



Family &
Community Services

Child Assessment Tool

User Manual

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OPA Version 1

This tool has been adapted from guidelines developed and written by Tracey Feild, M.A, of the Annie E Casey Foundation and Amy Printz Winterfeld, J.D of the American Humane Association from *Tough Problems, Tough Choices: Guidelines for Needs-Based Service Planning in Child Welfare, Casey Family Programs and the Annie E Casey Foundation*, 2000 and 2003.

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Child Assessment Tool

Introduction

This User Manual is a guide to the application and use of the Child Assessment Tool (CAT) in determining the appropriate level of care for children and young people in Out-of-Home Care (OOHC). The guide includes details of implementation of the CAT within Family and Community Services, Community Services (CS) NSW, when the CAT is applied, and how the tool works. While the information in this guide is primarily aimed at CS CAT users, it also serves as a reference on the CAT for non-government organisations (NGOs) involved in OOHC service provision.

What is the Child Assessment Tool?

The CAT is designed to identify the most appropriate level of care, ranging from General Foster Care to Intensive Residential Care, for a specific child or young person, based on an assessment of their behaviour and health and development.

Implementation

The tool was first developed in the United States by a consortium of not-for-profit public policy organisations, including the Annie E Casey Foundation. It was customised for use in NSW by CS in partnership with the NGO sector and trialled from 1 July to 30 September 2011.

The CAT was implemented from January 2012 across all CS Child and Family District Units (formerly Regional Units) (CFDU). In September 2012, the CAT moved from an Excel format to a web based platform using Oracle Policy Automation (OPA).

Since 2012 CFDU caseworkers have progressively applied the CAT to -

- All new entries to OOHC where a placement has not been identified with a relatives or kin
- Existing CS carers transitioning to NGO OOHC providers
- NGO requests for a CAT review
- NGO placement changes due to a change in circumstances.
- NGO to NGO transfers

CAT data are monitored on a quarterly basis. Community Services will continue to refine the CAT based on analysis of quarterly data and user feedback.

Who can use the CAT?

The CAT is only accessible to authorised CS CFDU caseworkers. The CAT is available as an online tool (OPA CAT) and requires the user to be logged on to the CS network. Each district has a CAT administrator who manages staff access to the CAT.

Why use a Tool?

The CAT supports the decision making process caseworkers undertake when placing children and young people in OOHC. The tool:

- Determines the level of care that will best meet the needs of a child or young person including support from a carer
- Enhances the transparency and consistency of placement decisions
- Creates a common framework for placement decisions between CS and NGOs.

The tool will also support caseworkers to:

- Consider the impact of certain behavioural issues and health and development issues both on placements and carers, with the goal of minimising unplanned placement changes.
- Identify skill development and training requirements for carers.

NOTE: The CAT is not a diagnostic tool and does not identify the underlying reason or cause for particular behavioural issues or health and development issues. It does not replace casework and should not take the place of a full assessment of a child or young person's strengths and needs.

The CAT is completed based on the information available about the child or young person at the time of placement. The completion of the CAT should not be delayed in order to source additional information about the child or young person.

How does the Child Assessment Tool work?

The CAT is applied by CFDU caseworkers after reviewing the Client Information Form (CIF) and speaking to the referring caseworker. Based on the information available at the time of referral, the tool is completed in three steps:

The CAT 3 Steps

Step 1: Behavioural Issues

Step 2: Health and Development Issues

Step 3: Recommended Level of Care

Step 1: Behavioural Issues

The CFDU caseworker selects the response that best describes the behavioural issues for the child or young person. The *Behavioural Issues* assessment differs for each of three age groups, reflecting the range and intensity of behavioural issues children and young people may have depending on their age.

The CAT will calculate an initial *Behavioural Level of Care* based on the behavioural issues identified.

Step 2: Health and Development Issues

The CFDU caseworker selects the response that best describes the child or young person's health and development issues from a list of five categories. Each response represents an increasing degree of complexity and severity of health and development issues and an increasing intensity of care requirements.

The *Health and Development Issues* assessment is applied to all age groups. It does not identify specific conditions, but asks the CFDU caseworker to consider the overall complexity and combination of the child or young person's health and development issues, and care required. This should be based on the health and development information captured on the CIF, supplemented by a discussion of the child or young person's needs with his or her caseworker.

Health and developmental issues can add one or two levels of care to the initial *Behavioural Level of Care*. **NOTE:** Health and development issues will not always change the *Behavioural Level of Care*.

Step 3: Recommended Level of Care

The initial *Behavioural Level of Care* is combined with the *Health and Development Issues* result to determine the *Recommended Level of Care*. This *Recommended Level of Care* should, in the majority of cases, be the level of care sought for the child or young person.

The CAT Report

The CAT produces a report, in PDF format, which sets out the CAT Level of Care for the child or young person (this will either be the *Recommended Level of Care*, or if an override has been applied, the *Override Level of Care*). The report contains all of the information entered into the assessment about the child or young person's behaviour and health and development needs. This report is the official record of the CAT outcome and should be provided along with the CIF to the non-government designated agency via the Referral Management System in accordance with CAT Procedures. CAT Procedures are available to authorised CAT users via the CS Casework Practice, CS Intranet site at - <http://cwp.docsonline.dcs.gov.au/en/Procedures/Child-Assessment-Tool-CAT/>

Child Assessment Tool age groups

The CAT is applied to three age groups:

- Children under 5 years
- Children 5 to 8 years
- Children and young people 9 years or over

NOTE: Step 1: *Behavioural Issues* is different for each age group, however Step 2: *Health and Development Issues* is the same for each age group.

Children under 5 years

Complete Part A and Part B of *Behavioural Issues* following the instructions and selecting the appropriate response.

- Part A consists of 10 descriptions that require a response of yes, no or unable to assess (UA).
- Part B consists of 11 descriptions that require a response of yes, no or unable to assess (UA).

Children 5-8 years

Complete Part A of *Behavioural Issues* following the instructions and selecting the appropriate response.

- Part A consists of 12 descriptions that require a response of yes, no or unable to assess (UA).
- There is no Part B for this age group.

Children and young people 9 years or over

Complete Part A and Part B of *Behavioural Issues* following the instructions and selecting the appropriate response.

- Part A consists of 14 scales that identify a series of behaviours. Select the single response that most accurately describes the child or young person's behaviour.
- Part B consists of 16 questions that require a response of yes, no or unable to assess (UA).

Recommended Level of Care

The CAT recommends one of six levels of care for a child or young person in OOHC, based on the combination of behavioural issues and health and development issues. These levels match Community Services placement types and service models:

Level 1:	General Foster Care (GFC)
Level 2:	General Foster Care + 1(GFC+1)
Level 3:	General Foster Care + 2 (GFC+2)
Level 4:	Intensive Foster Care (IFC)
Level 5:	Residential Care (RC)
Level 6:	Intensive Residential Care (IRC)

In general, the *Recommended Level of Care* represents a combination of:

- The level of supervision to be provided to the child or young person.
- The level of support to be provided or available.
- The level of staff training required.
- The level of restrictiveness for the placement of the child or young person.

NOTE: While the CAT does not match a child or young person with a specific placement or carer, it supports the decision making process by allowing the caseworker to record the child or young person's particular behavioural and health and development issues and care needs, and consider what impact these may have on a prospective carer.

Placement considerations

Placement considerations for siblings

Siblings should be individually assessed separately within CAT to determine their *Recommended Level of Care*. Placement decisions should be guided by the *Placement of siblings in out-of-home care policy*.

Where siblings are placed together, but are assessed at different levels of care, it is preferable for the sibling group to be provided with a placement that corresponds to the child or young person with the lowest *Recommended Level of Care*. Additional supports and wraparound services should be provided to meet the needs of the sibling/s with a higher *Recommended Level of Care*.

Co-placement of siblings may not be possible where one sibling has been assessed as having very serious health, behavioural and/or emotional needs. Under these circumstances, caseworkers are expected to use their professional judgment when making a decision to place siblings, in line with the *Placement of siblings in out-of-home care policy*.

Placement considerations for children and young people from Aboriginal and Torres Strait Islander backgrounds

The CAT asks whether the child or young person is from an Aboriginal or Torres Strait Islander background, however this does not directly impact on the level of care or corresponding placement type required to meet their needs.

The Aboriginal and Torres Strait Islander Child and Young Person Placement Principles (“the placement principles”) under Section 13 of the *Children and Young Persons (Care and Protection) Act 1998* must be followed when making placement decisions about Aboriginal or Torres Strait Islander children or young people.

In line with the hierarchy of placements set out in Section 13 (1) of the *Act* an Aboriginal or Torres Strait Islander child or young person should be placed with extended family or kin where practicable and additional services and supports provided to meet the assessed needs.

Aboriginal and Torres Strait Islander families, kinship groups, representative organisations and communities are to be given the opportunities to participate in decisions made concerning the placement of their children and young people.

Placement considerations for children and young people from Culturally and Linguistically Diverse (CALD) backgrounds

If a child or young person is from a CALD background, it does not directly impact on the level of care or corresponding placement type required to meet their needs under the current assessment protocol. For this reason, the tool does not specifically address a child or young person’s CALD heritage.

Children and young people from CALD backgrounds should be placed with carers of the same background. If placement at the *Recommended Level of Care* with a carer of the same cultural and/or linguistic background as the child or young person is not possible, placement should be made at the *Recommended Level of Care* with a carer with attributes for caring for children or young people from a different cultural background to their own.

Overrides

The CAT incorporates a manual override process to allow a child or young person to receive a different level of care to the one recommended by the tool. In general, this will apply where a *Recommended Level of Care* does not match the child or young person's needs due to the particular combination of issues. Reasons for an override include the CAT RLC is inappropriate for the child's age, needs or issues, or the child needs to be placed as part of a sibling group. Overrides should only be used in exceptional circumstances. In all cases the caseworker should consider what additional supports and services the child and placement needs if the child is not placed at their recommended level of care. There are two types of overrides detailed below.

Policy Override

A Policy Override **would apply where child or young person requires a level of care different to that recommended by the CAT due to Community Services placement policies.**

- **Example:** A child under 12 years receives a *Recommended Level of Care* of Residential Care or Intensive Residential. In this instance, the CFDU caseworker should carefully consider whether this level of care is necessary for the child and either:
 - complete an override recommending a lower level of care, or
 - follow the existing procedures for placing a child under 12 years in Residential Care (if the assessing caseworker agrees that the *Recommended Level of Care* of Residential or Intensive Residential is actually necessary).
- **Example:** The child is being placed as part of a sibling group, and adherence to the *Placement of siblings in out-of-home care policy* would not be possible if the *Recommended Level of Care* for that child is used. In this instance, the CFDU caseworker should carefully consider the implications of not placing the child at the *Recommended Level of Care*, including the potential impact on a carer.

Discretionary Override

A **Discretionary Override** would apply if the CFDU caseworker feels that, based on their professional judgement and experience, the *Recommended Level of Care* does not accurately reflect the actual needs of the child or young person.

Cases where a child or young person has basic behavioural needs (i.e. those that would only require GFC) but has a combination of complex health needs that require a more intensive level of care will be the most common reason for using a discretionary override.

Example: a baby with a serious or terminal medical condition which would require placement in a residential treatment facility may only receive a *Recommended Level of Care* of General Foster Care+2 (GFC+2), due to the absence of significant behavioural issues. A discretionary override would be necessary in order to place the child at a higher level of care.

