Government of **Western Australia**
Department of **Communities**

Completing the Needs Assessment Tool (NAT)

Guidance for Child Protection Workers and Care Team members

This guidance must be read in conjunction with the Casework Practice Manual Chapter 3.4 when completing the Needs Assessment Tool (NAT). The entry provides an overview, information about when and how to complete the NAT, information sharing considerations, as well as approval and review arrangements.

This document will assist Child Protection Workers and Care Team members to identify children's needs, and the level of those needs, so they can complete the NAT in Assist.

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CHILD DEVELOPMENT NEEDS

Age of child	6 months	1 year	1.5 years	2 years	2.5 years	3 years	3.5 years	4 years	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years
Social and Emotional Development																	During this period your child will continue to be an emotional pendulum: happy and at ease one year, troubled by self-doubts the next. These swings will smooth out as your teen approaches the end of high school and gains more confidence in their own independence.				
																	Uncertain, unhappy, and sensitive. Withdrawn; spends a lot of time alone; needs privacy. Convinced that everyone else is watching and judging. Very concerned with body image. Self-esteem at low ebb. Not sociable with adults. Friendships tend to be group-focused; more squabbling than a year ago.	Generally happy and easy-going. Recognizes own strengths and weaknesses. Finds many faults with, and is embarrassed by, both parents. Likes to be busy and involved in many extracurricular activities. Social circle is large and varied; includes friends of both sexes. Very anxious to be liked. Interest in the opposite sex is strong.	May be quarrelsome and reluctant to communicate. Strong desire for independence; wants to be free of family. Relationship with siblings may be better than with parents. Friends are very important; may have one or two "best friends". Dating and romantic relationships are commonplace.	Relationship with family is easy and giving. Feels comfortable in own skin; secure sense of self. Starts to view parents as people, rather than rule-makers. Friendships are very important. Most have many friends of both sexes with shared interests. Romantic relationships can be quite intense.	Becomes goal and future orientated. Will likely want more freedom and responsibility. Whilst a lot of talk about the adult world generally terrified about making the transition and associated responsibilities. emotionally less moody and more able to handle their emotions.
Outstanding Characteristics	Can maintain sitting positions for long periods. Behaviour patterns and emotions are in good focus.	Can now crawl about freely on hands and knees. Walks with support. Period of reasonably good smooth functions.	Tries to do so much and so vigorously that total behaviour pattern loses early harmony. Not a good time for responding to commands.	Better organised. Calm. Willingness to do what she/he can and not try too hard.	Can't do a thing with her/him. Rigid and inflexible. Wants what she/he wants when she/he wants it. Can't adapt, give in, or wait.	Love to conform. Increased motor ability means she/he can carry out play activities successfully.	Motor incoordination-stumbling, falling, fear of heights. Developing capacity to manage emotion and self soothe when distressed.	Strong imagination, out to meet the world. Better understanding of fact and fiction.	Calm, friendly.	High physical activity. Boisterous. Self-centered.	Greater mental activity. Almost brooding as compared to 6 year old.	New outgoingness. Avid curiosity. Not as comfortable with her/his world as when younger.	Outgoing and curious. Very involved in personal interests. Self-confident.	Stable and at ease with the world. Sex differences emerging.	High physical activity. Also big appetite. Intense curiosity. No longer quite at ease with self and others.	Outgoing. Open. Beginning to see self as no longer a child.	Physical and Sexual Development: At age 13 some girls look like women, while many boys still look like children. Many teens are very conscious of their bodies and concerned about their appearances. Most boys won't need to shave, but might want to anyway. Girls will probably want to start shaving their legs and underarms. It's common for teenagers to have acne, which is caused by changing hormone levels. Teens begin to understand that they are sexual and understand the options and consequences of sexual expression. Always hungry and appetite is great. The need for sleep increases and may sleep quite late on weekends.				
Self-Concept	Extremely social. Likes to smile at onlookers.	Serene, self-confident and friendly. Plays alone. Temper tantrum to get own way.	Quick tempered and needs everything 'NOW'. Plays alone. Greatly dependent on adults.	Becomes more resistant and assertive towards adults.	Domineering and demanding. "Me do it myself." No one is allowed to help.	Seems to be pleased with herself/himself. Secure within herself/himself.	May demand that all attention be focussed on herself/himself. Becomes jealous of attention paid to others. Insecure. Shy - over boisterous.	Needs to experiment and test out her/his limits.	Content to stay at home. Need to seek unknown has diminished. Satisfied with herself/himself.	Begins differentiation of self by alternately opposing then making overtures towards parents.	Less self-centred. More concerned with reactions of others to her/him. Sensitive. Can often be ashamed.	Critical and self-evaluative. Demanding and critical of others too. Likes to compare self with others.	Still self-evaluating but with more at ease with self. Can admit mistakes without feeling threatened.	Less self-evaluative, more self-satisfied.	New doubts and tensions as adolescence approaches. Moody, sensitive and full of self-doubt.	Less self centered.Capable of some self-criticism. Shows a need to define self.	Teenagers are painfully self-conscious and will worry a great deal about how they look, the clothes they wear and what other people think of them. They can be particularly sensitive to criticism, so never comment on their behaviour in front of others, as they are likely to find this humiliating. Mood swings are very common at this time, so you will avoid lots of arguments if you can manage to stay calm and give your teen the space to spend some time alone.				
Social and Family Relationships	Listens to words spoken by others. Likes father's low voice. Listens to own private verbalisations.	Waves 'bye-bye', imitates. Responds to gestures, facial expressions and sounds. Tends to be 'resistant' with strangers. Loves audience, says 'NO'.	Does exactly opposite to that which adult has in mind. Treats others more as if they are objects. No concept of sharing.	People mean more. Likes to please others and is often pleased by others. Can sometimes put another's wishes above her/his own.	Not an easily adaptable member of any social group. Becomes frustrated at too hard tasks.	Can like to give as well as take. Can sometimes share both objects and experiences. People important to her/him.	Difficulties in relationships with other people. "Do you love me?" Extremely demanding with adults. "Don't like." "Don't talk!"	Loves to defy parental commands. Prefers to play in small groups. Likes to 'show off'.	Not too demanding in her/his relationships with others. Mother is likely to be centre of her/his world. Likes to be instructed and get permission.	Verbally aggressive but sensitive about being called names. Dawdles, but is impatient with others. Has difficulty relating to parents and siblings. Forms erratic friendships.	More polite. Likes to help at home. Has closer peer relationships.	General backsliding in home relationships. Highly critical of parents; poor sibling relationships, relationships within same sex very important.	Better relationships at home as she/he becomes less critical. Very close peer friendships. Accepts success or failure in competitive games.	Closer peer relationships with sex differentiation – boys in larger groups, girls in smaller groups. Can like organised clubs.	Challenges parents and all adults. Conflicts with siblings. Peer friendships very important.	Participates less in family activities. Friends more important.	Most teenagers will now lose interest in children's stories and prefer to read books aimed at older teenagers or adults. Some parents worry that their teenagers spend too much time listening to music or talking to their friends through text messages or MSN, but research indicates that this can actually benefit your child's language skills. Many girls begin to keep a diary at this age. This should be encouraged, as it's a great way for them to express their thoughts and feelings. Until the age of 13 or 14, most children have same-sex friendships. But from now on your teen is likely to be part of a large mixed group of friends. If they are dating they may spend time with other couples, but this may change if they begin a more serious relationship. If this happens, your teen may start to spend more time with their new boyfriend or girlfriend than with their friends. You may need to encourage them to keep up their old friendships, and will almost certainly need to comfort them when relationships break up or a friend lets them down. Have the capacity to develop long-lasting, mutual, and healthy relationships, if they have the foundations for this development—trust, positive past experiences, and an understanding of love. Understand their own feelings and have the ability to analyse why they feel a certain way. Begin to place less value on appearance and more on personality.				
Work Habits	Can amuse herself/himself for long periods. Grasps and fingers objects. Brings them to her/his mouth. Delights in banging.	Increased motor habits may temporarily interfere with daily routines.	Gets into everything. Is ceaselessly active and knows very little inhibition. Will stay willingly if there are interesting things within sight.	Demands are not as strong. Can wait a minute and suffer temporary frustration.	Everything has to be in the place she/he considers its proper place. Has rigid sequence of events. Persistent – wants to go on and on with task.	Co-operative, easy going attitude to activities and routines.	Can't settle. Insecure.	May start a job and maintain it with less adult control.	Uses play to express herself/himself freely. Able to maintain play theme for longer periods of time.	Works and plans in spurts. Does not know when to stop. Tires easily.	Persistent and careful with work. Better perspective of how much she/he can do.	Social interests may interfere with school work. Self criticism may discourage work. "I can't spell."	Very persistent, self-absorbed. Academic achievement very important.	Likes school. Can have responsible work habits.	Personal and social interests overwhelming. Often has difficulty sustaining interest in school work.	Difficult in school. More interested in expressing self than in working with others.	Attain cognitive maturity—the ability to make decisions based on knowledge of options and their consequences. Continue to be influenced by peers (the power of peer pressure lessens after early adolescence.) Build skills to become self-sufficient. Respond to media messages but develop increasing ability to analyse those messages. Develop increasingly mature relationships with friends and family. Seek increased power over own life. Learn to drive, increasing their independence.				
Intellectual Development																	Between 13 and 16 your child's ways of thinking about themselves, others and the world; shift to a much more adult level. Enter middle adolescence with a focus on things they can experience here and now, and moves to being able to imagine the range of possibilities life holds. Expect the following changes as a progression of development rather than as age-based milestones: arguing skills improve (and are demonstrated often and with great passion) reasoning skills improve, begins with the ability to apply concepts to specific examples learns to use deductive reasoning and make educated guesses learns to reason through problems even in the absence of concrete events or examples becomes able to construct hypothetical solutions to a problem and evaluate which is best focus on the future develops, begins with a present focus, mixed with some fantasy learns to recognize that current actions can have an effect on the future starts to set personal goals (and may reject goals set by others) decision-making skills improve, begins to independently differentiate right from wrong and develops a conscience learns to distinguish fact from opinion learns to evaluate the credibility of various sources of information becomes able to anticipate the consequences of different options may challenge the assumptions and solutions presented by adults.				
Piaget	Sensorimotor: Uses senses and bodily motion.			Pre-operational: Relies more heavily on immediate perception and direct experience than on logical operation. Sees world from own point of view and cannot reverse.									Concrete operational: Begins to think with some logic. Requires concrete materials.			Formal operational.	The formal operational stage begins at approximately age eleven and lasts into adulthood. During this time, people develop the ability to think about abstract concepts, and logically test hypotheses.				
Cognitive	Can visually perceive differences between shapes and patterns. Sensitive to speech sounds.	Explore objects with tongue and lips. Examines objects before waving. Imitates words.	Understands more words than can speak. Will pretend to do things.	Little appreciation of time. Can use some language effectively. Explores, tests and probes. Matches shapes.	Increased ability with an interest in language. Make believe play with objects.	Thinking is concrete. Concentrates on one dimension - flatness, tallness - and cannot compare.	Does not reason inductively from the specific to the general.	Experiments with language. Interest in details and likes to be shown. "Why?" can often be a favourite word.	Interested in letters and numbers. Able to demonstrate similarities and show awareness of past and present.	Can attend closely with just verbal instructions integrating physical knowledge with intellectual.	Interested in world around. Learns by doing, by actively manipulating objects.	Reasoning processes become more logical but cannot yet apply this logic to problems that are hypothetical or purely verbal.		Developing an understanding of relationship between time and speed.	Can apply learnt information to real-life situations.	Developing the ability to solve abstract ideas. Can learn without manipulating objects.	In early adolescence, precursors to formal operational thinking appear, including limited ability to think hypothetically and to take multiple perspectives. During middle and late adolescence, formal operational thinking becomes well developed and integrated in a significant percentage of adolescents. By age 16, most teens are developing the ability to think abstractly, deal with several concepts at the same time, and imagine the future consequences of their actions. This type of thinking in a logical sequence continues to develop into adulthood. Also by age 16, teens can learn to process more complex problems, to develop and test theories, to understand analogies, to reason inductively and deductively, and to think inferentially. Most teens know the right thing to do. But their self-centred thoughts and behaviours may sway them to act with little thought about the end result. Bit by bit, their moral sense continues to evolve. Sometimes teens grow a bit arrogant with their newfound mental abilities, and some parents complain that their teens "know everything." Even though teens are forming adult cognitive abilities, they still do not have the life experiences to guide them in making the best choices.				
Erikson	Trust vs mistrust			Autonomy vs shame or doubt			Initiative vs guilt		Industry vs inferiority							Identity vs role confusion	Fidelity: identity vs. role confusion (adolescence, 13–19 years). Existential Question: Who Am I and What Can I Be? The adolescent is newly concerned with how they appear to others. In later stages of adolescence, the child develops a sense of sexual identity. The teenager must achieve identity in occupation, gender roles, politics, and, in some cultures, religion. Adolescents "are confronted by the need to re-establish [boundaries] for themselves and to do this in the face of an often potentially hostile world". This is often challenging since commitments are being asked for before particular identity roles have formed. At this point, one is in a state of 'identity confusion', but society normally makes allowances for youth to "find themselves". This state is called 'the moratorium'.				

