



# Dunnottar Primary School

## CHILD PROTECTION POLICY

Based on Aberdeenshire Council's Good Practice Guidelines  
"Protecting Children and Young People in Education"  
guidance

***"All children and young people in Scotland have  
the right to be cared for and protected from harm  
and to grow up in a safe environment in which  
their rights and needs are respected.  
The welfare of the child is paramount"***

*(Protecting Children and Young People: Framework for Standards Scottish Executive 2004)*

**Child protection means protecting a child from child abuse or neglect.  
Abuse or neglect need not have taken place; it is sufficient for a risk  
assessment to have identified a likelihood or risk of significant harm  
from abuse or neglect.**

*(National Guidance for Child Protection in Scotland 2014)*

Updated March 2018  
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**Governments should ensure that children are properly  
cared for and protect them from violence, abuse and  
neglect.**  
**Article 19.**

# Dunnottar Primary School

## CHILD PROTECTION POLICY

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**Article 19.**

## INTRODUCTION

All children, whatever their race, sex, beliefs and physical and mental abilities, have the right to grow up unharmed, to have the opportunity to develop fully and to have their basic needs met. Child abuse represents a failure to protect the needs and rights of children.

Education and Children's Services have a pastoral responsibility towards the children and young people that they work with and staff and volunteers are in a particularly good position to further the personal and social development of children and young people.

Education employees have an important role in the overall strategy to prevent child abuse. Teachers and other school staff are well placed to observe physical and psychological changes in a child, which might indicate abuse.

We adhere to guidance from National Guidance for Child Protection in Scotland 2014 and Aberdeenshire Council "Protecting Children and Young People in Education" Guidelines in terms of procedures to follow:

- Every adult in Scotland has a role in ensuring all our children and young people live in safety and can reach their full potential.
- Teachers and school staff provide support to children and young people in their daily work and have a vital role to play in protecting them from harm
- School staff must be effectively prepared and supported for this role
- Schools must have appropriate policies and practices that keep children and young people safe.

The school's programme of education in health and personal safety can also help children at all stages to develop understanding of the need to protect themselves.

## DEFINITIONS

A child in Scotland includes those up to the age of 16 years (18 years if under a children's hearing supervision requirement), or who are in the care of the local authority since in law they can be regarded children.

## PRINCIPLES

- The first priority is the safety and well being of each and every child. Management of suspected abuse must put the safety of the child first.
- All staff employed by Education and Children's Services are responsible for the implementation of procedures.
- Prevention of abuse is as important as reacting to suspicions of abuse.
- Management of abuse should always reflect the possibility of criminal investigation and subsequent charges. However the safety of the child has overriding priority.
- The child's views should always be listened to and taken seriously.

## THE FOUR INDICATORS OF RISK

Child abuse can be described under the following categories:

Physical Abuse  
Sexual Abuse  
Emotional Abuse  
Neglect

### **What is Child Abuse?**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting, or by failing to act to prevent, significant harm to the child. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger. (*National Guidance for Child Protection in Scotland 2014*)

### **Physical Abuse**

When a child's essential needs are not met and this is likely to cause impairment to physical health and development. Such needs include food, clothing, shelter and warmth.

Physical abuse is the causing of physical harm to a child or young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.

#### Signs of possible physical abuse

- Injuries, particularly if they are recurrent.
- Improbable excuses given to explain injuries.
- Refusal to explain and discuss injuries.
- Untreated injuries or delay in reporting them.
- Admission of punishment which appears excessive.
- Fear of parents being contacted.
- Fear of returning home.
- Fear of medical help.
- Arms and legs kept covered in hot weather.
- Withdrawal from physical contact.
- Self-destructive tendencies.
- Aggression towards others.
- Chronic running away.

