Resource: Mandatory Reporting Scenarios

The following scenarios have been developed with the purpose of helping you think about the types of situations where a mandatory report would be required and those where another response, such as family support or a referral to another service is more appropriate.

The scenarios are in separate tables to indicate an increasing level of concern, which include:

**Typical Child Behaviour**

The matter would not be a concern for child protection under the Care and Protection of Children Act.

Think about what you can do to support the child or family. For example you may choose to contact TFHC FACES or assist the family to do so.

**Concerning behaviour and/or events**

This may meet the threshold for a child protection investigation – you should make a report.

**Very Concerning behaviour and/or events**

Make a report without delay. The child is at risk of abuse, harm or exploitation or has already suffered harm or exploitation. A child protection intervention is required.

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| Typical child behaviour  |
| Scenario  | **What should you do** | **Territory families’ response** |
| Children fighting in the playground. You observe a minor physical fight between children in a playground, or at day care. | Fights between similar age children, is common school ground behaviour. Parents or the contact person at the agency or facility where the fight occurred should be informed. | This is not a matter for a child protection investigation. |
| Child not attending school A teacher records that a child has not attended school and there are inadequate reasons provided by parents for the non-attendance. | Teachers are responsible for reporting absences to the Department of Education. Senior Attendance and Truancy Officers (SATOs) are authorised persons under the Northern Territory’s Education Act. They work with schools, families and communities to manage student absences and enforce parental responsibilities in accordance with the Education Act. You may wish to discuss the non-attendance with the family and devise a plan to address the issues. | Non-attendance at school is not a child protection matter unless there are associated factors of harm (for example chronic neglect) and/or the absences are prolonged and ongoing. Non-attendance alone would not result in an investigation, however if a child protection report is made, the information will be recorded. |
| Child does not appear to have a school lunch provided or the lunch is lacking in nutrition. A teacher notices that a child does not appear to have lunch provided or money to buy lunch, or their lunch consistently is ‘junk food’ or lacks nutrition and balance. | Ask the child why they don’t have lunch each day. Ask them why they have the type of food provided. They may be going through a ‘phase’ where they will only eat one type of food, and ‘something is better than nothing’. Speak with the parent/s to understand the situation and possibly provide advice on lunch nutrition or access to a lunch program. | Lack of a nutritious lunch is not a child protection matter unless there is evidence of chronic malnutrition or non-organic failure to thrive caused by neglect. The lack of provided lunch or food that is lacking in nutrition would not result in a child protection investigation. |
| A young person is observed ‘hanging out’ with friends late at night. Police observe young people aged 15-17 years old congregating in the local shopping centre late at night. The young people are escorted home. | Young people out late at night as outlined in this scenario are very unlikely to require a child protection response. If the behaviours are high risk or likely to harm the young person or others you should make a child protection report. You may also contact the FACES team or the Youth Outreach Team. FACES can assist with a referral to family support services. Youth Outreach can provide support to the young person if they are at risk of engaging in offending behaviour. Young children, particularly those under 10 years of age or children who have special needs or if there are other factors that increases risk, out late at night unsupervised is a child protection concern. A report should be made to Territory Families. | Young people out at night is, in most cases, is not a child protection concern. |
| You observe a parent who physically disciplines their 6 year old with a smack on their bottom or a slap on the back of the child’s hand. | Reasonable, age appropriate physical discipline is not illegal in the Northern Territory. However, excessive physical discipline or the use of an implement to physically discipline a child may be harmful. It’s important to report physical harm if it has a significant detrimental effect to the child. See physical harm and indicators in the Types of Harm tables in this guide. As a professional, referring the family that you’re working with to parenting supports or education and training may be beneficial if you have concerns about the parent’s capacity.  | Territory Families does not endorse smacking as a form of discipline but it is not necessarily a concern that warrants a child protection response. |
| You become aware that two young people, over the age of 16 are engaging in sexual activity, or a 16 or 17 year old is engaging in risky sexual behaviour. | The legal age of consent regarding sexual activity is 16 years in the Northern Territory. Neither NT Police nor Territory Families need to become involved when young people over the age of 16 are engaging in sexual activity that is not harmful or exploitive. If you are worried about the young person’s safety, speak to them about the sexual activity and gather information about their ages and the nature of the relationship prior to reporting as this will assist Territory Families to make an accurate assessment. If there are concerns about high risk behaviour, including drug use or criminal activity, FACES may be able to assist with a referral appropriate services. | A report to Territory Families is not necessary.  |
