

# Child Protection Act

rainbowtrekkers  
Kita gGmbH



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If you want to test  
a man's character,  
give him power.

Abraham Lincoln (1809-1865)



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## 1. Preamble

As educators, we should always be aware that we are accompanying people who are so young, both physically and mentally, that they are not yet able to fully stand up for their rights and for their protection. Where adults do not consciously reflect on their own effect on children and regulate their influence on them, power gaps and arbitrariness can arise.

In the recent past, educators and psychologists have increasingly been thinking about democratic education and the learning and acceptance of world citizenship as well as the social skills this requires. In order for children to internalize this role at an early age, we at rainbowtrekkers would like to create conditions for young children to try out and practice different roles. In order to do this in a protected way and to be able to act with trial and error without being harmed or causing harm, we highly value our task to offer the child security and to create a framework of deep familiarity. We want to offer the child a benevolent environment in which it is allowed to fail without stress and to be encouraged to try again and again. In order to achieve this, we want to make sure that the child's basic trust in the adults who protect it is not damaged in the kindergarten system.

In addition, we must take into account that the degree of awareness of child protection issues is subject to social change. A few years ago, there were still photographs of children in day-care centres in which - completely unbiased - naked or lightly clothed children splashed in the water which was photographed by adults. Nowadays, in a time of advanced digitalisation, we have to ask ourselves whether such a way of dealing with children as it was then would still be appropriate today - or whether we would rather not harm our young people with such behavior or even unintentionally support people who would be prepared to harm our children for base motives.

In our work and in our efforts to support children and to serve them on their path through life, we always come across aspects that we have to deal with critically over and over again. We rainbowtrekkers always feel obliged to fulfill this duty in all our committees. Therefore, we see the present child protection concept on the one hand as a binding "educational basic law", to which the actions of all participants must always be aligned. On the other hand, it is a breathing, living, constantly changing guideline that must be adapted to the respective local conditions.



## 2. Educational paradigm shift

### 2.1 Review

Previous educational systems assumed that young people needed constant instruction and pressure to grow. They also believed that only they knew what would be good for the ungrown individual. A child's life paths was already set at an early age while any deviations were punished. Physical punishment was an important part of previous education.

Today we know that by following this way, no strong, independent-minded, systemically acting and democratic personalities will be raised. In addition, we are convinced that children raised in this way will not be able to make a strong statement for themselves and others in their future lives. In order to develop resilience and opinions and to be able to stand up for oneself and others, a young person has to become aware early on of one's power of action and of the limits towards other individuals.

In working with the children entrusted to us, who are both linguistically and physically inferior to us adults, we always face the challenge of becoming aware of our own position of power and not exploiting it in any way.

### 2.2 Building trust

As educators, it is one of our responsibilities to protect the child from any danger. For this to succeed, we need to bond with the child. The prerequisite for a successful educational relationship is a basis of trust between child and educator.

At rainbowtrekkers we already build trust with the children during the acclimatization phase. From the very beginning, we do not ignore the needs of the individual child. We do not accompany them to the toilet or force ourselves on them. We do not put food on the child's plate that he or she dislikes. We do not force the child to taste it. Of course we will always offer our help, make recommendations and set a good example. We find solutions and trade-offs to support the children in their development - but without compulsion.

If a child does not want to taste a dish, we try to make alternative suggestions. For instance, we ask if we can put the rejected food on a separate plate so in case the child changes his or her mind, he or she can still try it. Alternatively, we can invite the child to try the food the next time. This often leads to active discussions among the children, which can lead to recommendation situations, but also to understanding from other children who also do not prefer a certain product. In this way, the child learns about diversity and also listens to recommendations from people it appreciates. We have often seen children approach things in a way that they have previously rigorously rejected.



### **2.3 Resilience and strengthening of the child**

To take responsibility for children and to intervene when limits are exceeded is part of the educational mission for each of us. We are happy to fulfil this mission carefully and with great pleasure. Beyond that, however, it is our concern to make children strong from within themselves and thus enable them to take responsibility and protection for themselves and others.

Every child should learn to say "No" in our nurseries! But it is just as important to be able to say "Yes" in other situations and to really mean it.

In order for this to succeed, we knowingly allow conflicts among children. In doing so, we always observe the ones involved, flank the children in their important interactions (and intervene when they cross boundaries). However, in many situations the children are already able to do a lot on their own. In such cases, we do not interfere, but reflect on some situation together with the involved children. Through this approach we want to encourage children to behave appropriately and responsibly and to praise them for successes. In situations, which obviously did not turn out only positive for the child, we discuss together which possibilities could have contributed to a solution.

In situations where a child is disadvantaged and does not defend itself, we step in, mediate and insist. In doing so, we know and keep in mind that the less is often more.

When working with the youngest children, we use picture books, songs, roleplays and finger games to help them develop a conscious personality. During this process, we always pay attention to our own role model behaviour, discuss, negotiate, verbalise, and show them how to say "yes" or "no".

### **2.4 Doctor games**

One area where the child's ability to articulate "yes" and "no" is of particular importance: doctor games. The issue of the educational approach to this topic is part of the described pedagogical paradigm shift.

Doctor games with peers are part of a child's development. Unlike adult sexuality, child sexuality is not oriented towards a specific aim and does not serve the purpose of intended satisfaction.

At rainbowtrekkers, we are aware of the fine line that child-initiated doctor games imply. On the one hand, they serve to satisfy the child's natural curiosity and its urge to learn and understand. Thus they can trigger a pleasant feeling in the child. We regard this childlike curiosity as healthy and natural.

On the other hand, doctor games can meet with resistance from the other party or be experienced as unpleasant by them. Therefore, an adequate regulation is needed if we want to appropriately deal with this part of growing up. Even children can endanger the welfare of another child when they unintentionally cross another one's boundary.

Every child involved must agree on any game played. Compulsion or pressure is prohibited. The slightest transgression of the limits mentioned here means that adults must interrupt the game. It is definitely exceeding the limits when children insert objects or body parts into each other's body orifices. Children who are not playing along must not be forced to participate in doctor games.

Adults neither motivate nor forbid such actions. Nevertheless, they must also not turn away, so that violations do not remain unobserved. Adults hold the role of protectors.



It is also part of their role to prepare the child for socially conforming behaviour. For instance, a boy who regularly and intently plays on his genitals may be told not to do this in kindergarten but in private and not in front of others. However, no feelings of guilt should be conveyed in this context. Instead, the situation should be seen as a learning opportunity to teach the difference between "public" and "private".

## 2.5 Development of naive sexuality<sup>1</sup>

**1st year of life:** Babies are born with an essential need for tenderness and physical contact. Touch is nourishment: carrying, holding, caressing, massaging, weighing and feeding is associated with physical contact. Babies discover the world around them with all their senses. Genital pleasure arises from touching by others (e.g. care) and from accidental touching by oneself. Even at this age, babies are already able to send signals when physical contact becomes too much for them or when they no longer want to communicate. To trigger joy in others, to be sensual and stimulating, contributes to a positive self and body feeling. The ability to enjoy physical and emotional intimacy is learned. Basic trust and self-confidence develops. End of the first year of life: Children can move towards and away from other people independently: Active learning of the closeness-distance-regulation begins.

**2nd year of life:** Body discovery by touching and looking at the ones own genitals. Self stimulation has several functions: On the one hand, it helps to gain and organize information about the body, on the other hand, it triggers feelings of pleasure (positive excitation) and self-calming. At the same time, an interest in the genitals of the parents develops, as does the desire to show off: one's own genitals are proudly presented. Beginning mastery of the sphincter muscle takes place: This allows the child to hold and also to let go. This creates pride and joy in the power that comes with it: a first awareness of body excretions and the associated body parts develops. First words and terms are characterized for this. Children are particularly aware of the atmosphere surrounding body excretions, how they are talked about, how they are evaluated and integrate this into their own body image. Development of gender identity takes place: "I am a girl." - "I am a boy." Typical role behaviour is observed and already imitated. Role-specific behaviour is shown based on role models. The children have acquired their social gender roles, they try them out in first role plays.

**3rd year of life:** "No, I don't want that!" - Children recognize themselves as independent personalities and test their independence from the will of adults. The distinction between me and not me is learned. This is the requirement for the development of shame. In the same way, the first own "territorial limits" are defined.

**4th year of life:** Three year olds want to understand the world. They develop an interest in procreation/birth/sexuality, and are also interested in the body of other children (undressing, comparing, going to the toilet together). The development of body shame is possible. At times, children therefore tend to expose themselves much less. Saying goodbye to diapers comes with the experience that the child can decide about its own body. It is an important step towards maturity. Children discover feelings of pleasure when touching their own sexual organs. Masturbation sometimes leads to increased attention/problems with the environment. Learning

<sup>1</sup> The following chapter is taken from LVR (Hg.): *Kinderschutz in der Kindertagesbetreuung. Prävention und Intervention in der pädagogischen Arbeit*, Cologne 2019.



of social rules begins: children now often have contact with large groups (daycare) and learn how they "should" behave (social rules). In the course of first serious friendships children acquire social skills and learn how to deal with conflicts and feelings. "Mom (Dad), I will marry you!": Strong feelings for the opposite sex parent are sometimes associated with rejection and jealousy for the same sex parent.

**5th year of life:** Children become more autonomous as well as independent and they differentiate more when and how they want to show closeness. Roleplays are now important for all areas of life: father-mother-child, shopping, driving, etc. In "father-mother-child games" roles and family relationships are rehearsed. Often very clichéd male and female behaviour is played. "I am the doctor": Doctor games in the self-built house or cozy corner are typical at this age. Doctor games are one of many variations of roleplays for children.