### **Sexual Abuse**

Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of indecent images or in watching

sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways

### Signs of possible sexual abuse

- Hint about secrets they cannot tell.
- Say that a friend has a problem.
- Ask if you will keep a secret if they tell you.
- Seem to be keeping secret something which is worrying them.
- Begin lying, stealing, blatantly cheating in the hope of being caught.
- Have unexplained sources of money.
- Exhibit sudden inexplicable changes in behaviour, such as becoming aggressive or withdrawn or regressing to younger behaviour patterns.
- Stop enjoying previously liked activities, such as music, sports, art, scouts, brownies.
- Be reluctant to undress for gym.
- Become fearful of or refuse to see certain adults for no apparent reason.
- Having terrifying dreams.
- Act in a sexual way, inappropriate to their age.
- Draw sexually explicit pictures depicting some act of abuse.
- Start wetting themselves.
- Have urinary infections, bleeding or soreness in the genital, anal or throat areas.

### **Emotional Abuse**

Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may involve the imposition of age - or developmentally - inappropriate expectations on a child. It may involve causing children to feel frightened or in danger, or exploiting or corrupting children. Some level of emotional abuse is present in all types of ill treatment of a child; it can also occur independently of other forms of abuse.

### Signs of possible emotional abuse

- Fear of parents being contacted.
- Admission of punishment which appears excessive.
- Physical, intellectual and emotional development lags.
- Significant decline in concentration.
- Sudden speech disorders.
- Over-reaction to mistakes.
- Continual self-deprecation.
- Fear of new situations.
- Inappropriate emotional responses to painful situations.
- Neurotic behaviour (e.g. rocking, constant hair-twisting, excessive thumb-sucking).
- Self-mutilation.
- Extremes of passivity or aggression.
- Drug/solvent abuse.
- Compulsive stealing/scavenging.
- Indiscriminate friendliness.
- Socio-emotional immaturity.

## **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from non-organic failure to thrive, where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children in particular, the consequences may be life-threatening within a relatively short period of time

### Signs of possible neglect

- Constant hunger.
- Emaciation.
- Constant tiredness.
- Poor personal hygiene.
- Poor state of clothing.
- Untreated medical problems.
- Frequent lateness or non-attendance at school;
- Low self-esteem.
- Destructive tendencies.
- Neurotic behaviour e.g. rocking; constant hair-twisting; excess thumb-sucking.
- Limited social relationships.
- Chronic running away.
- Compulsive stealing or scavenging.
- Significant lack of growth.
- Weight loss.
- Hair loss.
- Poor skin or muscle tone.
- Circulatory disorders.

### **Some signs that may Indicate Child Abuse**

#### A Checklist for Education Staff

- Burns, bruises, welts, scars or cuts that are not consistent with the explanation of the injury
- Unexplained injuries
- Caregiver delays in seeking care for injured child
- Child is extremely frightened around adults
- Child shows extremely violent and delinquent behaviour
- Child is made to feel she/he doesn't belong by caregiver
- Child has apparent pain in sitting or walking
- Child has spotted or stained clothing
- Child has loss of appetite
- Child has sleep disturbances such as nightmares, fear of going to bed, fear of sleeping alone or frequently waking up during the night

- Child cannot form stable and lasting relationships with other children
- Unrealistic expectations are put upon child by the caregiver
- Use of explicit or inappropriate sexual language
- Truancy/running away

## CHILD PROTECTION – NAMED PERSON WITH RESPONSIBILITY

- All educational establishments (this to include community education) should designate a senior member of staff as responsible for co-ordinating action on child abuse within the establishment. As per Scottish Government Guidance The Children & Young People (Scotland) Act 2014. **(In Dunnottar Primary School the named person is currently Lisa Williams, Head Teacher)**
- Any member of staff suspecting or identifying child abuse should, **without delay**, contact the designated member of staff
- Where the designated member of staff judges that there is evidence of abuse or potential danger then he/she must ensure that Social Work Services are contacted
- If it is considered that the child requires immediate medical attention, contact School Health Visitor, School Doctor, GP or local hospital as appropriate. In extreme cases where direct threat or danger exists then you must consider dialling 999 for immediate action.

