EVIDENCE BRIEF

KEY LEGISLATIVE DEFINITIONS FOR CHILD PROTECTION INTAKE

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KEY MESSAGES

- The scope of intake services must, at a minimum, be equal to the scope of the provisions for mandatory reporting to enable prescribed persons to fulfil their mandatory reporting obligations.
- Estimates from Australia's national prevalence study suggests that focussing intake service remit solely on suspected abuse or neglect would still result in high volumes of reports requiring triage.
- The legislative definitions are a key factor in the definition of scope of what is referred for investigation to statutory child protection services.

PURPOSE

This evidence brief outlines the key components of intake models, examining the legislative definitions that influence reporting behaviour. The drivers of demand on intake systems are examined with proposed principles for determining response pathways focusing on Tasmania as a case study.

KEY INTAKE COMPONENTS

Intake models typically have several key components that determine the threshold for statutory intervention, who can or must make a report, and how responses to reports are prioritised. Although early intervention is a common component of intake models, the definition of early intervention and prevention is more complex, and explored fully in separate evidence briefs (Bromfield, Cox, Perfect, & Bromley, 2026; Bromfield, Cox, Perfect, Bromley, et al., 2026), as is the evolution of Australian child protection intake models.

LEGISLATION

Legislative definitions are intended to prescribe the remit or scope of statutory child protection services and are a common feature of child protection legislation in all Australian states and territories (Australian Institute of Family Studies, 2023a).

The definition of a child in need of protection (sometimes referred to as a 'child at risk') is variable in its construction across jurisdictions, but typically comprises types of abuse and neglect; the harm threshold (e.g., harm, significant harm); and endangerment provisions (i.e. risk of harm, has suffered or is likely to suffer). (Bromfield & Higgins, 2004).

In Australia, child abuse and neglect are legislatively defined as physical abuse, emotional abuse, neglect, sexual abuse, and exposure to family violence (Australian Institute of Family Studies, 2017). However, identifying abuse or neglect alone does not trigger statutory intervention; a threshold of harm determines when child protection services must act to protect a child.

For example, a child experiencing occasional inadequate supervision due to parental work demands may not meet the threshold for statutory intervention if no significant harm (e.g., injury or developmental delay) is evident. Jurisdictions apply varying thresholds to prioritize serious cases and manage resource demands (Wood, 2008). For example, New South Wales uses "significant harm" to focus on urgent cases, while Queensland employs "unacceptable risk of harm". Finally, endangerment provisions are often included, to provide a statutory basis for intervention where the circumstances for harm exist but harm has not yet occurred. There are often retrospective and prospective endangerment provisions. For example, where a child was at risk of harm or where a child has suffered or *is likely to suffer* harm (Bromfield & Higgins, 2004).

The provision "willing and able" to protect the child from harm refers to the presence of a protective caregiver. Tasmania has a standalone "willing and able" provision, whereas in other Australian states (e.g., Vic, Qld) the definition of a child in need of protection includes a child who has suffered or is likely to suffer significant harm **AND** does not have a parent able and willing to protect the child from harm of that type. For example, Section 345 of the *Children and Young People Act 2008* (ACT); Section 162(1) of the *Children, Youth and Families Act 2005* (Vic), and Section 10 of the *Child Protection Act 1999* (Qld). These provisions are intended to protect parents from unjustifiable statutory intervention and serves to limit the scope of child protection services primarily to intra-familial abuse or neglect. For example, Police may attend a family violence call out with children present and harmed but note that the non-offending caregiver is acting protectively and requesting Police support to evict the perpetrator. Police have charged the perpetrator, and the non-offending caregiver has been referred to family violence services. While harm has occurred, this could reasonably be screened out as not requiring a child protection response as the imminent risks to children have been managed and there is a parent *able and willing to protect*.