Acknowledgement: *Case Management with Children in SAAP Services: A Family Orientated Approach* by Terry Smith.

CP141.0711

The information in the following pages aligns with the drop down categories in the NAT and also provides example indicators of children's needs to assist with your assessment of the child. Please note when completing the NAT that these indicators specifically relate to current needs and behaviours and those demonstrated from within the last 12 months.

Safety needs

Safety needs are the actions and behaviours of the child that place them and/or others at risk of harm and may require monitoring, prevention and support.

Safety - Self harming behaviour

Self-harm means any behaviour which involves the deliberate causing of pain or injury to oneself – usually as an extreme way of trying to cope with distressing or painful feelings and is also sometimes referred to as 'deliberate self-injury'. The most common methods of self-harm among young people are cutting and deliberately overdosing on medication (self-poisoning). Other methods include burning the body, pinching or scratching oneself, hitting or banging body parts and interfering with wound healing. (Note: the intent behind self-injury is often different to suicide, but is a risk factor for suicide).

Self-harming behaviours	Indicators
No self-harming behaviour	• No known evidence of self-harming behaviour.
Occasional self-harming behaviour	• Evidence of occasional, opportunistic and superficial self-harming behaviour, such as deliberate scratches and cuts.
Frequent self-harming behaviour	• Evidence of more automatic and impulsive use of self-harming behaviour of mixed severity as a coping strategy to manage distress.
Extreme self-harming behaviour	• Evidence of dependent use of self-harming behaviour to manage or regulate distress, sometimes comprising deep wounding or other intense forms of self-harming including attempts to hide or deny self-harming. • The behaviour is likely to require medical treatment and/or hospitalisation.
Unknown	• Further assessment is required to determine whether these behaviours exist.