*Guidance from Aberdeenshire Protecting Children and Young People in Education Book 3 Practice Guidelines*

- The designated person to be known as **Child Protection Co-ordinator**
- Be the first contact for staff who hear a disclosure or identify a child protection concern
- Liaise with other agencies to support investigations
- Liaise with school staff to ensure appropriate support to children, young people and parents
- Ensure appropriate support to staff
- The **Head Teacher** is ultimately accountable for the school's actions in response to child protection concerns

### **Responding to the Child**

- **LISTEN** carefully to the child. Take what he or she says seriously
- **REACT CALMLY**, do not panic
- **DO NOT SHOW DISBELIEF**, children seldom lie about abuse
- **REASSURE** the child that he or she is not to blame and was right to tell
- **DO NOT AGREE TO KEEP SECRETS**
- **TELL** the child what action you are going to take, do not make any guarantees of confidentiality regarding the disclosure
- **RECORD** what was said, in writing, as soon as possible after talking to the child. (Note down how the child was behaving and the way in which he or she told you what happened.)
- **ACKNOWLEDGE** how difficult it must have been for the child to confide

- **AVOID BEING JUDGEMENTAL**, do not make assumptions about how it must have been for the child
- **REFER**

Any concerns about the well being of a child need to be shared.

No matter how good we are at evaluating and assessing matters to do with children we **cannot** evaluate and assess potential risks as we only know a tiny part of the whole picture.

We must share our concerns with the designated person

**No single individual can protect children by acting alone** (*Safe and Well 2005*)

## **RESPONDING TO CHILD PROTECTION CONCERNS**

If a member of staff has any concerns relating to a child at risk from any form of abuse, the following procedure must be followed:

- Discuss your concerns immediately with the Child Protection co-ordinator for your establishment or if he or she is unavailable, a senior member of staff
- You should consider together whether this information needs to be shared and if so, with whom
- Consider whether an informal discussion with Social Work colleagues about the circumstances of the child causing concern is required
- Ensure that the information is accurately recorded with reasons for the decision reaches (see below – 5 and 6)
- Remember that the role of the educational establishment or other services is to observe, record and report. Investigation is not the responsibility of EL&L services
- Remember that Social Work has a responsibility to provide feedback to the referrer. If this does not happen it is the referring agency's responsibility to seek a response and record it
- Ensure that if you cannot contact the appropriate person and there are immediate concerns for the child's safety, contact your line manager, Social Work or the Police directly
- Ensure that if this occurs after-hours or a the weekend, contact should be made with the Out of Hours Emergency Social Work Service: **03456 08 12 06**

If after discussion with the Child Protection Co-ordinator, the decision is to take this forward as a Child Protection concern:

- The Child Protection Co-ordinator will make contact with the Social Work Service to discuss the situation
- If the decision is to proceed, the referral form should be submitted within 7 days, with a copy to the local Education Officer or senior manager (Appendix 1)
- It is essential that a clear system exists for records of actions pertaining to Child Protection: for example educational establishments should file a copy in a sealed confidential envelope in the pupil's progress record

Further information to support making a Child Protection referral can be found in Appendix 2 (also available on Arcadia)

### ***What Happens Next?***

When a Child Protection referral is made to Social Work or the Police they will check to determine whether or not they already know the child/family. Initial enquiries with relevant other agencies will be made to help inform an initial assessment of risk. In most cases, the child, parent or any other person will not be contacted at this stage by them.

In Aberdeenshire allegations of child abuse are investigated by specially trained Social Work and Police officers who will also liaise with their Education and Children's Services and Health colleagues where appropriate.

The information gathered from the initial enquiries will be used to review initial assessment of risk and to determine what further action, if any should be taken.