The concept of cumulative harm emerged in Australia in the early 2000s and was grounded in evidence-based critique of the limitations of an incident-based approach to assessing risk in child protection, particularly for neglect and chronic maltreatment (Bromfield, 2005; Bromfield & Higgins, 2005). Cumulative harm is included as a provision in the legislative definition of a child in need of protection in several Australian states and territories (Government of South Australia, 2017, section 17; Government of Victoria, 2005, section 162(1)). This is important as the 'event based' definition of child abuse and neglect is not well suited to ensuring children are protected from harms that, in isolation, do not appear to meet the threshold (Sheehan, 2019).

A less common feature is the provision of exclusionary criteria. For example, in NSW the definition of a child in need of protection is limited to specifically exclude disability or homelessness by themselves as grounds for statutory intervention. The intention of this exclusionary provision is to ensure families with low socio-economic status or other vulnerabilities are not discriminated against on the basis of those vulnerabilities alone. The current cost of living and housing crisis being experienced across Australia is putting pressure on Australian households with the potential to push more families into poverty and homelessness. This is particularly pertinent in Tasmania, which as the highest rates of childhood poverty in Australia by a substantial margin (Commissioner for Children and Young People Tasmania, 2017). The distinction between poverty and child neglect has long been an issue in the field of child protection noted by multiple academic commentators in Australia and internationally (National Council of Juvenile and Family Court Judges, 2021; SBS, 2017). This is particularly pertinent in systems where demand on support services for families experiencing poverty outstrips capacity, pushing families into child protection services.

Triage

Triage is the sorting of clients according to the urgency of their need for care based on presenting information and prioritising who will be seen first. The goal is to ensure that families with the highest risk and/or greatest need are prioritised for service delivery (Simon, 2020). An inherent assumption in triage prioritisation is that all families screened in and prioritised will eventually be seen; at which point a more comprehensive assessment will be undertaken. The outcome of the comprehensive assessment may increase or decrease the assessed risk and the priority assigned to the family for future intervention. There is a risk when demand so outstrips capacity that clients at the bottom of the triage list do not get seen and assessed. In the context of child protection, this is a particular risk given the recognition of chronic neglect and cumulative harm, where individual incidents do not trigger a high priority response as there is low imminent risk (Alexander, 2022; Bromfield, 2008; Bromfield & Higgins, 2005).

Mandatory reporting

Mandatory reporting laws require certain persons to take action (usually by contacting child protection intake services) for any cases that meet the definition defined in the legislation. Overall, mandatory reporting appears to increase the reporting rates of reluctant reporters, and increases the identification of children experiencing maltreatment, however, there is no evidence on whether this results in improved outcomes to children (McTavish et al., 2019).

There are some negative impacts of mandatory reporting. Parents have reported fear of engaging with support services because they may report them to statutory services (McTavish et al., 2019). This is especially critical for women experiencing domestic and family violence who may avoid any contact with services therefore increasing risk. There are also concerns that excessive reporting floods intake systems, making it more difficult to identify and respond to genuinely high cases of risk (Keddell, 2022). Reporter bias is also magnified under mandatory reporting, with culturally diverse families and families experiencing poverty most likely to be reported (Pyland et al., 2024).

Despite these concerns, mandatory reporting has remained in all jurisdictions. For example, a review in NSW concluded that mandatory reporting should remain in place given that there was no evidence of the statutory system being 'flooded' by reports, that substantiation rates had almost doubled indicating greater visibility of children experiencing maltreatment, and that a large proportion of the reports were about the same group of children (Wood, 2008).

CURRENT CHALLENGES

All Australian child protection intake services (and comparable global child protection intake models) struggle with demand. Systems responding to risk in which demand exceeds capacity for an immediate response (e.g., hospital emergency departments, 000 emergency response calls) necessarily must implement a triage system. Child protection intake models therefore include some form of triage for high, medium and low priority responses, introducing potential severity of harm and imminence of risk as additional core constructs in child protection intake.

The constructs of potential severity of harm and imminent risk are typically defined through policy and practice guidance rather than legislation (Australian Institute of Family Studies, 2017, 2023b). In many jurisdictions these constructs are formally operationalised through screening tools.