**6th year of life:** The provocative use of words from the faecal language reveals feelings of superiority and children test whether and how adults let themselves be challenged. "Girls and boys are stupid!" Children develop their gender identity by concentrating on their own gender and by differentiating themselves from the opposite sex. Within their own group there is often a certain pressure to behave in a role-conform way. Children want the world to be explained to them. In their environment, through the media etc., they absorb a wide range of information about sexuality, which is increasingly not always age-appropriate. Children associate friendship and liking someone often with "being in love". Thus they often declare to be in love with parents, teachers or their rabbit.

## 2.6 Closeness and distance

Working with children up to the age of seven is always associated with physical closeness between children and adults and between the children themselves. Often small and large groups of children are formed, which come close together. It is not uncommon for children to come to adults, snuggle up or touch them or other children lightly or intensively. Children sometimes look for the leg or the lap of an adults. They nestle lightly or firmly against the arm of the adult. In this way they feel closeness and security. All of this is completely acceptable because it is appropriate and happens by mutual agreement.

Children have the right to determine their limits of physical contact. An adult must be aware that he must never impose himself on children. It must always be ensured not to exceed a healthy level of closeness. In any case, the limit of physical affection is to be respected where it seems unpleasant to one of the persons involved. Kisses of any kind are forbidden from educator to child.

In case an adult feels a sexual pleasure with children, he/she must seek medical or therapeutic help. In this case he is not suitable for the work of our responsible profession.

As adults we must always reflect on our own actions. One way to help us do this is to ask ourselves: "What would the behaviour we display towards a child do to us as adults? Do we like it when a stranger in the hallway wipes our mouths without being asked, or pulls a badly fitting piece of clothing into place without being asked, or closes our jacket because it is too cold? Do we like it when someone tufts our hair or gives us a little kiss because we have such pretty cheeks?" Probably not.



When a child kisses or tries to kiss an educator, the educator explains to the child that this privilege belongs to the child's parents. Care must be taken that the child does not understand this as a rejection. The adult also has the right to demand physical distance. In doing so, he is careful to gently ask for more space or to explain that he is not interested in physical closeness at the moment. Again, it is important to stress that this is not based on a lack of sympathy.



### 3. Child protection in the nursery

#### 3.1 Child welfare in the family context<sup>2</sup>

Article 6(2) of the Basic Law defines care and education of the child as a "natural right" of the parents. This fundamental right also includes, for instance, the parents' freedom of choice as to which style of upbringing (or which day care centre) they choose for raising and educating their children. Even generally controversial methods of upbringing are protected, but physical or mental injuries or other degrading measures are not included in the scope of protection of parental educational rights.

At the same time, the state is required to supervise the activities of parents. This so-called "guardianship" of the state is already emphasised in the basic rights text of Article 6(2) sentence 2 of the Basic Law. The social legislature has assigned an independent and active role in this "guardian's office" to educational specialists in day care centres. This means an internal as well as a professional balancing act for the educator. On the one hand, they need the trust of the parents within the framework of a successful educational partnership. On the other hand, it should inform the state if the parents do not fulfil their child-rearing duties.

The state's "guardianship office" enables and obliges the state to intervene in cases of threats to the well-being of children in cases of parental abuse or parental failure. If sentences 1 and 2 in Article 6(2) of the Basic Law are considered together, the welfare of the child constitutes the "meaningful middle ground between parental rights and the office of guardian".

#### 3.2 Endangering the best interests of the child

The "child's well-being" is - from a legal point of view - an indeterminate legal concept that is to be applied to a life situation by means of evaluation and weighing up different aspects. The linguistic imprecision and openness of this concept is intended by the legislature to make new decision-making situations possible and to capture social changes. Unclear legal terms are therefore subject to the values of the respective spirit of the time as well.<sup>3</sup>

According to our understanding, the best interests of the child include not only the right of the child to physical and psychological integrity and protection from danger, but also the possibility of social participation within the scope of its possibilities. This requires continuity and stability in educational relationships and a positive relationship with the adults surrounding the child.

Children have the right to learn. Even if a child has a mental or physical handicap, it must be supported in such a way that it is enabled to live a life that is as independent as possible.

Every child must be given sufficient space and time to play and rest.

The best interests of the child include the right to freedom of expression and consultation. Facts and circumstances are to be conveyed in a way that is appropriate for children.

A socio-pedagogical-diagnostic classification is required for a practical approach to the question of whether there is a risk to the well-being of the child. This means a clarification process in the course of which the various aspects are presented, sorted and weighted. In the case of risks to the well-being

<sup>2</sup> Definition according to Hundt, Marion: *Kindeswohl und Kinderschutz in der Kita*, in: Brodowski, Michael [Hg.]: *Das große Handbuch für die Kita-Leitung*, Cologne 2018, p. 814f.

<sup>3</sup> Ebd., p. 816.



of the child, the interaction of different risk factors and resources must be taken into account within the framework of this clarification process. In the child protection process, however, the social education worker is also required to make an assessment and a decision. According to §8a SGB VIII, the risk of danger and ultimately the concrete danger to the child must be assessed. The child's well-being is not an "observable factual situation, but a legal and normative construct" that must be ensured by the social education specialists.<sup>4</sup> How the child protection procedure is to be carried out specifically and which socio-pedagogical diagnostics could support the educational specialists is described in chapter 5.

### **3.3 Child welfare in day-care centres**

However, the child's well-being must not only be guaranteed in families, but also in day care facilities. Ensuring the well-being of the children in a day care centre is the very prerequisite for the granting of an operating licence. The social legislator attaches the existence of corresponding spatial, technical and personnel requirements a condition. In addition to requirements for structural safety, accident safety, fire protection, health protection and hygiene, these include minimum personnel equipment and technical requirements for the qualification and suitability of staff. These requirements do not call for ideal support, but rather assume minimum standards the facilities need to demonstrate. A further condition is that social and linguistic integration in the institution is supported and that suitable procedures for participation and complaints are in place.<sup>5</sup>

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<sup>4</sup> Ebd., S. 818.

<sup>5</sup> Ebd., S. 827f.



## 4. Prevention through interior design

### 4.1 Secure premises

Our rooms are not only furnished in a child-friendly manner, they also offer opportunities for trying things out and retreating. The young person should thus have the opportunity to try things out, to be alone or to interact. But facilities always offer a second home and hence security. Our employees have the challenging task of maintaining visual or acoustic contact with the children without making them too aware. This must also be taken into account in the interior design.

The structural requirements for the daycare centres are laid down in the regulations of the „Unfallkasse Nordrhein-Westfalen“ (accident insurance North Rhine-Westphalia). A target-performance comparison is carried out by regular updating of the risk assessments and inspections by the BGW (employers' liability insurance association) and by the Safety Engineering Service.

### 4.2 Safe sanitary areas for older children

Our sanitary areas are adapted to the needs of the different age groups of our protégés. They offer the possibility of unlimited privacy. We discuss with the children that they have the right to close their toilet door and we have to accept it if they want to be in that place for themselves.

For us, it is important that we are not allowed to look into the child's room if a child does not wish to do so. We offer help or care if necessary, but we also help verbally if a child is embarrassed. The child learns that shame is something completely normal, healthy and acceptable to others.

### 4.3 Parental involvement in the protection assignment

We also demand that the parents who attend the day care centre observe these rules. Children must be heard. Parents are also not allowed to simply enter the baths or force a child to eat. The children's boundaries must be respected. For support and to develop the necessary understanding, we also offer parents' evenings on this topic.

All persons who are in our day care centres are called upon to act as role models. Anyone who observes something different should discuss this with the persons involved if possible or immediately investigate the issue with the management to ensure that it is dealt with quickly.



## 5. Prevention through process

We value process-oriented prevention in our day-care centers in both the organizational and pedagogical areas. Essential components of process-oriented organizational prevention are laid down in our "Health and Safety" manual; in the educational area, for instance, in our diapering concept.

### 5.1 „Health and Safety“-manual

Our "Health and Safety" manual is available to all employees in digital form in bilingual versions (German and English) and can thus be updated on an ongoing basis. It regulates wide areas of the physical integrity of children in our facilities. These include, for example, first aid, diseases, hazardous substances, hygiene, fire protection, accidents, and protection against external violence and terror.

### 5.2 Diapering concept

There are various work processes in the pedagogical field in which a special sensitivity is required regarding the protection of the child. One of these areas is diaper-changing for small children. Therefore we have decided to lay down this process in a separate "diapering concept".

When we change diapers, we approach a person in a way that could hardly be closer. We must always be aware of this. In the daily routine of an educator, diapering may be one of many factors. For the child, this situation is completely different. The child needs a high degree of trust and confidence in diaper-changing situations, as it is defenceless at the mercy of the adult without protection. Boundaries of the child must not be exceeded under any circumstances. The intimate sphere of the little person must be protected at all times.

This applies to the room, the carer and uninvolved third parties, regardless of whether they are adults or adolescents.

#### 5.2.1 *Do we change diapers?*

This question can be disconcerting. But it happens that children are deeply opposed to the interference with their physical autonomy. Educators must therefore be aware of their own priorities in this situation: Do they give room to the child's wishes and refrain from changing diapers? Or do they decide to use diapers because they know how important personal hygiene is and thus leave the child no choice at this point?

In weighing up the goods, for us at rainbowtrekkers the adult's duty to protect the child from physical harm naturally takes precedence over the child's autonomy, since we adults know the dangers of a possible omission. Beyond that, however, we recognize the child's voice when it comes to these questions: Who will I be changed by, where do I want to be changed and how do I want to be changed? We therefore believe that we have found a good solution to ensure the physical and mental health and development of the child.