### ***How to Respond to a Disclosure***

The following points should be noted when responding to any disclosure:

- Stay calm
- Do not promise to keep secrets. Tell the child or young person that you might have to let someone else know, but you will tell them who it is and what you are going to say
- Listen to the child or young person and let them know you take what they say seriously
- Give the child or young person time to say what they want to say
- Try not to show alarm no matter how distasteful the information
- Do not ask any leading questions or suggest who might be responsible, no matter that clues may be contained in the information
- Reassure the child or young person that they are doing the right thing by telling someone
- Tell the child what action you are going to take
- Do not ask the child to repeat their disclosure to another person

Remember that you too may need support as listening to an abused child can be upsetting.

For further information refer to Appendix 3

## **Next Steps**

- As soon as practicable, using the language used by the child or young person, make a handwritten note in detail of the information shared with you. Record the date and time of the disclosure and sign the note. (A copy of the form - Appendix 1- can be used as a record of the disclosure actions taken – also available on Arcadia)
- Follow procedures as outlined above without delay

Professionals should be aware however, that behaviours which might appear to indicate abuse, may be the result of other factors in a child's life, and that signs can be inconclusive or ambiguous

If there is not sufficient information to be sure that the child has NOT been abused, it is everyone's duty to report their suspicions to the Child Protection co-ordinator.

## **NOTE**

It is possible that employees are implicated in abuse. Disclosure should not be discounted because of the status or role of the alleged abuser. If the Head Teacher is the subject of an allegation Area Office (QIO or Area Head of Service) should be informed and thereafter the school's procedures will operate.

## **ROLES AND RESPONSIBILITIES**

### ***Education and Children's Services Staff and Volunteers***

It is not the responsibility of staff or volunteers to **investigate** suspected abuse. The Education and Children's Service is **not** an investigation or intervention agency but staff do have an important role in the **recognition** and **referral** stages. Where staff see signs which cause them concern or receive a disclosure they should seek information from the child with tact and sympathy or refer the concern to Child Protection Co-ordinator.

All senior managers in the Education and Children's Service are responsible for:

- Ensuring that all staff, teaching and non-teaching are familiar with these child Protection guidelines and any organisational procedures relating to Child Protection and ensuring the guidelines are readily accessible to all
- Appointing a Child Protection co-ordinator
- Ensuring that training and development needs for child Protection are met and that all staff are kept up-to-date
- Making sure that any Child Protection referral is dealt with in line with the National Guidance for Child Protection in Scotland 2014 and Aberdeenshire Protecting Children and Young People in Education guidelines
- Ensuring staff support and supervision is provided throughout the process
- Making sure staff who have to attend case conferences understand their roles and responsibilities and feel supported. This will be delegated to the co-ordinator if not the Head Teacher or Team Leader
- Ensuring that records are kept in accordance with the Child Protection guidelines and that appropriate information is provided for the case conference
- Working with other agencies as necessary
- Maintaining contact with the Social Work Service

- Providing Child Protection awareness raising to all teaching and non-teaching staff on the first day of a new session. Other departments and services are required to arrange equivalent levels of regular awareness raising
- Ensure that the appropriate staff are aware of which children are on the Child Protection Register and have measures in place to provide additional support if required

### **Educational Psychology Service**

The Principal Educational Psychologist is responsible for:

- Ensuring that the Educational Psychology Service Child Protection policy is carried out in accordance with the British Psychological Society recommendations
- Identifying and supervising a Child Protection co-ordinator who is responsible for collating information about all Child Protection issues and supporting staff
- Ensuring appropriate training is in place for all members of staff

### **Some General Points**

- What if I'm wrong? You can only know what you know – there may be information held by others which substantiates your concerns or otherwise
- Remember that contacting Social Work or Police informally to discuss concerns is always encouraged and may not always lead to an investigation
- Everyone has a responsibility to keep children safe – you need to know your own agency's policy and protocol
- Treat all children and young people with respect
- Ensure your own conduct is a good example to children
- Whenever possible make sure you are not alone with a child/young person – stay in sight or hearing of others
- Ensure your actions cannot be misinterpreted
- Be aware of the National Guidance for Child Protection in Scotland 2014 guidelines and refer to them for help when required
- Protecting your relationship with a family or individual is never an option when there are child protection concerns – the welfare of the child is always paramount

