



Attachment 10

CARE & PROTECTION SERVICES CHILD CONCERN REPORT

CHYPS Report No: 51381
 Date Received: 06/12/2011
 Time: 15:39
 Receiving Work Unit: CP CIS Team 2
 Received By: Kelly, Aalanna

Name of child/ren/young people in family/environment reported:

Client ID	Surname	Given Name	DOB	Gender	Indigenous Status	CE has PR
1002165	CEC	CEC	REDACTED 1998	Male	Unknown/Not Stated	no

Y N

Are any of the subject children under 2 Years of Age?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Is this a prenatal report?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Child/ren/Young Persons Address:

Child's Name	Address
CEC	REDACTED ACT, REDACTED

School Details:

Child's Name	School	Contact Name/Number
CEC	REDACTED School	REDACTED

Parent/Guardian Details:

Mother: REDACTED	Father: REDACTED
AKA:	AKA:
DOB:	DOB:
Address: REDACTED ACT, REDACTED	Address: REDACTED ACT, REDACTED
Contact Ph Number: REDACTED	Contact Ph Number: REDACTED

SIGNIFICANT OTHERS: (Including siblings not on the report)

Name	Address	DOB	Age	Phone	Relationship to Child/ren/Young Persons

Caller Details:

Y N

Mandated professional?

x	
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Category: School Personnel - Mandated

Callers Name: REDACTED

Relationship to child/young people: School

Agency: REDACTED School

Address: Canberra

Telephone Number: REDACTED

Fax Number: REDACTED

Report Reference Number:

Reported Harm Descriptors:

Sexual Exploitation

Report Details: (Information provided by reporter)

Information received via Telephone on 06/12/2011 and input by Aalanna Kelly on 06/12/2011

Reporter stated the following:

- That the YP is in the Autism Unit at school, today he made a statement " see on this page, that is your penis in his bum", reporter advised that the YP has previously made a statement " you're not going to touch my bum are you?"
- Reporter advised that both parents are very supportive of the YP, the mother has been notified of issues today, reporter advised that there is an ongoing court case regarding a previous carer from REDACTED in which the YP had contact with, the court case pertains to the worker and allegations of inappropriate touching, reporter has not other details and cannot confirm if the YP was subject to any abuse form the REDACTED worker, parents continue to support the YP.
- Discussed with reporter that the mother may want to link in with CARHU for any supports however there would be NFA from CPS at this stage due to vagueness of statement.

Information obtained and action taken

Y N

Is the Child / Young Person already on CHYPS?	x	
Do they (or their sibling) have a current caseworker?		x
If YES, To be forwarded to RIT/COT worker for completion:		
Caseworker Name:		
Has there been previous involvement with family (including siblings) by CP Services?		x

No of CP Reports received to date: 0

(Please review content to inform analysis of risk)

In dot points, summarise the CP History:

Initial Assessment Actions:**Intake/case worker analysis:****Caseworker Narrative****Input by Aalanna Kelly****06/12/2011**

Concerns in this report relate to YP making sexual references and statements, this is the first report which CPS have on the child, information regarding a **REDACTED** worker is vague and CPS have no other knowledge on this matter, at this stage, the parents are acting protectively and the reporter has advised that they are very supportive of the YP. The reporter has been asked to discuss with the mother a self referral to CARHU for a concerns interview if she feels this would benefit the child, there is no further role identified for CPS at this time, as such NFA recommended.

Recommendation: (mark with X in the column on the right)

No Further Action	X
Active referral to support services	
Please state: eg: CFC, IMPACT, YPOP, Connecting Families	
Support and/or ISV	
Prenatal Support	
Voluntary Care Agreement	
Family Group Conferencing	
Case Conferencing	
Child Protection Report	

If this report meets the threshold for a Child Protection Report, please ensure reasons are stated above and continue risk assessment.

	Y	N
Is a Family Violence Form required on this report?		
Is a Referral to SACAT required on this report?		
Has the indigenous status of the subject children been checked and the CHYPS system been updated as required?		
, a referral to a Child & Family Centre appropriate?		

Worker: Aalanna Kelly

Date: 06/12/2011

Team Leader comments:

Team Leader supports case workers assessment and recommendation it appears the parents and community supports are addressing the issues raised in this report, given the vagueness of the report and this being the first report CPS will not intervene on this occasion.

Name: Rachael Roberts

Date: 06/12/2011

Child Protection Report

Risk Assessment:

Please articulate the presence of any risk factors, protective factors and any mitigating factors in the child/young person's environment. Also any family issues which can be identified at this stage.

Consequences:**Probability:****Protective factors:****Caseworker Analysis:****Recommendation: (mark with an x in the column on the right)**

No Further Action	
Undertake an appraisal	
Same day appraisal	
24 hour appraisal	
72 hour appraisal	
7 day appraisal	
Upon birth of baby	

Worker:**Date:****Section 507 Report? – consider the following:****Y N**

(i) On the date of the report did the CE have PR for the child/young person?

<input type="checkbox"/>	<input type="checkbox"/>
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(ii) Is this CP Report proceeding to appraisal?

<input type="checkbox"/>	<input type="checkbox"/>
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(iii) Is the child/young person living in out of home care (foster, kinship, residential)?

<input type="checkbox"/>	<input type="checkbox"/>
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(iv) Did the incident involve the out of home carer OR occurred during an approved contact visit?

<input type="checkbox"/>	<input type="checkbox"/>
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If YES to ALL FOUR criteria this is a s.507 Report, so please check the CP Report Details screen to ensure the CP Report Context selected is s.507 Report.

Team Leader comments:**Name:****Date:****Approval and sign off****Referral to appropriate team for Appraisal:****Date:****Receiving Team Leader comments:****Receiving Team Leader sign off:****Date:****Allocated worker:****Date:**



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THE OFFICE FOR CHILDREN, YOUTH AND FAMILY SUPPORT
CARE AND PROTECTION SERVICES

FAX for MANDATED and DVCS REPORTERS

The information contained in this fax is provided to the named recipient in accordance with Care and Protection Services commitment to providing feedback for the promotion of a co-ordinated and an integrated service.

TO: Name: REDACTED
Organisation: REDACTED School
Fax Number: REDACTED

Reporting agency's reference number (if applicable):

*(Note: Agency reference number **MUST** be included where applicable)*

Report Date	Report Number	Initials	Gender	Age
06/12/2011	51381	REDACTED	MALE	13

Thank you for your information which has been recorded. Care and Protection Services will be:

<input type="checkbox"/>	Conducting an Initial Safety Visit
<input type="checkbox"/>	Undertaking Support
<input type="checkbox"/>	Appraising the matter

Case Worker: (insert name)

<input type="checkbox"/>	Centralised Intake Team	Phone: 6207 6956
<input type="checkbox"/>	Response and Intervention Team:	Phone: 6207 1466
<input type="checkbox"/>	Care Orders Team:	Phone: 6207 1069

<input type="checkbox"/>	Not appraising at this time
<input type="checkbox"/>	Advice Given
<input type="checkbox"/>	Referral
X	No further action
<input type="checkbox"/>	Other

Team Leader: Rachael Roberts

Team: CIS team 1

Date: 06/12/2011

Please Note: This fax is intended for the recipient only- Please ensure this is given to the recipient. This information is provided in accordance with privacy provisions of the Children and Young People Act 2008