### 5.2.2 *Diapering environment*

The room temperature should always be well adjusted and, if possible, frequently ventilated. Cold drafts should be avoided during the diaper change. If possible, the child lying on its back should not have to look directly into the lamps. If a child is resisting changing with hands and feet, he or she may react to a room setup he or she perceives as fearful. Often a change of location helps to make the child happier. This is also part of our concept. Parts of the body which do not need to be exposed for care should remain covered, because even small children can have a sense of shame. It always makes sense to start from yourself as an adult and to reflect how you would feel in the child's situation. It makes sense to avoid situations which we as adults would not wish for ourselves.

The changing mat must be made of washable material. After each use the underlay should be cleaned with disposable or washable cloths. After cleaning, the surface must be disinfected with one of our VAH certified disinfectants. If the underlay is damaged, it must be replaced. Notify the child's parents at a short notice. Pay attention to the specified exposure time.

### 5.2.3 *The person who changes diapers*

The person who changes the diaper must be known to the child. It should develop a relationship with this person and know him/her well. For this reason, we do not change the baby from the first day on, but do so together with the child's parents or guardians during the settling-in period. Only when the child has built up trust in us do we offer our services for his or her care. It can happen that a child does not want to let a certain person get close to him or her. This right is also shared with us adults. This does not necessarily mean that the child rejects this person completely. We adults also decide who we want to get close to us and how close. The fact that a child may not have someone physically close to him or her does not mean that it does not like that person. It makes sense to always make this clear to oneself and not to be offended. If, for example, an assistant for children with special needs is represented by a colleague who does not yet know the child, it makes more sense for the educational staff of the institution to change the diaper of the respective child.

We have to find solutions with everyone in the team to meet the child's needs. This can also mean that I call a colleague from another group to find a suitable person to change the baby. Of course our possibilities are limited. If we offer the child choices, however, the child learns and feels to be taken seriously and yet can and must make decisions.

It happens that children reject a certain room as a diaper-changing environment. We also try to find solutions in this situation. However, sometimes we come up against the limits of what is feasible. The protection of the health of colleagues involved can also be a crucial factor, as not every person can (for example) change diapers on the floor, which is more comfortable for some children.



#### 5.2.4 *Communication during diaper changes*

We pay close attention to the child's body language and develop a feeling for what the child wants to tell us with its non-verbal communication possibilities. We react to body language both through our actions and verbally. We actively ask: "Do you like it like that?". We pay attention to how the child reacts and interpret clearly understandable. Many children like small singing or finger games and enjoy having the sole attention of the adult. Whenever possible, the child should be given this moment.

#### 5.2.5 *Diapering technique*

How do I change a diaper? As already discussed, this is different for every child. Depending on the child, I take my time, tickle, sing, laugh or communicate extensively. For some children, however, it is important to finish the process as soon as possible. We also comply with this wish. Here too, we pay attention to a high degree of friendliness and empathy.

With older children we can start to change diapers standing up. This can mean a transition to the use of the sanitary facilities by the child. The desire for this often comes from the children themselves, but for the adults there must be the possibility of acting both safely and in a way that is gentle on the body.

#### 5.2.6 *Participation*

We involve the children in their own hygiene process. We ask them to hand us the diaper, we ask for support of the child to lift the bottom. If the child is able to do this, he or she can take off the socks or slippers themselves or hand us the wet wipes. Many children also know their own shelf and are able to get the diaper changing utensils on their own. Here, too, children learn responsibility and participation within the framework of their various possibilities. Hence, the child develops confidence in his or her own actions and does not understand hygiene as something that works from the outside.

#### 5.2.7 *Safety and hygiene*

The diapering area must always be left clean and disinfected. The child is placed on a disposable paper pad. We wear disposable gloves during the diaper change. This serves to protect the child as well as our colleagues, as many infectious diseases can spread during diaper change. This must be avoided at all costs. If children are accustomed to this fact from the start, they will not find it strange. It is simply normal and applies equally to every adult and every child. For children who use additional care products such as creams or oils, these should only be used after consultation with their parents or guardians. The gloves, diaper, care wipes as well as the underlay should be disposed of in the rubbish bin immediately after changing. Afterwards the changing area is to be cleaned and disinfected again. The employee washes or disinfects his or her hands after changing the diaper, as stipulated by our skin care concept.

#### 5.2.8 *Observation and documentation*



We document every nappy change. Every time a child is cared for, we report the time and the person caring for the child. Special features are always written down and made available to the child's parents. Special features include sore spots, liquid stool, bad mood of the child or deviations in the child's behaviour. We also document whether it was a small or a big deal. It is not unusual for physical pain to be related to this topic. Sometimes it can give us adults a clue as to why a child is not well.

We attach great importance to unexplained diarrhoea in terms of health. We assume that a child who has two consecutive cases of diarrhoea is not healthy and we ask that the child be picked up and stay at home for 48 hours.

### 5.2.9 Principles

Touches in the intimate area are only for the hygiene of the child. Otherwise they must not be touched. We pay attention to the body language of the child, we always check how he or she is doing at the moment, and we act accordingly.

## 5.3 Sleeping guards

From the moment a child is in the bedroom, supervision by a sleeping guard in the room must be ensured. How exactly the sleep watch has to act depends basically on the age and number of sleeping children.

For children under 2 years of age, a supervisor must always be present in the bedroom.

For older children, under certain conditions, supervision is also possible from an adjacent room. In this case, it must be ensured that the door to the bedroom is open. A regular visual inspection by the educational staff must be guaranteed and is indispensable. A baby monitor or a camera can be used to support the sleepwatch, but they only serve as a support and must not be the only measure. The visual inspection of all sleeping children must be carried out by the staff at intervals of no more than ten minutes. If possible, the interval should be kept smaller.

The sleeping area must be kept as cool as possible. Ideal is approx. 18° C. The temperature should be checked before each use of the bedroom. In summer, it will often be difficult to comply with this instruction. In this case, the room should be darkened as much as possible to prevent overheating. The earlier in the day this darkening is realised, the greater is its cooling effect.

The human heat regulation works mainly through the skin of the head and face. Head coverings usually disturb this natural mechanism. They should be avoided.

Children's skin should be warm, but under no circumstances damp. If the children sweat in the neck area, their body is too warm. In this case, remedial action should be taken and the respective child should be cooled. This can be achieved by reducing the size of the clothing or by a thinner blanket.

Regular short bursts of ventilation provide cooling and sufficient fresh air. The children must be protected from draughts, so if necessary, tilt ventilation should be avoided during bedtime.

For children under 2 years of age, sleeping bags should be used if possible, as they are safer than blankets. Sleeping bags can neither be kicked away nor pulled over the head.



At best, children should sleep on their back. This is one of the most important precautionary measures for a safe sleep of infants and toddlers. It is absolutely necessary to avoid children sleeping under pillows, nests, blankets or cuddly toys, as they could suffocate. Ideally, this should generally be avoided.

If possible, pillows should also be avoided. Do not use fur underlays or soft padding.

At every sleeping watch, it should be checked that the children have not pulled anything in front of their mouths and noses.



## 6. Prevention through human factors

While interior design and written work processes are the hard facts in the present context, the inner attitude of everyone involved in child protection is one of the soft skills that significantly contribute to the success of the implementation of this concept.

### 6.1 Employees

According to §45(2) p.2 No. 1 SGB VIII, we as a day care centre have to ensure the staff requirements for the operation of the day care centre within the scope of our operating licence. With reference to child protection, the staff requirements include not only a minimum staffing level, but also people who are professionally trained for day care centres. We achieve this through multi-professional socio-pedagogical teams with a high proportion of specialists, whose professional training and further education is also supported by the responsible body.

We refer applicants to our child protection concept as early as during the job interview and trial work days. In addition, during the recruitment process, specific questions are to be asked about the applicant's attitudes and convictions on various topics such as violence, abuse of power as well as proximity and distance in the care relationship. This enables a better assessment of the applicant. In addition to standardised questions, situation-related questions should also be asked ("What would you do if...?").

The future employee must agree to our values, principles and rules and confirm these in writing.

Every new employee must present an extended certificate of good conduct, which must not be older than three months. Furthermore, he must make a statement that no relevant criminal proceedings against him are currently pending that are not yet listed in the certificate of good conduct. A relevant entry will result in non-employment. Employees who have been working for us for a longer period of time must present an updated, extended certificate of good conduct at least every five years.

### 6.2 Children and their families

New families will be informed of our concept both orally and in writing. Already in a first conversation between parents and Kita possible questions about the child's well-being are discussed. The parents will be informed about the concept of the facility with our mission statement and pedagogical approaches in an admission interview which takes place prior to signing the contract.



## 7. Prevention through participation

### 7.1 Participation

Participation refers to the most diverse forms of involvement and co-determination. Participation at rainbowtrekkers is the age-appropriate participation of children in the life of the institution. Children of all ages participate in our dialogue, which is characterized by appreciation and affection. In doing so, they actively influence the common everyday life of our day care centres.

Children's direct participation rights are derived from the North Rhine-Westphalian Child and Youth Education Act (Kibiz) and, at federal level, from the Social Security Code (SGB VIII §9). The aim of the legislature is "to take into account the growing ability and the growing need of the child or young person to act independently and responsibly (...)".

Therefore, the adults involved need a corresponding basic attitude which takes the children's possibilities and needs seriously without blurring or leading the boundaries between adults and children ad absurdum.

Different rules of adults and children are clearly explained. For children, it is good to understand why an adult is allowed to drink coffee but not them. Or that the break room is only available for adults and that the kitchen may only be entered by authorised adults. Children also recognise that they have rights that adults do not have if you communicate with them seriously. The tricycle, for example, is only available to children and the children's and adults' toilets may only be used by the respective groups of people. As a rule, only the child has the right to lie down on the carpet and close his or her eyes. Adults are usually not allowed to do so.

Existing rules have to be checked again and again by the persons involved and adjusted if necessary. It can happen, that a certain maximum limit of playing children has been agreed upon for a room, but they ask to increase or limit the defined number of persons. Children who have room to argue are able to demonstrate that (e.g.) a room is too small or large enough for a rule change. Furthermore, children suggest interim solutions to convince us that an idea is suitable for everyday use. We often experience that children withdraw ideas when they have been allowed to try them out and notice that it is difficult to implement or adhere to them.