How to use an Override

In order to use an override, the CFDU caseworker would decide that the *Recommended Level of Care* calculated by the CAT is inappropriate, and make a recommendation that it is increased or decreased to a nominated level. This *Override Level of Care* would be recorded in the CAT in the *Override Details* screen, along with a brief reason for the override (chosen from the drop down list of options) and a description of the override and its circumstances. The *Override Level of Care* is then considered and approved by the CFDU Manager Client Services. The PDF of the CAT Report is printed, signed, scanned and then attached to the child or young person's KiDS record.

In all cases, the assessing caseworker should consider what additional supports and services the child or young person and the placement may need if the child or young person is not placed at their recommended level of care.

Refer to the *CAT Procedures* for instructions on how to complete and obtain approval of an override of the *Recommended Level of Care*. In the case of the placement of children under 12 years in Residential Care or higher, existing procedures governing the placement of children under 12 years in Residential Care should be followed.

Who can approve an override

Overrides are approved by the Manager Client Services , CS Child and Family District Unit.

If the override is to Intensive Residential Care (CAT Level 6) approval is required by the Director, CS (DCS) at the relevant district.

When is the CAT applied?

CFDU applies the CAT in the following circumstances-

New entries to OOHC

- The CFDU caseworker completes the CAT based on information about the child sourced from the child's Community Services Centre (CSC) caseworker and the Client Information Form (two part form)
- CFDU follows Referral Management System guidelines to arrange placement with an NGO OOHC provider and provides the CAT report as required.

CS carer and child transfer to a designated NGO

- Once a carer consents to the release of information allowing a transfer to an identified NGO, a CAT is undertaken for each child/ young person with that carer.
- The CFDU completes the CAT based on information about the child sourced from the CS caseworker and supporting documents. The carer may be consulted when a caseworker does not have up to date information about the child /young person and the carer can provide this.
- The CFDU informs the NGO of the CAT level of care to help determine and confirm that the NGO is suitable for this particular transfer and can provide a program at the child's level of care. A copy of the CAT PDF report is provided to the NGO as required.
- The NGO and the carer can discuss any aspect of the transfer process with CS.
- CFDUs should provide NGO and carers the opportunity to discuss all transfer issues and gain agreement on the CAT level prior to transfer.
- Upon agreement between CS, NGO, carer and child/ young person, case management transfer (CMT) proceeds and should occur at same time as carer and child transfer to the NGO

NGO to NGO transfers

The NGO with case management -

- Is responsible for arranging any subsequent change of placement to another NGO
- must notify CS of the proposed change of placement, relevant family members and key agencies involved with the child/young person
- may request the CAT to be re-applied if there is new information or a change of circumstances, behaviour or need.

Immediate placement with an NGO

- An Immediate placement (formerly emergency placement) is defined as the placement of a child or young person which requires a response **within four hours** from the time in which the placement request is entered in the CS Referral Management System. Immediate placements may be requested during and outside of business hours
- Immediate placements are based on known information at the time of placement. In most cases of immediate placement, the CAT will not be applied prior to placement.
- The CAT is completed within 14 days of the commencement of the immediate placement based on the referral information and in consultation with the child's caseworker.

Review of the CAT recommended level of care (within 30 days of placement)

- An NGO can seek a review of the CAT outcome within 30 days of commencement of placement if there is new information regarding the child's/ young person's behaviours or health / developmental issues which the NGO believes demonstrates that a different level of care is required to the level initially recommended by the CAT.
- Any proposed review must be in the best interests of the child/ young person and any impact /risks to child/ young person must be considered.
- Commencement of placement refers to the date that the child /carer transfers to the NGO including case management transfer, financials and all relevant documentation.
- To seek a CAT review, the NGO advises the relevant CFDU within 30 days of placement that they wish to seek a CAT review.
- The NGO must submit a CAT NGO Review Form (available from CFDU) within 7 days of the end of the 30 day period. The NGO should include all supporting information with the CAT Review Form (see note below).
- The NGO is advised of receipt of the CAT NGO Review form within 24 hours and is generally advised of the review outcome within 14 days.

- If the CFDU requires further information from the NGO, the 14 day timeframe is halted until the NGO provides the information or advises that it is unable to provide the information.
- If review requirements have been met, CFDU re-applies the CAT and obtains endorsement for the review decision by the CFDU Manager Client Services.
- CFDU advises the NGO of the endorsed decision and the CAT recommended level of care.
- If the request for review does *not* meet the threshold, the NGO is provided with feedback about why the requirements were not met.
- In exceptional circumstances, NGOs may request a review outside of the 30 day timeframe, in writing to the relevant District Director.
- If the NGO disagrees with the reviewed CAT level of care, the NGO can request a meeting with the Manager Client Services and the Director Child and Family as required to discuss the issues.
- The NGO can re-submit supporting information for consideration. The meeting may be attended by NGO senior representatives and any relevant third party experts retained by the NGO and who are responsible for any reports cited in the review request and accompanying supporting information.
- The District Director (DD) makes a determination on re-application of the CAT, based on available information and discussions with the NGO. The decision of the DD will be communicated to the NGO and will be final.

Important note on information to support CAT Reviews

The supporting information-

- must relate to new information about the child or young person, or information that has come to light since the child/young person was placed with the NGO, or a change in circumstances.
- is substantiated with professional advice in the form of a report from medical doctor, clinician, psychologist, school principal or other relevant professional.
- Can be in the form of reports/ supporting documents which should analyse the impact of the new information on the child or young person's behavioural, health or development needs.
- can also be in the form of incident reports where such reports can be corroborated by other reports/information.
- should show a recent pattern of behaviour / issues rather than a single incident. The exception to this would be if the one-off incident severely impacted on the child/young person's behavioural and health needs, and which would jeopardise the stability of the placement, or the placement's capacity to meet the needs of the child or young person
- must relate to new information about the child or young person, or information that has come to light since the child/young person was placed with the NGO, or a change in circumstances.
- must show a link between the new information, the care needs of the child or young person with regard to identified behavioural and health and development issues, and ability of the placement to continue to meet the needs of the child at the assessed level of care.

Review of CAT due to a change in circumstances

- If a child/young person's circumstance has changed significantly, and may impact on the child or young person's behaviour, the level of care they require or the stability of the placement, the NGO can contact the CFDU to discuss the significant change and the need for CAT to be applied.
- In addition, the CAT is re-applied if any of these specific triggers occur (in conjunction with a case review)
 - Change in case plan goals
 - A pattern of escalating behaviours
 - Referral to a CFDU as a result of an unplanned placement change or placement breakdown, if there is new information of a significant change in the child or young person's behaviour or health (review required at time of referral)
 - Referral to a CFDU as a result of a planned placement change, where it has been determined that there has been a significant change in the child's behaviour or health (review required at time of referral)
 - The child or young person has been in an Intensive Residential Care placement for 12 months. CAT review required as part of panel review process within 1 month of the 12 month anniversary of the commencement of the placement.
- The NGO contacts the CFDU to discuss the changed circumstances and submits an NGO Review form for re-application of the CAT.
- NGO is advised of the CAT outcome within 14 days as per section 4 above.
- The CFDU can also initiate a re-application of the CAT in consultation with the NGO if the CFDU is aware of new information or a change in circumstances which demonstrates that the child or young person requires a different level of care to that recommended by the CAT.
- Prior to re-applying the CAT, the CFDU should have a conversation with the NGO to seek their views and input as part of the discussion. The CFDU outlines the proposed need to re-apply the CAT, providing rationale/ supporting information of how the child/ young person's needs have changed.
- The NGO can seek a review of the final CAT result as per usual arrangements.
- Where the re-application of the CAT results in a different assessed level of need, decisions about placement must be in the best interests of the child/ young person with consideration of any on impact /risks to child/ young person, capacity of the NGO, and any funding/ contracting issues.

Further information

Further information for NGOs can be found at the CS website:

http://www.community.nsw.gov.au/docswr/ assets/main/documents/oohc_transition_process_for_ngos.pdf

http://www.community.nsw.gov.au/docswr/ assets/main/lib100062/transfer_of_oohc_case_management_for_a_child_or_young_person_from_cs_to_ngo.pdf

http://www.community.nsw.gov.au/docswr/ assets/main/lib100062/transfer_of_authorized_carer_from_cs_to_ngo.pdf

Practice Notes

The CAT is not a diagnostic tool

The CAT is not a diagnostic tool. It does not replace case planning and the thorough assessment of a child or young person's strengths and needs.

The CAT does not replace Community Services placement policy

Refer to the *CAT Procedures* for specific casework practice directions regarding the application of the CAT for OOHC placements.

The CAT is completed using available information

Placements should not be delayed while more information to complete the CAT is obtained. Additional information about the child or young person will become available as case planning and management progresses and as the child or young person settles in a placement with an NGO.

The CAT supports professional judgment

The tool supports caseworkers' professional judgment in the placement of children and young people in OOHC. It does not replace professional judgment.

Definitions

In general, the terms used throughout the manual should be given their natural and ordinary meaning.

Use of the term child and young person

The terms "child" or "children" are used in the CAT behavioural descriptions and the CAT Excel workbook. These terms should be taken to include both "child and young person" and "children and young people" where appropriate.

Sexual behaviours and abusive sexual behaviours - Appendix A

A table has been included in this manual which lists abusive and non-abusive sexual behaviours by age. This table should be used to support making assessments of sexual behaviour of children and young people as part of the CAT. The table is taken from the Structured Decision Making® System, New South Wales *Mandatory Reporter Guide*, developed by the Children's Research Centre.

Narrative Boxes

Narrative boxes are included in the OPA CAT at the end of Step 1 (Behavioural Issues) and Step 2 (Health and Development) and for overrides. The purpose of the narrative boxes is to record additional information or to explain why certain decisions were made in the assessment. The narrative boxes can also record specific additional information that has not been captured in the CIF.

Deciding between Yes, No and Unable to Assess

Caseworkers are asked to answer every question about behavioural issues in the CAT with either **Yes (Y)**, **No (N)** or **Unable to Assess (UA)**. The following should be used as a guide for choosing a response:

- Select **Yes** if you have actively assessed the behaviour or issue, and based on the assessment of the information available, you have confirmed the behaviour or issue as being present or true.
- Select **No** if you have actively assessed the behaviour or issue, and based on that assessment of the information available, you have confirmed the behaviour or issue as NOT being present or NOT true.
- Select **UA** if you are unable to assess as **Yes** or **No** (according to the above) based on available information.

