PROTECT

Responding to Suspected Child Abuse: Template for all Victorian Early Childhood Services

When to use this template

It is strongly recommended that **all*** early childhood service staff utilise this template to document any suspicion that a child has been, is being, or is at risk of being abused

* Maternal Child Health services should utilise their existing information management systems (e.g. CDIS of expedite) to record appropriate detail about any incidents, disclosures and suspicions of child abuse. Services may opt to ALSO use this form, which aligns with the Four Critical Actions.

If needed, staff should be supported by management to complete this template, and to ensure that they meet their obligations.

This template should be used in conjunction with following the Four Critical Actions For Early Childhood Services: Responding to Incidents, Disclosures and Suspicions of Child Abuse.

Completing this template should not impact on reporting times. If a child is in immediate danger staff should immediately contact Victoria Police on **000**.

Whilst you may need to gather the information to make a report, remember it is not the role of staff to investigate abuse, leave this to Victoria Police and/or DHHS Child Protection.

Why record this information?

When completing this template your aim should be to provide as much information as possible. This information will be critical to any reports and may be sought at a later date if the matter is the subject of Court proceedings. These notes may also later assist you if you are required to provide evidence to support any decisions.







RESPONDING TO AN INCIDENT, DISCLOSURE OR SUSPICION OF CHILD ABUSE

PLEASE NOTE: IF YOU ARE MAKING A REPORT TO DHHS CHILD PROTECTION OR VICTORIA POLICE YOU MUST SEEK ADVICE BEFORE CONTACTING PARENTS/CARERS SO AS NOT TO COMPROMISE ANY INVESTIGATION OR PLACE A CHILD AT FURTHER RISK.

STAFF MEMBER LEADING THE RESPONSE
NAME:
OCCUPATION:
LOCATION (SERVICE ADDRESS):
RELATIONSHIP TO CHILD:
CRITICAL ACTION 1: IMMEDIATE RESPONSE TO AN INCIDENT
If anyone is in immediate danger staff should report immediately to Victoria Police on 000.
See Action 1 of Four Critical Actions For Early Childhood Services: Responding to Incidents, Disclosures and Suspicions of Child Abuse
RESPONDING TO AN EMERGENCY
DID ANY CHILD REQUIRE FIRST AID? PROVIDE DETAILS IF 'YES'.
WHO ADMINISTERED THIS? (NAME AND TITLE)
DID ANY CHILD REQUIRE FURTHER IMMEDIATE MEDICAL ASSISTANCE?
OUDDENT LOCATION AND CAPETY STATUS
CURRENT LOCATION AND SAFETY STATUS: E.G. ARE ALL IMPACTED CHILDREN SAFE AND NOT IN ANY IMMEDIATE DANGER? IF A CHILD IS IN IMMEDIATE DANGER STAFF SHOULD REPORT IMMEDIATELY TO VICTORIA POLICE ON 000.

INFORMATION OF THE ALLEGED VICTIM

CHILD'S PERSONAL DETAILS	
NAME:	GENDER:
RELATIONSHIP TO SERVICE: E.G. 2 DAY, 3 YEAR OLD KINDER	DATE OF BIRTH:
RESIDENTIAL ADDRESS:	
PARENT/CARER NAME/S:	
PARENT/CARER CONTACT:	
LANGUAGE(S) SPOKEN BY CHILD:	
DISABILITIES, MENTAL OR PHYSICAL HEALTH ISSUES:	

CHILD'S BACKGROUND
CULTURAL STATUS AND RELIGIOUS BACKGROUND
PREVIOUS HISTORY OR INDICATORS OF SUSPECTED ABUSE:
FAMILY BACKGROUND
FAMILY COMPOSITION (IF KNOWN):
LIST PARENTING OR CARE ARRANGEMENTS AND SIBLING NAMES AND AGES
ANN OTHER RECORD E LIVING MITH THE COMER (IS MANCHED)
ANY OTHER PEOPLE LIVING WITH THE CHILD (IF KNOWN):
ANY OTHER PEOPLE LIVING WITH THE CHILD (IF KNOWN):
ANY OTHER PEOPLE LIVING WITH THE CHILD (IF KNOWN):

FAMILY BACKGROUND
DISABILITY, MENTAL OR PHYSICAL HEALTH ISSUES IN FAMILY (IF KNOWN):
LIKELY REACTION TO A REPORT BEING MADE (IF KNOWN):
LIKELI KLACTION TO A KLYOKT BEING MADE (II KNOWN).

