

# Identify and respond to child abuse in the community

## A template for Victorian government schools

### Instructions for school staff to complete this template

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>When</b>              | <p>Use this template:</p> <ul style="list-style-type: none"> <li>to document any incident, disclosure or concern that a child has been, or is at risk of being abused.</li> <li>with the <a href="#">4 Critical Actions to Identify and Respond to Child Abuse: Community</a>.</li> <li>to record actions you have taken. It does not replace the need to follow the 4 Critical Actions immediately. Do not delay taking action to complete this template.</li> </ul>                                                                                   |
| <b>Why</b>               | <p>You must document your actions. <b>This template is optional.</b> School staff can use any documentation method that meets record keeping requirements.</p> <p><a href="#">eduSafe Plus</a> can be used for record keeping. You do not need to duplicate information already recorded there in this template. You may upload this template to <a href="#">eduSafe Plus</a> or use it to guide your entry.</p> <p>Recorded information may inform reports, be requested in court proceedings, and support your decisions if evidence is required.</p> |
| <b>How</b>               | <p>Record details factually. Avoid opinions or conclusions and provide as much information as possible.</p> <p>Schools must record all:</p> <ul style="list-style-type: none"> <li>observations</li> <li>disclosures</li> <li>other details that led them to have a concern about child abuse</li> <li>the school's response.</li> </ul>                                                                                                                                                                                                                |
| <b>Record Management</b> | <p>Records must be kept in a secure, logical place to ensure future access. Government schools must follow the department's <a href="#">Records Management policy</a>.</p> <p>For further guidance see <a href="#">4 Critical Actions: Document your actions</a>.</p>                                                                                                                                                                                                                                                                                   |
| <b>Need help?</b>        | <p>If you need additional support to complete this template, you can consult:</p> <ul style="list-style-type: none"> <li>a member of your student wellbeing or leadership team</li> <li><a href="#">support and advisory services for school staff</a>.</li> </ul>                                                                                                                                                                                                                                                                                      |
| <b>More information</b>  | <p>Visit <a href="http://www.vic.gov.au/PROTECT">www.vic.gov.au/PROTECT</a> to access guidance to identify and respond to child abuse in the community.</p>                                                                                                                                                                                                                                                                                                                                                                                             |

### Staff member leading the response

| Staff Member            |  |
|-------------------------|--|
| Name and role           |  |
| School name             |  |
| School address/campus   |  |
| Relationship to student |  |

### Staff member completing this template, if different to above

| Staff Member            |  |
|-------------------------|--|
| Name and role           |  |
| School name             |  |
| School address/campus   |  |
| Relationship to student |  |

### Student details

For additional student and parent/carers information consult your student management system.

| Student       |  |
|---------------|--|
| Full name     |  |
| Year level    |  |
| Date of birth |  |

## Responding to an emergency

See [responding to an emergency](#).

Use this section to document how you responded to an emergency, if applicable.

| Details                                                                                                               |                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Have you responded to an emergency?                                                                                   | <input type="checkbox"/> Not applicable – continue to identify child abuse<br><input type="checkbox"/> Yes |
| Provide a brief description of the emergency                                                                          |                                                                                                            |
| Did the student require first aid? If yes, please describe                                                            |                                                                                                            |
| Who administered first aid?                                                                                           |                                                                                                            |
| Did the student require further immediate medical assistance?                                                         |                                                                                                            |
| Is the child currently in a safe location?<br><br>E.g. are all impacted students safe and not in any immediate danger |                                                                                                            |

## 4 Critical Actions: **identify** child abuse

See [identify child abuse](#).

You can identify abuse in the community in many ways. You can:

- witness an incident
- [receive a disclosure](#) (including information from a third party)
- [observe physical or behavioural signs](#)
- see something worrying or problematic online and/or on a student's device.

### What has led you to have a concern or belief that a student has been, or is at risk of being abused by someone in the community

Include detail of the incident, disclosure or concern

- Include names, times and dates
- Document the student/s exact words as far as possible

Physical indicators

See [types of abuse and what to look for](#)

Behavioural Indicators

See [types of abuse and what to look for](#)

Were there any patterns of behaviour/prior concerns before the incident, disclosure or concern?

