aTTACHMENT 4: DOCUMENTING RESPONSE TO SUSPECTED CHILD ABUSE: TEMPLATE FOR ALL VICTORIAN EARLY CHILDHOOD SERVICES

*This template has been adapted from the Department of Education; Responding to Suspected Child abuse: Template for all Victorian Early Childhood Services*

Under the National Quality Framework, the approved provider of an education and care service must ensure that an incident, injury, trauma and illness record is kept (Regulation 87). This template aligns with this requirement and it is strongly recommended that all early childhood service staff utilise this template for 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.

When completing this template, the aim should be to provide as much factual information as possible. This information will be critical and may be sought at a later date if the matter is the subject of Court proceedings.

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| Staff member leading the response |
| Name: |
| Occupation: |
| Service address: |
| Relationship to the child: |

CRITICAL ACTION 1: IMMEDIATE RESPONSE TO AN INCIDENT

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| Responding to an emergency |
| Did the chid require first aid? If YES, provide Details? |
| Who administrated First aid? (Name and Title) |
| Did the child require further immediate medical assistance? |
| 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

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| Child’s personal details | |
| Name: | Gender: |
| Relationship to service: (eg 2 days, 3 year old kinder) | Date of Birth: |
| Residential Address: | |
| Parent/Carer Name: | |
| Parent/Carer contact number: | |
| Language(s) spoken by child: | |
| Disabilities, mental or physical health issues: | |

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| Child's background |
| Cultural status and religious background: |
| Previous history or indicators of suspected abuse: |

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| Family background |
| Family composition (if know): *List parenting or carer arrangements and siblings’ names and ages* |
| Any other people living with their child (if known): |

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| Family background |
| Disability, mental or physical health issues in family (if known): |
| Likely reaction to report being made (if known): |

DETAILS OF THE INCIDENT DISCLOSURE OF SUSPICION

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| Grounds for your belief that a child has been or is at risk of abuse |
| 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 suspicion 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 in risk of being abused* |
| Any physical indicators of abuse: |
| Any behavioural indicators of abuse: |
| Any pattern of behaviour or prior concern leading up to an incident, disclosure or suspicion: |

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| Details of person alleged to have committed they abuse if known | |
| Name: | |
| Gender: | Date of birth (if known): |
| Relationship to child: | |
| Address: | |
| Contact details: | |

CRITICAL ACTION 2: REPORTING

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| Reporting to authorities | |
| Tick the authority you have reported to:   Victoria police  Orange Door  DFFH child protection  Decision not to report  If you have decided not to report list your reasons here also include any follow up actions undertaken by you below: | |
| Provide your report: | |
| Date: | Time: |
| Authority: | |
| Name of the person spoken to: | |
| Outcomes from the report: | |

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| Reporting internally | | |
| **Provide details of your discussion with approved provider** | | |
| Time: | | Date: |
| Name: | | |
| Discussion outcomes: | | |
| Notification to the regulator: All approved providers must notify the quality assessment and regulatory division if there is an incident at the service and/or the health safety or wellbeing of a child has been compromised while attending the service. | | |
| Time: | Date: | |
| Names: | | |
| Discussion outcomes: | | |

CRITICAL ACTION 3: CONTACTING PARENTS/CARERS

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| Actions taken (alleged victim) |
| Provide details of your discussion with parents/cares (if appropriate): You must consult with Victoria police and/or DFFH child protection to determine if it is deemed appropriate, parents must be contacted as soon as possible (within 24 hours of the incident, disclosure or suspicion) |
| Have you sought advice from DFFH child protection or Victoria police?  yes no  Is it appropriate to contact parent/carer:  yes  no  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**

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| Planned actions: Include details on what follow-up actions have occurred to support that child for example referral to specialised services: |
| Follow up actions: |
| Support: |
| Referrals: |

Process of review

Complete this section between four to six weeks after an incident, suspicion or disclosure of abuse in conjunction with the approved provider. This will support you and your service to continue to protect children in your care and to reflect on your process and then need for any follow up action.

Safety and wellbeing

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| Current safety and wellbeing of the child |
| Is the child safe from abuse and harm?  yes  no  If not consider the need to make a further report  Does a child have any wellbeing issues that are not currently being addressed?  yes  no  If so, consider how these can be addressed and captured within a child support plan |

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| Current wellbeing of other children who may be impacted by the abuser |
| Are there any other children who may be impacted by the abuser?  yes  no  If so have their wellbeing needs being met?  yes  no |

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| Current wellbeing of impact staff members |
| Does the staff member who made the report/witnessed the incident, formed a suspicion or received a disclosure require any support?  yes  no  If so has this been received?  yes  no |

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| Review of actions taken | |
| Have the staff followed the four critical actions for early childhood services: responding to incidents disclosure for suspicion of child abuse? | |
| Was an appropriate decision made in relation to when to act?   yes  no  Could the suspected abuse have been detected earlier?   yes  no  **Action 1**  Did the service take appropriate actions in an emergency?  yes  no  **Action 2**  Was a report made to the appropriate authorities and internally?   yes  no  What where subsequent reports made if necessary?   yes  no | **Action 3**  Did the service contact the parent carers as soon as possible?   yes  no  Have the parents continued to engage if appropriate?   yes  no  **Action 4**  Has the service provided adequate ongoing support for the child?   yes  no  Have any complaints been received?   yes  no  Have the complaints been resolved?   yes  no |