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|  | **Department of Communities****Child Protection Concern Referral Form**(Not to be used by mandatory reporters to report sexual abuse that is occurring or has occurred after 1 January 2009) | Form 44108/17 |

Identifying data about persons providing information in good faith to the Department of Communities (Communities) regarding concern for a child is protected under section 240 of the *Children and Community Services Act 2004*.

**If you have concerns for the immediate safety or wellbeing of this/these child/ren, please contact the Department by telephone to ensure an immediate response:**

* For children residing in the metropolitan area, please call the Central Intake Team on 1800 CPDUTY (1800 273 889) within business hours
* For children residing outside of the metropolitan area, please contact the local country district Communities office
* For all child protection concerns outside of business hours, please call the Crisis Care Unit on 08 9223 1111
* If you are a mandatory reporter, and have formed the a belief that a child is at risk of sexual abuse, please contact the Mandatory Reporting Service directly on 1800 708 704, or email MRS@cpfs.wa.gov.au
* If you have concerns which are life threatening, please contact WA Police on 000

***(Please attach any additional data not included in this form that you wish to provide).***

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| --- | --- | --- | --- |
| Person Reporting: |  | Contact Phone: |   |
|  |  |  |  |
| Position Title: |  | Contact Email: |  |
|  |  |  |  |
| Organisation: |  | Date of Referral: |  |

## Note: if you are not the person who has first-hand information about concerns/disclosures, please provide details and contact information here of the person who does have this information.

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| --- | --- | --- | --- |
| Person Reporting: |  | Contact Phone: |   |
|  |  |  |  |
| Position Title: |  | Contact Email: |  |
|  |  |  |  |
| Organisation: |  |

## Child/ren’s Details

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| --- | --- | --- | --- | --- | --- |
| **Surname** | **First Name** | **DoB/Age** | **Address** | **Contact No.** | **ATSI/CaLD** |
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## Parent(s’)/Carer(s’) Details

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| --- | --- | --- | --- | --- |
| **Name** | **DoB/Age** | **ATSI/CaLD** | **Relationship to Child/ren** | **Primary Care Giver/Significant Other** |
|  |  |  |  | Yes [ ]  No [ ]  |
| **Address** |  | **Contact No.** |  |
|  |  |  |  | Yes [ ]  No [ ]  |
| **Address** |  | **Contact No.** |  |
|  |  |  |  | Yes [ ]  No [ ]  |
| **Address** |  | **Contact No.** |  |

**Is the parent/carer pregnant? Yes** [ ]  **No** [ ]  **Unknown** [ ]

**If yes, what is the estimated due date for the newborn? \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

## Person(s) who may have caused harm to the child/ren

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DoB/Age** | **ATSI/CaLD** | **Relationship to Child/ren** |
|  |  |  |  |
| **Address** |  | **Contact No.** |  |
|  |  |  |  |
| **Address** |  | **Contact No.** |  |

**Referrer’s Expectation**

What response do you think the Department of Communities could give to best meet the needs of this family?

**Child Protection Assessment Yes** [ ]  **No** [ ]

**Parent Support Yes** [ ]  **No** [ ]

Are the children involved in any of the following?

* + Anti-social behaviour
	+ Criminal behaviour
	+ Truancy (only in combination with one or both of the above two behaviours)

**Best Beginnings Plus (BB Plus) Yes** [ ]  **No** [ ]

BB Plus is targeted at expectant parents, or parents with a baby less than 12 months old, where the child is at significant risk of neglect and/or abuse, as well as poor attachment, developmental delay and poor life outcomes. Families eligible for BB Plus are open child protection cases.

**Is/Are the child/ren you are concerned about in the primary care of the person(s) believed to be responsible for the harm? Yes** [ ]  **No** [ ]  **Unknown** [ ]

**Are you aware if this/these person(s) is residing in the home? Yes** [ ]  **No** [ ]  **Unknown** [ ]

**Are there other children in the primary care of this/these person(s)? Yes** [ ]  **No** [ ]  **Unknown** [ ]

*If yes, please provide details:*

|  |
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|  |

**What is your relationship to the family?**

**How long have you known/been working with the family?**

**Have you addressed or discussed these concerns with this family? If so, please provide details (for example, conversations, date/s, meetings, etc.):**

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**Are the family aware that this report is being made to Communities? Yes** [ ]  **No** [ ]

**Do you believe that the child/ren is/are being subjected to the following?**

*For definitions of harm, please see:* [Child Abuse and Neglect – Definitions](https://www.dcp.wa.gov.au/ChildProtection/ChildAbuseAndNeglect/Pages/Childabuseandneglect.aspx)

**Physical Abuse Yes** [ ]  **No** [ ]

**Sexual Abuse Yes** [ ]  **No** [ ]

**Emotional Abuse – Family and Domestic Violence Yes** [ ]  **No** [ ]

**Emotional Abuse – Other Yes** [ ]  **No** [ ]

**Neglect Yes** [ ]  **No** [ ]

**Please provide additional details below:**

*For example: last incident of harm, any other prior incidents of harm, etc.*

*To include any disclosure from the child/ren*

|  |
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|  |

**Has/Have the child/ren received medical attention? Yes** [ ]  **No** [ ]  **Unknown** [ ]  **N/A** [ ]

*If yes, please provide date and location:*

|  |
| --- |
|  |

**Do/Does the child/ren of concern have any special needs? Yes** [ ]  **No** [ ]  **Unknown** [ ]  **N/A** [ ]

*Please provide any further relevant details as necessary:*

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|  |

**Considerations Impacting the Parent’s/Significant Other’s Capacity to Provide Safety:**

**Do you believe that family and domestic violence (FDV) is compromising the safety of the primary caregiver and the child/ren? Yes** [ ]  **No** [ ]  **Unknown** [ ]

***(If FDV is a concern, please note any high risk indicators, and, if known, the victim’s level of fear).***

[Crisis and Emergency – FDV – Fact Sheet 5 – Key Risk Factors](https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/2015/FactSheet5Keyriskfactors.pdf)

**Are you concerned about parental substance/alcohol misuse? Yes** [ ]  **No** [ ]  **Unknown** [ ]

**Do you believe the parent(s) have mental health issues? Yes** [ ]  **No** [ ]  **Unknown** [ ]

**Does the family have safe and stable accommodation? Yes** [ ]  **No** [ ]  **Unknown** [ ]

**Do the parent(s) have a physical or intellectual disability? Yes** [ ]  **No** [ ]  **Unknown** [ ]

*Please provide any further relevant details as necessary:*

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| --- |
|  |

**Safety Factors:**

**Are the child/ren attending school/day care on a regular basis? Yes** [ ]  **No** [ ]  **Unknown** [ ]

**Are the family currently engaged with any support services? Yes** [ ]  **No** [ ]  **Unknown** [ ]

**Are there people outside the immediate family who have regular contact
with the child/ren? (If known, please provide contact information). Yes** [ ]  **No** [ ]  **Unknown** [ ]

*Please provide any further relevant details as necessary:*

|  |
| --- |
|  |

**Metro:** please send completed form to**CPDUTY@cpfs.wa.gov.au****,** or via fax on **08 9218 5686**.

**Country:** please send completed form to local district office**.**