| Concerning behaviour and/or events  |
| Scenario  | **What should you do** | **Territory families’ response** |
| Unborn child or high risk pregnancy concerns. You become concerned about a pregnant person whose unborn child may be at risk, or may be at risk of harm or exploitation after they are born. Concerns may include high risk parental behaviours, consumption of alcohol, mental illness, substance abuse, domestic violence. *Note: Mental illness and cognitive or physical disabilities are not, in and of themselves, a child protection concern and should be considered alongside the individual’s strengths, availability of reliable supports and other information.*  | You can report concerns about an unborn child. You can also contact Territory Families’ FACES team who can provide information about appropriate services in your area, and can also make a referral to services to support the expectant mother. Professionals are also encouraged to provide high risk pregnancy related concerns directly to local hospitals or clinics who may become involved during the pregnancy or at the point of delivery. Se[e Pregnancy and birthing services in the Top End;](https://nt.gov.au/wellbeing/pregnancy-birthing-and-child-health/pregnancy-and-birthing-services-in-the-top-end/first-antenatal-care-visit) click the links in the *Related information* box for information pertaining to services offered in other remote and regional centres in the NT. If a pregnant female is under 18 years of age and is exhibiting high risk behaviours e.g. drug or alcohol misuse, aggressive or self-harming behaviours, or is the subject of domestic violence, a child protection report may be necessary to address any safety concerns for the expectant mother. | The Care and Protection of Children Act 2007 does not include the provision to allow Territory Families the authority to undertake investigations about an unborn child. However, the information you provide will be used to assess whether there should be inquiries or an investigation after the child’s birth to determine if a child protection intervention is needed. Territory Families can provide support to the expectant mother to address the worries should they consent.  |
| Sexualised behaviour A 6 year old student exposes themselves to peers, expresses knowledge of sexual acts, or talks about sexual acts in a way that is not age appropriate. | It’s important for professionals to know the difference between acceptable, age appropriate sexual behaviours and behaviours that indicate a child protection concern. The spectrum of behaviours can be cross-referenced using the ***Traffic Light Framework©*** resource***,*** which is a useful tool to assess sexual behaviours exhibited by children and young people. The tool will assist you to decide if the behaviour is age appropriate or not. A free brochure is downloadable from [here.](http://www.wbsass.com.au/themes/default/basemedia/content/files/Traffic-LightsBrochure.pdf) A report to police will be required if a criminal offence is suspected. A report to Territory Families is necessary if the child makes a disclosure or makes statements that indicates that sexual harm or exploitation has occurred. Northern Territory professionals are often in an ideal position to support parents and educate children and young people regarding protective behaviours, e.g. understanding consent, reporting to trusting adults, safe vs unsafe places and age appropriate discussions regarding the prevention of STI’s and pregnancy. Protective behaviours resources include the following: * Review Territory Families’ 7 Steps to Safety [here.](https://territoryfamilies.nt.gov.au/children-and-families/7-steps-to-safety)
* NAPCAN offers 7 Steps to Safety training and Community Safety workshops. Refer to the ‘Programs & Training’ tab [here.](https://www.napcan.org.au/)
 | Territory Families will assess the information you provide and conduct the necessary inquiries to determine the most appropriate response. |
| A young person appears to be homeless. A young person under the age of 18 is homeless, or states that they have no fixed address, or any temporary or permanent housing options. | A report to Territory Families will be necessary if a young person is homeless as a result of harm or exploitation, has an intellectual or physical disability, mental health diagnosis (or the symptoms of a mental health disorder) or serious addiction, or is experiencing additional vulnerability due to their age and circumstances. Young people who present as homeless may be given information that will support them to seek support, or you may refer them to a homelessness support service. Young people from remote or regional locations may be referred to FACES. There are support services that provide young people with crisis accommodation in many regions of the Northern Territory.  | Territory Families will conduct the necessary inquiries to determine the most appropriate response. |
| You observe a primary school aged child returning to their home alone after school and/or have responsibility for another, younger child while alone. Although there is no legislation in the NT that specifies an age at which children can be left alone for periods of time, children who are left unattended or have unrealistic expectations placed on them based on their age and developmental stage can be at risk of harm or exploitation.  | Parents have a responsibility to assess their child’s ability to spend time on their own and take precautions to enhance their safety. Some children will be able to spend short periods of time alone where others would not be safe. If you have a concern about supervision of a child and you are able to discuss this with the parent or caregivers, it may be useful to determine what safety factors are in place for the child when they are left alone. If you have formed a belief that the child is likely to suffer harm or exploitation as a result of being under-supervised, including being left with people who may be a risk to them, or exposed to unsafe conditions, a report to the Police or Territory Families is necessary. | Territory Families will conduct the necessary inquiries to determine the most appropriate response. |
