

**Reporting Form for Professionals**

For reporting of (suspicions of) child or elderly abuse and partner violence

**Acute danger**

**First determine if in case of acute danger, police should be alerted before contacting Veilig Thuis (Home Safe).**

**File creation**

**All** information on the report form is open and can be viewed by those directly involved.

**Instruction for form completion**

You only need to fill out what you know at this point in time. TRY TO BE AS SPECIFIC AS POSSIBLE.

We always advise you to call Veilig Thuis for consultation and advice, *before* filing a written or digital report:

**Tel.** **070 3469717.** (We can be reached during office hours from 8:30 AM to 5:00 PM; outside office hours you will be connected tot the availability service).

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| **Report Code**  As a professional, first follow the Report Code steps before reporting.  After completing the child check as a professional, follow the Report Code based on parent signals.  If you cannot tick a step off, explain why you did not follow this step.  step 1: chart the signals  step 2: consult with Veilig Thuis, and preferably with a colleague as well  step 3: engage in conversation with those involved, in order to discuss concerns  step 4: consider the suspected child abuse and domestic violence (including consideration questions)  At KNMG step 4 can be taken in consultation with involved professionals.  step 5: decide: consideration 1: is reporting necessary, consideration 2: is assistance possible (too).  Visit <https://www.augeo.nl/nl-nl/meldcode/afwegingskader> for consideration framework per profession. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Date of Report** |  | | | |
| **2. Your personal data (as reporter)** | | | | |
| Name reporter |  | | | |
| Working at |  | | | |
| Position |  | | | |
| Phone, can be reached at |  | | | |
| Email address |  | | | |
| Involved since |  | | | |
| **3a. Data of each child and/or adult you are concerned about. Put the name of the person you are most concerned about under 1.** | | | | |
| 1. Name child/adult |  | | | |
| Address, postcode, city |  | | | |
| Telephone + email address |  | | | |
| Date of Birth + Gender |  | boy/male | | |
| 2. Name child/adult |  | | | |
| Address, postcode, city |  | | | |
| Telephone + email address |  | | | |
| Date of Birth + Gender |  | 🞏 boy/male 🞏 girl/female | | |
| 3. Name child/adult |  | | | |
| Address, postcode, city |  | | | |
| Telephone + email address |  | | | |
| Date of Birth + Gender |  | 🞏 boy/male 🞏 girl/female | | |
|  |  | | | |
| **3b. Data of other family members/members of household.** | | | | |
| 1. Name |  | | | |
| Address, postcode, city |  | | Relation to reported person 1: | |
| Telephone + email address |  | 🞏 father/mother  Legal authority?  🞏 yes  🞏 no | | 🞏 spouse/partner  🞏 brother/sister  🞏 other:………… |
| Date of Birth |  |
| Gender | 🞏 boy/male 🞏 girl/female |
| 2. Name |  | | | |
| Address, postcode, city |  | | Relation to reported person 1: | |
| Telephone + email address |  | 🞏 father/mother  Legal authority?  🞏 yes  🞏 no | | 🞏 spouse/partner  🞏 brother/sister  🞏 other:………… |
| Date of Birth |  |
| Gender | 🞏 boy/male 🞏 girl/female |
| 3. Name |  | | | |
| Address, postcode, city |  | | Relation to reported person 1: | |
| Telephone + email address |  | 🞏 father/mother  Legal authority?  🞏 yes  🞏 no | | 🞏 spouse/partner  🞏 brother/sister  🞏 other:………… |
| Date of Birth |  |
| Gender | 🞏 boy/male 🞏 girl/female |
| **More family members?** | 🞏 yes:  🞏 no: | | | |
| **4. Assistance & Social network**  **Has Assistance been called in before?**  *To what purpose has assistance been involved? How do subjects handle offered assistance?*  *What is/was the effect of the assistance? Are you in contact with those giving assistance/social workers?*  *In case assistance has been terminated, what was the cause?*  Description:  **Contact data for current care/assistance:**  (Think of huisarts/GP, child care and assisting authority)  **Social network:**  *With whom are those involved in good contact? Which people from their social network think it is important that all goes well and will go well with those involved?* | | | | |
| **5. What is the cause of this report? (= step 1 of the Report Code: Chart signals)**  **Presumed cause of abuse:**  🞏 Child abuse  🞏 (Ex-) Partner violence  🞏 Elderly abuse (older than 65)  🞏 Violence against parents (under 65) by their children (up to 23)  🞏 Other:  **Describe concerns and forces**:  Which concerns do you have? *Think of what happens/ happened factually (nature/gravity/frequency of unsafety)?*  *During which time did you not have these concerns? What was or is different then? What else goes well?*  What have you seen and heard yourself (where, when and how)?  **What is the presumed length of the violence?**  🞏 Not longer than a week  🞏 Not longer than a month, but longer than a week  🞏 Not longer than 6 months, but longer than a month  🞏 Not longer than a year, but longer than 6 months  🞏 Not longer than 5 years, but longer than a year  🞏 Longer than 5 years | | | | |
| **6. What is your biggest concern or fear of what could happen if we do not intervene?**  **When could this happen?** | | | | |
| **7. What grade do you give the safety situation right now, depending on what you have seen and heard?** (0 is for grave unsafety and 10 for safety for all involved )\*  What reason do you have for giving this grade, and not a grade higher?  What do you think is needed to increase (acute) safety, and what have you done yourself already for this purpose?  \*When you suspect acute unsafety of 1 or more directly involved persons, contact Veilig Thuis directly by telephone (still file a written report afterwards). | | | | |
| **8. When did you discuss the report with those involved? Do they recognize the concerns? What was their reaction?\***  **(= step 3 of the Report Code: conversation with client)**  \*If it is necessary for measuring the safety of one or more directly involved persons, or of the safety of the reporter, informing the directly involved person(s) can be postponed, or, after consultation with Veilig Thuis, be transferred to Veilig Thuis. Do consider well the safety of those directly involved and yourself, e.g. violence related to honor, escalating aggression, possession of weapens etc. | | | | |
| **9. Which expectations do you have of Veilig Thuis?**  **Are you filing a mandatory report according to the Report Code?**   Yes   No  **If yes, is the help you (as reporter) or assistance offers, sufficient?**   Yes   No, | | | | |

**Thank you very much for completing this form!**

**Dispatching the Report Form**

Send the completed form, preferably encrypted, to: [info@veiligthuishaaglanden.nl](mailto:info@veiligthuishaaglanden.nl) or by postal mail to:

Veilig Thuis Haaglanden, Westeinde 128, 2512 HE Den Haag

After receipt of the written report, if necessary, you will be contacted for additional information. Veilig Thuis will not send confirmation of receipt of the report.

Within 5 work days after receipt of the report, we will contact you regarding our safety assessment, possibilities available to handle concerns, and which role you might possibly play in this.