Related resources:

Non-suicidal Self-injury and Suicide

Mental Health Services for Young People in Western Australia

Safety - Suicidal behaviour

Suicidal behaviour involves any behaviours, statements or thoughts related to suicide. These include behaviours where the child attempts, plans or thinks about ending their life. An imminent risk of suicide may include one or more of the following: an expressed intent to die, a plan in mind (when), access to lethal means (how/plan), impulsive, aggressive or anti-social behaviour, using alcohol or other drugs (AODs), or a personal or family history of self-injury and/or suicide attempt/s.

Suicidal behaviours	Indicators
No suicidal thoughts or ideations	• No known evidence of suicidal behaviour or thinking.
Suicidal thoughts and ideations without planning and preparation	• One-off or infrequent suicidal statements or thinking in association with a life crisis or other overwhelming situation.
Suicidal thoughts and ideations with planning and preparation	• Frequent mood instability and distress often associated with reactive suicidal statements or thinking and suicidal statements and thinking that includes a level of planning and intent.
Suicide attempt	• Chronic low, flat, depressed mood associated with statements of hopelessness, helplessness, limited sense of future and suicide behaviour or previous attempts.
Multiple suicides attempts	• Chronic low, flat, depressed mood associated with statements of hopelessness, helplessness, limited sense of future, social withdrawal, substance use and more than one suicidal behaviour/attempts.
Unknown	• Further assessment is required to determine whether these behaviours exist.

Related resources:

Suicide Information Sheet

Responding to Suicidal Thoughts and Behaviours

Personal Levels of Concern About Suicide

Suicide and Aboriginal People

Safety - Sexual behaviours

Sexual development is progressive throughout the lifetime and an integral part to the overall development of all children. Sexualised behaviours are those which the child displays and can be age appropriate, concerning or very concerning

Sexual behaviours	Indicators
Appropriate sexual behaviour for age and stage of development	• Sexual behaviour seemingly appropriate for age and stage of development.
Sexualised behaviours that place the child or other people at some risk	• Sexual behaviour that seems to have a self-soothing function and/or seems outside of normal developmental progression, but not involving physical contact with others, such has excessive masturbation, flashing, voyeurism and so forth.
Sexualised behaviours that place the child or other people at moderate risk	• Sexual behaviour that appears to have a self-soothing function that involves physical contact with others and/or sexual behaviour that appears to be re-enactment of alleged or substantiated past sexual abuse. The behaviour may persistently occur or occur sporadically in association with stressful life circumstances. • The behaviour might include displaying early signs of promiscuity or sexual activity, for example: sexual activity with an older or more mature partner, or the online exchange of sexualised images.
Sexualised behaviours that place the child at significant risk	• Sexual behaviour that is very concerning, including sexual activities with animals, chronic use of pornography or deviant pornography, focus on sexual behaviour to the exclusion of non-sexual behaviour. • The behaviour might include promiscuity or sexual activity that places child at risk, such as exchanging sexual favours for rewards.
Sexualised behaviours that place other people at significant risk	• Sexual behaviour that places other people, including other children, at significant risk. This includes involving other children or vulnerable people in sexual activities or exposing other children to harm. • The behaviour might include sexual offences, including sexual assault, grooming or encouraging more vulnerable children to engage in sexual acts.
Unknown	• Further assessment is required to determine whether these behaviours exist.

Related resources:

1.1 Sexually Active Young People

Sexual Behaviours of Children that are Age Appropriate, Concerning and Very Concerning

Responding to concerning sexual behaviours in young people

Effects of child sexual abuse

Assessing behaviour and responding to the child's needs

Indicators of child sexual abuse

Safety - Substance use

Substance use is the misuse of illicit or other drugs and alcohol by the child.

Substance use	Indicators
No substance use	• No evidence of substance use or experimental substance use that seems appropriate to age and which was or seems responsive to a low level intervention such as harm reduction education or re-direction.
Some experimentation	• Substance use as a symptom of escape, avoidance or otherwise difficulty coping with daily life stressors and circumstances occurring either alone or with peers.
Substance use with some impact on wellbeing	• Substance use as a main coping strategy often associated with angry, withdrawn and aggressive behaviour when access to substances is limited or prevented.
Substance use with significant impact on wellbeing	• Focus and pre-occupation with access and use of substances for the purpose of a persistent and on-going state of intoxication. • The substance use likely to have a serious impact on physical and mental health.
Unknown	• Further assessment is required to determine whether these behaviours exist.

Related resources:

AOD Support Tool: Depressants

AOD Support Tool: Stimulants

AOD Support Tool: Volatile Substances

AOD - Alcohol and Other Drug Models

AOD Issues - Referral Tip Sheet

Safety - Offending behaviour

Offending behaviour are behaviours of the child which may result in involvement with the police and criminal justice system. Also, consider children under the age of criminal responsibility and the impact of behaviours on self and others.

Offending behaviour	Indicators
No offending behaviour	• No known history of offending.
Occasional low level offending behaviour	• Offending that appears to have functioned to meet basic needs or offending that appears to have commenced in the last 12-months, often in association with peers or a social context, for example petty shoplifting.
Moderate level offending behaviour	• Some repeated offending in the last 12 months as part of substance use and/or symptomatic of poor impulse control, stress or difficulty coping with daily life.
High level offending behaviour	• Ongoing offending seemingly as a normalised part of their lifestyle and appears to be entrenched or one-off serious offences with risk of custodial sentences, examples include: o Serious physical assaults; o Assault may involve weapons; o Arson; o Repeated thefts; and/or o Sexual assaults.
Unknown	• Further assessment is required to determine whether these behaviours exist.

Casework Practice Manual:

2.1 Care Arrangements for Children Considered a Risk to Others

3.3 Young Offenders – Including Children in the CEO's Care

Safety - Absconding behaviour

Absconding behaviours are behaviours where the child absconds from their care arrangement or arranged environment or activities.

Absconding Behaviour	Indicators
No absconding behaviour	• No known history of absconding or absconding seemingly as part of asserting age appropriate independence.
Occasional absconding behaviour	• Absconding seemingly due to poor coping ability/skills with predominantly no known anti-social and/or risk behaviour occurring when absconding occurs.
Frequent absconding behaviour	• Absconding seemingly due to poor coping ability/skills with anti-social and/or risk behaviour occurring frequently when absconding occurs; • Seemingly planned and intentional to engage with an anti-social peer group and/or engage in anti-social and/or risk behaviour; or • The child is currently reported to police as a missing person or has been in the last 12 months.
Unknown	• Further assessment is required to determine whether these behaviours exist.

Related resources:

At Risk Person Assessment CPFS Absconder Report

Safety - Violent or aggressive behaviour

Violent or aggressive behaviour includes the child displaying angry verbal expressions and/or being threatening, aggressive or physically violent to others. Use the evidence box to record triggers and patterns of behaviour; for example:

- are behaviours only exhibited following family contact;
- linked to particular activities, or associated with lack of sleep; or
- is the young person consistently verbally and/or physically aggressive?

Violent or aggressive behaviour	Indicators
No violent or aggressive behaviour	• No history of violent or aggressive behaviour or history of low-end violence or aggression following provocation.
Verbally threatening/aggressive behaviour	• Violence or aggression that appears to function as a means to an end (a way to get something). For example angry or aggressive communication, threats to harm a person, animal or property damage, threats to self-harm or suicide and/or verbally intimidating behaviour that may cause someone fear of injury or harm.
Physically threatening/aggressive behaviour	• Higher end violence and aggression as a symptom of poor emotion regulation and impulse control with some remorse or guilt once the violent and aggressive episode has past and baseline state of arousal has returned. Acts of violence that may or may not have inflicted physical harm to a person or animal, such as but not limited to hitting, kicking, restraining, or use of weapons.
Extreme violent behaviour	• Higher end deliberate violence and aggression as part of intimidation, dominance, power and control, getting what they want and/or for apparent fun and enjoyment. Child is displaying the behaviour listed in the above categories regularly. • Child has been charged or convicted with an offence related to verbally or physically threatening, intimidating or violent behaviour.
Unknown	• Further assessment is required to determine whether these behaviours exist.