| Very concerning behaviour and/or events  |
| Scenario  | **What should you do** | **Territory families’ response** |
| Parent not following medical advice. You are a health professional treating a child who requires acute medical care. The parent/s or caregivers have been supported to understand what treatment is required but are not administering medication and this is seriously affecting the child’s health and wellbeing. | A report to Territory Families is necessary. | Territory Families will conduct the necessary inquiries and investigations to determine the most appropriate response. |
| Disclosure of harm or exploitation. A child or young person talks to you about being harmed or directly discloses harm or exploitation to you, such as physical or sexual abuse. | If a child or young person discloses harm or exploitation to you: * Stay calm and listen.
* Go slowly
* Be supportive
* Reassure the child or young person that they have done the right thing by talking to someone.
* Avoid probing and limit questions to necessary, non-leading questions aimed at promoting a free narrative from the child or young person.
* If possible, take notes of the conversation.
* Make a report to Territory Families.
* The Australian Institute of Family Studies has published a [guide for responding to children and young people’s disclosures of abuse.](https://aifs.gov.au/cfca/publications/responding-children-and-young-people-s-disclosures-abu)  In most cases, it’s important to explain to the young person that you are obligated to make a child protection report. However, if in your professional judgement you believe that telling the child about your obligation to make a report could result in harm, risk, or other complications, do not tell the child or young person. When you report, inform Territory Families that you chose not to inform the young person and why.
 | Territory Families will conduct the necessary inquiries to determine the most appropriate response. |
| You suspect Abusive Head Trauma (shaken baby syndrome). You observe an infant who is listless, drowsy, vomiting and irritable and the caregiver presents as secretive, evasive or disinterested in the reasons for the symptoms and is slow to seek diagnosis or medical intervention. *Note: Infancy is a vital developmental period for every child. Years 0-3 are critically important.*  | If urgent intervention is needed to ensure the child’s safety call ‘000’ and if possible, immediately arrange for the child to be transported to a clinic or hospital. If any untreated serious illness, including Abusive Head Trauma (Shaken Baby Syndrome) is suspected, an immediate medical assessment by a qualified physician (preferably a paediatrician with expertise in child protection) is urgently required. If you suspect Abusive Head Trauma you will need to make a report to Territory Families immediately. | Territory Families will conduct the necessary inquiries and investigations to determine the most appropriate response. |
| A child or young person has committed a serious crime. A child or young person has committed a serious criminal offence and may have endangered themselves and/or others. The child or young person’s parent has encouraged criminal behaviour or the parent is aware that the young person is engaging in criminal activity but does not attempt to intervene. | The police need to be notified immediately. Police will decide whether to lay charges or not. If you believe that harm or exploitation plays a role in, or is a contributing factor to the alleged crime, a report to Territory Families will be necessary | Territory Families will conduct the necessary inquiries and investigations to determine the most appropriate response. |
| You are a health practitioner and a young person over 14 years old but less than 16 discloses they are in a sexual relationship, and their age difference is more than two years. Example: A 14 year old discloses to a health practitioner that he or she is in a sexual relationship with a 17 year old.  | This example applies to a Northern Territory health practitioner’s specific reporting obligations under the law. See the section *Reporting Obligations* and *Additional Reporting Obligations for Health Practitioners* in the Mandatory Reporters Guide, please refer to the Department of Health’s Policy Guideline Centre [here.](http://internal.health.nt.gov.au/PGC/SitePages/Home.aspx) Under section 26 (2) of the [Care and Protection of Children Act 2007,](https://legislation.nt.gov.au/en/Legislation/CARE-AND-PROTECTION-OF-CHILDREN-ACT-2007) health practitioners must make a report if they believe on reasonable grounds that a child who is 14 or 15 years old has been or is likely to be a victim of a sexual offence and the age difference between the young person and the alleged sexual offender is more than two years. If appropriate, speak to the parents about the concerns. If you have the professional expertise and capacity to provide support, counselling or education regarding sexual safety or protective behaviour for children, we encourage you to engage with the young person or make a referral to a relevant service, e.g[. Sexual Assault Referral Centre (SARC)](https://nt.gov.au/wellbeing/hospitals-health-services/sexual-assault-referral-centres) | Territory Families will conduct the necessary inquiries and investigations to determine the most appropriate response. |