dated note of what you see and report it straight away to the directress.
- 5.3 You may wish to ask the child, if s/he can communicate with language, about the injury. If so, keep it brief and open-ended. For example, "Sasha, that's a big bruise. Can you remember how you got it?" is enough. Remember to write down the child's answer and general response to your questions. Do not question the child more closely. This will be followed through by the Social Services Department, if necessary.
- 5.4 If a child tells you something that has happened to them, give them time to talk, and listen to what they say. Never give a promise that you can't keep, or say you will keep information a secret. If an adult confides in you that they or someone close has or is likely to abuse their child, never promise to keep it a secret.
- 5.5 Offer reassurances to the child, let them know that you will help them. Often, when a child has told a trusted adult something of their story, they may attach to that person and be very anxious. Reassure them that you are not going to forget them and leave them alone with their

- problem.
- 5.6 If a child appears worried about going home, or worried about what will happen now, make a note of their fears and report this to the directress.
 - 5.7 You may be asked to 'monitor' a child. Sometimes child abuse does not show itself as an isolated 'dramatic' incident. More often, your awareness of it is brought about by your observation of a number of smaller incidents which build up over a period of time, and often form a pattern. 'Monitoring' means making careful, written observations of that which concerns you. General record keeping on children helps to identify problems. Staff need to be aware that these records can be seen by parents, and should be discussed with parents as a point of good practice.
 - 5.8 When you make notes for monitoring purposes, always include the date, what you noticed or heard a child say, and sign it in a legible manner. Write clear factual observations, not opinions. It is important to make notes immediately, or as soon as possible, following the observation or disclosure.
 - 5.9 Medical emergency: Call an ambulance if a child requires emergency medical treatment and inform the duty officer at the Social Services Office immediately if there is any suspicion that the injury is non-accidental. Do not transport children in your own car.

Parents/carers must be contacted immediately if possible. A written consent form for emergency medical treatment should have been completed when the child started using the nursery. Parents/carers should be informed of the specific symptoms or injuries which make it urgent that the child sees a doctor, but not that abuse is suspected.

Inform the directress as soon as possible, and complete a report using the report checklist (appendix B) as soon as the immediate incident has been dealt with, and definitely within 24 hours. For reasons explained above, recording must be done carefully and confidentially.

- 5.10 Other emergency: If a child discloses abuse in a clear way, or you have other reasons to believe from their presentation that a recent and serious abuse has occurred, you may have concerns as to whether the child should return home that day. In this situation, you must inform the directress immediately, and also inform the Social Services Department and, if necessary, the police child protection team, to ensure that an immediate investigation is done.

Complete a report using the report checklist as soon as the immediate incident has been dealt with, and definitely within 24 hours. For reasons explained above, recording must be done carefully and confidentially.

6 Procedure for reporting concerns

6.1 All concerns must be reported to the directress. A record of the concerns must be written down, signed and dated and kept in a secure place. They may be required to be produced in court as evidence.

6.2 The directress must talk to the parents who may give an acceptable explanation. This should be noted against concern.

This is not the case for suspected sexual abuse, or where there is a serious injury which has possibly been caused by the parent or carer, when concerns must be reported directly to the Social Services Department.

6.3 The parents' explanation may be inconsistent with the injury. This would be a clear indication of the need to refer to the Social Services Department.

6.4 Sometimes a teacher may be unsure of what to do. In this case informal discussion with the child protection officer or the duty senior in the Social Services Department is appropriate.

6.5 If, after consultation, Social Services agree that further intervention is necessary, the Social Services Department will send out a social worker to talk to the directress and reporting staff about their concerns. The social worker may want to see the child in the presence of a member of staff who knows the child best; as well as talk to the parents. If there are grounds for further action, and if it is likely that a crime has been committed, joint investigation involving the police child protection team will take place.

6.6 Staff must be prepared to attend a strategy meeting and a case conference if required.

6.7 Where the advice has not been to take action, teachers may be asked to monitor the child, keep a record of any further incidents giving cause for concern, and maintain a dialogue with, and offer continued support to, parents. The directress will also be advised to keep in contact with the local child protection officer.

6.8 Always be honest with parents and explain to them what you are doing and why. The Duty Senior or child protection officer can advise you on how to discuss sensitive issues with parents.

