

Professional Reporters Guide

Reporting Child Harm or Exploitation

Child Protection Hotline (Central Intake) 1800 700 250

Professional Online Reports childprotectionreport.nt.gov.au

This guide is designed to assist Police, Teachers and Health Practitioners in the Northern Territory to meet the mandatory reporting obligations under the *Care and Protection of Children Act*. You play a vital role in protecting children from harm and exploitation.

I need to make a report now!

Jump to the section [How to Make a Report](#).

In an emergency Call 000

If a child or anyone else needs immediate assistance from the Ambulance Service or Police Call 000 before you make a mandatory report.

What does the law in the Northern Territory say?

Unlike most other jurisdictions where mandatory reporting is limited to professionals, in the Northern Territory reporting child [harm or exploitation](#) is compulsory for everyone. This means that every person in the Northern Territory (including people under 18) [must make a report](#) to Territory Families or the Northern Territory Police if they are concerned that a [child](#) may have been harmed or exploited, or may be at risk of future harm and exploitation.

The [Care and Protection of Children Act \(2007\)](#) (the Act) states that everyone is [obligated to report](#) if they have formed a belief, on reasonable grounds that a child is being harmed or exploited or is likely to be in the future. Health Practitioners also have [additional reporting obligations](#).

It is an offence not to make a report.

Will I be liable if I make a report but no harm is found?

[Reports are confidential](#) (with some exceptions, e.g. orders of the court). Anyone who makes a report in good faith is protected from liability or breach of a professional code of conduct.

How will I know if a child has been harmed or exploited, or is at risk?

The Professional Reporters Guide has been developed to help you meet your [mandatory reporting](#) obligations and to recognise when a child has been, or is likely to be, harmed or exploited, including any concerns you may have about [harm or exploitation of a child who is currently in care](#).

There are four types of harm referred to in this guide: [Physical Harm](#), [Emotional Harm](#), [Neglect](#), and [Sexual Exploitation](#). We also talk about [Cumulative Harm](#), which is not a harm type by itself but, as the name implies, is a term used for harm caused by a succession of harm events over time. Common indicators of harm and exploitation are outlined in the section [Recognising Harm and Exploitation](#).

Keeping Children Safe

Harm and exploitation affects children and young people across all sectors of society. As a professional you may become aware of children at risk of harm or exploitation because their family is experiencing vulnerability. They may not have a support network, adequate resources or have become isolated due to domestic violence, mental illness or other challenges.

As a professional, in addition to the Reporting Obligations in accordance with section 26 of the [Care and Protection of Children Act \(2007\)](#), information sharing provisions will apply to you if you are an Information sharing authority (ISA). You may be required to provide information to other ISAs and you can also request information from other ISA's to inform your work with a child and their family.

Refer to Section 293C of [the Act](#) to determine if you are an Information Sharing Authority.

You may be able to address vulnerabilities before they escalate by sharing information about the family with [other information sharing authorities](#). Working with a family to provide the support and develop the skills they need to provide better care will reduce the potential for harm.

If you believe a child has been harmed or is at risk of harm you must make a report even if you are working with the family to address the concerns.

Family and Children’s Enquiries and Support – FACES

Well before the need for a statutory child protection intervention you may decide to discuss your concerns with the family and encourage them to seek a referral to services that may help address the issues you have identified. You can contact the Territory FACES for information about referrals to external services and agencies.

The FACES team will also let you know if your concern is more likely to require a child protection report. If that is the case you will be transferred to the Child Protection Hotline (Central Intake) instead.

About FACES

The FACES team helps individuals, families, parents and carers identify and address a range of family and parenting needs by connecting them with services, resources and supports in their local area.

The family can contact FACES direct. Every family is different, so FACES provides advice specific to the individual family’s situation and will talk with the family to work out what assistance is needed.

Faces can refer to services that can:

- Building parents’ capacity to deal with the everyday challenges of parenting such as tantrums, homework, skipping school and conflict;
- Helping parents with children who have challenges or special needs;
- Building stronger family relationships;
- Home support;
- Budgeting and managing money; and
- Housing, health-care or access to other community or government services.

Call Territory FACES on 1800 999 900

8:00am to 8:00pm Monday to Friday – excluding weekends and public holidays.

Families can use this service as often as they need – there is no limit and it is free.

Threshold for child protection

Identifying if a child has been [harmed or exploited](#), or if they are at risk of harm or exploitation, is sometimes straightforward, but more often requires complex assessment, further inquiries, investigations and analysis. The [Recognising Harm and Exploitation](#) section of this guide will help you become familiar with what to look out for.

Under the [Care and Protection of Children Act \(2007\)](#), Territory Families can make inquiries about a child’s wellbeing, investigate allegations of harm or exploitation, and apply for protection orders when our investigations find that the [child is in need of care and protection](#). Territory Families also investigates allegations of harm or exploitation of a child already in care in accordance with [s84\(a\) of the Act](#).

Making a report

Contact the Territory Families Central Intake Team (Central Intake) by phone or online [to make a report](#).

When you make a report you need to provide [detailed information](#) about your concerns and the current risks to the child. Be prepared to provide all the information you have about the child and their family—including any efforts you have made to work with the child or family up to this point. You may be in a position to provide a report with a considerable level of background information.

Not sure?

If you are in any doubt about whether you should make a report, first review the [Recognising Harm and Exploitation](#) section in this guide and if required, contact Central Intake to discuss your concerns. Central Intake can help you to decide if your concern requires a mandatory report. You may be advised to contact [FACES](#) to discuss other supports that may be available to the family.

How to make a Mandatory Report

In an emergency Call 000

If a child or anyone else needs immediate assistance from the Ambulance Service or Police Call 000 before you make a mandatory report.

As a professional you can report child harm and exploitation to Territory Families by calling the Child Protection Hotline (Central Intake), you can submit your report online, or you can make a report to the Northern Territory Police.

Child Protection Hotline

You can call the **Child Protection Hotline** on **1800 700 250** - 24 hours per day, 7 days per week.

We can call you back

During periods of high service demand we encourage you to use the **Call Return Service**. You will keep your place in the queue and we will return your call.

Press the * key during the voice announcements to leave your name and contact details, and when you will be available for us to call you back.

Don't wait for a call back if a child is in immediate danger, call 000.

Online Reporting Form

Professional Reporters can report a child protection concern online using the Professional Reporters Tool at childprotectionreport.nt.gov.au. You can only make a report online **if the report is about a child or children within the same household**. If the report is about a number of children in different households you will need to call the Child Protection Hotline.

Don't use the online Professional Reporters Tool if a child is in immediate danger, call 000.

Police

You can also make a non-emergency report to the **Northern Territory Police** by calling **131 444**.