## **RECORDS PROTOCOL**

- Child Protection Records will be kept in accordance with procedures set out in Aberdeenshire's "Protecting Children and Young People in Education" guidance
- All records secured in School office in red folders alongside Pupil Progress Records (PPRs).
- Access should only normally be made via consultation with the Head Teacher and/or Child Protection Co-ordinator.
- Access outwith the above consultation protocol, should be recorded, with the time and access noted and signed accordingly. The Head Teacher must be made aware that the record has been accessed.
- If you have a non-emergency Child Protection concern to share with the Head Teacher and she is not available then:
  - Use a CP Concern form to record basic details. These can be found in the school office.
  - Alert Head Teacher at earliest possible opportunity.

Remember small details and minor events can be part of a bigger picture. If in doubt then fill in a form.

## **PUPIL CHRONOLOGICAL RECORDS**

These files are updated regularly by the Senior Leadership Team and professional sharing information noted within electronic record. They are used to record key events in the child's life for reference purposes but are not confidential as such. They are designed to support our Multi-Agency Support approach but may also contribute to Child Protection information gathering.

Notable breaches of school rules, key conversations with parents, issues related to health/absence patterns or child-protection events are recorded on these forms.

## **PHONE CONTACTS**

<b>Neil Smillie, Aberdeenshire Council Child protection Advice and Support</b>	<b>01467 532985 Mobile 07917041859</b>
<b>Stonehaven Social Work</b>	<b>01569 690541</b>
<b>Social Work Out of Hours</b>	<b>03456 08 12 06</b>
<b>NHS Grampian Designated Doctor/Nurse Consultant in Child Protection (Office Hours)</b>	<b>01224 551706</b>
<b>NHS Grampian Royal Aberdeen Children's Hospital &amp; Dr Gray's Hospital (Out of Hours)</b>	<b>0845 456 6000</b>
<b>Area Education Office</b>	<b>01569 766960</b>
<b>Police: Non-Urgent</b>	<b>101</b>
<b>Emergency Services Urgent</b>	<b>999</b>
<b>Educational Psychology Department</b>	<b>01569 690542</b>

**Child Protection Referral form for Establishments**

<b>School Establishment</b>						
<b>Name of Child/Young Person</b>						
<b>Date of Birth</b>		<b>Sex</b>		Male		Female
<b>Group/Project</b>		<b>Age</b>				
<b>Member of Staff</b>						

<b>Concerns</b>

<b>Reported by</b>		<b>Date</b>
<b>Report received by (Line Manager/Managing Body)</b>		

<b>Action (what, when, by whom)</b>

<b>Information shared with</b>	<b>Social Work</b>		<b>Police</b>		<b>Other (Please state)</b>
<b>Response received from</b>	<b>Social Work</b>		<b>Police</b>		<b>Other (Please state)</b>
<b>Filed in</b>	<b>Child/Young Persons File</b>				<b>Other (Please state)</b>
<b>Date</b>					

## PROMPT SHEET FOR CHILD PROTECTION REFERRALS

### ***Child's Details***

Name (including any middle names and if the child is known by more than one name, list all names known)

Date of Birth

Address and phone number

Health issues that may be relevant

Any known disabilities that may affect communication

### ***Family Details***

Names of parents and or carers

Names and ages of siblings

Ethnicity and cultural background and where appropriate information about the need for interpreters

Name of the family's GP

### ***School History***

How long has the child attended your school?

Attendance record: check if there has been a problem with attendance, look out for any patterns that emerge from attendance records; i.e. some children have been reported to miss every Monday because of problems at the weekend

Behaviour: how does the child present in School? Check for any repeated patterns of behaviour, or sudden changes of behaviour. Are you aware if these relate to change in circumstances at home?

Relationship with school: supportive, non-existent, volatile?

