

# Reporting Child Safety Concerns

For advice and reporting related to child safety contact  
 Advice and Referral Line (ARL) on 1800 000 123

If in doubt, call the Advice and Referral Line




**Advise:** Nurse Unit Manager (NUM), After Hours NUM, Manager or Director

**Document:** Digital Medical Record (DMR), progress notes or Safety Reporting and Learning System as required



If a concern involves inappropriate behaviour by an employee, report via [www.health.tas.gov.au/child-safety-and-wellbeing](http://www.health.tas.gov.au/child-safety-and-wellbeing)

## What to report

- 
-  **Grooming**
  -  **Sexual abuse**
  -  **Physical abuse**
    - Restrictive practices
  -  **Emotional abuse**
    - Exposure to family violence or suspected family violence
  -  **Neglect:** isolated incidents or a pattern of failure over time, to provide the development and wellbeing of the child or young person in one or more of these areas
    - Health
    - Education
    - Emotional development
    - Nutrition
    - Shelter and safe living conditions

## Support

A list of external supports is available on the Department of Health's website for children, families, and staff.

Employees can access the Employee Assistance Program (EAP) 24 hours a day, seven days a week. Use the search term 'mandatory reporting'

## More information

Go to [www.health.tas.gov.au/child-safety-and-wellbeing](http://www.health.tas.gov.au/child-safety-and-wellbeing)

## Case scenario

A 6-year-old is admitted on ward for 3 days with unexplained acute abdomen pain. The parents have been alternating between day and nights shifts, and in the evenings, mum goes home to care for the other children.

The 6-year-old initially presents as talkative and happy.

Mum presents as flustered, but calm and softly spoken. She wears baggy clothing, and long sleeves and long pants despite the warmer weather.

Dad is reserved but abrupt and avoids eye contact.

Mum and dad only interact minimally, and mum does not maintain eye contact with dad. She focuses all her attention on the 6-year-old when dad is in the same room.

When mum leaves the 6-year-old becomes noticeably withdrawn, quiet and stops all activities.

On your evening round when you check on the patient, they are on the far side of the bed, appear to be distressed and clutching their blankets.

During your routine check you notice that the 6-year-old has red marks on their abdomen, arms and wrists. When you ask dad about these marks, dad advises they were 'thrashing about the bed like a ratbag- hitting the side rails'.

You notice that the bed rails are down, and the 6-year-old looks scared.





The following morning you notice that the red marks on the 6-year-old have turned into bruises, when you ask mum about the bruises, she 'throws a look' at the 6-year-old, quickly covers them up and brushes off your concern/questions. The 6-year-old is due to be discharged.

### Action:

Contact the Advice and Referral Line on 1800 000 123.

You don't need to wait until you have evidence. Staff at the Advice and Referral Line will always want to hear from you if you're worried about a child's safety or wellbeing.

### Discuss:

-  Suspected family violence - talk about the behaviours you have seen of all family members and the interactions between mum and dad
-  Physical abuse – the unlikely explanation/unexplained bruising on the 6-year-old
-  Emotional abuse – the 6-year-old covering in the corner of their bed, and noticeable behaviour change
-  Health – the unexplained acute abdominal pain

### Document:

Record as much detail as you can in progress notes, Digital Medical Record (DMR) or Safety, Reporting and Learning System (SRLS).

### Advise:

If appropriate advise your Nurse Unit Manager, After Hours NUM, Manager or Director of your contact with ARL and all your other actions.