Information you will need to provide

For Central Intake to accurately assess your report you must provide [information](#) about the child, and their family and a clear description of your concerns. You must provide as much information as possible. This will streamline the assessment of your report and enable Territory Families to provide a faster response for a child at risk. Refer to [Information you need to provide](#) for guidance.

Territory Families will use all the information you provide, combined with our own inquiries and existing information about the family, to assess the child's safety and wellbeing.

Information you have about the parent's strengths, competencies, skills, extended family and supports—including factors that may enhance safety, reduce concerns and minimise the risks for their children—will assist Territory Families to improve the child's safety in the current situation.

Important to know

- You do not need permission from parents or caregivers to make a report;
- You do not need to tell parents or caregivers that a report is being made;
- You can tell the parent that you have made a mandatory report or that you intend to make one; and
- Under section 27 of the [Care and Protection of Children Act 2007](#), if you make a report in good faith, you are not civilly or criminally liable, or in breach of any profession code of conduct, for making the report and disclosing any information in the report.

What happens next

Making an assessment

Central Intake records all the information you provide and reviews information that may already be on file—including the outcome of previous investigations or assessments related to the child and their siblings and any other relevant case history. Central Intake also contacts other people, including professionals who may know the child or family (e.g. local clinic or the local school) to gather more information.

Central Intake determines if there is a history of prior reports, and contacts in other jurisdictions if there is reason to believe that a child may have a history of statutory child protection involvement interstate. Previous concerns that have not reached the threshold for investigation are reviewed for indications of [cumulative harm](#). For example, the Northern Territory Police will be contacted to obtain the history of their involvement with the family whenever a report relates to domestic and family violence, serious physical assault or allegations of sexual abuse.

Central Intake then makes a decision about whether the report 'screens in' for a Child Protection Investigation. If it does, the investigation is allocated to the Territory Families' Office in the area where the child is currently located.

What happens if my report 'screens out'

A mandatory report may not result in a child protection investigation. Central Intake will assess the information you have provided, any other information obtained, and use the Structure Decision Making tool and may then decide that an investigation is not required and the report 'screens out'.

If a report screens out it means that the concern has not reached the [statutory threshold](#) for a child protection investigation. The information you have provided is recorded and will be referred to if there is another report in the future. Your report may help identify a pattern of [cumulative harm](#), or the concerns may have escalated over time and a child protection investigation is then needed.

If you are reporting a concern and it appears that a criminal offence has been committed by a family or [non-family member](#), Territory Families will inform the Northern Territory Police. The Police may launch their own investigation into what has occurred.

For concerns that do not reach a child protection threshold the family may still need some extra support. Central Intake will provide you with information about family support services that are available. You can also contact Territory [FACES](#) or encourage the family to contact [FACES](#) directly at any time.

Will the family be told who made the report?

All reports are confidential. Territory Families will not:

- disclose a reporter's identity;
- confirm or deny a reporter's identity; or
- include reporter's names in documents prepared for the court, **except if the Court orders Territory Families to provide this information.**

On occasion, a report may result in the parent/carer being able to establish who made a report, for example only one person witnessed an event that was reported. Territory Families does not confirm correct assumptions about reporter identity and makes efforts to refocus the parent away from discussing reporter identity.

Section 27 of the [Care and Protection of Children Act 2007](#) protects a reporter from civil or criminal liability or breach of your particular code of professional conduct, and limits the circumstances in which the contents of the report can be released as part of court proceedings.

Can I get feedback about my report?

Yes - Territory Families can let you know:

- Whether or not the report has reached the threshold for investigation (screened in or out), and the response time assigned for the activity to commence;
- The Territory Families Office that is responsible for the investigation; and
- Whether information in the report has been referred to the Northern Territory Police.

As an [information sharing authority](#) you may also be given information about the child or family you are working with to assist in the delivery of services.

Can I directly refer a family to Territory FACES?

Yes. If you are worried about a family you are working with, you can help them get the support they need. One of the best ways you can help someone is by starting a meaningful conversation with them.

FACES can support you to talk about your concerns and explore options and solutions.

How do I make a complaint?

If you are concerned about the outcome of your report you should contact Central Intake in the first instance to talk to a team leader or manager about your concerns and to hear why the assessment decision was made. You may be able to provide more information to assist with a review of the decision.

If you still disagree you can make a formal complaint to:

Territory Families Practice Complaints and Investigations Unit.
 PO Box 37037 WINNELLIE NT 0820
 Phone: 1800 750 167
 Email: tf.complaints@nt.gov.au

OR

[Office of the Children's Commissioner - Northern Territory](#)
 Phone: 1800 259 256

Territory Families Central Intake Team (CIT) - Report Assessment Workflow

If your report is about harm or exploitation to a child caused by someone who is not the child's parent or carer, the case may be referred to the NT Police. In some circumstances, these reports may result in involvement of the Child Abuse Taskforce (CAT).



Key Provisions of the Care and Protection of Children Act

A child is any person under the age of 18. It does not include an unborn child.

Harm and Exploitation

The term 'harm and exploitation' is used throughout this guide and is based on the legislative definitions in the [Care and Protection of Children Act 2007](#).

Harm is defined in section 15 of the Act as a significant detrimental effect caused by any act, omission or circumstance on the physical, psychological or emotional wellbeing or development of a child. Harm can be caused by physical, psychological or emotional abuse or neglect, sexual abuse, other exploitation, or exposure of the child to physical violence. More information about harm and how to identify indicators of harm are provided in the [Recognising Harm and Exploitation](#) section of this booklet.

Exploitation is defined in section 16 of the Act. Exploitation means sexual exploitation—which includes sexual abuse, and involving the child as a participant or spectator in an act of a sexual nature, prostitution or a pornographic performance. Exploitation also includes any other forms of exploitation of the child.

A child is in need of care and protection if the child has suffered, or is likely to suffer, harm or exploitation. Section 20 of the Act.

- Territory Families is responsible for investigating allegations of harm and exploitation when it is suspected that the child's parents or caregivers caused the harm or failed to protect the child from harm.
- The child may have been abandoned by their parent, or the parents are dead.
- The parents may be unable or unwilling to care for their child, and there is no one else in the family who can look after the child.
- In other situations a child may not be under anyone's control, and is harming themselves or other people as a result.

Extra familial harm

In some cases, a child may be harmed or exploited by people who are not part of their household and the harm is not a result of something their parents did, or failed to do. In these circumstances, Territory Families does not have a statutory child protection role. All allegations of harm or exploitation resulting from criminal acts are referred to the Northern Territory Police.