Selecting a response for every category

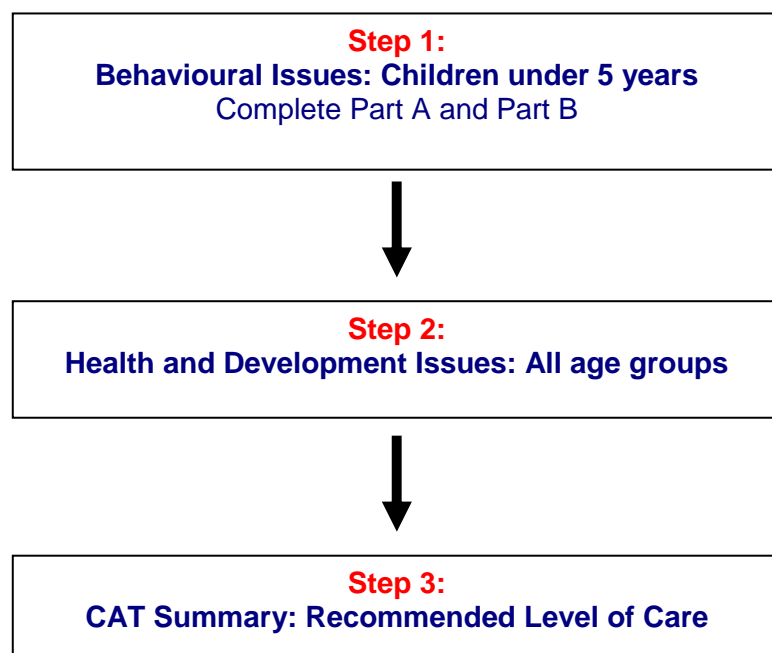
Recording “**No**” or “**Unable to Assess (UA)**” against a description of a particular behaviour plays two important roles:

- It will act as a prompt for caseworkers reviewing the results of the CAT in the future to consider whether that behaviour became evident at a later date and if the child or young person’s behaviours have changed over time. Without “N” or a “UA”, it is difficult to tell whether the behaviour was considered or if it was simply not filled in by the person completing the assessment.
- Recording what is not known helps to build a profile of the characteristics of children and young people entering care. Identifying what is not known about a child or young person is as useful to building this profile as identifying what is known.

NOTE: Remember to consult the *CAT Procedures* for operational advice and direction.

Using the Child Assessment Tool

Children under 5 years



Step 1: Behavioural Issues

Children under 5 years

Part A

Ask the caseworker if any of the following behavioural issues apply to the child. Respond by selecting yes, no or unable to assess (UA).

NOTE: For each of the behaviours in the shaded boxes below there must be a **pattern of the behaviour**, meaning that the child has engaged in the behaviour on several occasions. In the case of animal cruelty or fire-setting, if the child has engaged in the behaviour when he or she has had access to doing so on **more than one** occasion.

1. Child has a pattern of animal cruelty.
2. Child has a pattern of playing with fire.
3. Child has a pattern of damaging property outside the home they are living in.
4. Child has a pattern of threatening or bullying other children.
5. Child has a pattern of deliberately injuring or attempting to injure other children or adults with their own body (e.g. fists, teeth) or objects.
6. Child has a pattern of inappropriate sexual behaviours toward an adult or another child.
7. Child has a pattern of talking about dying, has a fixation on topics of death or dying, or self-harming behaviour.
8. Child has been clinically diagnosed and/or treated for behavioural problems.
9. Carer has been told that child would have to leave child care program unless behaviour changes or outside intervention is provided.
10. Child care program has asked child to leave.

Part B

Most children entering care experience some level of trauma and may be anxious or upset. Some children's behaviours are more pronounced than the norm.

Ask the caseworker if the child has any of the following behavioural issues that are **more pronounced compared with other children entering out-of-home care?** Respond to each description by selecting yes, no or unable to assess (UA).

1. Child is very bossy, argumentative or picks on children own age or younger.
2. Child pouts, sulks, or cries a lot or seems sad much of the time.
3. Child is overly clingy with carer.
4. Child is too withdrawn or timid to play well with other children.
5. Child mostly plays alone, seems anxious, worried or fearful a lot of the time or is overly worried about making mistakes.
6. Child has frequent nightmares or sleeping problems.
7. Child seems to feel sick a lot (headaches, stomach aches, other pains) with no fever or other apparent cause.
8. Child has tantrums easily or explosive behaviours, which are difficult to calm.
9. Child seems to have a very high pain threshold.
10. Child has a pattern of persistently lying, more than children of a similar age or stage of development.
11. Child has a pattern of not accepting comfort from adults.

Step 2: Health and Development Issues

In this section, you are asked to consider the health and development issues of the child, and the care required for these needs.

Ask the caseworker to describe the physical health and development issues of the child, and choose the most accurate description from the list on the opposite page. Any special care that must be provided to the child to address his or her health care, physical mobility or developmental needs must also be considered.

Issues to consider when selecting a response:

- Previous health care, including preventive check-ups.
- Physical health conditions of the child.
- Chronic health conditions or diseases.
- Health care required for the child.
- Developmental condition of the child.
- Developmental delay or intellectual disability
- Physical disabilities of the child.
- Age appropriateness of the child's health and development.

Do not consider:

- Behavioural problems of the child, unless the child's behavioural problems make addressing ongoing health care needs difficult.
- Health conditions that require no care considerations.
- Mental health or behavioural conditions that have affected the child's physical health.
- Acute or short term health care conditions that are temporary in nature and may require care considerations that are temporary.

Directions

When selecting a response, consider **time required** of a carer, **intensity of care required**, and any **special skills or training** needed by a carer. If you cannot decide between two responses, select the higher number.

- Responses 1, 2 and 3 will not alter the *Behavioural Level of Care*.
- Response 4 will increase the *Behavioural Level of Care* by one level.
- Response 5 will increase the *Behavioural Level of Care* by two levels.

Description

1. Child is in excellent health; has no physical disabilities; has had regular health check-ups and dental care; and immunisations are up to date. *Use this response for a child in excellent health, with good, regular preventive health care.*

2. Child is in good health; has no major physical problems; primary care maintenance is in place. *Use this response for a child in good health, who may have occasional ailments, but has received less preventive health care, including dental care.*

3. Child is considered in average health; has minor ailments periodically and possibly brief hospitalisations, or is suspected of having serious health or developmental problems that require further assessment. *Use this response for any child whose health seems OK, with some manageable minor problems, usual childhood ailments and possibly ongoing medical and/or therapy appointments.*

4. Child has health conditions, physical disabilities and/or developmental problems (including developmental delay or intellectual disability) that results in a need for treatment or care considerations. The child's condition has an impact on overall functioning with a recurrent need for treatment and ongoing care considerations. *Use this response if there are care considerations that are manageable by the carer in terms of time, intensity, skills or training, but the level of effort will be more than most children in care; and where the child's ongoing care will be an important consideration in finding a placement.*

5. Child has major problems with poor physical health, physical disabilities, and/or serious developmental problems (including developmental delay or intellectual disability) which affect the child's functioning, and will require hospitalisations or time-consuming specialised care and possibly supervision from a trained person. This child will require ongoing frequent medical and/or therapeutic visits and oversight. *Use this response if the child's care needs are very high, serious and time consuming, require either training of the carer or full-time oversight by skilled professionals.*

6. Unable to assess at present time.

Step 3: Recommended Level of Care

Directions

Open the CAT online tool using the link you have been provided. You must be a registered CS user to access to tool. The tool will automatically direct you to the correct assessment based on the child's date of birth, and step you through all parts of the assessment. The CAT will calculate the Recommended Level of Care for you, based on the responses you select in Step 1 and Step 2.

Step 1: Behavioural Issues

If you **did not select any behaviours in Part A** or you selected **two or fewer behaviours in Part B**, the child should be placed in General Foster Care (GFC) unless there are health and/or development issues that require additional support.

OR

If you selected **any of the behaviours in Part A** and/or **more than two behaviours in Part B** the child should be placed in General Foster Care +1 (GFC+1) unless there are health and/or development issues that require additional support.

OR

If you selected **two or more of the shaded behaviours in Part A** the child should be placed in General Foster Care +2 (GFC+2) unless there are health and/or development issues that require additional support.

Results from Step 1 will provide the **Behavioural Level of Care**

Step 2: Health and Development Issues

If you select **response 1, 2 or 3** the child's *Behavioural Level of Care* will not increase.

If you select **response 4 one** level of care will be added.

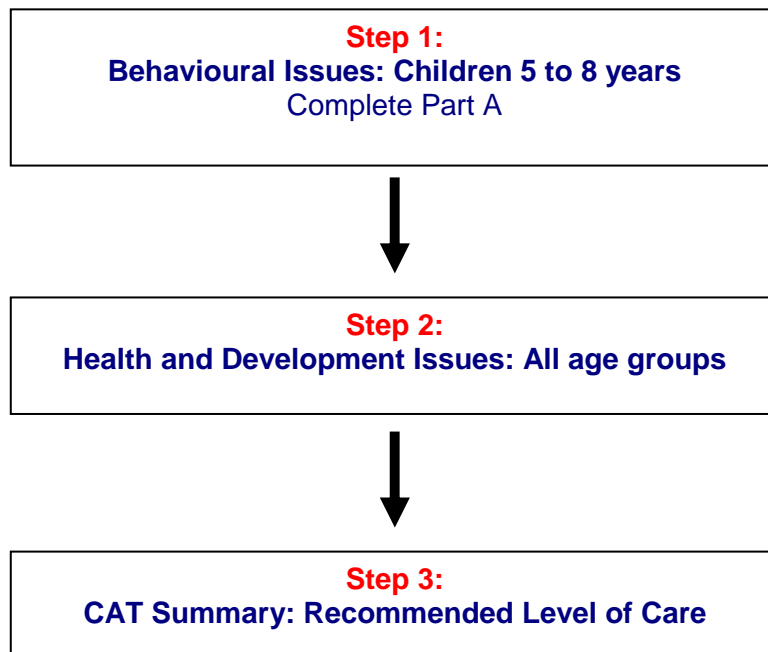
If you select **response 5 two** levels of care will be added.

The combination of behavioural issues and health and development issues will be used to calculate **Step 3: Recommended Level of Care**. The CAT will automatically calculate the results.

NOTE:

- Children under 9 years will not receive a *Recommended Level of Care* higher than Residential Care in the CAT.
- Children under 12 years should generally not be placed in either Residential or Intensive Residential (i.e. higher than Intensive Foster Care (IFC)). Placement at a level higher than IFC will require approval in accordance with existing procedures for placing children under 12 years in Residential Care.

Children 5 to 8 years



Step 1: Behavioural Issues

Part A

Ask the caseworker if any of the following behaviours have applied to the child **within the last 12 months**. Respond to each description by selecting yes, no or unable to assess (UA).

1. The child has disruptive behaviours or behaviour problems at school. Additional, regular support is required (at least monthly) as a result of a diagnosed emotional or behaviour disturbance. Support may include: <ul style="list-style-type: none">• an Itinerant Behaviour Support Teacher, or• the child attending a specialist school, such as a Behaviour School or School for Specific Purposes (SSP), or a tutorial centre.
2. The child has problems with self-regulation that interfere with functioning across most settings.
3. The child gets in frequent fights, is frequently bullied or gets picked on by peers, seems unable to form meaningful relationships or seems socially isolated due to his or her behaviours.
4. The child has a temper that is easily provoked and difficult to calm.
5. The child has physically aggressive, violent, or cruel bullying behaviours towards peers, younger children, or adults.
6. The child has engaged in age or developmentally inappropriate sexual behaviours, including abusive sexual behaviours.
7. The child seems sad, depressed, or has self-harming behaviours or thoughts. The child seems preoccupied with or has spoken of death or dying.
8. The child has odd or repetitive behaviours or has been diagnosed with a mental health problem.
9. The child has deliberately set a fire or played with matches or lighters even though he or she understands the danger.
10. The child has deliberately hurt or injured, or tried to hurt, an animal, or been cruel toward animals.
11. The child seems preoccupied or obsessed with violence, weapons, explosives, violent movies or video games or other destructive devices or themes. The child used or threatened to use a weapon or object to hurt others.
12. The child has challenging behaviours that are very difficult to manage.