DETAILS OF THE INCIDENT, DISCLOSURE OR SUSPICION

GROUNDS FOR YOUR BELIEF THAT A CHILD HAS BEEN,

OR IS AT RISK OF ABUSE
LIST INDICATORS OR INSTANCES WHICH LED YOU TO BELIEVE THAT A CHILD/CHILDREN ARE SUBJECT TO CHILD ABUSE, OR AT RISK OF ABUSE: DETAIL ANY DISCLOSURES OR INCIDENTS OR SUSPICIONS (INCLUDING NAMES, TIMES AND DATES DOCUMENTING A CHILD'S EXACT WORDS AS FAR AS POSSIBLE). INCLUDE SPECIFIC DETAIL HERE ON WHAT LED YOU TO FORM A REASONABLE BELIEF THAT A CHILD HAS BEEN, OR IS AT RISK OF BEING ABUSED
ANY PHYSICAL INDICATORS OF ABUSE:
ANY BEHAVIOURAL INDICATORS OF ABUSE:

ANY PATTERNS OF BEHAVIOUR OR PRIOR CONCERNS LEADING UP TO AN INCIDENT, DISCLOSURE OR SUSPICION.



CRITICAL ACTION 2: REPORTING

See Action 2 of Four Critical Actions For Early Childhood Services: Responding to Incidents, Disclosures and Suspicions of Child Abuse

REPORTING TO AUTHORITIES		
TICK THE AUTHORITES YOU HAVE REPORTED TO: VICTORIA POLICE DHHS CHILD PROTECTION CHILD FIRST DECISION NOT TO REPORT IF YOU'VE DECIDED NOT TO REPORT, LIST YOUR REASONS HERE. ALSO INCLUDE ANY FOLLOW-UP ACTIONS UNDERTAKEN BY YOU BELOW:		
PROVIDE DETAILS OF YOUR REPORT:		
DATE:	TIME:	
AUTHORITY:		
NAME OF PERSON SPOKEN TO:		
OUTCOMES FROM THE REPORT:		

REPORTING INTERNALLY		
PROVIDE DETAILS OF YOUR DISCUSSION WITH LICENSEE OR APPROVED PROVIDER.		
TIME:	DATE:	
NAMES:		
DISCUSSION OUTCOMES:		
NOTIFICATION TO THE REQUIRATION (LOSING		
NOTIFICATION TO THE REGULATOR (LICENSED AND APPROVED SERVICES): ALL LICENSED AND APPROVED SERVICES MUST NOTIFY THE QUALITY ASSESSMENT AND REGULATION DIVISION IF THERE IS AN INCIDENT AT THE SERVICE AND/OR THE HEALTH, SAFETY OR WELLBEING OF A CHILD HAS BEEN COMPROMISED WHILST ATTENDING THE SERVICE.		
TIME:	DATE:	
NAMES:		
NOTIFICATION OUTCOMES (IF ANY):		

CRITICAL ACTION 3: CONTACTING PARENTS/CARERS

See Action 3 of Four Critical Actions For Early Childhood Services: Responding to Incidents, Disclosures and Suspicions of Child Abuse

ACTIONS TAKEN PROVIDE DETAILS OF YOUR DISCUSSION WITH PARENTS/CARERS (IF APPROPRIATE): YOU MUST CONSULT WITH VICTORIA POLICE AND/OR DHHS CHILD PROTECTION TO DETERMINE IF IT IS APPROPRIATE TO CONTACT THE CHILD'S PARENTS/CARERS. IF IT IS DEEMED APPROPRIATE AND SAFE TO DO SO, PARENTS MUST BE CONTACTED AS SOON AS POSSIBLE (WITHIN 24 HOURS OF THE INCIDENT, DISCLOSURE OR SUSPICION). HAVE YOU SOUGHT ADVICE FROM DHHS CHILD PROTECTION OR VICTORIA POLICE? ON NO YES IS IT APPROPRIATE TO CONTACT PARENT/CARER? ON (YES LIST REASONS IF IT IS NOT APPROPRIATE TO CONTACT PARENT/CARER: IF CONTACTING PARENT/CARER, PROVIDE THE FOLLOWING DETAILS: NAME OF STAFF MEMBER MAKING THE CALL: NAME OF PARENT/CARER RECEIVING THE CALL: **DISCUSSION OUTCOMES:**