We also repeatedly ask ourselves how to react to a child who does not want to be changed (see also chapter 3.4 above). As adults we certainly agree that a child with a full diaper needs intervention for health reasons. Nevertheless, it is also our concern to see each child with its own dignity and needs. Sometimes it can already be due to the person who is to change the child's diaper. It happens that we disturb deep play of the child. Our task now is to suggest solutions to the child by offering another person to do the diaper change or by discussing that we could come back in ten minutes. We can also tell the child that we are ready to change another child in advance and only then come back. We offer that the child can be included. We ask if he or she would like to be bathed in warm water before changing the diaper or offer to take a book with us or to sing a song.

The child feels that he or she is taken seriously and that his or her opinion matters. At the same time the child learns that he or she must also take us seriously with our concerns, as we always bring ourselves into his or her consciousness with the care assignment.

These examples serve to illustrate how we fulfil our educational, care and upbringing mandate without using any form of abuse of power.



In the case of difficult questions, our colleagues always have the possibility of obtaining help from the team or from the management.

Regular team meetings as well as management meetings provide the framework to reflect on behaviour and receive feedback and suggestions.

## 7.2 Understanding of rules and the ability to express oneself

Participation *never* means laissez-faire, but rather a high degree of freedom and scope of disposition within a clearly defined framework. Over time, children learn the rules of this framework, which shape everyday life in our facilities. They take them seriously and know their value. Practice has shown that often older children support the younger ones and act as role models.

Sometimes children also deliberately break rules in order to check whether they still apply, or whether they apply equally to everyone, or with the intention of testing a certain reaction of adults.

If an argument arises between children, we only intervene if there is danger in the broadest sense for one or both children. If this is not the case, we observe the situation. The aim is for the children themselves to find solutions independently. Premature intervention by adults changes the situation and makes own interaction unnecessary. If a mutual solution is not in sight or the situation threatens to turn into a physical conflict, the care taker enters the situation and, as a mediator, tries to find an amicable agreement with the children.

To do this, children must learn to express themselves and their needs freely. We practice this repeatedly in our daily routine. In the morning circle children are warmly invited to participate. They are praised for their participation. If they do not yet dare to participate, they are encouraged by us. In addition, language is practiced by repeated finger games and songs. We constantly create situations in which children can practice free speech and become aware of themselves.

## 7.3 Child complaints as an expression of participation

Complaint management is a special aspect of child participation in day care. A successful complaints procedure absolutely requires that professionals should show respect for the feelings of the children. In this regard, it is important that a culture of error-friendliness prevails, which includes all actors in day care. People make mistakes, and there is always room for improvement. With this basic attitude, it is possible to react to complaints in a much more professional manner.

Children in particular should experience that they can complain without fear and that they can receive individual help if necessary. It is also a helpful learning process for children when adults admit their misconduct due to a complaint. This supports the self-efficacy of children.<sup>6</sup>

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<sup>6</sup> LVR (Hg.): *Kinderschutz in der Kindertagesbetreuung. Prävention und Intervention in der pädagogischen Arbeit*, Cologne 2019, p. 14f.



## 7.4 Complaint barriers

The described attitude is important because, from a child's point of view, there can often be barriers to complaints in the day-to-day running of a day care centre. There is a danger that children do not recognise situations in which their right to self-determination is violated or in which they receive derogatory messages, but accept them as a supposed normality. Fear of a reaction from other children or adults can also play a role. Children who are discriminated and who feel that something is "not normal" may feel ashamed of it rather than being able to complain about it consciously. The need for belonging and recognition may mean that children do not risk drawing attention to their own perceived "otherness" by complaining.

It is crucial in such situations that the educator must act as the child's spokesman. If a child is not able to verbalise itself, he or she pays more attention to the facial expressions and gestures of the other children. Even very young children can express themselves and express their displeasure in this way. Even if a child does not visibly complain, it is necessary that adults present intervene. Otherwise there is a danger that children learn that there is nothing problematic about this situation. It is also important to remember that children can also indirectly show their negative feedback as a general feeling of discomfort, such as "I'm bored" or "the boys are mean to me". Negative feedback can also be expressed non-verbally, e.g. when the children withdraw, cry or hit themselves. This is where the sensitivity of our pedagogical staff is particularly required.

## 7.5 Types of child complaints

In everyday Kita life, conflicts and complaints between children, care takers and parents can occur. It is important to deal with conflicts appropriately and openly. First of all, it does not matter how big or small the complaint seems, it is received with full seriousness. The child learns that he or she is taken seriously and appreciated.

Some complaints from children are perceived by the adult as rather trivial. From a toddler's perspective, problems can sometimes seem very big. By accepting this complaint and dealing with it with care, the child learns that its perception is respected. Therefore, complaints are also a sign of trust and can be constructively regarded as feedback. When the child has experienced that it is taken seriously in everyday matter, it confides in us even in more complex matters.

We differentiate between two types of complaints or complaint targets:

- **Prevention complaints**, i.e. this complaint has the aim of stopping the behaviour of an adult or child. „I don't want that, stop it.“
- **Enabling complaints**, i.e. these complaints have the aim to achieve something new e.g. a changed rule.

In our everyday pedagogical life we will encounter both forms of negative feedback. A child's complaint can refer to different circumstances:

1. The behaviour of other children;
2. The behaviour of adults;
3. The institution's programs, e.g.



- a. Educational offers (activity and place)
  - b. Educational material (scope and diversity)
  - c. Distribution of resources (outside and indoors)
  - d. Group rules (within the core group)
  - e. Daily structure (choice of venues)
  - f. Clothing regulations (outside and indoors).
4. Structure and framework of the facility
    - a. Meals
    - b. Maintenance issues
    - c. Hygiene of the changing rooms/ sanitary areas
    - d. Use of the premises (functional rooms and areas)

## 7.6 Admission of a child complaint

By perceiving and dealing with complaints, children in the solution process have the opportunity to make changes in the kindergarten structure and organisation to a certain extent. Thus, the children not only feel that their needs are being taken seriously, but they also perceive that they have a say in the day-to-day running of the kindergarten.

Morning circles offer an excellent framework for finding group rules together, for discussion and for complaints. Complaints in the morning circle can be supported by complaint walls, whose use we recommend for all our facilities. A complaint wall is an additional, institutionalised form of complaint reception. It serves the purpose of recording the complaint and making it visible. It is also useful to be able to attribute the negative feedback to the respective child, for example by means of a photo. It is then the responsibility of the specialist who has recorded the child's feedback to continuously process the complaint. If the responsible specialist is ill or on holiday, this task is taken over by another team member who is familiar with the child.

At the stage when the complaint is received, it is not yet primarily a question of finding solutions to the complaint. Rather, at this stage, the main aim is to find a way of expressing how we perceive the children's complaints and take them seriously. The children should see that their feedback is discussed and processed.

In the medium term, the present child protection concept should also be expanded to include the introduction of a children's council as a body for receiving and processing complaints.

## 7.7 Handling a child complaint

Children have the possibility to address their complaint to a pedagogical staff member of their choice, to the management of the institution or to any other adult of the institution of their choice. We encourage them to confide in a friend or a group of children in order to involve them as support. The complaint can also be made through confidants of the child (educators, house management, other children, parents or grandparents).

If a child's complaint reaches one of our pedagogical staff, the first step is to seek a joint discussion with all those involved. The educator acts as a mediator and makes sure that all parties involved have an appropriate say. He tries to listen actively and makes sure that the complaint and the positions of



the individual participants have been understood correctly. Our pedagogical staff should help the children to find their own solution by asking questions. During the entire process the child should be accompanied in dialogue.

The processing of a child complaint can, for example, result in

- an agreement on future behaviour – possibly accompanied by an apology or expression of regret;
- an explanation as to why the conduct complained of may be warranted or necessary;
- a new rule or modification of an existing one.

The details of the solution found should be discussed with the child lodging the complaint and, where appropriate, with the other parties involved.

The initiation of a formalised complaint process (e.g. via a complaint wall, children's council, etc.) should only take place in the case of behaviour-related complaints, or only if a direct low-threshold clarification of the complaint among the direct participants is not possible. In the case of complaints about offers or structures, the formalised complaint process can be followed directly.

The starting point for the treatment of complaints of any kind is, as mentioned, the morning circle in groups. If the complaint cannot be satisfactorily dealt with there, cross-group approaches or processing approaches with the facility management should be examined.

*☞ If a child complains about cross-border behaviour by an adult in the institution, the child must be listened to very carefully. If the child's statements give rise to suspicion of a threat to the child's welfare, it is imperative that the appropriate measures described in Chapter 9 of this protection concept are initiated immediately.*

Any complaint from a child that is dealt with under the formalised complaint process described above will be brought to the attention of the child's parents in order to give their child, together with us educators, the best possible support.

## 7.8 Reinsurance and reflection

Beyond the handling of complaints as described above, there is the possibility to rework situations and look for alternative solutions. The assessment of whether the negative feedback has been successfully processed depends largely on the child who has made the complaint. This means, for example, that the child decides whether his or her feedback can be removed from the complaint wall. Within this framework, our staff can have another conversation with the child and ask questions such as "What was the starting point?", "What paths have we taken?" and "How can we proceed next time?" The reflection enables the child to re-establish the immediate connection between his negative feedback, the process of revision and problem solving.



## 8. Interventions in case of endangerment within the nursery (§ 47 SGB VIII)

Child protection presupposes the awareness that people are fallible and that, despite all prevention, there is always a residual risk that children may be exposed to situations in the day-care centre or in their family that impair their physical or mental well-being. While the preceding chapters were primarily of a preventive nature, the following two chapters describe necessary intervention strategies in the event of an actual or suspected child endangerment.