Casework Practice Manual:

2.1 Care Arrangements for Children Considered a Risk to Others..

3.3 Young Offenders – Including children in the CEO's Care.

Related resources:

Cyber Safety

Safety– Fire setting behaviour

Fire setting behaviour is a deliberate act of setting fire to objects or preparing to set fires.

Fire Setting Behaviour	Indicators
No known fire setting behaviour	• No known history of fire setting or fire setting associated with low curiosity and interest in fires, no evidence of systematic gathering/hoarding of ignition sources to start fire, no known mental health difficulties, few incidents of anti-social behaviour and age appropriate social and problem solving skills.
Fire setting behaviour with low risk to community	• Incidents of fire setting associated with a high level of curiosity and interest in fire, evidence of systematic gathering/hoarding of ignition sources to start fire, contact with mental health services and/or impulsivity and attention deficits, substantiated history of abuse, delinquent behaviours, poor academic performance and/or some social skill deficits.
Fire setting behaviour with high risk to community	• Incidents of fire setting associated with evidence of systematic gathering/hoarding of ignition sources to start fire, a history of fire setting from a young age, a high level of curiosity, interest in and excitement about fire, contact with mental health services, attention, aggression and/or social skills problems, has experienced high levels of abuse and/or very poor academic performance.
Unknown	• Further assessment is required to determine whether this behaviour exists.

Casework Practice Manual:

2.1 Care Arrangements for Children Considered a Risk to Others

Safety – Property damaging behaviour

Property damaging behaviours are those which are likely to result in varying degrees of deliberate property damage. Use the evidence box to record triggers and patterns of behaviour.

Property damaging behaviour	Indicators
No or minimal property damaging behaviour	• No history of property damage or history of low-end property damage following provocation.
Occasional property damaging behaviour	• Property damage that appears to function as a means to an end (a way to get something).
Frequent property damaging behaviour	• Higher end property damage as a symptom of poor emotion regulation and impulse control with some remorse or guilt once the property damage has occurred and baseline state of arousal has returned. Behaviour may occur as part of intimidation, dominance, power and control, getting what they want and/or for apparent fun and enjoyment.
Unknown	• Further assessment is required to determine whether this behaviour exists.

Casework Practice Manual:

2.1 Care Arrangements for Children Considered a Risk to Others

Care arrangements - excessive carer travel

Care arrangements refers to the additional amount of regular car travel (over 100kms per week[1]) required to support the child's specific needs. This includes travel time to and from contact arrangements, health appointments, recreational and leisure pursuits, additional appointments such as tuition. This does not include overseas, interstate travel or travel to major or extraordinary events such as sporting competitions.

Excessive carer travel		**Indicators**
Is the carer required to travel (vehicle) over 100km per week specifically related to the child's needs?	Yes	• The carer can identify which activity and the total mileage required. This reason for the additional mileage is identified as being required to meet the children needs and is approved by the Team Leader. Example might include additional mileage so the child can attend multiple medical appointments.
	No	• The carer is transporting the child however this is not above what is needed and is not above 100kms per week.
Approximately what is the total travel in kms per week?		• Select the approximate distance per week for the child (include all the mileage above 100kms the carer undertakes specifically related to the child's needs).

[1] Note - the first 100km is included in the caring allowance/subsidy

Health needs

Health needs are the physical, developmental and emotional needs of the child. Child protection workers should use caution when identifying health needs that may not have a medical diagnosis. For example identifying that a child has a mental illness when they have not been seen by a psychiatrist or other mental health professional. In circumstances where health needs may be present child protection workers should refer the child to a GP for possible specialist assessment.

When completing the NAT child protection workers must always use information about the child's health needs from specialist health professionals when available. Consider information from the following:

- Initial Medical Assessment Form (Form 513), which should have been completed within 20 working days of the child's entry into care;
- diagnostic assessment reports (such as paediatric or neuro-psychological reports);
- psychiatric reports;
- psychological reports;
- trauma profile reports (for children in residential care);
- school health reports;
- physical disability reports such as occupational therapy and/or assessments for specific conditions;
- eye tests, dental health assessments and hearing tests; and
- other test results completed for specific issues.

Please refer to annexure one for examples of health needs in the following areas:

- physical development;
- cognitive development (intellectual abilities);
- adaptive behaviour (everyday skills for functioning);
- communication development (speech and language); and
- social and emotional development.

Casework Practice Manual:

3.4 Health Care Planning

Related resources:

Health Care Planning Pathway for Children New to Care

Health Care Planning Pathway for Children Already in Care

Health Care Planning Tracking Sheet

Health – Mental health issues

Mental health refers to the child's emotional and social wellbeing. Good mental health enables the child to enjoy and appreciate other people and functions well in daily life. The category 'mental health issues' includes:

- mental health concerns where there are issues relating to a child's general social and emotional wellbeing which are worrying;
- mental health problems where there are issues that affect how the child thinks, feels, and behaves which affects the child's functioning; and
- mental disorders that are formally diagnosed according to standardised criteria (e.g. DSM-5, ICD 10 criteria) by a trained and authorised mental health professional (such as a Psychiatrist, Paediatrician or General Practitioner). If the mental disorder is untreated or ineffectually treated, the child's functioning in daily life is usually significantly affected.

Impact on daily functioning includes three domains:

- the current home environment (parents/carers, significant others, siblings, etc.);
- progress in the child's learning or training environment (e.g. day care, kindergarten, school or apprenticeship); and
- interaction with the same aged peers.

Mental health	**Indicators**
No identified mental health issues	• No known current identified mental health issues. Daily functioning in the three domains (home/learning/peers) is not affected by mental health issues.
Mental health issues that have a slight impact on daily functioning	• Evidence of possible mental health issues. These may be episodic or context specific. The impact appears to be only slightly affecting the child's daily functioning in the three domains (home/learning/peers). Overall the child's daily functioning is still good and general development is not significantly impacted.
Mental health issues that have a moderate impact on daily functioning	• Clear, regular evidence of mental health issues which are having a moderate impact on the child's daily functioning in the three domains (home/learning/peers). E.g. some anger issues, anxiety, despair, depression, etc. but without debilitating affect.
Mental health issues that have a significant impact on daily functioning	• Clear, regular evidence of mental health issues which may have been formally diagnosed, though not necessarily. Regardless, the direct impact is debilitating or the associated maladaptive coping strategies significantly impact on daily life functioning.
Unknown	• Current mental health status cannot be rated at this point due to lack of information or lack of clarity. Further assessment required.

Notes:

1) For infants and younger children give careful consideration to how the daily functioning is impacted by:
    - current developmental stage and expectation, (some 'dysfunctional' behaviour might be normal for that development stage),
    - impact of exposure to trauma, and
    - the state of the child's emotional attachment with significant others.
2) It may be helpful to discuss the child's mental health needs with a Department psychologist before rating.
3) With Aboriginal children and those from a CALD background, consider the cultural context and consult with a relevant professional.

Casework Practice Manual

1.4 Mental Health Issues

Related resources

Mental Health Issues - Infant Mental Health

Mental Health Issues - Types of Mental Illness

Mental Health Issues - Case Practice Issues

Mental Health Issues - Resources

Consumer Health Services Directory - Mental Health - Department of Health

Health – Development concerns (including development delay or intellectual disability)

Developmental concerns are when a child may have physical or cognitive delays in their development. These may be as a result of genetic disorders, environmental conditions the child has previously been in, or as a result of previous care by an adult. Use the evidence box to record additional supports such as occupational therapy, speech and language therapy.