7 Child Sexual Abuse

- 7.1 In cases where a child makes a disclosure of sexual abuse, or where there is strong suspicion of sexual abuse, the procedure is slightly different.
- 7.2 Staff must keep a dated, written and signed record of what was said or noticed, and report it to the directress. These records may be used as evidence in court and therefore it is important they are accurate.
- 7.3 It is important that staff do not try to investigate the matter themselves, or try to question a child for further information. This is a specialist task and is the responsibility of the Social Services Department, who work in conjunction with the police child protection team. Inappropriate questioning, ie asking leading questions, can lead to vital evidence being inadmissible in court. It is also essential that, where a child's clothing may be used as evidence, it is not tampered with, and that any evidence, such as a child's drawing, is not discarded.
- 7.4 The directress must immediately report the concerns/incident to the child protection officer or the duty worker at the Social Services Department, who will decide what action to take, and will explain in full. In this case, in order to protect the child, the directress does not discuss the child's disclosure with the parents before reporting it, because if it is possible one or other parent is involved.
- 7.5 If a decision is made to investigate, a social worker will come and visit the directress and relevant staff. The social worker will then want to talk the matter through in detail and explain the process of the investigation. If it is likely that a crime has been committed, the police child protection team will be called in to undertake a joint investigation. The directress and relevant staff should be prepared to attend strategy meetings and a case conference if required.

8 Confidentiality

- 8.1 It is important to remember that all information regarding issues to do with any forms of abuse must remain confidential to the manager and staff immediately involved with the child. The directress also needs to consider her policy with regard to parents' right of access to records. Recording should be factual and to the point, stating what was said or noticed, and clearly distinguishing between fact and opinion.
- 8.2 Please ensure that the child in particular, and the family in general, are treated with dignity. This can be a very trying time for the child and

family and also the staff concerned. Feelings will be upset at times. Make sure that you obtain support from your directress or other professionals trained in this field.

- 9 What to do if an allegation of child abuse is made about a staff member
- 9.1 An allegation of, or concerns about, bad practice by Early Years workers, for example shouting, or inappropriate punishment of children, will be dealt with under the disciplinary procedure for failing to follow Victoria Road Montessori's guidelines on managing children's behaviour.
- 9.2 All complaints of child abuse against staff must be handled swiftly and sensitively according to Victoria Road Montessori's child protection procedures for investigating any concerns of abuse regarding children in the Borough. The basic principles of child protection must apply and inform the entire process.
- 9.3 If an allegation concerning physical or sexual abuse is made about a worker, the directress must deal with it as if it were a concern about abuse by anyone else, and immediately report the allegation to the Social Services Department, advising them of what action is being taken. Ofsted must also be informed.
- 9.4 If a serious physical assault or sexual abuse has been committed, the directress must inform the police child protection team as well as the duty social worker. If it is outside of office hours, the Emergency duty social worker must be contacted.
- 9.5 The directress must inform the worker that an allegation has been made and ask her/him to leave the premises.
- 9.6 The directress will decide on what further action to take, in consultation with the Senior duty officer in Social Services and the police child protection team. If a complaint is identified as being one of possible abuse the directress must do the following:-
- Inform the member of staff that the Victoria Road Montessori child protection procedures have been invoked which involves both Social Services and the Police. This will be done without questioning the worker about the complaint and making it clear that they have the right to be accompanied by a representative or friend at all stages.
 - Ensure that careful consideration is given to the kind of support the staff member concerned and her/his colleagues are given, both during the investigation and after it has reported its findings. If,

following an investigation by the Social Services Department, it is decided that the complaint is not one of physical or sexual abuse, but one of bad practice, the directress will request an interview with the complainant in order to clarify the concerns and substance of the complaint. If this interview suggests that there is in fact a child protection concern, then action should be taken. If, however, it appears that it is not a child protection issue, then the matter should be dealt with by Victoria Road Montessori's disciplinary procedures, or by normal supervision. In this situation the staff member should be interviewed as soon as possible after the complaint. The staff member has the right to have a representative present at all interviews and must be informed of her/his rights.

10 The conference

- 10.1 The Child Protection Conference is central to the child protection procedures, and the need for calling one should be identified at an early stage. The conference brings together the family and the professionals concerned with child protection, and provides them with the opportunity to exchange information and plan together. It symbolises the inter-agency nature of assessment, treatment and management of child protection, and is the prime forum to share information and concerns, analysing and weighing up the level of risk to the child and making recommendations for responsibility for action.
- 10.2 The initial/incident conference: Child Protection Conferences are convened by the Social Services Department, following an investigation under Section 47 of the Children Act 1989, which has indicated that a decision has to be made about further action under the child protection procedures. Conferences should take place within eight working days of referral, unless court action is in process, in which case the timing must be determined by court rules. Conferences are chaired by an approved chair from the Social Services Department.
- 10.3 Aims
- To establish the facts of the situation
 - To share and evaluate the information gathered during the investigation
 - To consider what immediate intervention and support may be necessary, and the role of respective parties and agencies in this
 - To make a decision about whether to register a child and under which category.

