PROTECT

Responding to Suspected Child Abuse: A Template for all Victorian Schools

When to use this template

School staff should use this template to document any incident, disclosure or suspicion that a child has been, or is at risk of being abused. This template should be used in conjunction with following the Four Critical Actions For Schools: 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 school staff should report immediately to Victoria Police.

Whilst you may need to gather the information to make a report, remember it is not the role of school 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.

It is a requirement under *Ministerial Order No. 870 - Child Safe Standards - Managing the risk of child abuse in schools* for schools to keep clear and comprehensive notes on all observations, disclosures and other details that led them to suspect the abuse.





Education and Training







RESPONDING TO AN INCIDENT, DISCLOSURE OR SUSPICION OF CHILD ABUSE

STAFF MEMBER LEADING THE RESPONSE

NAME:

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.

OCCUPATION:
LOCATION (SCHOOL ADDRESS):
RELATIONSHIP TO CHILD:
CRITICAL ACTION1: IMMEDIATE RESPONSE TO AN INCIDENT
If anyone is in immediate danger school staff should report immediately to Victoria Police on 000.
See Action 1 of Four Critical Actions For Schools: Responding to Incidents, Disclosures and Suspicions of Child Abuse
RESPONDING TO AN EMERGENCY
DID THE CHILD REQUIRE FIRST AID? PROVIDE DETAILS IF 'YES'.
WHO ADMINISTERED THIS? (NAME AND TITLE)
DID THE CHILD REQUIRE FURTHER IMMEDIATE MEDICAL ASSISTANCE?
CURRENT LOCATION AND SAFETY STATUS:
E.G. ARE ALL IMPACTED STUDENTS SAFE AND NOT IN ANY IMMEDIATE DANGER? IF A CHILD IS IN IMMEDIATE DANGER SCHOOL STAFF SHOULD REPORT IMMEDIATELY TO VICTORIA POLICE ON 000.

CHILD'S INFORMATION

PERSONAL DETAILS			
NAME:	GENDER:		
YEAR LEVEL/CLASS:	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 IF THE CHILD IS OF ABORIGINAL OR TORRES STRAIT ISLANDER BACKGROUND, GOVERNMENT SCHOOLS MUST CONTACT THEIR KOORIE ENGAGEMENT SUPPORT OFFICER, AND CATHOLIC SCHOOLS MUST CONTACT THE DIOCESAN EDUCATION OFFICE TO ARRANGE CULTURALLY APPROPRIATE SUPPORT. IF THE CHILD IS AN INTERNATIONAL STUDENT YOU MUST NOTIFY THE INTERNATIONAL EDUCATION DIVISION ON (03) 9637 2990.
ANY KNOWN PREVIOUS HISTORY OF SUSPECTED ABUSE (PRIOR TO THIS INCIDENT, DISCLOSURE OR SUSPICION OR INVOLVEMENT WITH AGENCIES):
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FAMILY BACKGROUND
FAMILY COMPOSITION (IF KNOWN): LIST PARENTING OR CARE ARRANGEMENTS AND SIBLING NAMES AND AGES
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):			

DETAILS OF THE INCIDENT, DISCLOSURE OR SUSPICION

GROUNDS FOR YOUR BELIEF THAT A CHILD HAS BEEN, OR IS AT RISK OF ABUSE INDICATORS OR INSTANCES WHICH LED YOU TO BELIEVE 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:

	TERNS OF BEHAVIOUR OR PRIOR CONCERNS LEADING UP TO AN INCIDENT, JRE OR SUSPICION:
DETAI	LS OF PERSONS ALLEGED TO HAVE
	MITTED THE ABUSE (IF KNOWN)
NAME:	
GENDER:	DATE OF BIRTH:
RELATION	NSHIP TO CHILD:
NOTING IF T	THEY ARE WITHIN THE SCHOOL OR WITHIN THE FAMILY AND COMMUNITY (THIS WILL IMPACT WHO YOU REPORT TO
ADDRESS:	:
ADDRESS:	
ADDRESS:	
ADDRESS:	
	E DETAILS:
ADDRESS:	

CRITICAL ACTION 2: REPORTING

See Action 2 of Four Critical Actions For Schools: 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:			
OUTCOMES FROM THE REPORT:			

REPORTING INTERNALLY			
PROVIDE DETAILS OF YOUR DISCUSSION WITH SCHOOL LEADERSHIP:			
TIME:	DATE:		
NAMES:			
DISCUSSION OUTCOMES:			
PROVIDE DETAILS OF YOUR INTERNAL DISC	USSIONS TO EITHER OF THE FOLLOWING:		
GOVERNMENT SCHOOL STAFF MUST REPORT TO SECURITYS IF THE INCIDENT, DISCLOSURE OR SUSPICION INVOLVES A STAFF I CATHOLIC SCHOOL STAFF MUST REPORT TO THEIR CATHOLIC	MEMBER, CONTRACTOR OR VOLUNTEER		
TIME:	DATE:		
NAMES:			
DISCUSSION OUTCOMES:			