Section 84(a) investigations – Harm to a child in care of the CEO of Territory Families

If there are concerns that a child who is in the care of the CEO has suffered, or is likely to suffer, harm or exploitation, Territory Families will investigate under the specific powers in section 84(a) of the Act to ensure that the child is safe.

Reporting Obligations

Section 26 (1) of the [Care and Protection of Children Act 2007](#) defines the reporting obligations that apply to every person in the Northern Territory. It is an offence not to make a report.

In general terms, section 26 means that everyone must make a report to Territory Families or a Northern Territory Police officer as soon as possible when they have formed a belief, on reasonable grounds that a child has suffered or is likely to suffer harm or exploitation.

A report must also be made if a child aged less than 14 years of age has been or is likely to be a victim of a sexual offence or an offence under section 128 of the [Criminal Code Act](#) which relates to children who are at 16 or 17 years old under special care. [Examples](#) of when a child is under the special care of another person include when the offender is a step-parent, guardian or foster parent, the child's teacher, is providing religious or sports instruction, a work supervisor or the child's health care provider.

Additional Reporting Obligations for Health Practitioners

In addition to the reporting obligations that are applicable to every person in the Northern Territory, Health Practitioners have additional responsibilities in section 26 (2) of the [Care and Protection of Children Act \(2007\)](#).

If you are a Health Practitioner you must make a report to Territory Families or the Police when you believe on reasonable grounds that a young person who is 14 or 15 years of age has been, or is likely to be a victim of a sexual offence, and the difference in age between the child and alleged sexual offender is more than 2 years. You must make a report when you know that a young person 14 or 15 years old is sexually involved with someone, and the age difference is more than 2 years.

It is an offence if a Health Practitioner does not make a report in these circumstances.

Information you must provide

Section 26 of the Act outlines the information that must be provided when making a report.

In summary, you must provide any information or facts that led you to form a belief that a child has been harmed or exploited or is likely to be harmed or exploited.

A commonly understood explanation of the concept of 'forming a belief on reasonable grounds' is based on what the greatest percentage of people in your profession would consider and conclude if presented with the same information and circumstances.

In practice your belief may be formed on the basis of things you have personally witnessed. It may be information that has been disclosed to you by a child or a parent. You may have been provided with information from a reliable source. A Health Practitioner may have formed a belief of harm or exploitation based on medical evidence or clinical assessments.

In forming a 'reasonable belief' you are not bound by any rules or evidence or the requirement to prove that your concerns are true. However if your belief is simply based on a hunch, broad assumptions or a guess, we encourage you to seek further information before you make a report.

Information Sharing

As a professional working with a child you are an 'information sharing authority' under Part 5.1A of the [Care and Protection of Children Act \(2007\)](#). The underlying principle of Part 5.1A, and the enabling *Information Sharing Framework* in Division 2 of the same part, makes it clear that any rules about protecting confidentiality and privacy of individuals should not prevent the sharing of information for the purpose of ensuring the safety and wellbeing of children.

Detailed guidance about the Information Sharing Framework is available online [here](#).

The framework enables all professionals to exchange information about a specific child and their family that directly or indirectly relates to the safety and wellbeing of the child. The ability to share information under this framework is powerful and flexible. Exchanging information between information sharing authorities is not a breach of privacy. It is important to note that a child's carers are also information sharing authorities under the Act.

Information Sharing Authorities are defined in Section 293C of the [Care and Protection of Children Act \(2007\)](#). ISAs are encouraged to review their information sharing practices and where necessary, strategise with Territory Families to develop streamlined information sharing mechanisms to maximise effective and timely information sharing.

Recognising Harm and Exploitation

Indicators

Harm to a child can take many forms. Parents, carers, other adults or other children may harm a child by their verbal or physical actions or inactions, or by neglecting the child's basic needs. Harm is often a repeated pattern of negative and harmful interactions, and not always a 'one-off' incident.

Sections 15 and 16 of the [Care and Protection of Children Act 2007](#) provide the basis for a determination of [harm](#) or [exploitation](#). There are many indicators of harm and exploitation. Each indicator needs to be considered in the context of the child's overall situation.

Indicators of harm and exploitation can be categorised as:

- **Behavioural Indicators** – the parental patterns of behaviour and specific episodes of behaviour.
- **Contextual indicators** – 'Something's not quite right' or the 'story doesn't add up'.
- **Social Indicators** – concerning external influences on parents and children.
- **Physical Indicators** – injuries, bruises, marks.

Indicators			
Behavioural	Contextual	Social	Physical
<ul style="list-style-type: none"> • Persistent lack of concern about the child and the child's condition or circumstance. • Attitude and or behaviour toward the child is predominantly negative. • Unrealistic expectations of the child – either too much or too little. • Excessive or inappropriate disciplinary practices. • Ongoing favouritism of one or more children resulting in neglect or emotional harm, or negatively targeting one child in a sibling or family group. 	<ul style="list-style-type: none"> • The child or young person's explanation is in conflict with the parent's story. • The child or parent's explanation is inconsistent with an injury. • The child discloses about 'someone else' – but may be referring to themselves. • Marked delay between injury and presentation for medical assistance. • Explanation of what happened is bizarre, inconsistent, vague, or changes. 	<ul style="list-style-type: none"> • Previous maltreatment of the child or sibling. • Drug and alcohol misuse in the family affecting care of the child. • Parent or carer experiencing significant problems in managing the child's behaviour. • Parent or carer concerns or fears about hurting the child. • History of domestic family violence or having been harmed as a child. 	<ul style="list-style-type: none"> • Any injury on a very young baby. • Facial, head and neck injuries or bruising. • Bruises or welts in the shape of the object used. • Burns or scalds that show the shape of the item or immersion burns, e.g. hot water. • Repeated presentation of child with injuries, old and new. • Dislocations, sprains or twisted joints. • Fractured bones, particularly in children under the age of three. • Ingestion of poisonous substances, alcohol or other harmful substances.

Patterns of Behaviour

Indicators alone are not confirmation that harm has occurred, or is likely to occur, however they are signs of possible harm or exploitation. There are times where one indicator may be enough for you to form a reasonable belief that you need to make a mandatory report. It is also useful to look for a pattern of indicators that, when taken together, will form the belief that a report needs to be made.