Please note: A child protection conference is not a forum for deciding whether a specific person has abused a child. That is a matter for the

courts. The conference does have the task of deciding whether it is likely that a child has suffered abuse or significant harm, or is at serious risk of so doing.

- 10.4 For reasons of confidentiality and efficiency, the number of persons participating in a conference should be limited to those with a need to know, and those who have a contribution to make. Attendance at initial conferences will always include the investigating social worker and team manager, principal child protection officer, police child protection, representatives from community health, the GP, school and all agencies who have knowledge of the child.
- 10.5 Review conferences: The initial conference will fix a date for a review of the plan made. This should take place preferably within 3 months and certainly within 6 months. Any concerned professional may request the Social Services Department to convene an earlier review if they believe the child is not adequately protected, or there is need to change the protection plan.
- 10.6 Aims of review conferences:
 - To bring together all those involved with the child and family to review the arrangements for the protection of the child
 - To update and note any relevant changes in the child/family circumstances
 - To assess the current level of risk to the child
 - To evaluate the effectiveness of the plan, and to amend it in any way that seems appropriate
 - To review inter-agency cooperation and resolve any difficulties that may have arisen
 - To consider whether registration should be continued, and if so, under which category
 - To plan the next review within 6 months
- 10.7 It is expected that both the member of staff working with the child and the manager would attend the conference.
- 10.8 Assessment: A fuller assessment will be made of the child and family's needs if the initial conference feels that there are concerns, and this assessment is in order to plan future actions and help.

11 Court attendance

- 11.1 On occasion an Victoria Road Montessori worker may have to give evidence in court on the basis of observations they have made and information they have been given. If this is the situation, they should

expect both to be supported by the directress and to get legal help and advice from the Social Services Department's legal team.

Appendix A Recognition of abuse

Recognising abuse can often be difficult and requires close collaborative consultation. The following key points must be remembered:

- Everyone has a responsibility to report suspected or alleged abuse
- Professionals should take note, not only of major incidents, but also of signals which make them feel somewhat suspicious or concerned
- They should always discuss any worries, however unspecific, with an appropriate senior or colleague and not keep these worries to themselves. Only through discussion can the concern be alleviated by the sharing of known facts, or can an appropriate monitoring plan be made
- All such worries should be recorded. Agencies which have a policy of records being open to families should ensure that there is a known system for such recording being done appropriately, and should advise staff accordingly

Forms of ill-treatment which are registerable according to the guidance of "Working Together":

- Physical abuse
- Neglect
- Sexual abuse
- Emotional Abuse

1 Physical abuse: This is defined as "the actual or likely physical injury to a child, or a failure to prevent physical injury or suffering to a child".

1.1 Physical signs and symptoms characteristic of physical abuse: The following may be present (the list is indicative only and by no means comprehensive):

- High Suspicion
 - Multiple fractures at different stages of healing
 - Cigarette burns
 - Human bites
 - Bilateral black eyes
 - Fingertip bruising

- Medium Suspicion
 - Burns, scalds
 - Bruising in sites not easily injured
 - Unusual cuts or marks
 - Frequent accidents
 - Head injuries in infancy (< 12 months)
- Low Suspicion
 - Any injury (particularly repeated accidents)

- 1.2 Behavioural signs associated with physical abuse: the following behavioural responses are frequently associated with physical abuse and may assist in making a diagnosis when suspicious injuries are noted:
- "Frozen watchfulness"
 - Very aggressive play in young children with severe conduct problems in older children
 - Major preoccupation with own body and health
 - Unusual refusal of mother to leave the bedside of ill child

- 1.3 Presentations of physical injuries of states which should alert concern: the following should give rise to concern about possible physical abuse when a child is presented either in a medical or other setting:
- The account of the injuries given is inconsistent with their appearance
 - Unusual degree of parental hostility towards medical staff
 - Unusual lack of parental concern
 - Discrepancies in accounts of events
 - Injuries of different ages at different stages of healing
 - Injuries noted by others and not reported by the family.

The following should give rise to concern that Munchausen by Proxy may be occurring:

- Unusual patterns of symptoms, which only occur at home or coincide with a parent visiting a child in hospital, with rapid recovery when the parent/s is/are absent.
 - A high level of demand for investigations for symptoms which do not present with physical signs.
- 1.4 Neglect: neglect is defined as:
- Persistent or severe neglect of a child
 - Failure to protect a child from exposure to any kind of danger, including cold or starvation
 - Extreme failure to carry out important aspects of care, resulting

in the significant impairment of the child's health or development, including non-organic failure to thrive

- Serious failure, for whatever reason, to comply with necessary medical treatment.