In Australia, there are a combination of actuarial and professional judgement screening tools for child protection intake, some of which have been developed internationally (e.g. SDM) and some of which were locally developed (e.g., WA central intake screening tool). However, many jurisdictions are rescinding use of the SDM screening tool due primarily to criticisms of its appropriateness for First Nations communities (Davis, 2019; Lawrie, 2024; Wanganeen et al., 2026). There are also concerns that these tools conflate correlation with causation, and professional discretion is required to provide meaningful interpretation to the data (Gillingham, 2021).

Supporting child protection practitioners to make good decisions is a critical skill. Experienced practitioners can filter through large amounts of information to draw on the key facts needed to make a decision (McCormack et al., 2020). Practitioners typically use heuristics to do this, but there are concerns that some heuristic models may lead to bias, especially when the factors driving decision-making are not explicit (Munro, 2019). Most jurisdictions therefore struggle with the tension between providing sufficient structure to guide professional decision-making and sufficient flexibility to enable professional judgment.

TASMANIAN CASE STUDY

During 2024-25, the Advice and Referral Line (ARL) received over 22,000 contacts which were resolved (Department for Education, 2025). The majority of these contacts were from mandatory reporters (90%) and were closed with advice and assistance only, with less than 10% receiving either family support or child safety services (see Figure 1).

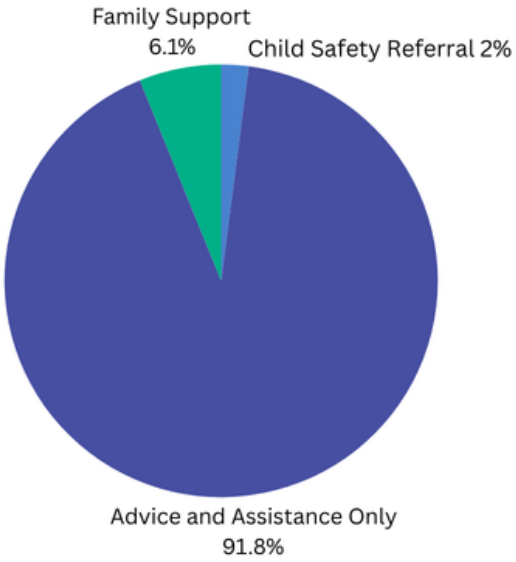
Of contacts received:

- 45% were assessed as not requiring further action
- ~36% required non-urgent follow-up
- ~19% required active follow-up
- Only a handful of cases were classed as requiring immediate action.

Contacts were closed for reasons such as 'information and advice provided', 'insufficient grounds', 'out of scope' or 'arrangement exist'.

Insufficient evidence exists to determine whether high call volumes and low referral rates to either child safety or family support services reflect

Figure 1
ARL Contact Responses 2024-25



genuine need or a practice tendency in the ARL to retain cases rather than escalate them.

The gap between what is reported and what is actionable reflects broader questions about where concerns should go and how the system supports families below the statutory threshold. Low referral rates may reflect a combination of factors including

- limited service availability,
- gaps in shared risk assessment frameworks,
- unclear eligibility thresholds,
- or concern types that are lower level but chronic, making substantiation difficult.

Alternatively, it may suggest an appropriate containment of concern through professional advice.

Without comprehensive data, it is difficult to determine whether low service referrals represent successful resolution or unmet need.

Statutory threshold

Under Tasmania's *Children, Young Persons and Their Families Act 1997*, a child (meaning a person under 18 years of age) is considered "at risk" if a child:

- Has been, is being, or is likely to be abused or neglected
- Resides with or has frequent contact with someone who threatens or poses a known or likely risk of harm
- Is affected by family violence
- Has guardians who are unwilling or unable to provide care, supervision, or protection
- Is under 16 and does not attend school (or other education/training institution) regularly without lawful excuse.

