

## *Child Safety Standards* **Incident Report - Leadership**

### STAFF MEMBER LEADING THE RESPONSE

NAME:

OCCUPATION:

LOCATION (SCHOOL ADDRESS):

RELATIONSHIP TO CHILD:

### CRITICAL ACTION 1: IMMEDIATE RESPONSE TO AN INCIDENT

**If anyone is in immediate danger school staff should report immediately to Victoria Police on 000.**

### 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):

**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 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:

DETAILS OF PERSONS ALLEGED TO HAVE COMMITTED THE ABUSE (IF KNOWN)	
NAME:	
GENDER	DATE OF BIRTH:
RELATIONSHIP TO CHILD: <small>NOTHING IF THEY ARE WITHIN THE SCHOOL OR WITHIN THE FAMILY AND COMMUNITY (THIS WILL IMPACT ON WHO YOU REPORT TO)</small>	
ADDRESS:	
CONTACT DETAILS:	

## 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 AUTHORITIES 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 INTERNAL DISCUSSIONS TO EITHER OF THE FOLLOWING:

*GOVERNMENT SCHOOL STAFF MUST REPORT TO SECURITY SERVICES UNIT AND ALSO TO THE EMPLOYEE CONDUCT BRANCH IF THE INCIDENT, DISCLOSURE OR SUSPICION INVOLVES A STAFF MEMBER, CONTRACTOR OR VOLUNTEER.*

*CATHOLIC SCHOOL STAFF MUST REPORT TO THEIR CATHOLIC DIOCESAN EDUCATION OFFICE*

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 DISCUSSIONS TO EITHER OF THE FOLLOWING: <b>GOVERNMENT SCHOOL STAFF</b> MUST REPORT TO SECURITY SERVICES UNIT AND ALSO TO THE EMPLOYEE CONDUCT BRANCH IF THE INCIDENT, DISCLOSURE OR SUSPICION INVOLVES A STAFF MEMBER, CONTRACTOR OR VOLUNTEER <b>CATHOLIC SCHOOL STAFF</b> MUST REPORT TO THEIR CATHOLIC DIOCESAN EDUCATION OFFICE	
TIME:	DATE:
NAMES:	
DISCUSSION OUTCOMES:	

**CRITICAL ACTION 3: CONTACTING PARENTS/CARERS**

## 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

### PLANNED ACTIONS

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 SUPPORT PLANS):

### FOLLOW UP ACTIONS

### SUPPORT:

### REFERRALS(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 ACTION.

### SAFETY AND WELLBEING

#### 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 THE ABUSE

ARE THERE ANY OTHER CHILDREN WHO MAY BE IMPACTED BY THE ABUSE?

- NO
- YES

IF SO HAVE THEIR WELLBEING NEEDS BEEN MET

- NO
- YES

*IF SO, CONSIDER HOW THESE CAN BE ADDRESSED AND CAPTURED WITHIN A STUDENT SUPPORT PLAN*

#### CURRENT WELLBEING OF IMPACTED STAFF MEMBERS

DOES THE STAFF MEMBER WHO MADE THE REPORT/ WITNESSED THE 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 SCHOOL STAFF FOLLOWED THE FOUR CRITICAL ACTIONS FOR SCHOLS: RESPONDING TO INCIDENTS, DISCLOSURES OR SUSPICIONS OF CHILD ABUSE?**

WAS AN APPROPRIATE DECISION MADE IN RELATION TO WHEN TO ACT?

- NO
- YES

COULD THE SUSPECTED ABUSE HAVE BEEN DETECTED EARLIER?

- NO
- YES

#### **ACTION 1**

DID THE SCHOOL TAKE APPROPRIATE ACTION IN AN EMERGENCY?

- NO
- YES

#### **ACTION 2**

WAS A REPORT MADE TO THE APPROPRIATE AUTHORITIES AND INTERNALLY?

- NO
- YES

WERE SUBSEQUENT REPORTS MADE IF NECESSARY?

- NO
- YES

#### **ACTION 3**

DID THE SCHOOL CONTACT THE PARENTS/CARERS ASAP?

- NO
- YES

HAVE THE PARENTS CONTINUED TO BE ENGAGED IF APPROPRIATE?

- NO
- YES

#### **ACTION 4**

HAS THE SCHOOL PROVIDED ADEQUATE SUPPORT FOR THE STUDENT?

- NO
- YES

HAS A STUDENT SUPPORT PLAN BEEN ESTABLISHED, IMPLEMENTED AND REVIEWED?

- NO
- YES

HAS A STUDENT SUPPORT GROUP BEEN ESTABLISHED?

- NO
- YES

WAS THE STUDENT APPROPRIATELY SUPPORTED IN ANY INTERVIEWS?

- NO
- YES

HAVE ANY COMPLAINTS BEEN RECEIVED?

- NO
- YES

HAVE THE COMPLAINTS BEEN RESOLVED?

- NO
- YES