### ***Child Protection History***

Have you had previous concerns and have you made previous referrals? It is important to revisit previous concerns to get a wider picture. Child protection services are reliant on other agencies to help them build up a wider picture of what has been happening. The relationship between each event may be more significant than each individual event. If you have referred in the past, what was the outcome? Never let the fact that no action was taken last time affect your way of managing new concerns. If you have a concern always pass it on.

### ***This Referral***

It is useful to write down your reason for a referral before making your call. Include as much detail as you can. It may be useful to complete the referral form to use as a prompt when phoning.

### ***Physical Abuse***

When your concern is about physical injury make sure you note where on the body the injury is and describe it, including its shape, colour and size.

### ***Sexual Abuse***

Are your concerns about the child's behaviour? If so give as much detail as possible. State exactly what the child has been doing. Don't just report, "sexualised behaviour". Give details. Consider whether or not the behaviour/language is appropriate given the age/stage of the child.

Has the child disclosed? If the child disclosed to you or to a member of your staff, record as much detail as possible what was said, who was there and the child's emotional state throughout the disclosure. Make sure any hastily written notes are signed and dated and kept securely. Handwritten notes are useful evidence should the case go to court at a later date.

### ***Emotional Abuse***

Referrals concerning emotional abuse usually involve a number of concerns arising from both contact with the child and contact with the parents. Emotional abuse can cause an impairment in the child's development, and such children may have very low self-esteem and self-image. Detail the way the child functions at school, with peers and with parents. Emotional abuse is hard to evidence so detail a number of events that have led to your concerns.

### ***Neglect***

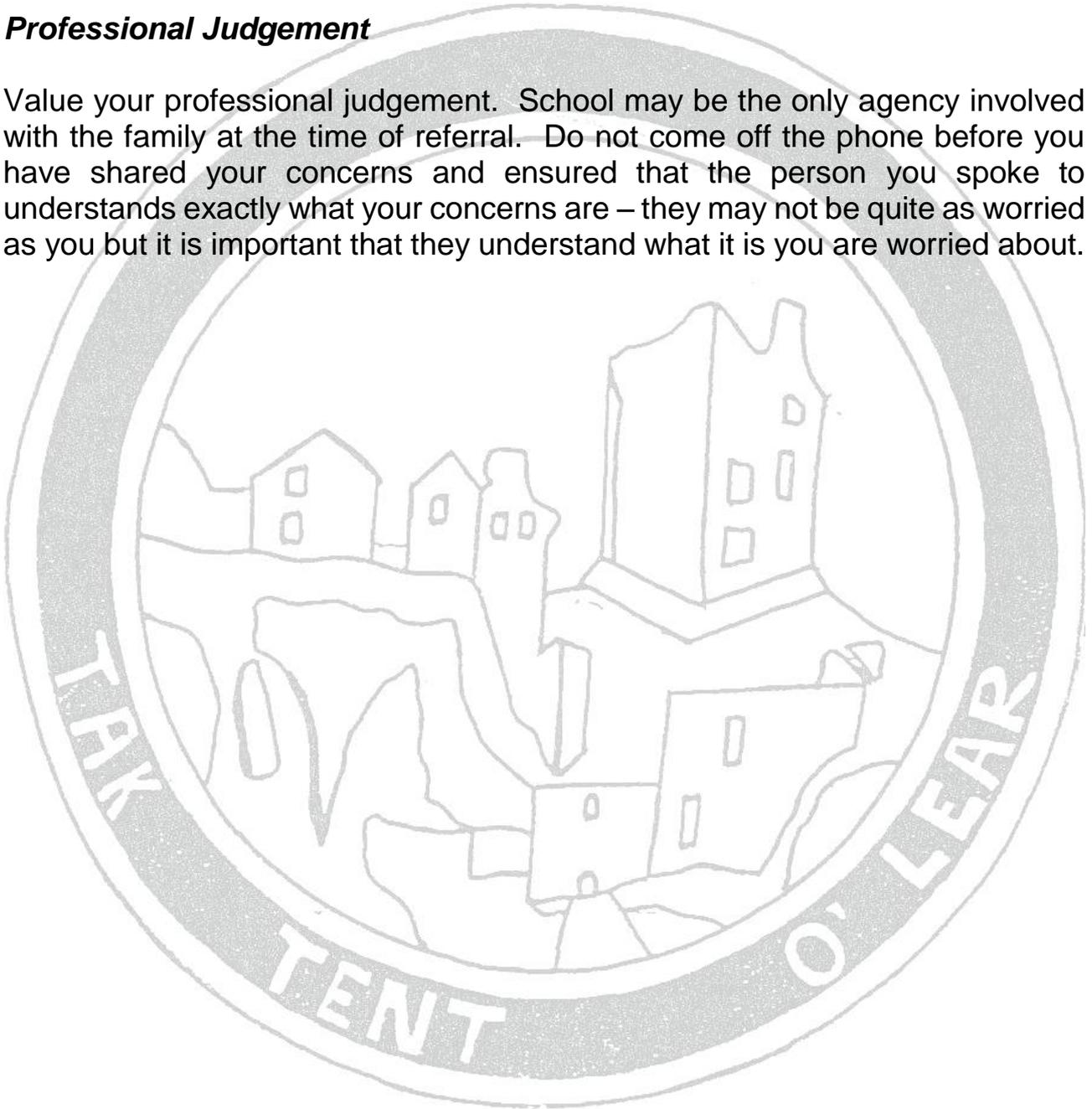
If you are to refer a child because of possible neglect always check back to see if there have been previous concerns. The Children (Scotland) Act 1995 talks about how the persistent neglect of very basic needs is likely to cause an impairment in the child's development. Always think through whether the case in question fits more appropriately within a "a child in need" framework. (e.g. children with poor personal hygiene may simply come from families with poor personal hygiene; clearly the family need to do something about the child's cleanliness and appearance, and may need some support in this, but it might not be the case that the child is being abused and in need of protection.)