### 8.1 Abuse of power vs. bad educational practice

Assaults by adults on children are not only an expression of a disrespectful attitude, but must always be seen as an abuse of power that can have a traumatising effect. Especially in the case of sexual assaults, the children's inner defences are exceeded, so that not only is the child's sexuality and physicality violated, but the natural shame line can also be permanently lost.

The actual recognition of assaults is not always easy, as encroaching employees are often well integrated and are therefore perceived as valued colleagues. If these employees are then attacked, this can trigger a considerable crisis situation for the other colleagues. This questions one's own professionalism and above all one's own knowledge of human nature. Feelings of helplessness and guilt are predominant. Such a complex situation can only be dealt with professionally if concrete steps for action in an emergency have been defined in advance and clear responsibilities have been assigned.

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Deliberate abuse of power in our facilities is not a trivial offence, but leads to consequences which are described below. However, more frequent than conscious abuse of power or violent physical assault by adults on children are borderline cases of educational marginal violations in day-care facilities, which may in principle give rise to the suspicion that a child's welfare is at risk, but often "only" arise due to poor educational practice, "operational blindness" or a lack of self-reflection.

In order to enable a more differentiated analysis of the situation when there is a suspicion that a child's welfare is at risk, we have developed a pedagogical "traffic light" system for our facilities, which clearly distinguishes between prohibited, borderline and desirable behaviour. This traffic light also requires - depending on the colour - different ways of pedagogical and, if necessary, labour and criminal law processing.

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<sup>7</sup> LVR (Hg.): *Kinderschutz in der Kindertagesbetreuung. Prävention und Intervention in der pädagogischen Arbeit*, Cologne 2019, p. 50.



## 8.2 Behavioral traffic light

 <p><b>Our ABC of <u>prohibited</u> behaviour:</b></p> <p><b>This behaviour is always pedagogically wrong and partially relevant to labour and criminal law.</b></p>	 <p><b>Our ABC of <u>marginal</u> behaviour:</b></p> <p><b>This behaviour is pedagogically critical and not conducive to the development of children, but may happen. Absolutely requires clarification in the team.</b></p>	 <p><b>Our ABC of <u>exemplary</u> behaviour:</b></p> <p><b>This behaviour is pedagogically correct (even if children do not always like it).</b></p>
<p>Abuse medicines Arbitrariness Beating Betraying trust Captive Choleric behaviour Coercive measures at mealtimes Compulsive sleep Deliberately violate one's duty of supervision Discriminate Do sb./sth. Wrong Embarrassing a child Exhibitionism Expose Fixate Films with boundary violating content Forcing someone to eat Frighten <b>G</b> <b>H</b> Improper sex education materials Indecent use of play materials Isolate <b>J</b> Kicking Lock up Mistreating Not age-appropriate body contact Obscene language Pinch</p>	<p>Accept favours Be angry Belittle the family Bossing around Break appointments Change rules arbitrarily Conscious looking away Constantly praise and reward someone Continue when a child says "stop" <b>D</b> <b>E</b> <b>F</b> <b>G</b> Highlight negative sides of a child Impertinence Insulting parents <b>J</b> <b>K</b> Laugh (gloating) Lie Macho attitude Not letting someone finish Not maintaining the intimacy of the toilet Ostentatious behaviour Overstrain children Patting Polemics <b>Q</b> Ridiculous, ironically meant comments Screaming</p>	<p>Age-appropriate education Age-appropriate body contact (support with personal hygiene: e.g. applying lotion, combing hair, brushing teeth) Appreciation of every topic the children bring up Be consistent Closeness and distance (warmness) Cordiality Discretion Enthusiasm Friendliness Generate stimuli Give space to the children's feelings Have an open mind Hugging children when they want to <b>I</b> <b>J</b> <b>K</b> <b>L</b> Massage over clothing <b>N</b> <b>O</b> Play together Praise and comfort</p>



<p>Penetration (partial or total) with penis, fingers or objects</p> <p>Pornographic material</p> <p>Pulling/ holding on to the arm</p> <p>Punish</p> <p>Putting a child in front of the door</p> <p>Putting photos of children on the Internet</p> <p><b>Q</b></p> <p>Refuse a child if it seeks being close</p> <p>Sexist jokes</p> <p>Sexual acts in front of the child (e.g. masturbation)</p> <p>Sexualised kisses</p> <p>Shaking</p> <p>Socially excluding</p> <p>Speaking disparagingly about children</p> <p>Spit on</p> <p>Taking children on your lap without asking them</p> <p>Taking revenge</p> <p>Threaten</p> <p>Thrusting</p> <p>Torture</p> <p>Touching or caressing buttocks or genitals</p> <p><b>U</b></p> <p>Voyeurism</p> <p>Withholding privacy</p> <p>Xenophobic behaviour</p> <p>Y</p> <p><b>Z</b></p>	<p>Social exclusion (accompany them outside the door)</p> <p>To withdraw again and again only with certain children</p> <p>Vent anger on children</p> <p>Violation of Kita rules by adults</p> <p><b>W</b></p> <p><b>X</b></p> <p><b>Y</b></p> <p><b>Z</b></p>	<p>Professional nappy change</p> <p>Provide guidance and support for dressing and undressing</p> <p><b>Q</b></p> <p>Reliable structures</p> <p>Resource-oriented work</p> <p>Rule-compliant behaviour</p> <p>Showing someone limits</p> <p>Standing up for the child with courage</p> <p>Supporting the self-help abilities of the children</p> <p>Tame oneself</p> <p>Tidy, well-groomed appearance</p> <p>Transparency</p> <p><b>U</b></p> <p>Valuing children and parents</p> <p>Verbalize empathy with body language</p> <p>Visit qualification measures</p> <p><b>W</b></p> <p><b>X</b></p> <p><b>Y</b></p> <p><b>Z</b></p>
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### 8.3 Action plan

Before reporting to the State Youth Welfare Office, an internal preliminary examination should take place and the sequence of events should be recorded in writing. This is not only important for better chronological traceability, but also plays a crucial role with reference to the duty to inform the parents. Professional action always includes documentation.

#### 8.3.1 Self-reflection

A vague suspicion of child abuse is a particular challenge, as there are often no clear signs. Key indications are therefore the behaviour of other colleagues that gives rise to a strange feeling without



a specific assault having been observed, or statements made by other employees. A suspicion can also be raised by one of the children. It is therefore all the more important to remain calm and collect facts. This is the only way to clarify whether there is a real suspicion of an assault.<sup>8</sup>

Possible questions for reflection when dealing with a suspicion would be:<sup>9</sup>

- What did I observe? Who told me which observations, when and how? Related to:
  - the child: e.g. physical symptoms, changed behaviour, utterances
  - the employee(s): e.g. certain utterances or behaviour
- What do these observations trigger in me?
- With whom have I exchanged my observations and feelings?
- Has this changed something for me? If so, what?
- What other possible explanations for the child's behaviour are there?
- What other possible explanations for the employee's behaviour are there?

More concrete questions, which can complement the emerging picture, would be:<sup>10</sup>

- Are there any verbal statements made by the child, a parent or other caregivers from the child's environment?
- Has there already been a first suspicious statement and how long ago was this?
- Has the suspicion been discussed with the entire team?
- If so, what pedagogical procedure was decided?
- Has advice from the „experienced specialist“ already been sought at an earlier stage?
- What has already been recorded in writing?

### 8.3.2 Collegial advice and expert advice

Through the self-reflection described above, professionals who have a vague suspicion can check their own feelings and observations and document the suspicion promptly. In addition, it makes sense to consult trusted colleagues for counselling. In this way, a diffuse feeling can be better dealt with.

Furthermore, a specialist counselling centre should be included (§ 8b SGB VIII). This is necessary in order to get a neutral point of view on the possible dangerous situation, since such moments are often emotionally occupied by involved employees. Through external influence we as educators experience awareness and can rethink courses of action and obtain support.

<sup>8</sup>Deutscher Kinderschutzbund/DKSB, Landesverband NRW e. V. (2012): *Sexualisierte Gewalt durch Mitarbeiter und Mitarbeiterinnen an Mädchen und Jungen in Organisationen – Eine Arbeitshilfe*. Online under: <https://www.kinderschutzbund-nrw.de/was-wir-tun/materialien> access 25.05.2020.

<sup>9</sup> Rheinische Verband Evangelischer Tageseinrichtungen für Kinder e.V. (2013): *Handlungshilfe für den Umgang mit gewalttätigem, übergriffigem und/oder sexualisiertem Verhalten durch Mitarbeitende von Kindertagesstätten*. Online under: <https://www.diakonie-rwl.de/themen/kinder-und-kitas/darf-kindergarten-gekuschelt-werden>. access 25.05.2020

<sup>10</sup> Landeshauptstadt München, Referat für Bildung und Sport (2017): *Handbuch Umgang mit sexueller Gewalt in Kindertageseinrichtungen. Eine Orientierungshilfe für Prävention, Intervention und Rehabilitation für freigemeinnützige und sonstige Träger*. Online under: [https://www.muenchen.de/rathaus/dam/jcr:69ccd5fa-eddc-4b16-9bf2-403c217f9fad/handbuch\\_umgang\\_sexuelle\\_gewalt.pdf](https://www.muenchen.de/rathaus/dam/jcr:69ccd5fa-eddc-4b16-9bf2-403c217f9fad/handbuch_umgang_sexuelle_gewalt.pdf). access 25.05.2020



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Already now all discussions should be documented in detail.

#### *8.3.3 Information from managing director and sponsor as well as hazard assessment*

If the suspicion is confirmed in the course of the consultation, the specialist seeking advice must inform the management in any case. In the event that the suspicion is directed against them, it is imperative that the institution be informed and all further procedural steps be discussed with them.