Step 2: Health and Development Issues

Children 5 to 8 years

In this section, you are asked to consider the health and development issues of the child, and the care required for these needs.

Ask the caseworker to describe the physical health and development issues of the child, and choose the most accurate description from the list on the opposite page. Any special care that must be provided to the child to address his or her health care, physical mobility or developmental needs must also be considered.

Issues to consider when selecting a response:

- Previous health care, including preventive check-ups.
- Physical health conditions of the child.
- Chronic health conditions or diseases.
- Health care required for the child.
- Developmental condition of the child.
- Developmental delay or intellectual disability
- Physical disabilities of the child.
- Age appropriateness of the child's health and development.

Do not consider:

- Behavioural problems of the child, unless the child's behavioural problems make addressing ongoing health care needs difficult.
- Health conditions that require no care considerations.
- Mental health or behavioural conditions that have affected the child's physical health.
- Acute or short term health care conditions that are temporary in nature and may require care considerations that are temporary.

Directions

When selecting a response, consider **time required** of a carer, **intensity of care required**, and any **special skills or training** needed by a carer. If you cannot decide between two responses, select the higher number.

- Responses 1, 2 and 3 will not alter *the Behavioural Level of Care*.
- Response 4 will increase the *Behavioural Level of Care* by one level.
- Response 5 will increase the *Behavioural Level of Care* by two levels.

Description

1. Child is in excellent health; has no physical disabilities; has had regular health check-ups and dental care; and immunisations are up to date. *Use this category for a child in excellent health, with good, regular preventive health care.*

2. Child is in good health; has no major physical problems; primary care maintenance is in place. *Use this category for a child in good health, who may have occasional ailments, but has received less preventive health care, including dental care.*

3. Child is considered in average health; has minor ailments periodically and possibly brief hospitalisations, or is suspected of having serious health or developmental problems that require testing. *Use this category for any child whose health seems OK, with some manageable minor problems, usual childhood ailments and possibly ongoing medical and/or therapy appointments.*

4. Child has health conditions, physical disabilities and/or developmental problems (including developmental delay or intellectual disability) that results in a need for treatment or care considerations. The child's condition has an impact on overall functioning with a recurrent need for treatment and ongoing care considerations. *Use this category if there are care considerations that are manageable by the carer in terms of time, intensity, skills or training, but the level of effort will be more than most children in care; and where the child's ongoing care will be an important consideration in finding a placement.*

5. Child has major problems with poor physical health, physical disabilities, and/or serious developmental problems (including developmental delay or intellectual disability) which affect the child's functioning, and will require hospitalisations or time-consuming specialised care and possibly supervision from a trained person. This child will require ongoing frequent medical and/or therapeutic visits and oversight. *Use this category if the child's care needs are very high, serious and time consuming, require either training of the carer or full-time oversight by skilled professionals.*

6. Unable to assess at present time.

Step 3: Recommended Level of Care

Directions

Open the CAT online tool using the link you have been provided. You must be a registered CS user to access to tool. The tool will automatically direct you to the correct assessment based on the child's date of birth, and step you through all parts of the assessment. The CAT will calculate the Recommended Level of Care for you, based on the responses you select in Step 1 and Step 2

Step 1: Behavioural Issues

If you **did not select any of the behaviours in Part A** place the child in General Foster Care (GFC), unless there are health and/or development issues that require additional support.

OR

If you selected **one, two or three of the behaviours in Part A**, place the child in General Foster Care+1 (GFC+1) unless there are health and/or development issues that require additional support.

OR

If you select **four or more of the boxes in Part A** place the child in General Foster Care+2 (GFC+2) unless there are health and/or development issues that require additional support.

Results from Step 1 will provide the **Behavioural Level of Care**

Step 2: Health and Development Issues

If you select **response 1, 2 or 3** the child's *Behavioural Level of Care* will not increase.

If you select **response 4 one** level of care will be added

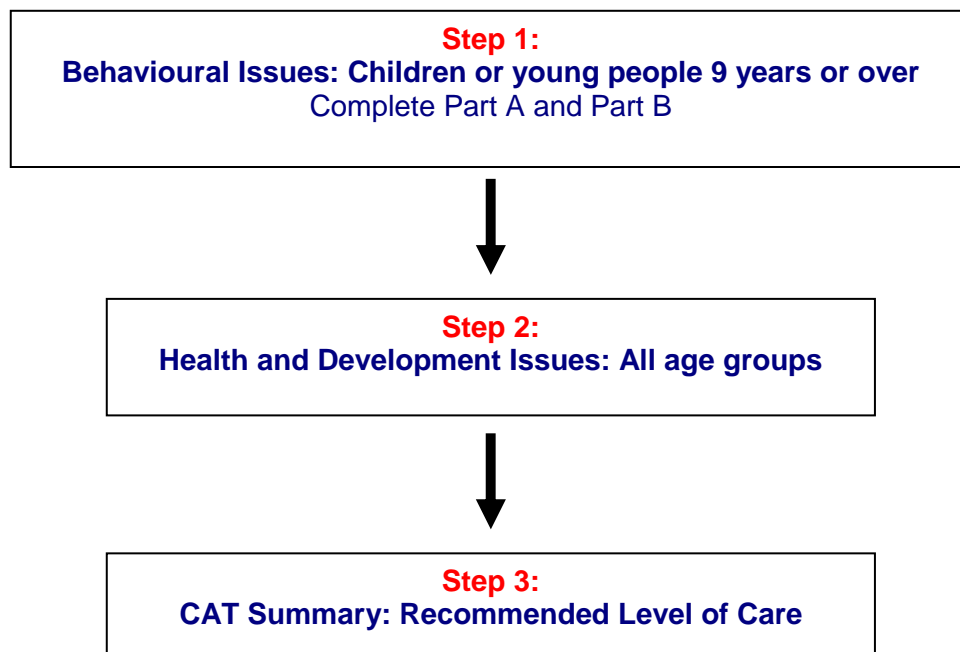
If you select **response 5 two** levels of care will be added.

The combination of behavioural issues and health and development issues will be used to calculate **Step 3: Recommended Level of Care**. The CAT will automatically calculate the results.

NOTE:

- Children under 9 years will not receive a *Recommended Level of Care* higher than Residential Care in the CAT.
- Children under 12 years should generally not be placed in either Residential or Intensive Residential (i.e. higher than Intensive Foster Care (IFC). Placement at a level higher than IFC will require approval in accordance with existing procedures for placing children under 12 years in Residential Care.

Children and young people 9 years or over



Step 1: Behavioural Issues

Part A

Behavioural Issues Scales 1-14: For each of the scales select the **single** response that most closely describes the child or young person's behaviour. **If more than one response applies in a given scale, select the response with the highest score.** Do not select more than one response in each scale.

Do not read the choices to the caseworker. Choose the most appropriate response that describes what the caseworker has told you about the child or young person's behaviour in that scale.

Scale	Page
1. Education: addresses the child's functioning and behaviour in any educational setting.	32
2. Peer relations: addresses how the child interacts and gets along with peers and how well the child makes and keeps friends.	34
3. Acceptance of adult supervision: addresses the child's willingness to accept adult supervision.	36
4. Emotional adjustment: addresses the child's emotional stability, including how the child handles stress, how stable his or her emotions or moods are, how emotional or upset the child becomes when faced with change or stress.	38
5. Anger management: addresses the child's ability to manage his or her anger.	40
6. Harm to people or property: addresses the child's physical aggression towards people or property.	42
7. Fire-setting: addresses the child's involvement in incidents, suspected or confirmed, where fires have been set.	44
8. Cruelty to animals: addresses the child's involvement in incidents, suspected or confirmed, of cruelty towards animals.	46

Step 1: Behavioural Issues

Scale	Page
9. Offending behaviour: addresses the child's involvement in offending or criminal behaviour.	48
10. Gang association: addresses the child's association with gangs, including any desire to be connected with a gang.	50
11. Depression and self-harm: addresses any depressed behaviours, self injurious, or suicidal behaviours or attempts the child may have.	52
12. Cognitive functioning: addresses the child's cognitive functioning and aspects of his or her mental health not addressed elsewhere.	54
13. Substance use/misuse: addresses the child's attitude towards and involvement with alcohol and/or drug use or misuse.	56
14. Sexual behaviours: addresses the child or young person's sexual behaviours.	58

Use the **scale descriptions** to select the most appropriate response. Select the corresponding box in each Behavioural Issues screen of the children or young people 9 years or older CAT.

- If more than one response applies in a scale, select the response with the highest score.
- Refer to the *Issues to consider* and *Do not consider* dot points for each scale.
- Consider frequency, duration and intensity of behaviours.
- Do not select more than one response in each category.
- **NOTE:** If the behaviour applies to multiple scales, score the behaviour in *each* scale that is relevant.

1. Education

Scale Purpose: Ask the caseworker to describe the child's functioning and behaviour in any educational setting, including school, TAFE or vocational training program.

Issues to consider when selecting a response:

- Child's grades and educational progress.
- Child's overall attendance (including punctuality).
- Child's school adjustment and behaviours while at school.
- Problems following classroom rules, paying attention, listening to teachers, ability to control behaviour in classroom.
- Disciplinary actions for poor behaviours, including fights during school or at school activities, skipping class or school, other school behaviour problems.
- Include before and after school care, if relevant.

Do not consider:

- Problems interacting with peers. **Use 2. Peer relations scale unless** the problems disrupt classroom activities. (Do not include fights with peers unless they occurred in the classroom or at school during school hours or during school activities).
- Problems listening to adults. **Use 3. Adult supervision scale unless** the child is disrespectful to teachers or school staff, or if the child disregards or defies the teachers or school rules.
- Physical aggressiveness of the child **unless** a teacher or school staff were threatened or harmed.

1. Education

Scale directions

When selecting a response, consider the **frequency, duration** and **intensity** of issues. If you cannot decide between two responses, select the higher score. Do not read the scaled responses to the caseworker.

Score	Description
0	Child's grades are average or above, attendance record excellent, has positive experience in school, excellent behaviour, good peer relationships at school. <i>Use this response if the child's school behaviour, grades and attendance have not caused problems and are a strength.</i>
0	Child has good school attendance, no discipline problems, getting along well. <i>Use this response if the child's attendance and behaviours cause no problems, but grades, educational progress may be a problem.</i>
0	Child has average school attendance, problems do not interfere with functioning in school. <i>Use this category if the child has some problems with attendance, grades, and/or behaviours, but the child is able to function adequately.</i>
1	Child has occasional problems in accepting or following school rules or discipline and/or attendance problems. <i>Use this response if the child has problems with behaviour and/or attendance that occasionally interfere with the classroom, and/or with his or her educational progress. "Occasional" problems would not occur more than monthly.</i>
2	Child has disruptive behaviours in school that require outside intervention; grades or educational progress unsatisfactory. <i>Use this response if the child's classroom and school behaviours are a problem more often than once a month, teachers and school staff are frustrated with the disruptive behaviours, disciplinary actions are increasing in frequency and severity.</i>
3	Child's school attendance is poor; grades or educational progress is poor and near failing and an ongoing concern for teachers and/or carers. <i>Use this response if the child regularly misses school and/or has poor or failing grades in many classes, and/or if the child's classroom or school behaviours are a problem on a weekly or daily basis, resulting in regular disciplinary actions that cause the child to miss classes.</i>
UA	Unable to assess at present time. <i>Use this response if unable to assess based on the information currently available.</i>

2. Peer relations

Scale Purpose: Ask the caseworker to describe how the child interacts and gets along with peers and how well the child makes and keeps friends.