## ***Making the Referral***

Once you have all the details in front of you and have thought through the issues you will be able to make a child protection referral with confidence. Record all your actions and responses from other agencies. Note whom you spoke to, the time and the date, use the form on page 15.

## ***Professional Judgement***

Value your professional judgement. School may be the only agency involved with the family at the time of referral. Do not come off the phone before you have shared your concerns and ensured that the person you spoke to understands exactly what your concerns are – they may not be quite as worried as you but it is important that they understand what it is you are worried about.



## DEALING WITH DISCLOSURES

This Appendix provides additional advice regarding dealing with disclosures.

### **Receive**

- Listen to what is being said, without displaying shock or disbelief
- Accept what is said
- Take notes

### **Reassure**

Reassure the child/young person but only so far as is honest and reliable. E.g. don't make any promises you may not be able to keep, like: "I'll stay with you" or "everything will be alright"

- Don't promise confidentiality: you have a duty to refer, but you must ensure confidentiality with the child's peers and community
- Do reassure and alleviate guilt, if the child refers to it, e.g. you could say "you're not to blame"

### **React**

- React to the child only as far as it is necessary for you to establish whether or not you need to refer this matter, but don't "interrogate" for full details
- Do not ask leading questions, for example: "what did he do next?" This assumes he did
- Such questions may invalidate your evidence (and the child's or young person's) in any later prosecution
- Do not ask open questions like: anything else to tell me?
- Do not criticise the perpetrator: The child/young person may love him/her, and reconciliation may be possible
- Don't ask the child/young person to repeat it all for another member of staff
- Explain what you have to do next and who you have to talk to