While the legislation provides the definition of "at risk" it does not include key concepts commonly referenced in child protection practice such as significant harm, cumulative harm, or imminent risk. These concepts are critical to frontline decision making and service triage but are not defined in legislation, leaving practitioners to rely on professional judgement, local policy, or inconsistent interpretations. The full legislative definition is shown in Appendix A.

Mandatory Reporting

Mandatory reporters include a wide range of professionals who are required to report any belief, suspicion (on reasonable grounds), or knowledge that a child meets this threshold of "at risk". These provisions are intentionally broad and are designed to enable early identification and response to harm or risk. Mandatory reporting requirements in Tasmania are broader than many other Australian states and territories (Mathews et al., 2015, 2016). The Tasmanian legislation requires reporting of sexual abuse, physical abuse, neglect, emotional abuse and exposure to family violence. There is no harm threshold attached to mandatory reporting requirements and a report is required for any belief on reasonable grounds that abuse or neglect has or is likely to occur, regardless of degree or potential degree of impact (see Appendix A).

There are also no provisions limiting the requirement to report in circumstances in which the reporter believes on reasonable grounds that there is a parent willing and able to protect the child from abuse or neglect. For example, in situations where parents acting protectively self-initiate a report to police of suspected sexual abuse of their child by a person outside the family, the police would still be mandated to report the suspected abuse, despite being the primary responder. In this example, mandatory reporting would need to occur with no change in the outcome for the family as all appropriate action has already been taken.

Another complication is that the legislation is unclear whether a reporter who suspects or believes a child has been abused or neglected is obligated to report if the person in question is no longer a child, such as in cases of suspected historical child sexual abuse. While the legislation

consistently implies that the child is currently under the age of 18 years, the legislation states that a "child has been harmed" is sufficient grounds for reporting, indicating that historical information should be included. Prescribed persons may therefore feel obligated to report historical abuse.

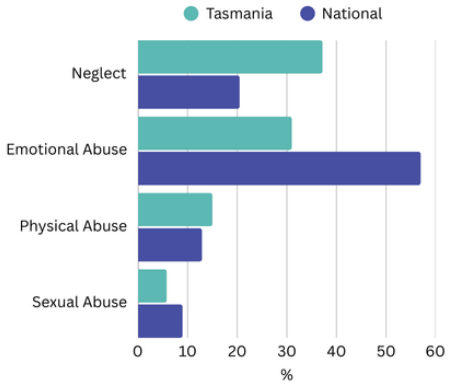
These broad reporting mandates have notable implications when the prevalence data for Australia are examined. The Australian Child Maltreatment Study (Higgins et al., 2023; Mathews et al., 2023) found 61% of a nationally representative sample of n=3500 Young Australians (16-24 years) experienced one or more forms of abuse or neglect. When examined together, an estimated 24.7% of Young Australians (1 in 4) had experienced three to five types of abuse or neglect (Octoman et al., 2026).

A comparison can be made to South Australia where one in three children are reported to the child protection helpline at least once by age 10. Notably, South Australia has comparable mandatory reporting provisions to Tasmania and a similarly high incidence of childhood poverty.

These data suggest that if prescribed persons in Tasmania were to continue to report all suspected abuse and neglect to the ARL that the volume of reporting will remain very high, with potential for further growth above current demand.

Understanding drivers of demand

Understanding the types of concerns reported requires attention to the broader structural conditions facing families in Tasmania. While emotional and sexual abuse rates were below the national average, Tasmania recorded higher rates of physical abuse and the highest rate of neglect notifications in the country (Australian Institute of Health and Welfare, 2025, Table S3.5).



Neglect reflects the cumulative effects of, for example, poverty, isolation, stress, and limited access to supports. The pattern of relatively high neglect substantiations in Tasmania may reflect a broader context of structural disadvantage.

According to the 2021 Index of Relative Socio-economic Disadvantage, Tasmania ranks as the second most disadvantaged jurisdiction nationally (Australian Bureau of Statistics, 2023, SA1 Table 2) (For more details see Octoman et al., 2026).