Types of Harm

Physical Harm		
Definition	Examples	
Non-accidental physical injuries caused by a parent, carer or other person or threats of physical injury. You may have knowledge of past or current injuries or believe there is a high risk of injuries occurring.	Physically abusive behaviour includes shaking, slapping, biting, punching, scalding, burning, throwing, suffocating or strangulation of a child, which may be indicated by bruising, lacerations, welts or other marks. Physical harm may include serious non-accidental injuries, suspicious injuries, injuries caused by excessive discipline or injuries resulting from domestic family violence.	
Indicators of Physical harm		
Child's behaviour	Parent/Caregiver	Physical Indicators
<ul style="list-style-type: none"> Unusually wary of physical contact with adults. Unduly frightened of the parent or caregiver. Expresses little or no emotion when hurt. Expresses little or no fear when threatened. Habitually absent from school (may be kept away until bruising disappears). Cringes when an adult makes a sudden movement. Appears drunk, drugged or listless. Overly compliant, shy, withdrawn, passive, uncommunicative or unresponsive. Wears different or unusual clothing to cover injuries, marks or bruises. Limps, cowers, stoops, hunches over or holds abdomen or limbs in such a way that indicates pain or discomfort. 	<ul style="list-style-type: none"> Direct admission that they have injured or fear they may injure the child. Family history of violence, including previous harm to children. History of their own maltreatment as a child. Repeated presentations of the child with injuries, ingestions or minor complaints. Illogical account of the injuries, or no account at all. Appears unconcerned about the child's condition. Attempts to conceal the child's injury Refuses to attend school or health centre appointments. 	<ul style="list-style-type: none"> Any injury on a very young baby. Facial, head and neck injuries or bruising. Bruises or welts in the shape of the object used e.g. belt buckle, hand prints. Burns or scalds that show the shape of the item e.g. cigarette burns or immersion burns, e.g. hot water. Bite or pinch marks Multiple injuries, old and new. Dislocations, sprains or twisted joints. Fractured bones, particularly in children under the age of three. Ingestion of poisonous substances, alcohol or other harmful substances. Bald patches on head – hair pulled out. Near drowning or blocked breathing.

Emotional Harm		
Definition	Examples	
<p>Failure to meet a child's emotional needs for love and security, or their psychological needs for stimulation, nurturing and developmental security.</p> <p>Emotional harm tends to be a chronic behavioural pattern, unintentionally or intentionally directed at a child undermining the child's self-esteem and social development. Over time this results in significant emotional deprivation or trauma.</p>	<p>Emotionally harmful behaviour may include constant criticism, scapegoating, terrorising, isolating, rejection, belittling, excessive teasing, ignoring or corrupting a child, punishing normal social behaviours, withholding praise and affection and exposure to domestic and family violence or criminal acts.</p> <p>Emotional harm may be exhibited by children and young people in the form of anxiety, depression, withdrawal or self-destructive or aggressive behaviours.</p> <p>Emotional harm is usually associated with other harm types but can occur independent of other harm types.</p> <p>NOTE: Domestic Family Violence (DFV) is detrimental to children who witness it or experience the effects of it. You have an additional legal obligation to report DFV to the Northern Territory Police.</p>	
Indicators of Emotional Harm		
Child's behaviour	Parent/Caregiver	Physical Indicators
<ul style="list-style-type: none"> • Overly compliant, passive and demanding behaviour. • Anti-social, destructive behaviour. • Very poor tolerance or frustration. • Poor self-image. • Unexplained mood swings. • Overly adaptive behaviour, e.g. inappropriately adult or infantile like. • Depressed or suicidal behaviour. • Neurotic traits such as phobias, hysteria, compulsions. • Feelings of worthlessness about life and themselves. 	<ul style="list-style-type: none"> • Consistent criticism, belittling, teasing of the child. • Excessive or unreasonable demands. • Persistent hostility and severe verbal abuse, rejection, scapegoating. • Belief that a particular child is bad or 'evil'. • Situations where an adult's behaviour harms a child's wellbeing. • Exposure to chronic or extreme domestic violence. • Aloof, disinterested, minimalistic parenting. 	<ul style="list-style-type: none"> • Speech disorders. • Delays in physical development. • Failure to thrive (without an organic cause). • Small head circumference for age of the child. • Dry sparse hair with bald patches. • Pot belly and loose stools. • Withdrawn, depressed, suicidal ideation or gestures. • Describing self in a negative light. • Overreactions to loud noises, bright lights, adult voices.

Neglect		
Definition	Examples	
A child's basic necessities of life are repeatedly unmet by their parent or caregiver and the child is not receiving the care and supervision necessary to protect them from injury or illness, or their wellbeing and development is at significant risk.	<ul style="list-style-type: none"> • A lack of supervision, security and stimulation. • Failure to prevent or address medical or oral health, emotional and educational needs. • Inadequate or hazardous physical shelter. • Inadequate nutrition or hydration, inadequate responses to a child's physical or mental health needs. • Poor standards of hygiene. • Inadequate clothing for the conditions affecting the child's wellbeing. 	
Indicators of Neglect		
Child's behaviour	Parent/Caregiver	Physical Indicators
<ul style="list-style-type: none"> • Begging, hoarding or stealing of food and gorging when food is available. • Inability to eat when extremely hungry. • Alienated from peers, withdrawn. • Engaging in delinquent acts – vandalism, drug and alcohol misuse. • Little positive interaction with parent or caregiver. • Appearing miserable or irritable. • Poor socialising skills. • Poor evidence of bonding, little stranger anxiety. • Indiscriminate with affection, including extreme longing for adult affection. • Poor or irregular school attendance. • Being focused on basic survival. • A flat and superficial way of relating, lacking a sense of genuine interaction. • Extended stays at school, public places and other homes. • Self-comforting behaviours e.g. rocking, sucking. 	<ul style="list-style-type: none"> • Failure to provide adequate food, shelter, clothing, medical attention, hygienic home conditions. • Leaving the child inappropriately without supervision. • Inability to respond emotionally to the child • Child abandoned. • Depriving the child of physical contact or withholding physical contact or stimulation for prolonged periods. • Failure to provide psychological nurturing. • One child treated significantly differently to another. • Lack of interest in developing parenting skills or improving relationship with child. • Substance misuse or addictions - being under the influence while providing care to the child. • Mental health conditions or a cognitive or intellectual delay. • Failure to prevent or address Medical needs. 	<ul style="list-style-type: none"> • Non-organic failure to thrive. • Reaching developmental milestones late. • Consistently dirty or inappropriately dressed. • Medical or dental conditions related to poor hygiene. • Consistently lacking in adequate supervision and at risk of injury or harm. • Injuries or patterns of injuries that should have been prevented. • Constantly hungry, tired, listless, underweight. • Untreated physical problems and a lack of routine medical or dental care. • Access to hazards such as vermin, rubbish, rotting food, chemicals. • Lack of protection from the sun and other incidents of exposure to the elements. • Living in unsafe or unsanitary conditions. • Abandoned or left alone for excessive periods. • Loss of 'skin bloom', poor hair texture. • Severe nappy rash.