Development concerns	**Indicators**
Age appropriate development/no identified developmental concerns	• Child is developing at a level that is appropriate to their age.
Developmental issues with a slight impact on daily functioning	• Child displays difficulty in one or two of the areas identified in Annexure One (pg. 37): o Physical development, o Adaptive behaviour (everyday skills for functioning), o Cognitive development (intellectual abilities), o Communication development (speech and language), and o Social and Emotional Development.
Developmental issues with a moderate impact on daily functioning	• Child displays difficulty in three or more of the areas identified in Annexure One (pg. 37): o Physical development, o Adaptive behaviour (everyday skills for functioning), o Cognitive development (intellectual abilities), o Communication development (speech and language), and o Social and Emotional Development.
Developmental issues with a significant impact on daily functioning	• Child has a formal diagnosis of a disability. • Child has been diagnosed with Foetal Alcohol Spectrum Disorder (FASD), and/or • Child has one or more of the 'significant impact on daily functioning' areas identified in Annexure One (pg. 37): o Physical development, o Adaptive behaviour (everyday skills for functioning), o Cognitive development (intellectual abilities), o Communication development (speech and language), and o Social and Emotional Development.
Unknown	• Current development concerns status cannot be rated at this point due to lack of information or lack of clarity. Further assessment required.

Equipment or aids	• Equipment or aids that have been prescribed by a medical professional.
Cost of equipment or aids	• Where known, identify the appropriate cost category. Also include the total cost and annual maintenance of such equipment. Consider items that have been purchased within the last 12 months or are to be purchased in the next 12 months.
Medicine	• Required medication (and/or treatment) that has been prescribed by a medical professional.
Cost of medicine	• Where known, identify the appropriate cost category. Also include the total costs of all medicines relevant to the child's needs.

Related resources:

Child Development and Trauma Guide

Assessing behaviour and responding to the child's needs

Childhood overweight and obesity information for Department workers

Foetal Alcohol Spectrum Disorder

Health – Physical disability or medical needs

A physical disability is one that affects a child's mobility or dexterity. A child with a physical disability may need to use some type of equipment for assistance with mobility. It also includes children who have lost limbs or who, because of the shape of their body, require slight adaptations to be made to enable them to participate fully in their community. Other types of physical disabilities include: paraplegia, quadriplegia, hemiplegia, multiple sclerosis, cerebral palsy, absent limb/reduced limb function, muscular dystrophy, spina bifida, polio, visual and hearing impairments, and speech impediments.

Physical health needs can also include heart flutters, seizures, diabetes, HIV and other long-term conditions; provide details in the evidence box. Medical needs do not require formal diagnosis and can include emerging health needs that require ongoing medical appointments.

Physical disability or medical needs	Indicators
No identified physical disability or medical needs	• Child has no known disabilities and only usual childhood medical needs for a child of that age.
Physical disability and/or medical needs with a slight impact on daily functioning	• Diagnosed physical disability that requires some assistance to complete day to day tasks other children of a similar age might do independently. For example, some assistance in getting dressed ready for school, supervision whilst washing, and needing special transport to get to and from school.
Physical disability and/or medical needs with a significant impact on daily functioning	• Diagnosed physical disability that requires 24 hour assistance from those caring for the child due to the child's disability. This might include that the child requires ventilation and/or tube feeding.
Unknown	• Current physical disability or medical needs status cannot be rated at this point due to lack of information or lack of clarity. Further assessment required.
Equipment or aids	• Equipment or aids that have been prescribed by a medical professional.
Cost of equipment or aids	• Where known, please identify the appropriate cost category. Also include the total cost and annual maintenance of equipment. Consider items that have been purchased within the last 12 months or are to be purchased in the next 12 months.
Medicine	• Required medication (and/or treatment) that has been prescribed by a medical professional.
Cost of medicine	• Where known please identify the appropriate cost category. Also include the total costs of all medicines relevant to the child's needs.

Casework Practice Manual:

3.4 Child and/or Parents with Disability

Related resources:

Planning for Leaving Care for Young People with Decision Making Disabilities

Glue ear and ear infections – Health Facts

Educational needs

Educational needs are the formal education or training needs of a child. When considering a child's educational needs, it is recommended the following information is considered and reviewed from the previous 12 months:

- student achievement reports;
- documented education plans;
- National Assessment Program – Literacy and Numeracy (NAPLAN), Online Literacy and Numeracy Assessment (OLNA) and Vocational Education and Training (VET) assessment data and school-generated reports relating to behaviour and attendance;
- education history;
- the number of schools a child has attended and rationale for leaving;
- previous psychological support within the education setting;
- regional educational office intervention/referral;
- Interventions and or strategies that the school implements such as psychological support, tuition, mentor or education assistant;
- frequency of contact with student services and rationale for involvement; and
- frequency and intensity of any behaviour or academic concerns.

Where available consult with your education officer or senior education officer within the district.

Casework Practice Manual:

3.4 Education

Related resources:

Education Planning for Children in Care

Documented Education Plans – Information Sheet

Documented Education Planning Template

Education Officer Consultation and Referral Flowchart

Education Arrangements Information Sheet

Boarding School – Key Considerations Information Sheet

Compulsory Attendance Information Sheet

Disability and Mental Health Support Information Sheet

Strengths and Difficulties Questionnaire 11 – 17 years (for teachers)

Strengths and Difficulties Questionnaire 4 – 10 years (for teachers)

Education – School behaviours

School behaviours	Indicators	
Not compulsory school age	• Child is below school age and not attending any day-care or nursery provision.	
No or minor behavioural issues that impact on schooling/education	• Normal range of child behaviour. • Teacher can manage behaviour within the classroom. • No need for a behaviour support plan.	
Behavioural issues that have some impact on schooling/education	• Difficulty getting along with other children. • Isolated in the classroom. • Teacher may request to meet with the carer and/or child protection worker about behavioural issues. • Child is unable to access incursions or excursions. • Refuses to follow instructions. • Constantly off task, difficulty to focus for five minutes. • Guidance regarding who the child can play with. • Modified access to areas at recess and lunch. • Oppositional or defiant. • Isolated incidents of bullying or introverted and/or extroverted behaviours.	
Behavioural issues that significantly impact on schooling/education	Extroverted behaviours: • School disciplinary absences. • Acting out behaviours including constant talking, yelling out or physical behaviours such as throwing items in a classroom. • Hyper-vigilant of others. • Physical and or verbal threats to staff and/or students including persistent bullying behaviours. • Frequent school meeting requests regarding concerning behaviours. • Risk management planning in place. • Behaviour support planning in place. • Safety planning in the school setting. • Refusal to participate in majority of tasks and activities. • Sexually aggressive.	Introverted behaviours: • Refusal to participate in majority of tasks and activities. • Refusal of help or assistance. • Self-harming behaviour. • Does not play with age appropriate peers in an age appropriate way. • Avoidant behaviour. • Physically hides in the classroom or playground. • Behaviour support planning in place. • Social inclusion planning in place. • Anxiety based behaviours such as soiling/wetting. • Can't accept praise or positive affirmations.

	• School has requested involvement of the School of Special Educational Needs: Behaviour and Engagement – supports students with a range of complex behaviour support needs – both extroverted and introverted behaviours.
Unknown	• Further information needs to be gathered before an assessment can be made.