**Note:** In any event, it is important to avoid giving the suspected person the opportunity to exert pressure on others to prevent a statement from being made. This means that no clarifying discussions should take place until the risk assessment has been completed.

Promptly and well planned action is important. In the next step, employees and facility management draw up a risk assessment of the child concerned. The institution must be informed of the procedure. The risk assessment is sent to the institution.

If a suspicion is not confirmed, the procedure is discontinued at this point. If an employee has been wrongly accused, the institution will initiate a rehabilitation procedure, the details of which are regulated in our QM manual, in the course of which the institution will, among other things, make a declaration of honour for the wrongly accused employee.

#### *8.3.4 Reporting to the State Youth Welfare Office, sanctioning, if necessary criminal prosecution*

On the other hand, if a suspicion is substantiated and a concrete case of child's well-being being endangered is present, everyone should continue to act calmly. At this point, a discussion should be held with the employee concerned.

In addition to the discussion with the person concerned, there should above all be a discussion with the parents or guardians of the respective child, in which the state of affairs and the steps taken to date are explained. If necessary, the parents should be offered advice and support.

The initiation of suitable measures of intervention after the suspicion has been established is the responsibility of the management and the responsible body, which must also submit an official report to the State Youth Welfare Office in accordance with §47.2 SGB VIII.

In the case of a concrete assault, providers must comply with their statutory duty to safeguard the welfare of the child in their institution and draw the consequences. This can also mean, for instance, a separation from full-time employees. However, such concrete procedures are always decided in a consultation with the legal counsel of the institution, the criminal prosecution authorities, the institution and the respective State Youth Welfare Office.



### 8.3.5 Refurbishment

After an assault has been reported and all steps have been taken professionally, and the perpetrator has left the facility if necessary, it is important to allow for a sufficient and fundamental review of the events. This must include all levels: The children in the group, the parents, the other employees, the management and, if necessary, the institution. It is important to involve all children in the setting of the framework. In this scenario, too, the specific assault should be clearly stated again without any detailed description. At this point, it is especially important that all actors involved in the day care centre are sufficiently informed and that they first have the opportunity to express themselves.

## 8.4 Transgressing sexual borders among children<sup>11</sup>

If a physical/sexual act between children is observed or reported, it should first be clarified whether it is a physical/sexual act appropriate for children, i.e. a physical curiosity of children in line with their development or an assault characterized by an imbalance of power.

Chapters 2.4 and 2.5 of this concept paper offer a decision guidance. Our pedagogical experience shows that in the great majority of all cases transgressions result from children's play. Such dynamics generally do not correspond to perpetrator-victim patterns from the adult world. In such cases, it is important to address the transgressions experienced with all children and to work towards compliance with group rules by all children.

Only if the clarification process shows that a physical/sexual assault among children characterized by an imbalance of power is involved, it is essential to intervene immediately through education according to the process described in the following.

### 8.4.1 Care for the child concerned

First of all, the child concerned should receive undivided attention. He/she should be given the opportunity to speak calmly with a person he trusts. A joint discussion with the children involved is not conducive at this point. There is a danger that the power dynamic of the assault will continue and the respective child will have to struggle for his or her credibility in the conversation. At this point, the primary concern is to protect the child and not to clarify the situation. Under no circumstances should the message "it always takes two" be conveyed, as is perhaps the case with conflicts or dispute settlements. Here, the child absolutely needs a biased attitude of the specialist, since physical/sexual assaults do not take place at eye level and the child concerned is always inferior.

Therefore, the child should first of all receive the unrestricted support of his or her confidant. The trusted person can underline that the child is believed, that it is innocent of the assault, that he or she has a right to protection and respect for his or her boundaries and that the child who has assaulted has behaved incorrectly. It should be made clear that the person of trust will ensure that this situation does not recur. By providing this security and protection from further assaults, the child's experience

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<sup>11</sup> LVR (Hg.): *Kinderschutz in der Kindertagesbetreuung. Prävention und Intervention in der pädagogischen Arbeit*, Cologne 2019, p. 46-49.



of helplessness nconcerned can slowly diminish, as the assaulting child is no longer experienced as overpowering.

#### *8.4.2 Care for the abusive child*

With the attitude of setting clear limits, the conversation with the assaulting child should take place afterwards. nThe child's abusive behaviour must be clearly assessed and strictly prohibited, without rejecting the child itself. It must be clearly stated that his/her behaviour is evaluated negatively, not the child itself! Shame and fear of serious consequences also play a major role for the child who has been assaulted, and its protection against negative developments and exclusion must also be ensured.

It is important that the injuries and insults of the child concerned are not called into question. In order to be able to change his or her behaviour, the assaulting child needs sufficient support from a specialist who is clear in his or her behaviour, leaves no room for doubt and sets distinct limits. This gives the assaulting child the opportunity to distance itself from its behaviour and to change its social interactions. If the assaulting child succeeds in adhering to the agreed measures over a fixed period of time, the efforts of the child should be recognised by the specialist. If this consistent pedagogical attitude is not achieved, there is a risk for learning a permanently abusive pattern of behaviour.

#### *8.4.3 Conversation with the uninvolved children*

The aim of the pedagogical action should be to create an atmosphere in which the children involved in the assault can meet again without fear and experience a feeling of security, so that if possible no permanent separation of the children has to take place.

An honest and open discussion with the uninvolved children of the group can also contribute to this. No matter whether they have seen an assault themselves, have been informed about it by other children or merely perceive the nervousness and uncertainty of the educational staff or parents, they too need clarification of the situation. Therefore it is helpful to talk about the events in an age-appropriate way. The children do not need to be informed in detail, but it should be made clear that physical/sexual assaults are basically misconduct and this behaviour is not tolerated in the institution. During the conversation the children can learn that it is important to get help and that this is not a snitch. Furthermore, an open conversation can lead to other affected children confiding in each other after a long silence and talking about their experiences.

#### *8.4.4 Informaiton of the institution and the youth welfare office*

To guarantee the success of the entire process it is absolutely necessary to involve the management and the institution at an early stage. They are responsible for the pedagogical work in the facility and must initiate appropriate measures.

The management informs the responsible body and, if necessary, an experienced specialist for the purpose of coordinating further procedural steps. Subsequently, the responsible body is requested to inform the State Youth Welfare Office. This signals both internally and externally that physical/sexual assaults among children are taken seriously in the nursery and that the educational activities of the



staff are supported and accompanied by the management. The management is responsible for restoring the trust that was lost through the assault. A clear attitude is needed from both the management and the parents.

#### *8.4.5 Involving the parents*

Especially regarding the cooperation with the parents, the support of the institution is needed after an assault, because the communication methods of parents are often characterized by high emotionality. They often react on behalf of their children and can act with emphasis and volume. Threats may also occur. Whether joint discussions between the parents involved make sense should be examined in each individual case (cf. Freund 2016: o.S.). Only if parents feel well informed and involved in all steps of the process, such a major challenge can be successfully addressed.

The parents of the child concerned need sympathy and understanding, and they should also know how the information is communicated with the other children and their parents. It can also be helpful to find a specialist counselling centre so that the parents can be appropriately accompanied in processing the incident.

The parents of an abusive child are often shocked when they hear about such an incident and react very differently. They often feel offended in their parenting skills or feel guilty for the assault. Even if the child's misbehaviour must be clearly named, the parents equally need understanding for their reactions to the event. If parents feel that the employees are acting in the best interests of both "parties" and also in the best interests of their child, their willingness to talk and cooperate will increase.



## 9. Intervention in the event of endangerment outside the nursery (§ 8a SGB VIII)

Previous chapters aimed to implement an everyday culture in our daycare facilities that ensures the protection of the child's well-being at the nursery. It also included a preventive measure to identify procedures and recommendations for action in the event of a suspicion that the well-being of a child within our facilities may be at risk.

As a day care centre, we are also "close" to the social environment of the children and their families. The concluding chapter deals with the legal framework and develops a plan of action for those cases in which the suspicion arises that the well-being of the child is endangered within certain family settings.

### 9.1 Factors of child well-being risk

A child's welfare is at risk in the family if a child is exposed to physical, mental or psychological impairments and the parents are unwilling or unable to avert the danger. In the area of childcare, there is a primary need for professionals who do not close their eyes to the possibility of a child's well-being being endangered. Only attentive professionals can notice when children show deficits in care. A distinction is generally made between three dimensions of child welfare risks:

- **Neglect of the child**

This can include, for example, that children are not dressed according to the weather or that necessary therapeutic measures, such as ergo- or logopaedic treatments, are not initiated. A further sign of care deficits can be the parents' disinterest in the development of the child.

- **Parental violence and ill-treatment**

Recurring bruises on untypical areas of the body or burns can be indications of maltreatment.

- **Use of sexual violence**

In the case of sexual violence, the children try to avoid their tormentor and show great organisational skills. At the same time, they develop various defence mechanisms as a survival strategy, which, however, simultaneously disturb their development.

When a child has been exposed to physical or psychological violence, symptoms often occur, which are classified into four different areas:

- **Emotional reactions**, which can be expressed through fear, aggression or relationship difficulties.
- **Psychosomatic problems** can cause eating or sleeping disorders, skin diseases or concentration problems. Enuresis and defecation can be signals.



- **Changes in social behaviour** can lead to aggressive behaviour of the child towards adults, which reminds him/her of the offender.
- **A lack of distance** can occur when children are no longer able to perceive their physical and emotional limits.

Every child is different. It is therefore never possible to use general terms regarding behaviour endangered children exhibit. A mixture of different behavioural disorders is conceivable at the same time. Nevertheless, it can certainly be stated that every damaged child sends signals to its environment. All these dimensions of child welfare endangerment have in common, that they should have a profound influence on the salvation of the soul of a young person and that intervention absolutely has to take place.