Sexual Harm or Exploitation

Definition	Examples
<p>Any sexual activity or sexual threat that is imposed on a child by their parent, care giver or someone in a position of authority over them. Sexual harm includes the inducement or coercion of the child to engage in or witness sexually explicit conduct for the sexual gratification or profit of the person responsible.</p>	<p>Coercion (physical and emotional), and exploitation of the dependency and immaturity of children is intrinsic of child sexual harm.</p> <p>Sexually abusive behaviours may include exposure to sexually explicit material, sexualised photographs of the child and genital exposure, fondling, voyeurism, persistent intrusion of a child's privacy (e.g. toileting), involvement with pornography, digital, penile or object penetration, child prostitution and female genital mutilation.</p>

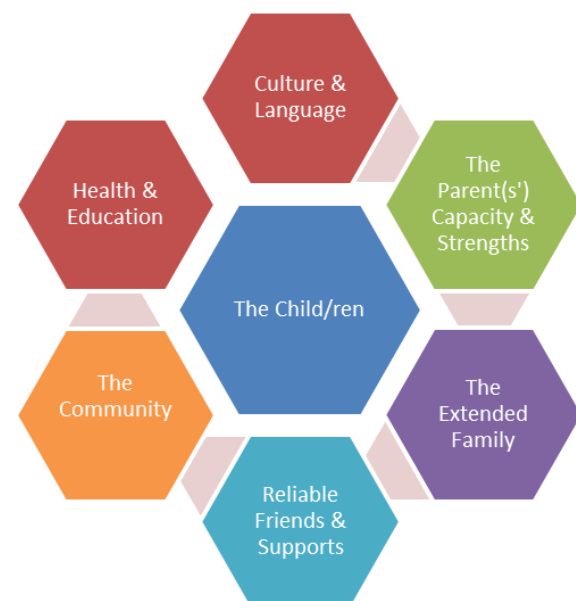
Indicators of Sexual Harm or Exploitation

Child's behaviour	Parent/Caregiver	Physical Indicators
<ul style="list-style-type: none"> • Age inappropriate verbal descriptions of sexual activity. • Direct or indirect disclosures of harm or exploitation. • Persistent or inappropriate sexual activity e.g. excessive masturbation, inappropriate sexualised touching. • Detailed, descriptive and/or age inappropriate understanding of sexual behaviour that may be from observation. • Shows excessive fear when having nappy changes or being bathed. • Has a fear of being with a particular adult. • Has poor or deteriorating peer relationships. • Has a lack of trust, particularly with significant others. • Unexpected poor concentration or a sudden drop in school performance. • Is the first to arrive and last to leave school; reluctance to go with certain adults. 	<ul style="list-style-type: none"> • Exposing the child to prostitution or pornography. • Intentional exposure of the child to the sexual behaviour of others. • Jealousy regarding age-appropriate development or independence from the family. • Coercing the child to engage in sexual behaviour with other children. • Verbal threats of sexual harm, use of sexual terms, descriptions of sexual acts. • Denial of adolescent's pregnancy by family. • Parent(s) exhibiting overly sexualised behaviours in view of the children. • Parent(s) allowing multiple adult men to stay at or frequent the home. • Parental prostitution in the home. • Sexual harm isn't always sex – it can also include a range of sexual behaviours that can be physical, verbal or emotional. 	<ul style="list-style-type: none"> • Bleeding or injuries, such as tears or bruising to genitalia, anus or perineal region. • Discomfort when urinating or defecating. • Presence of foreign bodies in vagina or rectum. • Infection and inflammation of genital area. • Scratching groin, buttocks, or leaving classroom or activity frequently to go to toilet without explanation. • Sexually transmitted diseases. • Bruising and other injury to breasts, buttocks and thighs. • Bite or pinch marks on buttocks, breasts, genitalia. • Pregnancy, especially in very young adolescents. • Other anxiety-related illness e.g. anorexia, bulimia or loss of appetite. • Frequent urinary tract infections. • Sudden inability to walk freely or sit comfortably without explanation.

Indicators of Sexual Harm or Exploitation (continued)		
Child's behaviour	Parent/Caregiver	Physical Indicators
<ul style="list-style-type: none"> • Is reluctant to participate in physical or recreational activities. • Displays regressive behaviour e.g. bed-wetting, soiling. • Suffers sleep disturbances or night terrors. • Displays unduly compliant behaviour. • Is overly protective of younger siblings. • Has a loss of appetite. • Has a sudden accumulation of money or gifts. • Runs away. • Suffers depression. • Displays destructive behaviours including drug and alcohol misuse, prostitution, self-mutilation, or attempted suicide. • Goes to bed fully clothed. • Marked changes in mood, tantrums, aggressiveness, or withdrawal. 		

Cumulative Harm	
Definition	Examples
<p>Cumulative Harm is not classified as a separate harm type.</p> <p>Cumulative harm is defined as the chronic and ongoing experience of harm and/or neglect and the risks factors involved may be multiple, interrelated and co-existing during critical development periods.</p> <p>This leads to a child's diminished sense of safety, stability and wellbeing over time and is not the result of individual or one-off incidents.</p> <p>Cumulative harm can be caused by a pattern of harmful events, each event may not be severe enough to raise child protection concerns in and of themselves but over time the events will cause harm, trauma and have negative effects on the child's development.</p> <p>As a teacher, doctor, clinic staff or neighbour, you may see a physical or behavioural decline in the child's wellbeing over time and your observations, notes and records may indicate that a child is experiencing the significant, detrimental effects of cumulative harm.</p> <p>Assessing the significance of cumulative harm involves considering the past harm to a child, the likelihood of future harm or risk, with consideration to the child's age, stage of development, cultural background and other vulnerabilities.</p>	<p>A growing body of research has identified five key elements to be considered in the quality assessment of cumulative harm including frequency, harm type, severity, the source of harm and duration.</p> <p>Patterns of parental behaviour, with the child exposed to persistent negative experiences or circumstances, may be indicative of cumulative harm.</p> <ul style="list-style-type: none"> • Multiple reports to child protection services over time. • Teachers, doctors, neighbours and other sources have alleged similar concerns. • Parent ignores, is aloof or exhibits disinterest in the child for prolonged periods of time. • Parent favours other children and usually refers to the child in negative terms. • Parent neglects dental hygiene resulting in long term health effects. • Nutrition is inadequate on a consistent basis and the child appears undernourished. • Supervision of the child is minimal and child is left in harm's way or left with people who may present risk to the child on a consistent, ongoing basis. • Parent is frequently rough with the child and does not exhibit any affection towards the child. • Parent frequently yells at the child. • Parent's behaviours are aggressive, punching walls and doors and threatening the child and others in the household. • Parent isolates the child from social interactions, school, and community services.