## **Record**

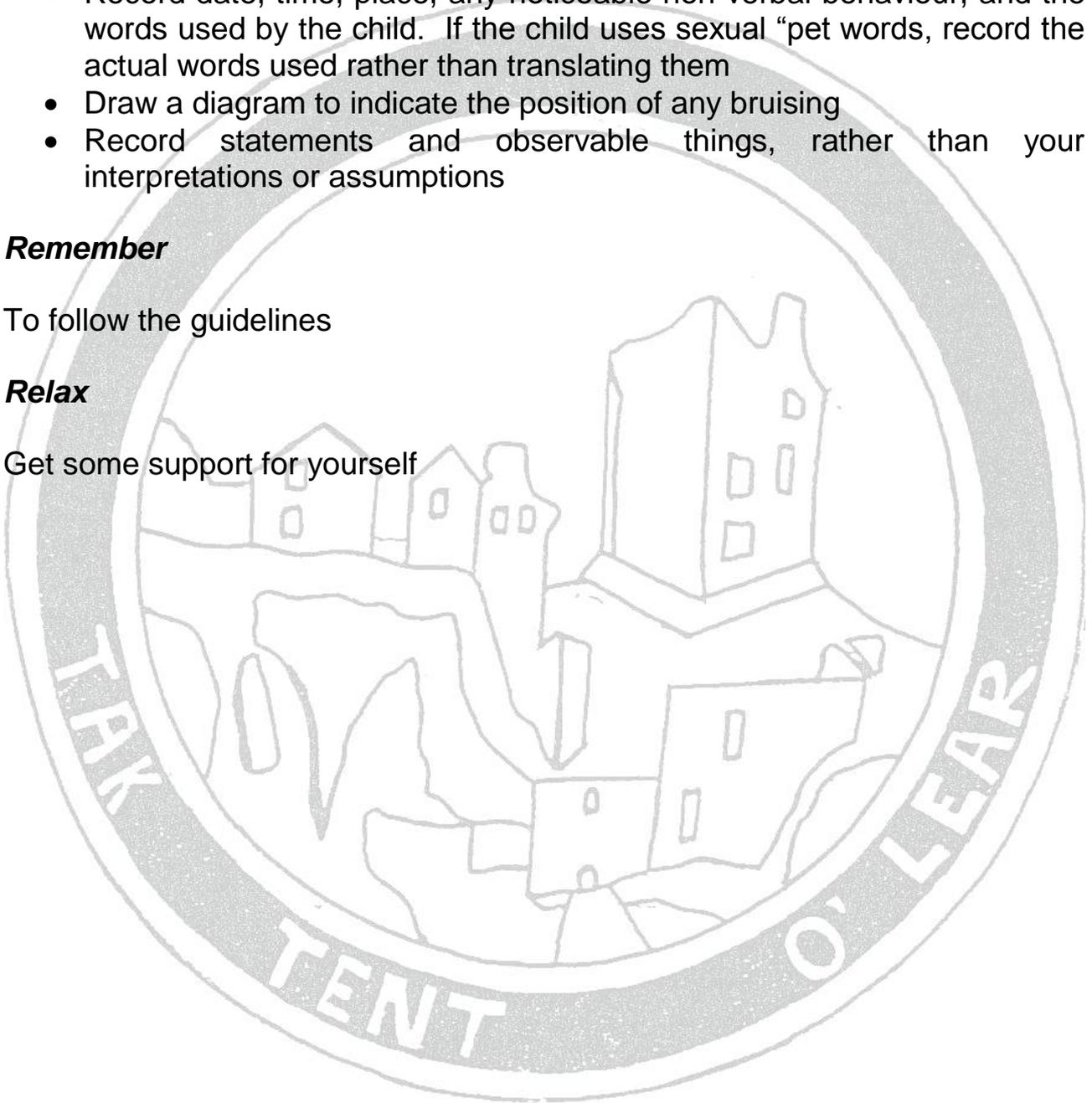
- Make some very brief notes at the time on any paper which comes to hand and write them up as soon as possible
- Do not destroy your original notes in case they are required by a court
- Record date, time, place, any noticeable non-verbal behaviour, and the words used by the child. If the child uses sexual “pet words, record the actual words used rather than translating them
- Draw a diagram to indicate the position of any bruising
- Record statements and observable things, rather than your interpretations or assumptions

## **Remember**

To follow the guidelines

## **Relax**

Get some support for yourself



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**Article 19.**