These factors can contribute to chronic risk and cumulative adversity. Given the broad definition of child at risk in Tasmania, many families experiencing these conditions may meet the legislative threshold of being "at risk" and therefore must be reported by a prescribed persons.

However, this "at risk" definition is interpreted differently across professions in Tasmania, resulting in a lack of shared language about the concept of risk and the threshold for escalation to Child Safety Services (Department for Education, 2024).

It is clear that most contacts to the ARL are prompted by prescribed persons, fulfilling their mandatory reporting obligations. Yet, most contacts are resolved without escalation to statutory services or redirection to formal supports.

A large gap between what must be reported and what will be acted on results in a challenging statutory response.

The legislative definition of a child "at risk" in Tasmania is intentionally broad, designed to support early identification and reporting of harm. However, this generates a structural volume of reports that exceed the capacity of statutory services alone to respond to, particularly in the context of widespread socioeconomic disadvantage and chronic adversity.

This raises important questions about whether there is sufficient alignment of mandatory reporting obligations, the ARL's intake scope, and the broader system's capacity to respond to lower-risk or sub-threshold concerns.

Greater system-wide clarity and alignment is likely to benefit both families and professionals. A principled approach may help to provide systems-wide clarity and alignment and address limitations in legislation.

PRINCIPLES FOR ASSESSING AND RESPONDING TO RISK

A principled approach can be used to consider the degree of risk to children, the imminence of that risk and whether statutory powers are likely to be needed to help facilitate child safety. These principles consolidate theoretical and evidence foundations and provide a shared framework for determining when concerns require statutory intervention and when they are better addressed through non-statutory supports. Together, the principles create a consistent, transparent basis for operational decision-making.

The following principles are proposed to guide decision making at intake:

Immediate Safety: In cases where the child's safety is imminently at risk, triage should go directly to statutory child protection services.

Least Intrusive Response: Where safety needs are not imminent, a determination must be made of the level of response needed to establish future safety or address risk.

Protective Capacity: Where a parent is both willing and able to protect the child with support, referrals should be made directly to the appropriate support. Families deserve the widest possible assistance.

Driver of Harm: Some harms are driven by parents' maltreatment of a child, and require Child Safety Services, while others are due to service gaps or stressors and are more appropriate for service referrals.

Child-centred Outcomes: The experiences of the child must be assessed alongside the actions and intentions of the parents. The chosen pathway must leave the child safer by responding to their experience. This principle is foundational to all decision-making and cuts across all principles.

Together, these five principles form the conceptual architecture for threshold decisions. In operational practice, three principles (Immediate Safety, Protective Capacity, Driver of Harm) are most central to distinguishing statutory from non-statutory matters. Child-Centred Outcomes and Least Intrusive Response operate as overarching principles that shape the application of all thresholds and pathways.

This structured approach ensures consistency and transparency in triage, enables more accurate differentiation between safety and wellbeing concerns, and avoids unnecessary statutory involvement. These principles do not operate in isolation. Rather, they are applied collectively, with some guiding the overarching orientation of the system and others shaping the practical distinction between statutory and non-statutory responses. Introducing them in full ensures the model is grounded in contemporary understandings of harm, cumulative adversity, protective capacity, and proportionality.

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APPENDIX A

Legislative Definitions

Definition of a Child "At Risk"

Section 4 of Children, Young Persons and Their Families Act 1997

Meaning of "at risk"

(1) For the purposes of this Act, a child is at risk if –

(a) the child has been, is being, or is likely to be, abused or neglected; or

(b) any person with whom the child resides or who has frequent contact with the child (whether the person is or is not a guardian of the child) –

(i) has threatened to kill or abuse or neglect the child and there is a reasonable likelihood of the threat being carried out; or

(ii) has killed or abused or neglected some other child or an adult and there is a reasonable likelihood of the child in question being killed, abused or neglected by that person; or

(ba) the child is an affected child within the meaning of the Family Violence Act 2004 ; or

(c) the guardians of the child are –

(i) unable to maintain the child; or

(ii) unable to exercise adequate supervision and control over the child; or

(iii) unwilling to maintain the child; or

(iv) unwilling to exercise adequate supervision and control over the child; or

(v) dead, have abandoned the child or cannot be found after reasonable inquiry; or

(vi) are unwilling or unable to prevent the child from suffering abuse or neglect; or

(d) the child is under 16 years of age and does not, without lawful excuse, attend a school, or other educational or training institution, regularly.