Related resources:

Behaviour Support Information Sheet

Department of Education Policies (attendance, behaviour management, exclusion)

Department of Education – Schools of Special Educational Needs

Education – Educational development

Education development is the purposeful and sequential attainment of learning expectations, the knowledge and skills that students are expected to achieve at particular stages of their physical, social, emotional and intellectual development. Taking part in education can be a difficult experience for children in out-of-home care, particularly those children that require significant additional educational supports and adjustments to meet their needs.

This section should also consider dyslexia or other learning needs and evidence how they impact on the child, as well as day-care provisions, recognising the importance of early identification of educational and behaviour needs.

Educational Development	Indicators
Not compulsory school age	• Child is below school age and not attending any day-care or nursery provision.
Exceeding educational milestones	• Consistently achieving academic grades of B or better. • Identified as gifted and talented. • Attends Gifted and Talented classes or included in Primary Extension and Challenge program. • Highest academic stream for their year. • Scholarship (academic, sport or music). • Involved in accelerated classes or pre-university.
Meeting educational milestones	• Good attendance. • Getting along with staff and students. • Participates in extra activities. • Completes homework regularly. • Consistently achieving C grades or better. • Achieved OLNA[2], NAPLAN[3] or VET[4] level national standards.
Moderately behind in meeting milestones *Take into consideration the curriculum, assessment and reporting provisions for students with special education needs (SEN)and disability*	• Individual modified academic program. • Participating in group modified program or arrangement. • Requires short term or intermittent behaviour support. • School advocates for tuition. • Some difficulty with teachers and peers. • Short term participation in support programs such as Language Development Centre.

[2] Online Literacy and Numeracy Assessment
[3] National Assessment Program – Literacy and Numeracy
[4] Vocational Education and Training

Significantly behind in meeting milestones *Take into consideration the curriculum, assessment and reporting provisions for students with special education needs (SEN)and disability*	• Significant behaviour support requirements. • School provides significant academic adjustment or individualised learning program. • School requests additional resourcing such as tuition or an EA. • Participation in attendance panels or similar Regional Education Office interventions. • Concerning interactions with teachers and peers leading to school disciplinary absences (suspension). • Referral to full time alternative education arrangement.
Unknown	• Further information needs to be gathered before an assessment can be made. • History of Home Education arrangement.

Related resources

Tuition Information Sheet

Behaviour Support Information Sheet

Department of Education – Schools of Special Educational Needs Disability and Mental Health Support

Education Planning

Student Centred Funding Model

Education – Attendance

Attendance is the child's attendance in education or training. All children in care should participate in the earliest possible education opportunities such as kindergarten. This assists in developing early learning, participation and attendance skills. When a child is of school age it is expected that all children in care will attend school on the days the school is open for instruction.

Compulsory period of education requirements may also be met by approved alternative arrangements, however these should only be entered into in consultation with the Department of Education. Some children may be on alternative attendance requirements, therefore when considering attendance it is important to compare the expectations of attendance against the child's actual attendance. External factors may also have prevented regular attendance including incarceration and placement changes. When appropriate this information should be added to the education evidence box in the NAT.

Attendance	**Indicators**
Not compulsory school age	• Child is below school age and not attending any day-care or nursery provision.
Regular engagement in the school curriculum/minor attendance issues due to social, emotional and/or academic difficulties.	• 90 per cent or better attendance. • Attends a minimum of nine out of 10 days.
Some attendance issues as a result of truancy, suspension, refusing to attend and/or disengagement.	• Concerning attendance (risk indicated at 80-90% and moderate risk 60-80%) • In school suspensions and/or restricted movements or activity within school grounds. • Part day suspension or minimal suspension implemented. • Attendance plan developed by the school in collaboration with the case manager. • Refusing to attend individual classes or lessons.
Frequent absences due to truancy/suspension, refusing to attend and/or total disengagement.	• Poor attendance (severe risk less than 60%) • Chronic truancy or frequent historic absences • Multiple suspensions (out of school). • Involvement from Regional Education Office and/or other specialist services such as School of Special Education Needs: Behaviour and Engagement. • Suspensions are usually in five to ten day blocks. • Has ceased attending or refuses to attend their enrolled school/program (possibly listed on Students Whereabouts Unknown (SWU)). • Severe breach of school behaviour expectations leading to exclusion.

Unknown	• Further information needs to be gathered before an assessment can be made.

Related resources

Compulsory Attendance Information Sheet

Department of Education Policies

Social and family relationship needs

Social and family relationship needs are those relationships a child has with their immediate and extended family, social and cultural groups, and wider supportive community. Where possible, children in care need to maintain relationships with their family and other important people connected to them. These are vital relationships which maintain the child's family identity and support their sense of belonging. Family and other significant relationships should be identified and assessed including circumstances where contact is not occurring.

Casework Practice Manual:

1.1 Parent and Adolescent Conflict

Related resources:

Genogram Family Tree Procedure

Developing Family Trees with Aboriginal families

Developing Social Network Maps with Aboriginal People

Family Map (Ecomap)

Family Finding

Social and family relationship – Relationship with parents

This relates to the child's needs for ongoing contact to maintain a positive relationship or connection with their parents and/or previous carers. A parent is defined as a child's biological, adoptive or step parent.

It is recognised that some children have ongoing relationships with a number of significant adults; include details of these in the evidence box.

Relationship with parents	Indicators
Yes (Child has a relationship with parents/s)	• The child has had contact with at least one of their parents in the past 12 months. (Note: contact can be in the form of face-to-face, telephone, mail, or social media).
No (Child does not have a relationship with parents/s)	• The child has not had any form of contact (face-to-face, telephone, mail or social media) with either of their parents in the past 12 months. • The child's parent(s) whereabouts are unknown. • The Department has not had contact with the parents in the past 12 months. • The parents have told the Department they do not want contact with their child.
Not applicable	• The child's parents are deceased.
Not in the best interest of the child	• A care plan decision has been made for the child not to have contact or an ongoing relationship with their parent. Reasons for this may include: o parent(s) were responsible for harm against the child and there is a risk of further significant harm if future contact occurs o contact with the parents would be detrimental to the child. o the child is able to express their view and is refusing to have contact.

Related resources:

Guide to Developing Contact Arrangements

Parent – Child Observations

Social and family relationship – Relationship with siblings

This relates to the child's need for ongoing contact with their sibling(s) which aims to maintain a positive relationship or connection with their siblings. Siblings are children who share at least one birth parent and/or children who live or have lived together for a significant period with other children in the family group. A sibling is defined as full sibling, half sibling, step-sibling, adopted sibling, foster sibling, cousins and other children within their extended family or networks with whom the child has a significant attachment and views as a sibling.

Relationship with siblings	Indicators
Yes (Child has a relationship with sibling/s)	• The child has had contact with at least one of their siblings in the past 12 months. (Note: contact can be in the form of face-to-face, telephone, mail, or social media).
No (Child does not have a relationship with sibling/s)	• The child has not had any form of contact (face-to-face, telephone, mail or social media) with their siblings in the past 12 months. • The child's sibling's whereabouts is unknown. • The Department has not had contact with the siblings in the past 12 months. • The sibling(s) have told the Department they do not want contact with the child. • The child has told the Department they do not want to have contact with their sibling(s).
Not applicable	• The child does not have any biological or step siblings. • The child's biological, adoptive or step siblings are deceased.
Not in the best interest of the child	• The sibling(s) is responsible for harm against the child. • Contact with the child's sibling(s) would be detrimental to the child.

Casework Practice Manual:

3.4 Placement of Siblings

Related resources:

Guidelines – Children in CEO's Care and Families

Sibling Relationships in the Care System

Recreation and leisure needs – Social inclusion and participation

Recreation and leisure are the sport, recreation and social leisure activities a child enjoys. Such activities are important for children in care so they maintain and develop self-confidence and social relationships with children of a similar age and interests. They also facilitate their interactions with family, peer groups and the wider community.