CRITICAL ACTION 3: CONTACTING PARENTS/CARERS

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

ACTIONS TAKEN			
PROVIDE DETAILS OF YOUR DISCUSSION WITH PARENTS/CARERS (IF APPROPRIATE): SCHOOL STAFF MUST CONSULT WITH VICTORIA POLICE AND/OR DHHS CHILD PROTECTION TO DETERMINE IF IT IS APPROPRIATE TO CONTACT PARENTS. IF IT IS, PARENTS MUST BE CONTACTED AS SOON AS POSSIBLE (PREFERABLY ON THE SAME DAY OF THE INCIDENT, DISCLOSURE OR SUSPICION).			
HAVE YOU SOUGHT ADVICE FROM DHHS CHILD PROTECTION OR VICTORIA POLICE?			
NO YES			
IS IT APPROPRIATE TO CONTACT PARENT/CARER?			
NO 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 Schools: Responding to Incidents, Disclosures and Suspicions of Child Abuse

TO WELLBEING PROFESSIONALS AND OTHER SPECIALISED SERVICES, THE CONVENING OF A STUDENT SUPPORT GROUP AND	PLANNED ACTIONS
SUPPORT:	INCLUDE DETAIL ON WHAT FOLLOW-UP ACTIONS HAVE OCCURRED TO SUPPORT THE STUDENT (FOR EXAMPLE REFERRAL TO WELLBEING PROFESSIONALS AND OTHER SPECIALISED SERVICES, THE CONVENING OF A STUDENT SUPPORT GROUP AND DEVELOPMENT OF SUPPORTPLANS):
	FOLLOW-UP ACTIONS:
REFERRAL(S):	SUPPORT:
REFERRAL(S):	
	REFERRAL(S):

PROCESS OF REVIEW

COMPLETE THIS SECTION BETWEEN 4- 6 WEEKS AFTER AN INCIDENT, SUSPICION OR DISCLOSURE OF ABUSE IN CONJUNCTION WITH YOUR SCHOOL LEADERSHIP TEAM.

THIS WILL SUPPORT YOU AND YOUR SCHOOL 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

YES

CURRENT SAFETY AND WELLBEING OF THE CHILD
IS THE CHILD SAFE FROM ABUSE AND HARM?
NO
YES
IF NOT CONSIDER THE NEED TO MAKE A FURTHER REPORT.
DOES THE CHILD HAVE ANY WELLBEING ISSUES THAT ARE NOT CURRENTLY BEING ADDRESSED?
NO
YES
IF SO, CONSIDER HOW THESE CAN BE ADDRESSED AND CAPTURED WITHIN A STUDENT SUPPORT PLAN.
CURRENT WELLBEING OF OTHER CHILDREN WHO MAY BE IMPACTED BY THEABUSE
ARE THERE ANY OTHER CHILDREN WHO MAY BE IMPACTED BY THE ABUSE?
NO
YES
IF SO HAVE THEIR WELLBEING NEEDS BEEN MET?
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?

REVIEW OF ACTIONS TAKEN HAVE SCHOOL STAFF FOLLOWED THE FOUR CRITICAL ACTIONS FOR SCHOOLS: 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?** NO NO YES YES COULD THE SUSPECTED ABUSE HAVE BEEN **ACTION 4 DETECTED EARLIER?** HAS THE SCHOOL PROVIDED ADEQUATE SUPPORT FOR THE STUDENT? NO NO YES YES **ACTION 1** DID THE SCHOOL TAKE APPROPRIATE ACTION HAS A STUDENT SUPPORT PLAN BEEN IN AN EMERGENCY? ESTABLISHED. IMPLEMENTED & REVIEWED? NO NO YES YES **ACTION 2** HAS A STUDENT SUPPORT GROUP BEEN ESTABLISHED? WAS A REPORT MADE TO THE APPROPRIATE **AUTHORITIES AND INTERNALLY?** NO NO YES YES WAS THE STUDENT APPROPRIATELY SUPPORTED IN ANY INTERVIEWS? WERE SUBSEQUENT REPORTS MADE IF **NECESSARY?** NO NO YES YES HAVE ANY COMPLAINTS BEEN RECEIVED? **ACTION 3** NO DID THE SCHOOL CONTACT THE YES PARENTS/CARERS ASAP? HAVE THE COMPLAINTS BEEN RESOLVED? NO NO YES

YES

(OTHER LEARNINGS		