CRITICAL ACTION 4: PROVIDING ONGOING SUPPORT

See Action 4 of Four Critical Actions For Early Childhood Services: Responding to Incidents, Disclosures and Suspicions of Child Abuse

PLANNED ACTIONS
INCLUDE DETAIL ON WHAT FOLLOW-UP ACTIONS HAVE OCCURRED TO SUPPORT THE CHILD (FOR EXAMPLE A REFERRAL TO SPECIALISED SERVICES)
FOLLOW-UP ACTIONS:
SUPPORT:
REFERRAL(S):

PROCESS OF REVIEW

COMPLETE THIS SECTION BETWEEN 4-6 WEEKS AFTER AN INCIDENT, SUSPICION OR DISCLOSURE OF ABUSE IN CONJUNCTION WITH YOUR MANAGEMENT/APPROVED PROVIDER. THIS WILL SUPPORT YOU AND YOUR SERVICE TO CONTINUE TO PROTECT CHILDREN IN YOUR CARE AND TO REFLECT ON YOUR PROCESSES AND THE NEED FOR ANY FOLLOW-UP ACTIONS.

SAFETY AND WELLBEING

CURRENT SAFETY AND WELLBEING OF THE CHILD
IS THE CHILD SAFE FROM ABUSE AND HARM? NO (IF NOT CONSIDER THE NEED TO MAKE A FURTHER REPORT.) YES
DOES THE CHILD HAVE ANY WELLBEING ISSUES THAT ARE NOT CURRENTLY BEING ADDRESSED?
○ NO ○ YES
IF SO, CONSIDER HOW THESE CAN BE ADDRESSED.
CURRENT SAFETY AND WELLBEING OF OTHER CHILDREN WHO MAY HAVE BEEN IMPACTED BY THE ABUSE
ARE THERE ANY OTHER CHILDREN WHO MAY BE IMPACTED BY THE ABUSE? NO YES
IF SO HAVE THEIR WELLBEING NEEDS BEEN MET?
O NO
YES
CURRENT WELLBEING OF IMPACTED STAFF MEMBERS
DOES THE STAFF MEMBER WHO MADE THE REPORT/WITNESSED AN INCIDENT, FORMED A SUSPICION OR RECEIVED A DISCLOSURE REQUIRE ANY SUPPORT?
□ NO
YES
IF SO HAS THIS BEEN RECEIVED?
□ NO
YES

REVIEW OF ACTIONS TAKEN HAVE STAFF FOLLOWED THE FOUR CRITICAL ACTIONS FOR EARLY CHILDHOOD SERVICES: RESPONDING TO INCIDENTS, DISCLOSURES OR SUSPICIONS OF CHILD ABUSE? WAS AN APPROPRIATE DECISION MADE HAVE THE PARENTS CONTINUED TO BE IN RELATION TO WHEN TO ACT? **ENGAGED IF APPROPRIATE?** ON NO ON NO YES YES COULD THE SUSPECTED ABUSE HAVE BEEN **ACTION 4 DETECTED EARLIER?** HAS THE SERVICE PROVIDED ADEQUATE ON-GOING SUPPORT FOR THE CHILD? ON (ON (YES YES **ACTION 1** DID THE STAFF TAKE APPROPRIATE ACTION IN HAVE ANY COMPLAINTS BEEN RECEIVED? AN EMERGENCY? ON (ON (YES YES HAVE THE COMPLAINTS BEEN RESOLVED? **ACTION 2** WAS A REPORT MADE TO THE APPROPRIATE NO **AUTHORITIES AND INTERNALLY?** YES ON (YES WERE SUBSEQUENT REPORTS MADE IF NECESSARY? ON (YES **ACTION 3**

DID THE STAFF CONTACT THE PARENTS/CARERS ASAP?

ON (YES

CONTINUOUS IMPROVEMENT
CONSIDER AND LIST ACTIONS THAT CAN BE TAKEN TO BUILD YOUR CAPACITY TO IDENTIFY AND RESPOND TO CHILD OFFENDING IN THE FUTURE:
OFFENDING IN THE FUTURE: