

Making a Report of Child Abuse and Neglect – from “Sunshine Kids” – the Child Protection Liaison Unit at Nambour General Hospital.

Once a health professional has formed a reasonable suspicion of child abuse and neglect they are required to immediately report to the Department of Communities (Child Safety Services).

It is mandatory for doctors and registered nurses to report reasonable suspicions of child abuse and neglect to the Department of Communities(Child Safety Services) under **Sect. 191 of the Public Health Act 2005. That means the Registered Nurses working in your practice are mandatory reporters as well.**

There are ramifications from the Medical Board for **FAILING** to report.

What do I need to do?

1. During Office hours – 1300 705 201 Fax: 54 20 9049.

Telephone your local Child Safety Regional Intake Service(RIS) to make a verbal report.

After hours

Telephone Child Safety After Hours Service Centre on 1300 681 513. Fax: 3235 9898.

2. Complete the ‘Report of Reasonable Suspicion of Child Abuse and Neglect’ form.
3. Fax a copy of the form to the RIS that received your verbal report within 7 days.
4. File the original copy of the reporting form with your files.
5. For feedback on the progress of your report you can ring RIS when the assessment has been completed.

What do I need to consider when making a report?(These are a few examples):-

1. A child is from 0 – 18 years of age.
2. Do the risk factors outweigh the protective factors that I currently am aware of within a family?
3. Is there domestic violence within a family – this pertains to children witnessing violence or experiencing the ramifications of it(e.g. money being withheld, verbal arguments, name calling, putdowns).
4. Has there been sexual abuse disclosed by a child? – all these disclosure will need to reported to the Department of Communities(Child Safety Services).
5. Where the injury is unexplained and does not match with the mechanism of injury.

Report of a Reasonable Suspicion of Child Abuse and Neglect

1. DETAILS OF CHILD SUBJECT TO REPORT

Family name: Given names:

Aliases (if known):

Address of usual residence: Date of Birth: Sex: Male Female

..... Gestation (if unborn):/40 weeks

..... Telephone no.:

Temporary address (if applicable, eg. if child admitted to hospital):

Indigenous status: Aboriginal but not Torres Strait Islander origin Torres Strait Islander but not Aboriginal origin
 Both Aboriginal and Torres Strait Islander origin Neither Aboriginal or Torres Strait Islander origin
 Not stated / inadequately described

Does the child speak English? No Yes

If *no*, specify the child's preferred language: Is an interpreter required? No Yes

Does the child have a disability? No Yes, if yes please specify:

Parents' details:

Name: Name:

Address of usual residence: Address of usual residence:

.....

.....

Telephone no.: Telephone no.:

State the child's primary care giver (name and relationship):

Are there any relevant orders in place (eg. Child Protection, Domestic Violence)? Yes No Unknown

If yes, please specify:

2. DETAILS OF CARERS, SIBLINGS, OTHERS LIVING AT THE CHILD'S USUAL RESIDENCE (if known)

Name (including aliases)	Date of birth / Age	Relationship to child
.....
.....
.....
.....
.....

3. ABUSE TYPE BEING REPORTED (more than one may be ticked) - refer to Guide for assistance, if needed

Suspected: Physical abuse Emotional abuse Sexual abuse Neglect

At risk of: Physical abuse Emotional abuse Sexual abuse Neglect