Examples include:

- Sport – Organised through school or an external sporting club such as basketball, football, hockey, netball, and chess.
- Recreational activities – activities the child chooses to undertake such as army cadets, girl guides or fishing.
- Social activities – activities the child choses to undertake outside of an organised club or agency such as skateboarding or camping.

Social inclusion and participation	**Indicators**
No exceptional supports required to meet the child's recreational/social/leisure goals	• The child actively participates in one or more sport, recreational or social activities per term/school year and has the opportunity to pursue interests of their choosing.
Exceptional supports required to meet the child's recreational/social/leisure goals	• Additional funds or supports are required to allow the child to undertake their recreational, social or leisure activities. Example activities include: o situations where the child is identified as gifted or talented and wishes to pursue a related activity, o the child is identified by their school to participate in interstate and/or overseas trips, o the child is selected by sporting club to participate in interstate and/or overseas competition or to represent the state of Western Australia, or o the child is identified as requiring extra assistance to undertake recreational or leisure activities due to disability, educational or other health needs. This includes children who excel at activities and require additional support in order to maximise their potential.
Unknown	• Further information needs to be gathered before an assessment can be made.

Related resources:

Kidsport Program

Emotional and behavioural issues

As children develop emotionally, most gain the ability to have greater self-awareness, recognise other people's emotions and also learn to regulate their own emotions better. Some however are emotionally delayed or have inadequate skills to deal with daily stresses and hassles. The way children react can vary from internalising their frustrations to externally expressing them. Both may affect their daily functioning.

Impact on daily functioning includes three domains:

- the current home environment (parents/carers, significant others, siblings, etc.)
- progress in the child's learning environment (e.g. day care, school or kindergarten)
- interaction with the same aged peers

When assessing emotional and behavioural needs, consider the impact of social isolation and the reasons for this; self-esteem issues; gender identity and sexuality; and indicators of attachment issues and trauma related behaviours.

Emotional and behavioural issues	**Indicators**
No known emotional or behavioural development issues	• No emotional delays or concerns were identified in any of the three domains (home/learning environment/peers). • The child is able to cope adequately with daily stress and hassles and able to function as expected for his/her age and emotional ability.
Emotional delays or issues have a slight impact on daily functioning.	• Emotional delays or concerns were identified that mildly impacts on daily functioning in one or more of the three domains (home/learning environment/peers), but the effect is not overly worrying and the child is still able to cope reasonably with daily stresses or hassles. E.g. some reports of anxiety or aggression, but these do not validate serious concerns or are dealt with by the caregiver(s)/teachers/school counsellor, etc.
Emotional delays or issues have a moderate impact on daily functioning	• Emotional delays or concerns were identified that markedly impacts on daily functioning in one or more of the three domains (home/learning environment/peers). The child's emotional development is clearly affected as a result. • There is a need for more support (other than what is available at home or in the learning environment) to function as expected. E.g. Clear indications of emotional issues such as anxiety or aggression that causes concern and are not effectively dealt with at home or in the learning environment.
Emotional delays or issues have a significant impact on daily functioning	• Emotional delays or concerns were identified that considerably impacts on daily functioning in one or more of the three domains (home/learning environment/peers). • The child's emotional development is seriously affected as a

	result and there is an urgent need for more support (other than what is provided at home, in the learning environment or elsewhere) to function as expected. E.g. Numerous indicators of emotional issues such as outbursts of rage, overt aggression or anxiety/panic attacks that validate serious concerns and are not effectively dealt with at home or in the learning environment.
Unknown	• Current emotional and behavioural status cannot be rated at this point due to lack of information or lack of clarity. Further assessment required.

Notes:

1. For infants and younger children, give careful consideration about how their daily functioning affects their current developmental stage and expectations (some emotional 'dysfunction' might be normal for the development stage).
2. It may be helpful to discuss the child's emotional development needs with a Department psychologist before rating.
3. For Aboriginal children and those from a CALD background, consider the cultural context.

Related resources:

Strengths and Difficulties Questionnaires - Information Sheet

Strengths and Difficulties Questionnaire 4 - 10 yrs

Strengths and Difficulties Questionnaire 11 - 17 yrs

Strengths and Difficulties Questionnaire - Self rated version for children 11 - 17 yrs

Identity and culture needs

Identity and cultural needs refers to a child's fundamental need to remain connected to and learn the values, history and culture of their community and participate in cultural and/or spiritual occasions or beliefs important to them and their family. Ongoing connection to community and culture creates and maintains the child's needs for identity and a sense of belonging.

For an Aboriginal child, his or her family, community, skin/language group, country, traditions and customs are an integral part of developing the child's sense of identity and belonging. It is the child's life plan which progresses their accepted place within their family, skin group, language group, community and country.

For a child from a culturally and linguistically diverse (CALD) background, consider the child's language, religious, cultural and dietary needs, as well as links to their community.

When considering a child's cultural needs, it is important that child protection workers have completed the following:

1. Consulted with one of the following:
    a. an Aboriginal practice leader or other relevant Aboriginal officer;
    b. an Aboriginal person who, in the opinion of the CEO, has relevant knowledge of the child, the child's family or the child's community;
    c. an Aboriginal agency that has relevant knowledge of the child, the child's family or the child's community;
    d. the CALD resource library; or
    e. for complex CALD cases, the Principal Policy and Planning Officer – Cultural Diversity.

2. Reviewed the Culture and Identity Plan.

Identity and culture – Connection with culture

Connection with culture	Indicators	
No known exceptional supports required	*Child has a connection to their culture*: • Aboriginal children have a strong sense of who they are as an Aboriginal person and their place of belonging, within their three families, being mother's, father's and carer family. • Aboriginal children know and understand where they come from (their land, their country). • Aboriginal children and those from a CaLD background have a strong sense of who their family is and what family means. • Children are learning and/or able to speak their traditional language(s). • Children have an understanding of their traditional ceremonies and cultural obligations. For Aboriginal children this includes: o Sorry Business: a period of time given special focus on spending time with family upon the death of a family member. Sorry business is not only mourning a deceased person but also the loss of family members due to imprisonment, drugs or alcohol and where a child is lost to the child protection system. Even when someone who is not a close family member passes, the whole Aboriginal community gets together and shares that sorrow. Times frames for Sorry Time can vary depending on the deceased's and family circumstances. o Lore: refers to the customs and stories Aboriginal people learned from the Dreamtime. Aboriginal lore is passed on through the	*Indicators the carer(s) or the care arrangement may assist the child's connection with their culture, in conjunction with the child's behaviours and views*: • Supports the child's growth and understanding of their culture. • Supports language use or development consistent with the child's language group. • Supports regular contact with the child's siblings (if not placed with siblings) and family. • Supports trips to country (if the child is not residing in country).Where appropriate, supports connections with Aboriginal people. • Where appropriate, supports involvement with Aboriginal organisations. • Attends, encourages and supports the child's involvement in relevant cultural events or activities. • Where possible, engages the child into Aboriginal specific day-care, kindergarten or school facilities. • Where possible, engages the child into Aboriginal arts programmes or academies. • Expands their own knowledge of the child's culture, this could be through: o formal training; o involvement with Aboriginal organisations and incorporations;

	generations through songs, stories and dance and it governs all aspects of Aboriginal traditional life. Traditional lore is connected to 'The Dreaming' and provides rules on how to interact with the land, kinship and community. Aboriginal children learn the Lore from childhood, by observing customs, ceremonies and song cycles. Lore belongs to either men or women and is known as men's or women's business, for cultural recognition of young people coming of age into adulthood, and is specific to their individual traditional customs, rituals and initiation practices. o Ceremony: ceremonial performances are seen as the core of cultural life; ceremonies bring together all aspects of Aboriginal culture music, song, ceremony, performance and dance was and is still today a very important part of Aboriginal life and customs. Ceremony contains many significant elements, some of which are specifically related to depicting Dreaming stories. Sometimes these expressions of music, art, song, dance and performance are seen as separate commodities in the Western world. However, from an Aboriginal perspective they are all part of a complex whole.	o accessing library and online resources; o joining Aboriginal focussed choir or group that teach Aboriginal languages; o regular contact with other non-Aboriginal carers of Aboriginal children; o join online forums on Aboriginal children in out of home care etc.; o contact local NAIDOC committee; o attend CPFS and community cultural camps or excursions; and o view or access various Aboriginal media content e.g., National Indigenous Television (NITV), 100.9 Noongar Radio Perth.