Issues to consider when selecting a response:

- Child's ability to make friends, have close friends, keep friends.
- Child's general interactions with peers, whether peers seem to accept child.
- Child seems to get into physical or verbal fights with friends or peers, which tend to strain or end relationships.
- Child seems to have adequate social skills to make friends.
- Child engages in bullying or cyber-bullying others or is bullied themselves.
- Child seems uncomfortable with peers, isolated from peers, picked on or bullied by peers.
- Child somehow feels or seems different from peers or doesn't fit in with peers.
- Child seems to instigate trouble with peers.
- Child is easily manipulated or influenced by peers, or seems to seek out peers who would be a negative influence.

Do not consider:

- School behaviours, **unless** the behaviours affect peer relationships.
- Child's anger or rage, **unless** it affects peer relationships.
- Cognitive functioning, **unless** it affects peer relationships.
- Child's fights with others, **unless** fighting has affected child's peer relationships.
- Child's aggressive behaviours in general, **unless** those behaviours have cost the child his or her ability to make or keep friends.

2. Peer relations

Scale directions

When selecting a response consider the **frequency, duration** and **intensity** of issues. If you cannot decide between two responses, select the higher score. Do not read the scaled responses to the caseworker.

Score	Description
0	Child has close friends and gets along with people; has good social skills. <i>Use this response if the child is sociable, outgoing, makes friends easily, and is well liked by peers, may be a leader.</i>
0	Child is comfortable with peer group. <i>Use this response if the child has good friends and seems to get along well with peers.</i>
0	Child has developed friendships over time, occasional fights appropriate for age group, able to interact socially. <i>Use this response if the child has some difficulty getting along with peers, but does have good friendships with one or more peers, is generally accepted by peers.</i>
1	Child has some difficulty forming close relationships, but has peers to share activities. <i>Use this response if child seems to have few close friends, but is generally accepted by peers.</i>
2	Child has frequent fights and disruptive behaviours and/or complaints from others; or child is picked on or has few friends. <i>Use this response if child has serious problems getting along with peers, seems picked on, is easily manipulated by peers, or seems to want to be with peers who would have a negative influence on his or her behaviour, or if child bullies peers.</i>
3	Child seems unable to form any meaningful friendships, is socially isolated and unable to enjoy activities with peers. <i>Use this response if child seems to have no good friends, doesn't interact well with peers, may pick fights with peers, is not liked by peers, has poor social skills.</i>
UA	Unable to assess at present time. <i>Use this response if unable to assess based on the information currently available.</i>

3. Adult supervision

Scale Purpose: Ask the caseworker to describe how well the child accepts adult supervision.

Issues to consider when selecting a response:

- Overt acts of defiance toward carer.
- Rude and offensive behaviours toward carers, including swearing.
- Overt acts of defiance toward adult authority figures, including (but not limited to) teachers, counsellors, or other school staff.
- Disrespectful behaviours toward authority figures, including (but not limited to) teachers, counsellors or other school staff.

Do not consider:

- School related behaviours involving peers or truancy. **Use 1. Education scale.**
- Unruly or challenging behaviours, **unless** they are the specific result of the child's defiance of adult supervision.

3. Adult supervision

Scale directions

When selecting a response consider the **frequency, duration** and **intensity** of issues. If you cannot decide between two responses, select the higher score. Do not read the scaled responses to the caseworker.

Score	Description
0	Child is able to accept limits, understands own responsibility. <i>Use this response if child seems to accept limits set by adults, and takes responsibility for his or her own actions.</i>
0	Child is able to respond to adult direction and makes self-correction. <i>Use this response if the child learns from his or her mistakes in terms of limits set by adults, and learns to take responsibility for actions.</i>
0	Child needs occasional reminders, but generally accepts adult supervision. <i>Use this response if child seems to need occasional reminders about limits, but overall falls within the norms for his or her age range, and can take responsibility for actions and can accept consequences for actions with minimal disagreement.</i>
0	Child has some difficulty accepting adult instructions, which creates some challenges at home and at school. <i>Use this response if child is occasionally (no more than one to two times per week) defiant, but his or her behaviour can usually be re-directed appropriately. Child finds it difficult accepting responsibility for actions and consequences of actions; tends to blame others.</i>
1	Child has recurring difficulty following adult instruction, especially accepting responsibilities or fighting with siblings. <i>Use this response if child is openly defiant several times weekly, but with some effort can usually, but not always, be re-directed appropriately. Child may have a problem accepting responsibility for, or consequences of his or her actions; often blames others.</i>
2	Child has ongoing challenging behaviours that require constant management. <i>Use this response if the child has episodes of defiance on a daily basis, but with some effort can be re-directed sometimes. Child is often unwilling to accept responsibility for, or consequences of his or her actions; usually blames others.</i>
3	Child recognises no authority or boundaries, and is out of control and openly defiant of adult care and supervision, and in need of immediate intensive intervention. <i>Use this response if child is almost constantly extremely defiant, making any adult oversight of the child challenging. Behaviours result in severe disruption to daily functions. Seems to generally defy adult direction more often than not. Child usually refuses to take responsibility for, or accept consequences of his or her actions; always blames others.</i>
UA	Unable to assess at present time. <i>Use this response if unable to assess based on the information currently available.</i>

4. Emotional adjustment

Scale Purpose: Ask the caseworker to describe the child's emotional stability, including how the child handles stress, how stable his or her emotions or moods are, how emotional or upset the child becomes when faced with change or stress.

Issues to consider when selecting a response:

- Extremes in emotions or moods, especially when moods change with little apparent reason.
- Irritability, or if the child is easily frustrated.
- How the child deals with pressure or stress.
- How emotional or upset the child becomes with stress or change.
- Problems or anxiety related to identity issues.

Do not consider:

- Anger and rage. **Use 5. Anger management scale unless** the child's anger results in dramatic changes in moods (from a high to an emotional low or sadness).
- Depression. **Use 11. Depression and self-harm scale.**

4. Emotional adjustment

Scale directions

When selecting a response consider the **frequency, duration** and **intensity** of issues. If you cannot decide between two responses, select the higher score. Do not read the scaled responses to the caseworker.

Score	Description
0	Child has ability to handle stress, steady temperament, mood stability and comfortable with identity issues. <i>Use this response if the child seems emotionally secure and relatively stable, even under stressful conditions, comfortable with his or her identity.</i>
0	Child has no problem with moods and temperament. <i>Use this response if the child's reactions to stress, including removal from the home seem age appropriate, but not extreme.</i>
0	Child has occasional mood swings but does not affect functioning. <i>Use this response if the child tends toward mood swings and extremes, and can become emotional, but these changes and emotional behaviours do not interfere with functioning because they are not extremely intense and they do not last very long.</i>
1	Child has occasional (weekly or less) emotional outbursts and mood swings. <i>Use this response if the child has mood swings and outbursts that occasionally interfere with functioning, such as emotional or overly dramatic behaviours that, on occasion, prevent the child from participating in normal activities, or affect the way others respond to him or her.</i>
2	Child has frequent (daily) emotional outbursts and mood swings. <i>Use this response if the child seems very fragile and emotional or sensitive, does not deal with stress well, has highs and lows in emotions with rapid change between them. Child seems overly emotional and is prone to getting upset on a regular basis, which interferes with activities, or the way others respond to the child on a regular basis.</i>
3	Child has uncontrollable emotional outbursts. <i>Use this response if the child's emotional state is so fragile that very small issues can cause dramatic changes in mood that upset the child, or cause dramatic emotional responses that can lead to extreme sadness, or to cause extreme stress. Negative outbursts are generally associated with crying or stress, rather than anger and rage.</i>
UA	Unable to assess at present time. <i>Use this response if unable to assess based on the information currently available.</i>

5. Anger management

Scale Purpose: Ask the caseworker to describe the child's ability to manager his or her anger.

Issues to consider when selecting a response:

- Verbal anger expressed for any reason.
- Swearing, slamming doors, breaking or throwing things, threatening behaviour as a result of not getting own way.
- Explosive anger and rage at not getting own way.
- Anger or rage that does not subside within a couple of hours.
- Episodes of inappropriate anger over small or insignificant perceived slights or problems.
- Rage that seems to cause the child to lose control.
- Anger that affects the child's self regulation.
- Inability to deal with anger in an appropriate way.

Do not consider:

- Disrespectful behaviours unrelated to episodes of anger, **unless** child seems to be angry most of the time.

5. Anger management

Scale directions

When selecting a response consider the **frequency, duration** and **intensity** of issues. If you cannot decide between two responses, select the higher score. Do not read the scaled responses to the caseworker.

Score	Description
0	Child is able to respond constructively to anger in self and others; good impulse control over behaviours. <i>Use this response if the child seems to have relatively good control over anger with appropriate responses toward, and self-regulation over, situations that result in anger.</i>
0	Child exercises adequate ability to control anger and impulsive behaviours. <i>Use this response if the child's anger and response to anger are within an acceptable age appropriate range of behaviours.</i>
0	Child does not have any problem with anger tolerance or management. <i>Use this response if child seems to manage anger and not getting his or her own way as well as most children his or her age, getting angry, but calming down, and getting over anger within a reasonable time period.</i>
1	Child has occasional problems with behavioural outbursts, which do not affect functioning. <i>Use this response if child displays some loss of control when angry, some impulsive acts, but is able to recover relatively quickly without any serious impact on functioning.</i>
2	Child has occasional or frequent behavioural outbursts with destructive results that interfere with functioning. <i>Use this response if the child shows some control of anger at times, but when he or she loses his or her temper, this results in yelling, swearing, slamming doors, or threats to self or others and affects child's ability to function because of intensity or duration of anger.</i>
3	Child has chaotic and poor control of anger toward self and others with frequency and intensity that needs attention. Throws tantrums. <i>Use this response if the child loses his or her temper easily and lashes out in anger. Child may destroy property, throw or break things, or become physically aggressive. It may take a long time for the child to calm down and get over his or her anger.</i>
5	Child's anger is totally out of control and needs immediate attention and intervention. <i>Use this response if the child shows little control over his or her temper; seems angry most of the time; lashes out in anger, which includes destruction of property, throwing or breaking things, becoming physically aggressive. Child seems unable to control anger, and his or her temper flares over minor perceived problems or slights.</i>
UA	Unable to assess at present time. <i>Use this response if unable to assess based on the information currently available.</i>

6. Harm to people or property

Scale Purpose: Ask the caseworker to describe if the child has a problem with physical aggression towards people or property.

Issues to consider when selecting a response:

- Threats to damage or destroy property when the child has done so in the past.
- Threats to hurt people when the child has done so in the past.
- Deliberate damage or destruction of property.
- Deliberate physical harm to a person. Violence or aggressiveness toward others that could have resulted in physical injury to another.