(2) For the purposes of subsection (1) , it does not matter whether the conduct that puts a child at risk occurred or, as the case requires, is likely to occur wholly or partly outside Tasmania.

Section 4 of Family violence Act 2004

affected child means a child whose safety, psychological wellbeing or interests are affected or likely to be affected by family violence;

Definition of 'Abuse or Neglect' and 'Affected Child'

abuse or neglect means –

(a) sexual abuse; or

(b) physical or emotional injury or other abuse, or neglect, to the extent that –

(i) the injured, abused or neglected person has suffered, or is likely to suffer, physical or psychological harm detrimental to the person's wellbeing; or

(ii) the injured, abused or neglected person's physical or psychological development is in jeopardy –

and "abused or neglected" has a corresponding meaning;

Mandatory Reporting Obligations and Responsibility to Prevent Abuse or Neglect

Section 14 of Children, Young Persons and Their Families Act 1997

(2) If a prescribed person, in carrying out official duties or in the course of his or her work (whether paid or voluntary), believes, or suspects, on reasonable grounds, or knows –

(a) that a child has been or is being abused or neglected or is an affected child within the meaning of the Family Violence Act 2004 ; or

(b) that there is a reasonable likelihood of a child being killed or abused or neglected by a person with whom the child resides; or

(c) while a woman is pregnant, that there is a reasonable likelihood that after the birth of the child –

(i) the child will suffer abuse or neglect, or may be killed by a person with whom the child is likely to reside; or

(ii) the child will require medical treatment or other intervention as a result of the behaviour of the woman, or another person with whom the woman resides or is likely to reside, before the birth of the child –

the prescribed person must inform the Secretary or a Community-Based Intake Service of that belief, suspicion or knowledge as soon as practicable after he or she forms the belief or suspicion or gains the knowledge.

Definition of a 'Prescribed Person'

Section 14 of Children, Young Persons and Their Families Act 1997

(1) In this section,

prescribed person means –

(a) a medical practitioner; and

(b) a registered nurse or enrolled nurse; and

(ba) a person registered under the Health Practitioner Regulation National Law (Tasmania) in the midwifery profession; and

(c) a person registered under the Health Practitioner Regulation National Law (Tasmania) in the dental profession as a dentist, dental therapist, dental hygienist or oral health therapist; and

(d) a person registered under the Health Practitioner Regulation National Law (Tasmania) in the psychology profession; and

(e) a police officer; and

(f) <this is left blank in the Act>

(g) a probation officer appointed or employed under section 5 of the Corrections Act 1997 ; and

(h) a principal and a teacher in any educational institution (including a kindergarten); and

(i) a person who provides child care, or a child care service, for fee or reward; and

(j) a person concerned in the management of an approved education and care service, within the meaning of the Education and Care Services National Law (Tasmania), or a child care service licensed under the Child Care Act 2001 ; and

(ja) a member of the clergy of any church or religious denomination; and

(jb) a member of the Parliament of this State; and

(k) any other person who is employed or engaged as an employee for, of or in, or who is a volunteer in –

(i) a Government Agency that provides health, welfare, education, child care or residential services wholly or partly for children; and

(ii) an organisation that receives any funding from the Crown for the provision of such services; and

(l) any other person of a class determined by the Minister by notice in the Gazette to be prescribed persons;

religious confession has the same meaning as in section 127 of the Evidence Act 2001.

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