Information you need to provide when making a report



Notifier
<ul style="list-style-type: none"> •What is your full name •Profession Type and agency (Professional Reporters) •Address •Phone number •Email address (so we can provide updates) •Your relationship to the child/ren of concern •The type of contact you have with the family and how frequent •Are you working with the child or the family, and if so, in what capacity

Child/Young Person
<ul style="list-style-type: none"> •Is the child/young person actually safe now? •How many children are involved in your concern? •Do they all live in the same household? •How many children live in the household? •FOR EACH CHILD OF CONCERN: •Full name •Aliases/Known by •Date of birth/age •Gender •Aboriginal Status •Where does the child usually live? Address. •Any other locations/communities the child might have lived in •Siblings •School/childcare details •Language spoken at home, interpreter required? •Reference ID for child or report? (HRN, PROMIS)

Caregiver
<ul style="list-style-type: none"> •Names of Caregiver(s) •Phone number, address •Community name/location •Relationship status of the caregiver •Is there a shared custody arrangement in place? •Are Family or other Court orders currently in place? •Are there defacto relationships of carers? •History of domestic violence and/or drug/alcohol use or misuse. •Violence or criminal activities in or outside the home. •Any relevant health factors (currently pregnant/illnesses/mobility/disability, mental health) •Language spoken at home? Is an interpreter required?

Extended Family or Support Networks
<ul style="list-style-type: none"> •Is there extended family living in the area who support this family? •Consider the broad definition of family under s.19 of the Act - the child's relatives, as well as people considered family under customary law or tradition, and anyone closely associated with the child or another family member of the child. •Has the family lived interstate, is it known if they have been involved with child protection authorities? •Are there other services involved with the family?

What has happened?

What
<ul style="list-style-type: none"> •What has happened to the child? •What are your concerns? •Does the child require or has received medical attention? •What actions have you taken to assist the child/young person or family to mitigate the concerns you have raised? •What do you consider to be the family's strengths? •What do you consider to be the family's vulnerabilities

When
<ul style="list-style-type: none"> •When did this occur? •Has it happened before? •How often? •Do you think it is likely to happen again? •Is what happened this time worse than before? Why?

Where
<ul style="list-style-type: none"> •Where did this happen? •Did the child witness what happened or were they involved?

Who was there
<ul style="list-style-type: none"> •Were there other people there? •Was anyone else involved?

Who do you think is responsible for the harm
<ul style="list-style-type: none"> •Person's full name, age, address •Relationship to the child •Their current location •Does this person live with the child? •Details of when the next expected contact with the alleged perpetrator will occur (if they are not living together)

Neglect
<ul style="list-style-type: none"> •Are there concerns about a care giver's level of supervision? •Is this resulting in the concerns you are raising? •Is this occurring often? How often? •Are there any medical/ behavioural indicators that support your concern?

Emotional
<ul style="list-style-type: none"> •What are your observations? •Are there behavioural changes that support your concern? •Is the child showing physical signs of distress? •What have you observed in the interactions between the child/YP and their carer? •What support is the child receiving? e.g. counselling, involvement with other agencies, •Has the child been diagnosed with a mental health condition? •Does the child have a reliable support person, like a family member?

Physical
<ul style="list-style-type: none"> •Can you describe the physical indicator you can see? •How long ago did the injury occur? •Do you think the injury occurred under suspicious circumstances? •Have you seen similar physical indicators previously? •Does the explanation provided match the injury observed? •Did you take any photos or evidence of the injury? •What treatment is required & what is the level of after-care that would be required?

Sexual
<ul style="list-style-type: none"> •Who is the overseeing medical professional? •Is the child sexually active? •Was a STI screen done? Why? •Age of the person who is believed to be sexual active with this child/young person? •What is the relationship of the person to the child/young person - peer, partner, adult, carer, relative, stranger?

Cumulative
<ul style="list-style-type: none"> •Frequency <ul style="list-style-type: none"> •How many times •How long •How often •Severity <ul style="list-style-type: none"> •Do you feel this situation is escalating? •Probability <ul style="list-style-type: none"> •Is this likely to happen again •Child or Family Strengths (See What) •Child or Family Vulnerabilities

Scenarios

The following scenarios are not exhaustive.

Each scenario is intended to help 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 colour coded Green, Yellow and Red to indicate an increasing level of concern.

Green – typical child behaviour or 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 Territory Families FACES or assist the family to do so.

SCENARIO	WHAT SHOULD YOU DO	TERRITORY FAMILIES' RESPONSE
<p>Children fighting in the playground. You observe a minor physical fight between children in a playground, or at day care.</p>	<p>Fights between similar age children, if there are no factors that contribute to an imbalance of power, is common school ground behaviour. Parents or the contact person at the agency or facility where the fight occurred should be informed.</p>	<p>This is not a matter for a child protection investigation.</p>
<p>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.</p>	<p>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.</p>	<p>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 and may inform future assessments of concern.</p>
<p>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.</p>	<p>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.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>	<p>Young people out at night is, in most cases, is not a child protection concern.</p>
<p>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.</p>	<p>Reasonable, age appropriate physical discipline is not illegal in the Northern Territory. However, consistent or 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 <i>Types of Harm</i> 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. The Australian Institute of Family Studies Resource sheet regarding Corporal punishment can be found here.</p>	<p>Territory Families does not endorse smacking as a form of discipline but it is not necessarily a concern that warrants a child protection response.</p>
<p>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.</p>	<p>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.</p>	<p>A report to Territory Families is not necessary.</p>

Yellow – concerning behaviour or events.

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

SCENARIO	WHAT SHOULD YOU DO	TERRITORY FAMILIES' RESPONSE
<p>Unborn child or high risk pregnancy concerns.</p> <p>You become concerned about a pregnant woman whose unborn child may be at risk, or may be at risk of harm or exploitation after they are born.</p> <p>Concerns may include high risk parental behaviours, consumption of alcohol, mental illness, substance abuse, domestic violence, or the mother's capacity to care for the child, including if she has a cognitive or physical disability</p> <p>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.</p>	<p>You can report concerns about an unborn child.</p> <p>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.</p> <p>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.</p> <p>See Pregnancy and birthing services in the Top End; click the links in the <i>Related information</i> box for information pertaining to services offered in other remote and regional centres in the NT.</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>Territory Families can place an alert on our client management system about an unborn child. Alerts are monitored and follow up actions are taken as required.</p> <p>It may be appropriate to refer the expectant mother to community based services.</p>
<p>Sexualised behaviour</p> <p>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.</p>	<p>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.</p> <p>A report to police will be required if a criminal offence is suspected.</p> <p>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.</p> <p>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.</p> <p>Protective behaviours resources include the following:</p> <ul style="list-style-type: none"> You can contact FACES for more information. Review Territory Families' 7 Steps to Safety here. NAPCAN offers 7 Steps to Safety training and Community Safety workshops. Refer to the 'Programs & Training' tab here. 	<p>Territory Families will assess the information you provide and conduct the necessary inquiries to determine the most appropriate response.</p>
<p>A young person appears to be homeless.</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>There are support services that provide young people with crisis accommodation in many regions of the Northern Territory. FACES are able to provide information about available support services and make referrals.</p>	<p>Territory Families will conduct the necessary inquiries to determine the most appropriate response.</p>
<p>Parent A alleges that Parent B has harmed the child. The family are undergoing Family Court proceedings.</p> <p>A concern of harm or exploitation is alleged during a Family Court proceeding where shared parental responsibility is being considered by the court.</p>	<p>If you believe that a child is being harmed or exploited, a report to Territory Families will be necessary.</p>	<p>Territory Families will conduct the necessary inquiries to determine the most appropriate response.</p>
<p>You observe a primary school aged child returning to their home alone after school and/or have responsibility for another, younger child while alone.</p> <p>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.</p>	<p>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.</p> <p>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. See Territory Families' 7 Steps to Safety here.</p> <p>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.</p>	<p>Territory Families will conduct the necessary inquiries to determine the most appropriate response.</p>