Do not consider:

- If the child gets angry and threatens to destroy property or hurt people, but has never actually participated in such activities, note this behaviour under **5. Anger management scale**.
- Bullying that did not involve threats or harm to a person or property should be noted under **2. Peer relations scale**.
- Unintentional or accidental damage to property or harm to others, unless the damage or injury occurred when the child was angry, or during an emotional outburst.
- If the child's physically aggressive behaviour was a defensive action, to ward off or protect against a physically aggressive act by another, unless the child instigated the attack by provoking the attacker, or responded to the act with more violence than the act merited.

6. Harm to people or property

Scale directions

When selecting a response consider the **frequency, duration** and **intensity** of issues. If you cannot decide between two responses, select the higher score. Do not read the scaled responses to the caseworker.

Score	Description
0	There are no indications of any tendencies to harm others or property; no abuse history as a perpetrator; no known risk behaviours. <i>Use this response if there have been no instances where the child has damaged property or been physically aggressive toward others.</i>
1	The child has been occasionally assaultive; no major injuries; minor property damage; <i>Use this response if the child has some problems with aggressive behaviours, including bullying of younger children, assault of others, damage to property, but there have been no major injuries to people or major damage to property.</i>
1	The child, in the past (more than two years ago), had a problem of violence or aggressiveness toward others, but no aggressive behaviours or violence since then. <i>Use this response if the child has had aggressive behaviours toward others and property, regardless of level of injury or damage, more than two years ago.</i>
2	Child has a history of assaultive behaviours within the last two years; documented injuries to others or serious damage to property; but no problems within the last six months; risk of physical assault exists. <i>Use this response if the child has deliberately assaulted others or damaged property within the last two years, has not done so in the last six months, but there is risk of additional aggressive episodes.</i>
3	Child has ongoing physically aggressive behaviours that have not responded to intervention; has not responded to help from others; ongoing and persistent reports of aggressive/assaultive behaviours are a major concern. <i>Use this response if the child has ongoing physically aggressive behaviours that have not been successfully addressed and can be expected to continue.</i>
5	Child is extremely violent, combative and out of control, needs intensive intervention. <i>Use this response if child's physically aggressive behaviours are a constant problem, occur frequently, and seem out of control due to child's explosive temper, anger, moods, or emotions.</i>
UA	Unable to assess at present time. <i>Use this response if unable to assess based on the information currently available.</i>

7. Fire-setting

Scale Purpose: Ask the caseworker to describe the child's involvement in incidents, suspected or confirmed, where fires have been set.

Issues to consider when selecting a response:

- All instances where a fire was set that had the potential of damaging property or injuring people.
- Fires set under supervised circumstances that would be unlikely to cause any damage or injury but were intended to attract attention.

Do not consider:

- Young or developmentally delayed children playing with matches or a lighter when they would not be expected to "know better."
- House fires that had a known cause unrelated to the child.
- Supervised use of fire appropriate to location, e.g. setting of fires in fireplaces.

7. Fire-setting

Scale directions

When selecting a response consider the **frequency, duration** and **intensity** of issues. If you cannot decide between two responses, select the higher score. Do not read the scaled response to the caseworker.

Score	Description
0	Child has no fire-setting tendencies. <i>Use this response if child has no fire-setting tendencies.</i>
1	<p>Child talks frequently about fire,</p> <ul style="list-style-type: none"> • but is not known to have been involved in fire-setting; or • was around when a fire began, but involvement is unclear; or • has history of fire-setting more than two years ago. <p><i>Use this response if:</i></p> <ul style="list-style-type: none"> • <i>fire seems to be an issue with the child, but has not been acted upon; or</i> • <i>if child was around when a fire began, but you cannot be sure of his or her involvement in setting the fire; or</i> • <i>if the child has been involved in fire-setting in the past, but there have been no problems in the last two years. Consider whether the child has had limited opportunity due to controlled environment or living arrangement.</i>
2	<p>Within the last two years the child</p> <ul style="list-style-type: none"> • seems to be around when fires (more than one) begin, although his or her direct involvement is unclear, or • is known to have been involved in intentional fire-setting which potentially caused a low level risk of harm to people or property and which was more experimental in nature <p><i>Use this response if –</i></p> <ul style="list-style-type: none"> • <i>the child has been around when more than one fire was started, but you cannot be sure if the child was involved in setting the fire or,</i> • <i>the child was involved in fire setting which posed a low level risk of harm and was more experimental in nature</i>
3	Within the last two years, child has been an active participant in fire-setting that has put people or property at risk. <i>Use this response if you know the child participated in fire-setting that put people or property at risk within the last two years.</i>
5	Child's fire-setting behaviour has recently (within the last six months) put people or property at serious risk and is an immediate concern. <i>Use this response if the child's involvement with fire-setting has put people or property at serious risk within the last six months.</i>
UA	Unable to assess at present time. <i>Use this response if unable to assess based on the information currently available.</i>

8. Cruelty to animals

Scale Purpose: Ask the caseworker to describe the child's involvement in incidents, suspected or confirmed, of cruelty towards animals.

Issues to consider when selecting a response:

- Any behaviour toward an animal that could have resulted in serious injury to the animal.
- Any behaviour toward an animal that was clearly cruel or malicious.
- Any behaviour that shows child's interest in cruelty towards animals even without any action taken.

Do not consider:

- Child accidentally hurt an animal (e.g. tripped over a cat in a dark hallway, fell on the dog while playing with another child) unless there is a pattern of these "accidents."
- Child lashed out at an animal when he or she was angry, or because child was scratched or nipped by the animal, but no injury to the animal occurred.

8. Cruelty to animals

Scale directions

When selecting a response consider the **frequency, duration** and **intensity** of issues. If you cannot decide between two responses, select the higher score. Do not read the scaled responses to the caseworker.

Score	Description
0	Child does not have known problems with cruelty and/or violence toward animals. <i>Use this category if child has no known problems with cruelty and/or violence toward animals.</i>
1	Child has been suspected of cruelty toward animals in the past, but there have been no incidents in the last two years. <i>Use this response if there were past suspicions of animal cruelty, but no known incidents.</i>
2	Child has been known to be cruel towards animals in the past, but there have been no incidents in the last two years. <i>Use this response if the child has a history of animal cruelty more than two years ago. Consider whether the child has had limited opportunity due to controlled environment or living arrangement.</i>
3	<p>Within the last two years, child</p> <ul style="list-style-type: none"> • seems to be around when others have been cruel to animals, or when animals have been injured in some unknown way, and is suspected of having been involved, or • is known to have been involved in an isolated event where an animal was harmed but the behaviour was more experimental in nature. <p><i>Use this response if, within the last two years-</i></p> <ul style="list-style-type: none"> • the child's involvement in animal cruelty is suspected, or if others have been cruel toward animals and you suspect this child may have been involved, or • if the child's behaviour shows a definite interest in animal cruelty, even if there is no evidence that child has acted on that interest or, • child was involved in an isolated incident where an animal was harmed but where the behaviour was more experimental in nature
5	<p>Within the last two years, child has</p> <ul style="list-style-type: none"> • shown a pattern of being intentionally and violently cruel toward animals, or • has committed a one-off violent attack resulting in the serious injury or death of an animal <p><i>Use this response if the child is known to have been involved in cruel acts toward animals within the last two years.</i></p>
UA	Unable to assess at present time. <i>Use this response if unable to assess based on the information currently available.</i>

9. Offending behaviours

Scale Purpose: Ask the caseworker to describe the child's involvement in offending or criminal behaviour.

Issues to consider when selecting a response:

- Any behaviours that are illegal, including criminal acts or offences, anti-social behaviours, or behaviours that have brought the child to the attention of the police or required police involvement or action.

Do not consider:

- Angry outbursts, **unless** they resulted in an illegal activity, such as assault or property damage in which the child was charged with a criminal offence. **Use 6. Harm to people or property scale** if the child was not charged with an offence. **Use 5. Anger management scale** if there was no physical aggressiveness.
- Physical aggressiveness toward others **unless** the child was charged with a criminal offence. **Use 6. Harm to people or property scale.**
- Property damage **unless** the child was charged with a criminal offence. **Use 6. Harm to people or property scale.**

9. Offending behaviours

Scale directions

When selecting a response consider the **frequency, duration** and **intensity** of issues. If you cannot decide between two responses, select the higher score. Do not read the scaled responses to the caseworker.

Score	Description
0	Child adheres to laws and has had no record of criminal activity or police involvement. <i>Use this response if child has no known record of criminal activity or police involvement.</i>
1	Child has occasional run-ins with the law, or other authority figures but no pattern of criminal activity, or no activity within the last two years. <i>Use this response if occasional run-ins include shoplifting, unruliness and other offences of low severity and frequency is less than four times per year. Or use this category if the child has a record of criminal activity, but no activity within the last two years.</i>
1	Child has received a police warning or formal caution, or has taken part in a youth justice conference within the last two years. <i>Use this response if the child has received a police warning or formal caution, or has taken part in a youth justice conference within the last two years, but has not been charged with a criminal offence.</i>
1	Child has been involved in an illegal activity for which he or she has been charged with a criminal offence within the last two years. <i>Use this response if child has been charged with a criminal offence within the last two years; Child may have received police warnings or formal cautions, or taken part in a youth justice conference as well.</i>
2	Child has had recurring involvement with the criminal justice system, primarily crimes against property, or fighting with peers. <i>Use this response if the child has recurring problems with the criminal justice system for criminal behaviours, including assaults against peers and property crimes.</i>
4	Child has recurring or extensive involvement with the criminal justice system with increasing seriousness of offences and history of incarcerations. <i>Use this response if the child has recurring or extensive involvement in illegal activities that are serious offences or an escalation of offences.</i>
UA	Unable to assess at present time. <i>Use this response if unable to assess based on the information currently available.</i>

10. Gang association

Scale Purpose: Ask the caseworker to describe the child's association with gangs, including any desire to be connected with a gang. Gang in this context is a group involved in criminal or illegal activities, and/or intimidation of neighbourhood or community through threats or violence.

Issues to consider when selecting a response:

- Includes organised crime or biker gangs.
- Any behaviour that seems to emulate gang membership or involvement.
- Any involvement with a gang that seems to be for the sole purpose of getting along in the neighbourhood, or protecting oneself, rather than for the purpose of belonging to the gang.
- Any direct membership or involvement in a gang that appears to be because the child is interested in or respects the gang or gang membership.

Do not consider:

- Child lives in a neighbourhood where gangs are prevalent, but the child does not appear to have any relationship or desired relationship with the gang.

10. Gang association

Scale directions

When selecting a response consider the **frequency, duration** and **intensity** of issues. If you cannot decide between two responses, select the higher score. Do not read the scaled responses to the caseworker.

Score	Description
0	Child or child's birth family is not known to have any gang-related involvement. <i>Use this response if child or child's birth family is not known to have any gang-related involvement.</i>
1	Child hangs around a gang and seems to emulate the lifestyle or hangs out with the gang for self-protection purposes. <i>Use this response if the child is not really involved with a gang, but may want to be or simply "puts up" with the gang to meet his or her own needs for self or family protection.</i>
2	Child or child's birth family is involved with a gang, but child denies it. Involvement may be a means of protection for self or family. <i>Use this response if you have reason to believe the child or other family member is involved with the gang.</i>
4	Child or child's birth family identifies with a gang, wears identifying clothing or gang "colours", has gang tattoos, or carries gang literature. <i>Use this response if the child or other family member is involved in and identifies with being in a gang.</i>
UA	Unable to assess at present time. <i>Use this response if unable to assess based on the information currently available.</i>

11. Depression and self-harm

Scale Purpose: Ask the caseworker to describe any depressed behaviours, self injurious, or suicidal behaviours or attempts. This scale addresses the child's thoughts and actions toward self-harm. Any behaviours that cause injury to the child or threaten to cause injury to the child should be noted here. This scale also includes all depressive behaviours and thoughts (including excessive sleeping, poor affect, hopelessness, loss of interest in outside activities or others).