### Details of the persons alleged to have committed the abuse (if known)

Name

Relationship to student

Contact details

## 4 Critical Actions: **report** child abuse

See [report abuse to authorities](#). Use this section to document the child abuse you have reported.

| Reporting to authorities                  |                                                                                                                                                                                                                         |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who have you reported the allegations to? | <input type="checkbox"/> Victoria Police<br><input type="checkbox"/> DFFH Child Protection<br><input type="checkbox"/> Other (Specify) _____<br><input type="checkbox"/> Decision not to report (provide reasons below) |
| Details of the report to authorities      |                                                                                                                                                                                                                         |
| Date                                      |                                                                                                                                                                                                                         |
| Time                                      |                                                                                                                                                                                                                         |
| Report to                                 |                                                                                                                                                                                                                         |
| Outcome of the report                     |                                                                                                                                                                                                                         |
| Details of the report to authorities      |                                                                                                                                                                                                                         |
| Date                                      |                                                                                                                                                                                                                         |
| Time                                      |                                                                                                                                                                                                                         |
| Report to                                 |                                                                                                                                                                                                                         |
| Outcome of the report                     |                                                                                                                                                                                                                         |
| If you have decided <u>not</u> to report  |                                                                                                                                                                                                                         |
| Detail why                                |                                                                                                                                                                                                                         |
| Any follow-up actions                     |                                                                                                                                                                                                                         |

| Reporting to school leadership                                                                                                                                                                                  |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Who have you reported the allegations to? Name/position                                                                                                                                                         |                                                             |
| Date                                                                                                                                                                                                            |                                                             |
| Time                                                                                                                                                                                                            |                                                             |
| Discussion outcomes                                                                                                                                                                                             |                                                             |
| Department of Education                                                                                                                                                                                         |                                                             |
| Have you logged an eduSafe Plus incident?                                                                                                                                                                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| eduSafe Plus incident number                                                                                                                                                                                    |                                                             |
| Engage the student and their parents or carers                                                                                                                                                                  |                                                             |
| If Victoria Police or Child Protection are involved, seek their clearance on what can be shared before contacting parents or carers. Contact parents or carers as soon as possible, preferably on the same day. |                                                             |
| Have you sought advice from Victoria Police or Child Protection?                                                                                                                                                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Is it appropriate to contact parent/carer?                                                                                                                                                                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| List reasons if it is not appropriate to contact parent/carer                                                                                                                                                   |                                                             |
| Name of staff member making the call                                                                                                                                                                            |                                                             |
| Name of parent/carer receiving the call                                                                                                                                                                         |                                                             |
| What information was shared?                                                                                                                                                                                    |                                                             |
| What information was not shared?<br><br>Per advice from Victoria Police or Child Protection                                                                                                                     |                                                             |
| Discussion outcomes                                                                                                                                                                                             |                                                             |

## 4 Critical Actions: **support** students through your school

See [support students through your school](#).

Your actions in **support** complement your actions in **refer**. They can happen at the same time if you decide that's the best way to help the student.

| Planned Actions                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who have you engaged to plan support?                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Student<br><input type="checkbox"/> Parents or carers<br><input type="checkbox"/> School leadership<br><input type="checkbox"/> School health and wellbeing team<br><input type="checkbox"/> Allied health professionals<br><input type="checkbox"/> Specialist support agency (specify) _____<br><input type="checkbox"/> Other (specify) _____ |
| Does the student have any diverse needs?<br>See <a href="#">supporting students with diverse needs</a><br>This includes: <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander students</li> <li>• students from culturally and linguistically diverse backgrounds</li> <li>• international students</li> <li>• students with disability</li> <li>• LGBTIQ+ students</li> <li>• students in out-of-home care.</li> </ul> | <input type="checkbox"/> No<br><input type="checkbox"/> Yes – specify supports in place                                                                                                                                                                                                                                                                                   |
| What supports have the student and/or parents or carers requested?                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                           |
| Follow up actions<br>Include detail on the follow-up actions taken to support the student<br>e.g. the convening of a student support group and development of support plans                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                           |
| Current supports in place                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                           |

|                                                                                      |  |
|--------------------------------------------------------------------------------------|--|
| Include how you used<br>information sharing and<br>for what purpose<br>If applicable |  |
|--------------------------------------------------------------------------------------|--|