<p>Persistent pattern of concerns for a child whose parent is disengaged, generally neglectful or consistently negative or aggressive towards the child, however no single concerning event results in a child protection intervention.</p> <p>You observe over time that a child is subject to interactions with a parent which diminishes their sense of safety, stability and wellbeing. This may result in cumulative harm.</p> <p>Examples can include the parent consistently referring to the child negatively, blaming them, calling the child names, telling them no-one cares or that it would be better if they'd never been born. Poor hygiene, living in unsafe or transient circumstances or frequently moving to avoid police and child protection involvement are indicators of neglect and possibly cumulative harm.</p>	<p>Cumulative harm is defined as the <u>chronic</u> and <u>ongoing</u> experience of abuse and/or neglect. The risk factors involved may be multiple, interrelated and co-existing during critical child development periods.</p> <p>It's important to recognise the early signs of cumulative harm, which will provide opportunities to make referrals to services such as school counsellors, wellbeing teams and other relevant services in advance of making a report about your concerns.</p> <p>If you believe that a child is the subject of a pattern of negative experiences that has a harmful impact on them over time you can make a report to Territory Families.</p> <p>Assessing the significance of cumulative harm involves considering the past harm to a child, the likelihood of future harm, with consideration to the child's age, stage of development, cultural background and other vulnerabilities.</p> <p>There are five key elements considered in the assessment of cumulative harm: frequency, harm type, severity, source of harm and duration.</p> <p>For more information, refer to the Cumulative Harm section in the tables above under the heading <i>Types of harm</i>.</p>	<p>Territory Families will conduct the necessary inquiries to determine the most appropriate response.</p>
<p>You observe signs of malnutrition in a child.</p> <p>An infant or toddler who appears emaciated, cold, dull, pale with mottled skin and/or over time that appears to be not gaining weight or developing at an expected pace for their age.</p> <p>Infants are particularly vulnerable. Those who fall in to the following 'risk factor' category are at greater risk:</p> <ul style="list-style-type: none"> • Premature and low birth weight. • Pre-Natal exposure to Substances. • Disability, such as speech and learning delay. • Unintended or unwanted Pregnancy • Feeding difficulties or prolonged or frequent crying. 	<p>If you believe the child is at immediate risk, call '000'</p> <p>If serious undernourishment or 'Failure to Thrive' is suspected, you should first make inquiries about organic or medical cause and/or make immediate arrangements for a paediatric consultation.</p> <p>If you believe that Failure to Thrive is the result of neglect, a report to Territory Families will be necessary.</p> <p>Note: Malnutrition or undernourishment may also present as a concern in older children and young people. Community professionals are encouraged to support the young person by exploring options with them and their parent/s, assisting to identify solutions to address concerns of malnutrition, e.g. nutrition education, school lunch programs, food donations, support to parents for budgeting or problem gambling, or access to services for eating disorders.</p> <p>If you believe any child or young person is malnourished as a result of harm or exploitation a report to Territory Families is necessary.</p>	<p>Territory Families will conduct the necessary inquiries and investigations to determine the most appropriate response.</p>
<p>You're concerned about exposure to Domestic Family Violence.</p> <p>You become aware that domestic family violence is, or is likely to be occurring where a child or young person lives or frequents.</p>	<p>In the Northern Territory it is mandatory to report domestic family violence to the Police, whether or not children or young people live there.</p> <p>A report should be made to the NT Police '000' if you have formed the belief on reasonable grounds that physical harm to the life or safety of another person is under serious or imminent threat. Refer to Section 124A - 'Reporting domestic violence' in the Domestic and Family Violence Act.</p> <p>Children living in a place where domestic family violence is occurring may be at risk of physical harm if they are in close proximity of the violence.</p> <p>Children who observe, hear or witness domestic violence are also at risk of emotional harm.</p> <p>A report to Territory Families will be necessary if a child or youth is exposed to domestic violence.</p>	<p>Territory Families will conduct the necessary inquiries to determine the most appropriate response.</p>
<p>A child or young person is engaging in Volatile Substance Abuse (VSA).</p>	<p>A report to Territory Families is necessary if you become aware that a child is engaging in Volatile Substance Abuse and you do not believe that there is an adequate response already in place. Children who are engaged in VSA are likely to cause serious harm to themselves, and potentially to others. To assess what to do next, Territory Families will review the information you provide and gather additional information to understand the level of risk.</p> <p>When determining a response to your report, Territory Families will consider whether:</p> <ul style="list-style-type: none"> • There are relevant services in the community that can be accessed by the child and their family; • The parents are aware of the concerns and actively seeking support and referrals and it is reasonable to believe that their actions are likely to succeed; • The child and their family are already participating in community-based services or programmes; • The child or young person you are concerned about is already engaged with the Department of Health's VSA team and the parent or carer is participating in an agreed plan to address the concerns; • The child or their family have a previous history of involvement with Territory Families which indicates they may be at increased risk; • VSA use is prevalent across the community and a coordinated community response is needed; and • No parent or carer is willing or able to prevent the harm or the risk of harm to the child and a child protection response is needed. <p>See information, legislation and an outline of VSA management areas here.</p>	<p>Territory Families will conduct the necessary inquiries to determine the most appropriate response.</p>
<p>A young person talks to you about suicide.</p> <p>A person under 18 discloses suicidal feelings or intent to self-harm to you, stating that they have a plan to hurt themselves.</p>	<p>A mental health assessment is required as soon as possible. The support options below can help. If you believe the situation is urgent, call the NT Police at '000' or if not an emergency 131 444.</p> <ul style="list-style-type: none"> • See the Department of Health's 'Suicide: signs and prevention' page here. • Kids Help Line – 1800 55 1800 • Links to Northern Territory Community Based Mental Health Services can be found here. • Crisis Assessment and Treatment Team (CATT) NT - 1800 682 288 – Northern Territory Crisis Assessment Telephone Triage Service. <p>If a parent or caregiver is not willing or able to assist the young person in receiving support, a report to Territory Families will be necessary.</p>	<p>Territory Families will conduct the necessary inquiries to determine the most appropriate response.</p>

Red – very concerning.