Issues to consider when selecting a response:

- Any self-injurious behaviours, such as cutting oneself or eating disorders.
- Depression and depressive behaviours (including excessive sleeping, poor affect, hopelessness, loss of interest in activities or others).
- Refusing intervention: failure to keep appointments, refusal to take medication, etc.
- Any thoughts of, or plans for suicide.
- Any suicide attempts or ideation.
- Any hospitalisation for self-injurious or suicidal behaviour.

Do not consider:

- Negative peer interactions.
- Do not use this scale if risk taking behaviours are around drugs or alcohol, **Use 13. Substance use/misuse scale.**
- Do not use this scale if risk taking is around sexual behaviours, **Use 14. Sexual behaviours scale.**

11. Depression and self-harm

Scale directions

When selecting a response consider the **frequency, duration** and **intensity** of issues. If you cannot decide between two responses, select the higher score. Do not read the scaled responses to the caseworker.

Score	Description
0	Child has no indication of self harm. <i>Use this response if the child has no indication of self-harm.</i>
1	Child has some depressive symptoms; may be some self-harm ideation, and/or suicidal ideation (i.e. thoughts about harming and/or killing oneself), but no history of any suicide attempt, no plans toward suicide. <i>Use this response if the child has seemed depressed, sleeps excessively, shows poor, flat affect, shows little interest in or enthusiasm toward life, has had some self-harm or suicidal ideation in the past, but there have been no known suicide attempts, no talk of suicide, no plans for suicide.</i>
2	Child has been diagnosed with depression and/or had a suicide attempt during the last three years; however depression is now under control . <i>Use this response if there has been a suicide attempt within the last three years, (which could have been lethal, had the child not changed his or her mind, or been interrupted in the act) but the child's depression now seems under control, and there are no current depression symptoms, nor is there any talk of suicide and/or self-harm ideation. Child has a history, but all symptoms seem under control at the present time.</i>
3	Child has been diagnosed with major depression and/or had suicide attempt during the last three years and/or may have serious and ongoing self-harm and/or had suicidal ideation. Depression is not under control . The child may be self-harming (e.g. cutting). <i>Use this response if there has been a suicide attempt within the last three years, and/or the child's depression is not under control, but there are no indications that child will follow through with suicide ideation.</i>
5	Child has had suicide attempt during the last year; hospitalised before for attempts; another attempt possible. <i>Use this response if the child has had a suicide attempt in the last year, and has been hospitalised for attempts. While not imminently at risk, the child does not seem very stable, continues to be depressed and could attempt suicide again.</i>
6	Child is currently at risk of suicide; child has definite plan; another attempt likely; child needs intensive intervention. <i>Use this response if the child seems likely to attempt suicide, based on a stated plan for suicide or other gestures that put the child at definite risk of suicide.</i>
UA	Unable to assess at present time. <i>Use this response if unable to assess based on the information currently available.</i>

12. Cognitive functioning

Scale Purpose: Ask the caseworker to describe the child's cognitive functioning and mental health. This scale addresses the child's cognitive functioning in the context of normal thoughts and perceptions and includes aspects of his or her mental health not covered elsewhere

Issues to consider when selecting a response:

- Child's judgment about his or her life, and future.
- Child's judgment about his or her family and peer relationships and how others respond to him or her.
- Any thoughts that seem unrealistic or abnormal for his or her age or developmental abilities.
- Any delusions about his or her own abilities or about others. Any hallucinations, either auditory or visual. This problem is evidenced by strange stories, paranoia, unrealistic explanations for simple events, or unrealistic or abnormal thoughts or plans about the future.
- Any diagnosed mental health problem not covered elsewhere.

Do not consider:

- Interpersonal relationships, unless these are affected by the child's unrealistic view of the world.
- Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) as these are covered within other behavioural scales..

12. Cognitive functioning

Scale directions

When selecting a response consider the **frequency, duration** and **intensity** of issues. If you cannot decide between two responses, select the higher score. Do not read the scaled response to the caseworker.

Score	Description
0	Child's judgment seems reasonable given age and developmental level. <i>Use this response if the child seems very grounded in reality and shows realistic judgment about his or her life and interactions with others, based on developmental age.</i>
0	The child exercises age-appropriate and developmentally appropriate thinking. <i>Use this response if the child shows judgment consistent with his or her age and developmental abilities.</i>
0	The child has no reported mental health problem. <i>Use this response if the child's mental health problems are unknown, but there have been no reports of any problems.</i>
1	Has had difficulty in thought processes, but can still function in school and at home. <i>Use this response if the caseworker, parent, or other adult has noticed that the child has some problems with judgment or thought processes, meaning the child has some thoughts that seem unrealistic, but the child still seems able to function adequately.</i>
2	The child has a mental health diagnosis, which affects functioning in school and at home, but seems <u>mostly under control</u> . <i>Use this response if the caseworker is aware that the child has been diagnosed with a mental health problem which has affected the child at school or home, but currently the problem seems to be reasonably controlled through medication or other interventions.</i>
3	The child has a diagnosed mental health problem, which affects functioning in school and at home, and is <u>not</u> totally under control. <i>Use this response if the child has unrealistic thoughts about others or him or herself, seems out of touch with reality, and results in problems at school or home, and the problem is not under control, affecting the child's functioning and ability to interact with others, or respond appropriately to others. For example, if the child attributes unrealistic motivations to others' actions, or personalises others' actions in unrealistic ways, or believes him or herself capable of actions that are beyond fantasy, to the point of being disturbing. A clinical judgment is not needed for assigning this level, only the views of adults knowledgeable about the child.</i>
5	The child has a serious diagnosed mental health problem, which affects functioning in school and at home, is not stable, or child is uncooperative about or non-compliant with taking psychotropic medications. <i>Use this response if the child's diagnosed mental health problem is not controlled, and affects the child's ability to function because his or her thoughts are frequently not reality-based, and may be delusional. Child may be uncooperative or non-compliant with taking medication.</i>
UA	Unable to assess at present time. <i>Use this response if unable to assess based on the information currently available.</i>

13. Substance use/misuse

Scale Purpose: Ask the caseworker to describe the child's attitude towards and involvement with alcohol and/or drug use or misuse.

Issues to consider when selecting a response:

- Usage and/or abuse of alcohol and/or drugs
- Non-prescribed use of prescription drugs.
- Any abuse of alcohol and/or drugs, including occasional bingeing.
- Use of solvents, petrol, and glue sniffing.

Do not consider:

- Underage use of tobacco (ensure that usage is noted in the case plan).

13. Substance use/misuse

Scale directions

When selecting a response consider the **frequency, duration** and **intensity** of issues. If you cannot decide between two responses, select the higher score. Do not read the scaled responses to the caseworker.

Score	Description
0	Child is strongly against alcohol and/or drug use and has good understanding of the dangers. <i>Use this response if the child has strong negative feelings toward alcohol and/or drugs.</i>
0	Child has support of family and others to avoid use of alcohol and/or drugs. <i>Use this response if the child's family values and habits discourage the abuse of alcohol and/or drugs.</i>
0	Child gives no indication of any alcohol and/or drug use. <i>Use this response if you do not know the family's involvement with alcohol and/or drugs, but there has been no indication that the child uses or abuses alcohol and/or drugs.</i>
1	Child uses alcohol and/or drugs occasionally, but use usually does not interfere with daily activities. <i>Use this response if the child occasionally uses alcohol or marijuana or other drugs, but use of these substances appears experimental and usage has never interfered with child's functioning.</i>
2	Child binges on alcohol and/or drugs, but use usually does not interfere with daily activities. <i>Use this response if the child binges on alcohol and/or drugs, but confines these binges to days and times (e.g. weekends) that are less likely to interfere with school, or daily routine.</i>
3	Frequent alcohol/drug use has interfered with daily activities and may have resulted in disciplinary or judicial actions in the past; child has been treated and/or is in recovery. <i>Use this response if drinking and/or drug use has been a problem that affected the child's functioning; child has been treated and/or is in recovery.</i>
5	Frequent drinking and/or drug use interferes with daily activities and/or has resulted in disciplinary or judicial actions; child has not been treated or not treated successfully. <i>Use this response if drinking and/or drug use is a problem that affects the child's functioning; child has not been treated, or has relapsed since treatment.</i>
UA	Unable to assess at present time. <i>Use this response if unable to assess based on the information currently available.</i>

14. Sexual behaviours

Scale Purpose: Ask the caseworker to describe the child or young person's sexual behaviours.

Issues to consider when selecting a response:

- Sexual play with younger children.
- Simulated intercourse, penetration, genital kissing or oral copulation, particularly for younger children.
- Any sexual activity involving coercion, threats, secrecy, bribery, violence, aggression or developmentally inappropriate acts.
- Acts involving a substantial difference in age, physical size or peer relationship, particularly if it involves another child or young person with a disability.
- Public masturbation, unwanted kissing, non-consensual groping or touching of others' genitals.
- Coercive sexual intercourse or oral sex.
- Voyeurism, stalking, sadism.
- Exposure, grooming (for self or others) or "sexting."
- Unsafe sex.
- Prostitution.
- Abusive sexual behaviours reported about the child. Refer to **Appendix A** for examples of abusive sexual behaviours.

Do not consider:

- Masturbation in private.
- Mutual kissing.
- Sexual arousal.
- Consensual sexual activity amongst peers.
- An interest in other's bodies that may take the form of looking at photos or published materials.
- An age-appropriate interest in sex, sex words, and dirty jokes.

14. Sexual behaviours

Scale directions

When selecting a response consider the **frequency, duration** and **intensity** of issues. If you cannot decide between two responses, select the higher score. Do not read the scaled responses to the caseworker.

Score	Description
0	Child is sexually appropriate for age and development. May be questioning sexuality, but not in an abusive or inappropriate way. <i>Use this response if there are no known inappropriate sexual behaviours.</i>
1	Child behaves in a seductive manner inappropriate to age, or admits to regularly engaging in unsafe sex. <i>Use this response if the young person's sexual behaviours are inappropriately seductive, but not in an aggressive way that would result in pressure toward others to participate in sexual activities. Or if the child admits to initiating and/or participating in unsafe sex with regard to contraception and/or protection from sexually transmitted diseases.</i>
1	Child sexually acts out (e.g., frequent masturbation, exposing or frequent touching of genitals, etc.). <i>Use this response for a young person whose behaviour is sexually inappropriate, but is not likely to put others at risk of victimisation.</i>
2	Child has engaged in sexually abusive behaviour, but has responded well to treatment, and has no inappropriate behaviours in last six months. <i>Use this response if the young person has a history of sexually abusive behaviours, but treatment seems to have addressed these behaviours successfully.</i>
2	Child has been involved in prostitution. Child engages in behaviours that place him or her at risk of being sexually abused or victimised. <i>Use this response if the young person is known to have been involved in prostitution or engaged in behaviours that placed him or her at risk of being sexually abused or victimised within the last two years.</i>
5	Child has engaged in sexually abusive behaviours within the last two years, and has not been treated, has not responded well to treatment or treatment is too recent to know impact, or has not had the opportunity to repeat abusive behaviour. Child is considered at risk of continued sexually abusive behaviours. <i>Use this response if the young person's sexually abusive behaviours are likely or thought to put other children and young people at risk.</i>
UA	Unable to assess at present time. <i>Use this response if unable to assess based on the information currently available.</i>

Step 1: Behavioural Issues

Part B

Ask the caseworker if any of the following apply to the child or young person. Select yes, no or unable to assess for each question. Note – Only select “yes” to 2 and 3 if the child or young person receives additional in- school supports (as described) and attends a specialist school (as described).