Exceptional supports required to meet the child's cultural or identity needs	*Child who is not connected to their culture*: • They have expressed they feel disconnected to their culture. • They have expressed they don't know where they come from. • They have expressed feeling lost or empty. • They have expressed they don't feel valued within their carer family. • They appear unsettled and/or unhappy. • They are experiencing a loss of identity. • They are misusing substances or alcohol. • They are displaying verbal or physical aggression. • They are involved in offending behaviour. • They are experiencing mental health issues such as depression or other mental illnesses or displaying self-harming or suicidal behaviour. • They are displaying reclusive behaviours and appear withdrawn and disinterested in general. • They express verbally or their body language demonstrates embarrassment about their Aboriginal heritage.	*Further indictors the carer(s) or the care arrangement may not be encouraging the child's connection with their culture*: • Does not encourage the child's growth and understanding of their culture. • Does not support language use or development consistent with the child's language group. • Inhibits contact with the child's siblings (if not placed with siblings), family or trips to country (if the child is not residing in country). • Does not support the child's involvement in relevant cultural events or activities. • Does not seek opportunities to expand their own knowledge of the child's culture to support the child. • Does not display Aboriginal artwork or resources within the family home. • Initial assessment reflects carers don't have an adequate understanding of general Aboriginal culture. • Care Plan and Culture and Identity Plans not being adhered to or progressed. • Carers are unable to demonstrate an understanding of their child's culture. • Carer not meeting carer competencies relating to ATSI children. • Aboriginal Practice Leader expressing and documenting concerns about the carer's inability to work with the Department, in providing a culturally responsive and secure home that will support the child's cultural development.
Unknown	• Further information needs to be gathered before an assessment can be made.	

Related resources:

Aboriginal Cultural Plan Prompt List

Guide to completing the Quarterly Care Review - Identity and Culture

Kinship Circle

Aboriginal Kinship genogram Attachment C

Aboriginal Kinship genogram Attachment D

CaLD Cultural Plan Prompt List.doc

CaLD Resource Library

DIBP Guidance on the Roles of Guardians and Custodians

Annexure One – Indicators of health needs (physical, communication, cognitive, adaptive and social and emotional development)

(Please note that these are only examples. Child protection workers should consult with professional health care staff where appropriate).

Indicators - physical development

- Some difficulties with gross motor skills walking, running, standing, sitting, changing positions and maintaining balance
- Some difficulties with fine motor skills - ability to grasp, pinch, eat and dress
- Has stiff arms and/or legs
- Has a floppy or limp body posture compared to other children of the same age
- Uses one side of body more than the other
- Seems to be clumsy compared with other children of the same age
- Has poor muscle tone
- Coordination and balance is below "normal"
- Seems to have difficulty tracking objects or people with eyes
- Rubs eyes frequently

- Turns, tilts or holds head in a strained or unusual position when trying to look at an object
- Seems to have difficulty finding or picking up small objects dropped on the floor (after the age of 12 months)
- Has difficulty focusing or making eye contact
- Closes one eye when trying to look at distant objects
- Eyes appear to be crossed or turned
- Brings objects too close to eyes to see
- One or both eyes appear abnormal in size or colouring

Significant impact on daily functioning include:

- Difficulties or inability to walk, run, stand, and sit unassisted
- Difficulties or inability with self-care skills such as eating, bathing, toileting and getting dressed

Indicators - communication development (speech and language)

- Fails to develop sounds or words that would be age appropriate
- Not able to communicate at age appropriate levels
- May not respond to own name
- Issues with verbal communication, body language, gestures and understanding what others are saying
- Speech may be delayed, or there may be no speech at all
- Does not use nonverbal communication (pointing and gesturing) at age appropriate levels
- Uses fewer gestures and those they use are limited in function
- Struggles to receptively or expressively label

- Seems to have difficulty responding to name, even for something interesting
- Turns body so that the same ear is always turned toward sound
- Has difficulty understanding what has been said or following directions (after 3 years of age)
- Doesn't startle to loud noises
- Ears may appear small

Significant impact on daily functioning include:

- Speech impairments or no speech at all
- Verbal communication impairments - body language, gestures and understanding what others are saying

places, people, objects • May have some hearing loss, which also affects language • Talks in a very loud or very soft voice	• Nonverbal communication impairments (pointing and gesturing)

Indicators - cognitive development (intellectual abilities)	**Indicators - adaptive behaviour (everyday skills for functioning)**
• Struggles with basic learning, problem solving, and remembering tasks • Shows delays in basic reasoning skills and play (e.g. stacking, sorting, nesting, early puzzles) • Shorter attention span than expected given age • Has trouble solving basic problems • Has trouble thinking logically Significant impact on daily functioning include: • Impairments with learning, problem solving, thinking logically • Impairments in reasoning skills and play • Attention impairments, including response to signals	• Difficulty bathing, dressing, grooming, and feeding one's self • May have difficulty performing age appropriate skills independently • Social skills may be poor (relationships with family and friends) • Cannot choose own activities • Problems using early literacy, writing, and math skills • Has trouble seeing the consequences of actions • May be clumsy • Not displaying toilet training readiness at appropriate age • Exhibits problem behaviours and immaturity • Displays some obsessive/compulsive behaviours • Has difficulty following rules and routines • Displays over-sensitivity to certain sounds, textures, visual stimuli Significant impact on daily functioning include: • Difficulty bathing, dressing, grooming, and feeding one's self • Difficulty undertaking tasks independently • Low educational level • Cannot choose own activities • Has trouble seeing the consequences of actions • Exhibits problem behaviours and immaturity

	• Displays some obsessive/compulsive behaviours • Has difficulty following rules and routines • Displays over-sensitivity to certain sounds, textures, visual stimuli

Indicators - social and emotional development	
• Difficulty interacting with others and developing relationships with family and friends • Has trouble understanding social rules • Focuses on objects for long periods of time and may enjoy this more than other activities • May not seek love and approval from a caregiver or parent • May become unusually frustrated when trying to do simple tasks (that most children of the same age can do) • Rarely makes eye contact • May not appear to notice others and seems to tune people out • Often does not build relationships with others their age at a developmental level expected • Rarely shares attention with others, such as by showing something, pointing, or pointing out interests or accomplishments	• Does not demonstrate emotional reciprocity (taking turns) • Rarely imitates the actions of others in play or otherwise • Does not know how to play with toys the way they were intended • Seems to be in his / her "own world" • Is not interested in other children Significant impact on daily functioning include: • Marked impairment with eye to eye gaze, facial expression, body posture and gestures to regulate social interaction • Marked difficulty interacting and developing peer relationships or shows no interest in other children • Marked difficulty understanding social cues or rules • Does not demonstrate emotional reciprocity (taking turns)