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

SCENARIO	WHAT SHOULD YOU DO	TERRITORY FAMILIES' RESPONSE
<p>Parent not following medical advice.</p> <p>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.</p>	<p>A report to Territory Families is necessary.</p>	<p>Territory Families will conduct the necessary inquiries and investigations to determine the most appropriate response.</p>
<p>Disclosure of harm or exploitation.</p> <p>A child or youth talks to you about being harmed or directly discloses harm or exploitation to you, such as physical or sexual abuse.</p>	<p>If a child or young person discloses harm or exploitation to you:</p> <ul style="list-style-type: none"> • 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. A helpful infographic is available here. • 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. 	<p>Territory Families will conduct the necessary inquiries to determine the most appropriate response.</p>
<p>You suspect Abusive Head Trauma (shaken baby syndrome).</p> <p>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.</p> <p><i>Note: Infancy is a vital developmental period for every child. Years 0-3 are critically important. There are several parental factors that may increase risk for infants. They include but are not limited to:</i></p> <ul style="list-style-type: none"> • Young parent(s), particularly those with child protection history or those harmed as children themselves. • Substance misuse • Domestic Family Violence • Mental Health concerns or Disability • Poor or Limited Parenting Skills • Negative Perceptions of Child • Poor Impulse Control • Cognitive impairments 	<p>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.</p> <p>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.</p> <p>If you suspect Abusive Head Trauma you will need to make a report to Territory Families immediately.</p>	<p>Territory Families will conduct the necessary inquiries and investigations to determine the most appropriate response.</p>
<p>A child or young person has committed a serious crime.</p> <p>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.</p>	<p>The police need to be notified immediately. Police will decide whether to lay charges or not.</p> <p>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.</p>	<p>Territory Families will conduct the necessary inquiries to determine the most appropriate response.</p>
<p>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.</p> <p>Example: A 14 year old discloses to a health practitioner that he or she is in a sexual relationship with a 17 year old.</p>	<p>This example applies to a Northern Territory health practitioner's specific reporting obligations under the law. See the section <i>Reporting Obligations</i> and <i>Additional Reporting Obligations for Health Practitioners</i> in this guide. For more information, please refer to the Department of Health's Policy Guideline Centre here.</p> <p>Under section 26 (2) of the 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.</p> <p>If appropriate, speak to the parents about the concerns.</p> <p>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).</p>	<p>Territory Families will conduct the necessary inquiries to determine the most appropriate response.</p>

<p>A child presents with a Sexually Transmitted Infection (STI) or you learn that a child has been diagnosed with an STI and is under the age of 14.</p>	<p>You must make a report when a child under 14 years of age is diagnosed with an STI, because in these circumstances it is likely that the child has been the victim of a sexual offence. The report may also be reviewed by the Child Abuse Taskforce.</p> <p>Before making a report to Territory Families, gather as much information as possible about the circumstances and the child's sexual contacts to enable an accurate assessment of the situation.</p> <p>For example:</p> <ul style="list-style-type: none"> • Whether the young person is sexually active or not. • The identity and age of the young person's partner or person from whom the STI was contracted. • If the STI was contracted as a result of suspected sexual harm or exploitation • If the child or young person's parent or carer is aware of and concerned about the STI diagnosis. • If you believe that the parent's or carer's response to the STI is appropriate and reasonable. • If you are in doubt about your belief regarding sexual harm or exploitation, discuss the case with a medical practitioner, the Sexual Assault Referral Centre (SARC), a Paediatrician, or call Territory Families to discuss your concern. 	<p>Territory Families will conduct the necessary inquiries to determine the most appropriate response.</p>
<p>Child in immediate danger.</p> <p>Examples:</p> <ul style="list-style-type: none"> • An infant or toddler is unsupervised, or has been abandoned. • A serious injury to a child that requires immediate medical treatment and no parent, carer or other appropriate adult is able/willing to arrange for treatment; • A child is seen with someone who you believe presents a current or future risk of harm or exploitation due to a history of criminal offending or who is known to be volatile or dangerous person. • The child's behaviour is likely to result in serious harm to themselves or others and no parent, carer or other adult is able/willing to prevent harm from occurring. • Parents have young children in their care while heavily intoxicated or under the influence of drugs and there are no other responsible adults available. 	<p>If you are unable to take action to temporarily ensure the child's safety, call Police '000'. A subsequent report to Territory Families is necessary if you believe that the parents have not been protective towards their child.</p> <p>If you are able to temporarily act to ensure the child's safety until an appropriate parent, carer or other appropriate adult becomes available, you may choose to make a report to Territory Families if you believe the child was harmed or would have been harmed if not for your intervention or if the concern is likely to happen again in the future.</p>	<p>Territory Families will conduct the necessary inquiries and investigations to determine the most appropriate response</p>
<p>You observe injuries that may be the result of physical harm.</p> <p>A child or young person has marks, bruises, burns or other injuries that may be the result of deliberate actions. There may be a pattern of marks or bruises that indicate the child has been hit or punched, or marks that may be caused by an implement or object, look like cigarette burns, or have a recognisable shape. They may have bruises, burns or lacerations on their head, neck or back with inconsistent, unlikely or unexplained causes.</p> <p>Note: Bruising is more common in older children but not common in young, immobile children (e.g. infants).</p>	<p>Call "000" if the injuries are serious or life threatening. If it is safe to do so you may arrange for the child or young person to be taken to hospital or a health clinic as soon as possible.</p> <p>For injuries that you believe are the result of serious physical harm, a report to Territory Families is still required.</p> <p>A report to Territory Families is also necessary if injuries, illnesses or emotional harm has been or is likely to be caused by traditional healing or cultural practices. Health Professionals are encouraged to learn more about cultural or traditional healing practices that may mimic harm to a child, e.g. coining or cupping.</p> <p>Not all marks, bruises and injuries are the result of harm. You may need to consult with a doctor, a senior staff member in your agency or contact Territory Families to discuss the necessity of a report.</p>	<p>Territory Families will conduct the necessary inquiries to determine the most appropriate response.</p>