## 9.2 Recognition of endangerments

Signs of abuse in children are sometimes easier for educators to detect than for third parties, as they are involved in caring for the children. Here, injuries are more easily revealed through diaper changes, dressing and toilet situations. Recurring bruises or injuries as well as burns and abrasions on untypical body parts can be the first signs of physical or sexual violence. In such cases, we will always contact the child's parents to find out how these injuries occurred. The credibility of the response regarding the nature of the injury is of high importance to us.

When children experience physical, emotional or sexual abuse, they change their behaviour. They withdraw, they are ashamed of their scars, they are less trusting and more careful. They avoid situations and people who remind them of these unpleasant situations. Children often imitate situations, they suddenly act rude or hit other people. This also serves as a call for help or as a test of how their environment reacts to behaviour which they themselves classify as bad. Children can fall into earlier stages of development, they wet their pants again or have to take a nap again. They cry faster and argue physically rather than verbally.

If employees suspect that a child's welfare is at risk at home, it is important to inform the management of the suspicion. The perception of the other team members must also be obtained. Documentation must be created immediately.

A standardised child protection sheet serves as the basis for the risk assessment and at the same time as documentation of the risk assessment by the educational staff. It is a diagnostic tool for the systematic collection and use of relevant information. The pedagogical staff thus have a framework for further action. The individual headings for possible indications of a risk to the well-being of children are:<sup>12</sup>

- **Physical appearance:** malnutrition, wrong diet (e.g. overweight), unpleasant body smell, untreated wounds, chronic fatigue, inappropriate clothing for weather,

<sup>12</sup> Basierend auf dem Berliner Kinderschutzbogen quoted after Hundt, Marion: *Kindeswohl und Kinderschutz in der Kita*, in: Brodowski, Michael [Hg.]: *Das große Handbuch für die Kita-Leitung*, Cologne 2018, p. 820f.



haematomas, scars, susceptibility to disease, bone fractures (unexplained cause), conspicuous redness or inflammation in the anal or genital area.

- **Cognitive appearance:** limited reaction to visual and acoustic stimuli, perception and memory disorders, lack of concentration, delay in speech and intelligence development.
- **Psychic phenomenon:** Apathic, sad, jumpy, restless, anxious, introverted/distanced.
- **Behaviour towards a caretaker:** fear of loss (fear of separation), lack of distance, lack of eye contact.
- **Behaviour in the group:** does not participate in games, does not observe rules and limits.
- **Behavioural abnormalities:** Sleep disorders, eating disorders, wetting, defecating, self-displacement/self-endangerment, sexualised behaviour in relation to others, use of psychoactive substances, behaviour distanced from guilt (including continued absence from the nursery), running away, delinquent behaviour.

One or more risk factors are not yet a certain indication that a child's well-being is at risk. There are usually several risk factors that act together and then lead to a disastrous development for both parents and children. However, even these risk factors do not necessarily have to be of a very high degree individually in order to lead to markedly negative phenomena for the children. Nevertheless, it is not uncommon for various factors, each of which is only slightly pronounced, to quickly escalate due to their interaction.<sup>13</sup>

### 9.3 Involvement of child protection professionals and parents

Estimating when a child's well-being is at risk is not part of the everyday tasks of a pedagogical specialist. It is *imperative* that a specialist experienced in child protection be consulted from the outset in an advisory capacity when drawing up the risk assessment. This obligation results from §8b(4), sentence 1, No. 2, SGB VIII. In order to make decisions in such cases which are as far as possible reflected and not marked by personal sympathies or antipathies, we attach importance to external support by the Child Protection Centre of the German Child Protection Association. Its "insofar experienced specialists" support, reflect and accompany the professional assessment process of our colleagues and ensure that professional standards are maintained.

#### Contact

Deutscher Kinderschutzbund Ortsverband Köln e.V.

Bonner Straße 151, 50968 Cologne

Tel.: 0221 / 5 77 77-0

[info@kinderschutzbund-koeln.de](mailto:info@kinderschutzbund-koeln.de)

Parents must always be involved in the risk assessment process. As a rule, there is an exception only in cases (especially sexual abuse) in which disclosure of the suspicion to the (potential) abuser increases the pressure of secrecy and aggravates the risk to the child. In all other cases, the procedure

<sup>13</sup> Deegener, W. & Körner, W. (2008): *Risikoerfassung bei Kindesmisshandlung und Vernachlässigung – Theorie, Praxis, Materialien*. Lengerich: Pabst, p. 26.



*must* involve the parents from the beginning and be conducted openly and transparently towards them, if only for data protection reasons.

A first measure is an initial interview with the parents, which is a particular challenge for the educational staff. Invitations are issued both orally and in writing. The interview is always conducted by at least two persons. The basis is the previous documentation and objective observations. Offers of help and concrete offers of support can be made.

It does not necessarily have to be the parents who are responsible for the child's well-being, but the babysitter or e.g. the gym teacher can also be considered. However, the alarm signals observed in the child may also be based on another source, such as a possible move or an impending separation of the parents. In such cases, parents are often grateful to receive assistance. Not every abnormality that has already resulted in parental discussions also poses a threat to the child's well-being.

The aim of this parental interview is to draw up a joint advice and support plan. The further procedure will be agreed upon by all persons involved. Together, possible measures are decided upon. The development of the child is always at the centre of attention. Any agreement is recorded. The target agreements of the plan are carried out by the Kita team in order to enable a prompt implementation.

In addition to the criteria for the qualification of the expert to be consulted in an advisory capacity, the agreement must also include the obligation that the experts will work toward the parents. If they consider it necessary, they may obtain assistance from the legal guardians and inform the Youth Welfare Office if the danger cannot be averted in any other way. A copy of the agreement is to be sent to the head of the pedagogical department at the responsible body.

If a child's welfare is suspected to be endangered, care must be taken not to encourage the child to make statements under pressure in everyday life. Our task as educators is not to question the child in everyday life, but to accompany the child and encourage it to tell stories.

If the parents reject the interview and their participation, it is to be decided by the relevant specialists of the day-care centre whether the Youth Welfare Office must already take action based on the suspicious facts at hand. Only if the risk assessment shows that there is already a *high risk of danger and an acute need for action* may and must the Youth Welfare Office be informed.<sup>14</sup>

Contact:

Jugendamt der Stadt Köln  
Allgemeiner Sozialer Dienst (ASD)  
Aachener Straße 220, 50931 Cologne  
Tel.: 0221 / 221-93999

There is no obligation for the professionals to report any endangerment of the well-being of the child to the police or the justice system. They are only obliged to inform the Youth Welfare Office in the situation described above. With regard to a criminal complaint for child abuse or violation of the duty

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<sup>14</sup> Ebd., p. 824.



of upbringing and care, it must be remembered that such a complaint will have considerable consequences for cooperation with parents.<sup>15</sup>

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<sup>15</sup> Ebd., S. 825.



## 10. Abuse with the abuse

In our view, child protection is a condition and at the same time a central quality feature for pedagogical work in day-care centers. Today, we have rightly achieved a far-reaching social sensitization in large parts of the western world for the right of children to protection and to physical integrity.

Precisely because of its great social significance, however, the concept of the well-being of the child rarely carries the danger of being instrumentalized as a "fighting term" to enforce the interests of adults who have nothing or only limited involvement with child protection. This can apply to postmarital contact disputes before the family court just as much as to work in day care centres. There is nothing that can damage the professional reputation of an educator more quickly than the accusation of "abuse" or "use of force". Knowingly or unknowingly false accusations can be made by parents as well as by colleagues or superiors. The motives for such behaviour can be diverse and range from genuine concern on the one hand to personal acts of revenge or one's own psychological disorders on the other.

American research by David P. H. Jones at the Park Hospital of Children in Oxford showed that of 576 cases of sexual abuse investigated, 70 percent were true. At the same time, however, 27 percent of the accusations made in the study were based on false conclusions with existing suspicions, i.e. they were made by adults who were involved in the case.

Only three percent of the accusations were based on mere fantasy. However, the fantasy of adults who had made these accusations on behalf of a child. Only five of the 21 cases in the three percent false accusations were invented by children themselves. Nine had been invented by adults. Seven cases came about as a joint effort of an adult and a child.

In conclusion, out of 576 cases of child sexual abuse, 16 cases were invented by adults and another 155 cases were misinterpreted by adults and unjustly charged as abuses. In contrast, only five accusations were based on false statements by children.

When asked about the credibility of children, this means that children almost always make true accusations. It is the adults who have more difficulty with the truth. Clearly, the most difficulties lie with those adults who have to interpret observed perceptions.

It is therefore also the task of the educators, administrators and sponsors involved in a case to find out whether accusations made by adults are free of external interests. This requires both a very sensitive listening to what the child concerned actually says and at the same time weighing up whether under certain circumstances pressure has been exerted on a child to make certain statements or whether adults involved hear only what they want to hear from children's statements. In addition, the age of the child must be taken into account. Due to the child's increased ability to express and reflect, for example, the statements of a five-year-old must be handled differently from those of a two-and-a-half-year-old.

If, under the pretext of the child's welfare, adults spread false accusations about employees or parents in order to assert their own interests, this is, in our view, a serious breach of trust which, due to the depth of the violation, can even lead to the termination of the care or employment contract. Unjustly accused persons will be rehabilitated in accordance with the requirements of our QM handbook. Beyond the breach of trust and the false accusation, however, it remains the task of the



educational staff to sound out whether under certain circumstances there is marginal educational behaviour, even in a case in which abuse or a risk to the well-being of the child can be ruled out (see our traffic light in chapter 8.2)



## 11. Future perspective: strength instead of power

In the case of child welfare risks in the context of the day-care centre or in a family context, it is important for the pedagogical staff to be able to clearly name their own tasks and competences and not to lose sight of their own limits of professionalism. The pedagogical handling of assaults in the day-care centre does not require any therapeutic processing or psychological analysis of the causes. Nor is it the task of professionals to provide basic therapeutic support for the children. It is rather the task of the pedagogical staff in day-care centres to set or restore rules and limits for all those involved and to create an atmosphere of safety and security for the children.