1.5 Presentations of Neglect:

- Growth failure
- Developmental delay, eg delay in language, motor skills and social skills
- Failure to thrive; that is significantly poor weight gain
- Failure in linear growth, formerly known as psychosocial dwarfism
- Other physical conditions arising from inadequate care.

1.6 Alerting signs and symptoms:

1.6.1 The physical indicators of neglect are:

- General physical appearance
- Abnormalities of skin and hair
- Poor hygiene
- Marked drop on height and weight centiles, or failure to gain height and weight without obvious organic reason.

1.6.2 The behavioural indicators of severe neglect are:

- Severe withdrawal state
- Food scavenging, stealing from dustbins, etc
- Poor school performance with failure to achieve potential.

2 Sexual abuse: a useful definition of sexual abuse is "the actual or likely sexual exploitation of a child or adolescent". The child may be dependent and/or developmentally immature (Working Together, para 6.40). Abuse includes:

- Incest
- All forms of sexual activity involving children
- Involvement of children in pornographic activities.

2.1 Presentation and Disclosure: the presentation of child sexual abuse can be very varied and may or may not be accompanied by a spontaneous verbal disclosure by the victim, perpetrator, or other family members to professionals, neighbours or friends. Any professional may be the target for such a disclosure and should be prepared to receive and act upon this information.

2.2 Physical alerting signs

- Certain abuse:
 - Semen in vagina or anus, or on external genitalia
 - Pregnancy, especially where the father is unknown

- Bruises, scratches or other injuries to the genital or anal areas, or to other "sexual" areas, such as breasts and lips; these injuries may be minor but are inconsistent with accidental injury
- Signs of sexually transmitted infections.
- Medium suspicion:
 - Itching, soreness, pain in micturation, discharge
 - Anal warts
- Low suspicion:
 - Occasional urinary tract infections
 - Recurrent abdominal pain, headaches or other psychosomatic features.

2.1 Behavioural Indicators:

- A child who hints at sexual activity/uncomfortable secrets
- Inappropriate and repeated sexual play and talk
- Severe eating disorders in older children
- Suicide attempts, self-mutilating behaviour, fire-raising
- Running away.

3 Emotional abuse: is defined as the serious adverse effect on the emotional and behavioural development of a child, caused by persistent or severe emotional ill-treatment or rejection. All abuse involves some emotional ill-treatment. This is probably the most difficult form of abuse to define.

3.1 Alerting situations: the possibility of emotional abuse has to be considered whenever any form of abuse is found. In all forms of abuse the adult(s) involved see the child as a thing rather than as a person in her/his own right. Other situations which may be associated with the emotional abuse of a child are:

- Serious physical or psychiatric illness of a parent(s), including periods of hospitalization
- Induction of child into bizarre parental beliefs
- Breakdown in parental relationship with chronic, bitter conflict over contact or residence
- Major emotional rejection of the child and parental inability to perceive her/his needs with any objectivity
- Major and repeated familial change, eg separations, reconstitution of families
- Parental drug and alcohol addiction, or involvement in seriously deviant lifestyles.

These situations would become of specific concern if there are also concerns about a child's behaviour/presentation.

3.2 Behavioural indicators in children: the effect of living in an emotionally abusive environment may be associated with a recognisable psychiatric syndrome in the child, that is, impairment of mental health, eg emotional

disorder with a high level of depression, anxiety, severe conduct disorders. Symptomatic behaviour may include:

- Over-complaint and passive behaviour
- Restlessness, hyper-vigilance, anxiety or rejection of attempts to offer friendship
- Fear, anxiety, depression, despair
- Poor achievements and concentration
- Dominating, controlling and aggressive conduct, with apparent total lack of concern for others.

Appendix B Child protection report

The following information must be included in reports concerning suspected child abuse, even if no further action is taken. Such reports are confidential and must be kept in locked files. Reports should be written as soon as possible after an incident but definitely within 24 hours.

- Date and place of incident
- Name of child
- Name of parent/carer
- Telephone number
- Age
- Gender
- Siblings
- School attended
- Name of worker involved
- Child's level of contact with project
- Name of report writer
- Date of report
- What took place
- Source of information (ie indirect or direct disclosure)
- Observed behavioural concerns
- Action taken
- Have parents/carers been contacted?
- When was the directress contacted?
- When was Social Services Department contacted and who was the contact?
- Was anyone else contacted (eg Police, Doctor, etc)
- Advice given
- Summing up
- It is important to separate fact from opinion.

Careful records must be kept of all action taken concerning an incident. For example, time, date and name of duty social worker when reporting suspected child abuse. These records must be kept confidential.