## 4 Critical Actions: **refer** students to community services

See [refer students to community services](#). Use this section to document the actions you have taken to **refer** a student to community services.

| Planned Actions                                                                                                                                                                   |                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who have you engaged to plan referrals?                                                                                                                                           | <input type="checkbox"/> Student<br><input type="checkbox"/> Parents or carers<br><input type="checkbox"/> School leadership<br><input type="checkbox"/> School health and wellbeing team<br><input type="checkbox"/> Other (specify) _____ |
| If you haven't engaged with the students and/or parents or carers provide reasoning                                                                                               |                                                                                                                                                                                                                                             |
| Which referrals have you suggested and/or the student and/or parents or carers requested?                                                                                         |                                                                                                                                                                                                                                             |
| Does the student identify as Aboriginal or Torres Strait Islander?                                                                                                                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                 |
| If yes, did the student and/or their family choose to be supported by an Aboriginal Community Controlled Organisation (ACCO)                                                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not applicable                                                                                                                                      |
| Which services has the student been referred to?<br><br>Include detail on referrals to wellbeing professionals or other specialised services                                      |                                                                                                                                                                                                                                             |
| How did you support the student and parents or carers to engage with these services?<br><br>Include if the school connected the student with the service or if they self-referred |                                                                                                                                                                                                                                             |

|                                                                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>What information has been shared with other agencies or professionals?</p> <p>Include how you used information sharing and for what purpose, if applicable</p> |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

## Review – student outcomes

Complete this section with your school leadership team 4-6 weeks after the incident, disclosure or concern. This will support you and your school to continue to protect students in your care and to reflect on your processes and the need for any follow-up actions.

| Current student safety and wellbeing                                                                                            |                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Does the student have any wellbeing issues that are not being addressed?                                                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                    |
| How will these issues be addressed?                                                                                             |                                                                                                |
| Are there other impacted students?                                                                                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unsure |
| If yes, how will their issues be addressed?                                                                                     |                                                                                                |
| Current wellbeing of impacted staff members                                                                                     |                                                                                                |
| Does the staff member/s who made the report/witnessed the incident, received a disclosure or had a concern require any support? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                    |
| If yes, what support has been received?                                                                                         |                                                                                                |

## Review – 4 Critical Actions

Complete this section with your school leadership team 4-6 weeks after the incident, disclosure or concern. This section will help you determine if the school has followed the PROTECT 4 Critical Actions appropriately.

### Implementation of the 4 Critical Actions

Please see below some questions to consider for the post-incident review

#### Identify

- Was an appropriate decision made in relation to when to act?
- Could the concern of abuse have been detected earlier?
- Did the school take appropriate action in an emergency?

#### Report

- Was a report made to the appropriate authorities and to the department?
- Did the school contact the parents/carers as soon as possible?
- Have the parents continued to be engaged (if appropriate)?

#### Support

- Were the student and parents/carers engaged to determine the right support?
- Has a student support group been established?
- Has the school provided appropriate support for the student?

#### Refer

- Did school staff refer the student to appropriate external services?
- Were the student and parents/carers appropriately engaged in the referral process?

#### Other

- If the student has diverse needs was this considered?
- Was the student appropriately supported in interviews?
- Have any complaints about how this was handled been received?
- Have these complaints been resolved?
- Were staff, students and parents kept informed of how their information will be managed throughout the management of the incident, including the referral process?

#### Learnings

Detail observations or learnings that could help strengthen processes to continue to protect students

#### Follow up actions

Detail any follow up actions from this review