Nevertheless, it can be helpful to ask why some people do not act violently in certain situations. Certainly there are people who have a pathological need to exercise power over others (weaker ones). And there are also paedophilically inclined people who seek easy access to children in institutional day care. It is the task of all of us to deny such people access to our day care centres.

According to our observations, however, in the case of assaulting behaviour in day-care centres we are usually dealing with people who under normal circumstances act and live absolutely socially compliant. In extreme and for them very challenging psychological situations, the same people may consciously or unconsciously use violence as a means to an end in order to achieve certain educational goals and reactions, e.g. to elicit desired behaviour patterns in the child.

In this sense, we understand educational violence primarily as an expression of educational weakness and professional overburdening. This can have different causes, e.g.

- **limited personal maturity** (especially in independent organisations in urban areas one finds very young teams working for them);
- **limited physical resources and psychological resilience** (especially in the case of municipal or church organisations, one often finds older employees);
- **lack of expertise** (multi-professional teams in which even many „professionals“ have not originally been trained to work in day-care centres) or
- **lack of professional experience** (also due to the fact that the access to the daycare system has become more academic – studies instead of training).

The prevailing shortage of skilled workers exacerbates many of these problems. The same applies to the exaggerated entitlement of individual parents and even threats and accusations, which can unsettle and frighten inexperienced team members in particular.

Educators often find themselves in the dilemma that on the one hand a sense of responsibility and a high standard of quality in their own work are required in the day care centre, and on the other hand educators have to put up with a lot of imperfection and the unachieved factors and have to live with the feeling of not being ready. This leads to an experienced discrepancy between reality and potential possibilities, which in turn can be identified as a source of frustration.

The attention services to be provided are not to be underestimated. They are characterised by a required high degree of focused (i.e. related to the individual child) and at the same time distributed attention to the whole event in the group. In view of this fact, the impression may arise that it is imperative to react directly at the moment of escalating situations. If then, out of concern for "loss of face", the demand to react quickly and immediately is reinforced, there is a great danger of becoming entangled in escalating conflicts from which no other way out seems possible than power and pressure.



By the way, a similar excessive demand can be observed analogously on the part of parents who tend to act violently towards their children. As a rule, they all want it to be "only well intended".

It may sound paradoxical, but as daycare providers and employers we are convinced that guaranteeing the strengthening of child protection in daycare centres requires strengthening of the educator's position. Educators who feel threatened will prefer to base their authority on distance and punishment. If we succeed in building up teams that can work professionally without fear of being overburdened, a large part of the pressure that can otherwise encourage violence against children is also eliminated.

In this assessment, we mainly refer to the studies of the German-Israeli research duo Haim Omer and Arist von Schlippe "Stärke statt Macht. Neue Autorität in Familie, Schule und Gemeinde" (Göttingen 2010) as well as "Authority without violence" (2002) and "Authority through relationships" (2004). Instead of an authority through power, Omer and von Schlippe establish a "new authority" through relationship work in a lived and exemplified transmission of values such as respect, consideration, attentiveness, dignity, duty and honour. This introduces a dimension of positive orientation and a value-oriented attitude into everyday pedagogical work, which illustrates in many ways that all human interaction is based on a courageously lived ethics of relationships.

The work of Omer and von Schlippe originally referred to parent counselling ("Parental presence as a systemic concept") and school social work respectively. They are based on the following basic ideas, which, however, can easily be transferred to the area of day-care centres and can make important contributions to the prevention of structural violence against children:

1. **Presence & vigilant care:** The decision to be present, in good contact with oneself, respectful, appreciative and non-violent towards the other person, that means to be really present in the sense of the New Authority and to take responsibility as an adult for the quality of the relationship and to stand up for the observance of our values & rules of living together. The "watchful care" enables us to be attentive and vigilant and to take the necessary steps in case of alarm signals so that things can continue well.
2. **Self control & escalation prevention:** It is important to realize that we cannot have control over another person, not even over our children. The good news is, however, that we do not need that anyways. We can have control over ourselves, our thoughts, feelings and behaviour. And we can decide when to react to a provocation, a conflict (principle of postponement - "strike while the iron is cold").

Another essential aspect is when we want to win in disputes, when we want to be right, we often contribute to the escalation of situations. Our guiding principle in that case: Not to defeat, but to persevere! (principle of perseverance). Another aspect: We make mistakes as well and that is fine. In most cases, we can also correct them and apologize (principle of Positive Error Culture).

3. **Support networks & alliances:** We are not alone! Even if we sometimes feel very isolated. Using support and building networks is a crucial aspect of the New Authority. "It takes a whole village to raise a child", as an African saying claims. Accompanying people and teams in supporting one another, each according to his/her possibilities and, if necessary, involving



other supporters (for example in interventions of non-violent resistance) often leads to a great relief and improvement of the life situation.

4. **Protest & non-violent resistance:** We have much more weight/strength than we believe in, especially when we are several people acting decisively. The possibilities of non-violent resistance are mainly about making our determination and solidarity (with each other and with the addressee) clear and visible.

We do not only speak of resistance to destructive behaviour, we ARE the resistance. This has an enormous effect on the opposite person, especially during longer actions like a sit-in for example, where parents sit down with the child in the room for up to 2 hours to make it clear: "We can no longer accept your violent behaviour and we are here with you now because you are important to us and we are interested in a solution/change".

5. **Reconciliation & relationship:** Relationship is the most important resource. It is the foundation of any intervention of the New Authority. We encourage relationship-building gestures, appreciative feedback and, above all, always in parallel with actions of resistance, gestures of reconciliation to clarify: We are interested in you and in a good relationship, even if there are difficulties. Especially when the child, the student, or the employee shows problematic behaviour.
6. **Transparency:** Partial or total transparency can have many effects: it mobilises support, moves third parties or even hostile persons/groups to take a clear non-violent position and join the "good cause". Furthermore, transparency strengthens our sense of belonging together, assuming that our attitudes and actions are considered ethically and morally correct and necessary.
7. **Redemptions:** THE alternative to punishment and sanctions! Experience shows that punishments and sanctions in conflicts of all kinds often do not lead to the desired learning effects. In our opinion, it is precisely through accompanied reparation processes to make it possible for the persons concerned to understand the injustice committed and to encourage them to behave constructively through an act of reparation.

This is how the person can actively contribute and thus becomes a full member of the group again. Moreover, injured parties are actually taken seriously. Adults who accompany such reparation processes will gain respect, because the conflict resolution competence becomes visible.<sup>16</sup>

With the concept of "new authority", Omer and von Schlippe tread a middle path between the authority of the past based on discipline, coercion, submission and violence on the one hand and anti-authoritarian education on the other. The excessive permissiveness of the latter had led to the result that as soon as a child refused to carry out a task or found it too difficult, this task should be taken away from the child, since the requirement could harm the child's nature and development. As a result,

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<sup>16</sup> A successful example of „reparative action in kindergarden“ can be found at Haim Omer / Arist von Schlippe: *Stärke statt Macht. Neue Autorität in Familie, Schule und Gemeinde*, Göttingen 2010, p. 368-376.



these children lacked the necessary experience of competence, which could lead to a lack of self-esteem and frustration, as a result of which violence as an expression of excessive demands was also possible within the anti-authoritarian system.

The balancing position of Omer/von Schlippe's approach is illustrated by the following diagram of the NRW State Working Group for Educational Training of Nursery School Teachers:<sup>17</sup>

<b>New Authority</b>		
<b>Former authority</b>	<b>New authority</b>	<b>Authoritarian education</b>
Distance	<b>Presence &amp; Relationship</b>	Lack of distance
Increased distance	<b>Gestures of reconciliation</b>	Ignorance
Control	<b>Self control</b>	"Let them do it"
Demonization	<b>Differentiation P/V</b>	Fading out behaviour
Promptness	<b>Deferral &amp; Persistence</b>	Tolerance
Penalty	<b>Redemption</b>	No consequence
Lone wolves	<b>Networks</b>	Resignation
Resistant to criticism	<b>Transparency</b>	Direct democracy
Violence	<b>Nonviolent resistance</b>	Withdrawal
Power	<b>Strength "I can act"</b>	Powerlessness

One of the basic prerequisites for child protection in day-care facilities is the ability of the educators to demand compliance with the rules of conduct in the group rooms, in the corridors and on the outside grounds for the benefit of all in order to enable a non-violent coexistence. This requires a certain authority of the educators, despite all child-centredness. If, unlike in the past, this authority is not based on power and dominance, but on professional strength, personal integrity and interpersonal presence and solidarity with the child, it has the potential to support our daycare centers on their way to developing shelters for children.

<sup>17</sup> State working group for educator training NRW/Ruth Tillner: *Stärke statt Macht. Neue Autorität. Fachtagung am 19. Oktober 2017* under <https://lag-ea-nrw.de/?p=1454>. Access 26.05.2017



With regard to child protection in day care centres, our basic assumption is: Without the educators, it is not possible! Only when educators are positively and sustainably strengthened can they focus on the needs of the children. They can only offer children protection if they themselves have a feeling of security and receive support.

The attempt to focus exclusively on the children (and their rights) is a good starting point for dealing with the topic of child protection. But beyond rights, we also want to focus more on duties in the future - first and foremost the duty of educators to provide a non-violent upbringing for children. In order for educators to be able to fulfil this duty, targeted employee development is required, which we as a daycare provider and employer in turn regard as our obligation.



## Authors

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## Advice

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