1. Has the child had more than two placement changes in the last year due to his or her behaviours?
2. Is the child currently receiving or recommended to receive additional in-school supports and strategies, such as a Learning and Support Teacher, for a diagnosed emotional disturbance or behaviour disturbance?
3. Is the child attending a specialist school, such as a School for Specific Purposes (SSP), or tutorial centre as a result of a diagnosed emotional disturbance or behaviour disturbance?
4. Has the child received more than four short-term suspensions (i.e. up to four days) or more than two long-term suspensions (between 4 and 20 days) in the last full school year?
5. Is the child currently expelled from school, or had his or her enrolment refused?
6. Does the child refuse to attend school, including TAFE or vocational training? (Exclude situations where enrolment is delayed).
7. Is the child involved in a lifestyle or group that focuses on negative or deviant themes, or deliberately places themselves outside of the mainstream?
8. Does the child seem obsessed or preoccupied with violence, weapons, explosives, violent movies or video games or other destructive devices or themes?
9. Would the child's size or manner be physically or psychologically intimidating to a carer?
10. Has the child runaway more than twice in the last six months, to an unknown location for more than two nights at a time?
11. Has the child received inpatient psychiatric care?
12. Is the safety of the child, the foster carer, or the caseworker likely to be at risk due to the birth parents' behaviour?
13. Is the child stepping down from secure care, including a Juvenile Justice facility or other residential treatment level of care?
14. Has the child been receiving wraparound services (e.g. counselling, allied health services, respite, etc.) that, if removed, would de-stabilise the child or the placement?
15. Does the child have a pattern of making unsubstantiated allegations against a carer?
16. Does the child have extra activities or contact arrangements that would require the carer to provide frequent and/or extensive travel?

Step 2: Health and Development Issues

Children and young people 9 years or older

In this section, you are asked to consider the health and development issues of the child, and the care these needs require.

Ask the caseworker to describe the physical health and development issues of the child, and choose the most accurate description from the list on the next page. Any special care that must be provided to the child to address his or her health care, physical mobility or developmental needs must also be considered.

Issues to consider when selecting a response:

- Previous health care, including preventive check-ups.
- Physical health conditions of the child.
- Chronic health conditions or diseases.
- Health care required for the child.
- Developmental condition of the child.
- Developmental delay or intellectual disability
- Physical disabilities of the child.
- Age appropriateness of the child's health and development.

Do not consider:

- Behavioural problems of the child, unless the child's behavioural problems make addressing ongoing health care needs difficult.
- Health conditions that require no care considerations.
- Mental health or behavioural conditions that have affected the child's physical health.
- Acute or short term health care conditions that are temporary in nature and may require care considerations that are temporary.

Directions

When selecting a response, consider **time required** of a carer, **intensity of care required**, and any **special skills or training** needed by a carer. If you cannot decide between two responses, select the higher number.

- Responses 1, 2 and 3 will not alter the *Behavioural Level of Care*.
- Response 4 will increase the *Behavioural Level of Care* by one level.
- Response 5 will increase the *Behavioural Level of Care* by two levels.

Description

1. Child is in excellent health; has no physical disabilities; has had regular health check-ups and dental care; and immunisations are up to date. *Use this category for a child in excellent health, with good, regular preventive health care.*

2. Child is in good health; has no major physical problems; primary care maintenance is in place. *Use this category for a child in good health, who may have occasional ailments, but has received less preventive health care, including dental care.*

3. Child is considered in average health; has minor ailments periodically and possibly brief hospitalisations, or is suspected of having serious health or developmental problems that require testing. *Use this category for any child whose health seems OK, with some manageable minor problems, usual childhood ailments and possibly ongoing medical and/or therapy appointments.*

4. Child has health conditions, physical disabilities and/or developmental problems (including developmental delay or intellectual disability) that results in a need for treatment or care considerations. The child's condition has an impact on overall functioning with a recurrent need for treatment and ongoing care considerations. *Use this category if there are care considerations that are manageable by the carer in terms of time, intensity, skills or training, but the level of effort will be more than most children in care; and where the child's ongoing care will be an important consideration in finding a placement.*

5. Child has major problems with poor physical health, physical disabilities, and/or serious developmental problems (including developmental delay or intellectual disability) which affect the child's functioning, and will require hospitalisations or time-consuming specialised care and possibly supervision from a trained person. This child will require ongoing frequent medical and/or therapeutic visits and oversight. *Use this category if the child's care needs are very high, serious and time consuming, require either training of the carer or full-time oversight by skilled professionals.*

6. Unable to assess at present time.

Step 3: Recommended Level of Care

Children or young people 9 years or over

Directions:

Open the CAT online tool using the link you have been provided. You must be a registered Community Services user to access the tool. The tool will automatically direct you to the correct assessment based on the child's date of birth, and step you through all parts of the assessment. The CAT will calculate the Recommended Level of Care for you, based on the responses you select in Step 1 and Step 2.

Step 1: Behavioural Issues

Level 1 – General Foster Care (GFC)

No 3s, 4s, 5s or 6s AND Total score of 6 or less

Level 2 – General Foster Care+1 (GFC+1)

No 3s, 4s, 5s or 6s AND Total score of 11 or less

Level 3 – General Foster Care+2 (GFC+2)

No 4s, 5s, 6s AND No more than 3 '3's AND Total score of 15 or less

Level 4 – Intensive Foster Care (IFC)

No 5s or 6s AND No more than 3 '4's AND Total score of 20 or less

Level 5 – Residential Care (RC)

No 6s AND No more than 3 '5's AND Total score of 25 or less

Level 6 – Intensive Residential Care (IRC)

Any 6s OR More than 3 '5's OR More than 25 points

Results from Step 1 will provide the **Behavioural Level of Care**

Step 2: Health and Development Issues

- If you select **response 1, 2 or 3** the child or young person's *Behavioural Level of Care* will not increase.
- If you select **response 4** one level of care will be added.
- If you select **response 5** two levels of care will be added.

The combination of behavioural issues and health and development issues will be used to calculate **Step 3: Recommended Level of Care**. The CAT will automatically calculate the results.

NOTE:

- Children under 9 years will not receive a *Recommended Level of Care* higher than Residential Care in the CAT.
- Children under 12 years should generally not be placed in either Residential or Intensive Residential (i.e. higher than Intensive Foster Care (IFC)). Placement at a level higher than IFC will require approval in accordance with existing procedures for placing children under 12 years in Residential Care.

Appendices Descriptions of Sexual Behaviours

Sexual behaviours	Abusive sexual behaviours
A child aged 0–5 years	
<ul style="list-style-type: none"> • Masturbation as self-soothing behaviour • Touching self or others in exploration or as a result of curiosity • Sexual behaviours are done without inhibition • Intense interest in bathroom activities 	<ul style="list-style-type: none"> • Curiosity about sexual behaviour becomes obsessive preoccupation • Exploration becomes re-enactment of specific adult sexual activity • Behaviour involves injury to self or others • Children’s behaviour involves coercion, threats, secrecy, violence, aggression or developmentally inappropriate acts.
A child aged 6–10 years	
<ul style="list-style-type: none"> • Child continues to fondle and touch own genitals and masturbate • Child becomes more secretive about self touching • The interest in other’s bodies becomes more game playing than exploratory curiosity (e.g., ‘I’ll show you mine if you show me yours’) • Boys may begin comparing size of penis • An extreme interest in sex, sex words, and dirty jokes may develop • Child begins to seek information or pictures that explain bodily functions • Touching may involve stroking or rubbing 	<ul style="list-style-type: none"> • Sexual penetration • Genital kissing • Oral copulation • Simulated intercourse • Children’s behaviour involves coercion, threats, secrecy, violence, aggression or developmentally inappropriate acts.
A child aged 11–12 years	
<ul style="list-style-type: none"> • The continuation of masturbation • A focus on establishing relationships with peers • Sexual behaviour with peers, e.g. kissing and fondling • Primarily heterosexual activity but not exclusively • An interest in others’ bodies particularly the opposite sex that may take the form of looking at photos or other published material 	<ul style="list-style-type: none"> • Sexual play with younger children • Any sexual activity between children of any age that involves coercion, bribery, aggression or secrecy or involves a substantial peer or age difference

Sexual behaviours	Abusive sexual behaviours
An adolescent aged 13–17 years	
<ul style="list-style-type: none"> • Masturbation in private • Mutual kissing • Sexual arousal • Sexual attraction to others • Consensual sexual activity amongst peers • Behaviour that contributes to positive relationships 	<ul style="list-style-type: none"> • Masturbation causing physical harm or distress to self and others • Public masturbation • Unwanted kissing • Voyeurism, stalking, sadism (gaining sexual pleasure from others' suffering) • Non-consensual groping or touching of others' genitals • Coercive sexual intercourse/sexual assault • Coercive oral sex • Behaviour that isolates the young person who displays the sexually abusive behaviour and is destructive of their relationships with peers and family



Child Assessment Tool: CAT NGO Review (CNR)

NOTE: Please complete the form and comply with requirements outlined on page 3. All yellow fields are mandatory.

Contact details

1. Child or young person details

Name			
Date of Birth		Person number	

2. NGO details

NGO name			
NGO Caseworker		Office/region	
Email		Contact number	

3. CSC details

CSC Caseworker		Office	
Email		Contact number	

4. CFDU details

CFDU Caseworker		Region	
Email		Contact number	

CAT details

4. CAT Level of Care

Age group			
Are you requesting an increase or decrease in the level of care?		What was the original CAT Level of Care?	
Date of placement		Date CNR submitted	

Please list the documents you are submitting as supporting information for your CNR.

1.			
2.			
3.			

Community Services use only

CNR outcome		CNR Recommended Level of Care	
Comments			
Endorsed by		Date	
Position		District/Branch	

CAT NGO Review

5. Analysis of issues and supporting information: Please record analysis of issues and supporting information relating to your CAT NGO Review request.

CAT NGO Review

If new information about a child or young person that may have an impact on the *CAT Level of Care* becomes known, NGOs may request a review of the CAT Recommended Level of Care. This request must be made within 30 days of the placement being accepted by the NGO.

Requests for a CAT NGO Review will be considered by the original CFDU caseworker and the CFDU Manager Casework (as required), and the outcome of the review will be endorsed by the Manager, Client Services. Requests for a CAT NGO Review will be considered within 14 days of receipt by the CFDU. All requests must be submitted via email and comply with the instructions set out below.

NGOs may request a review outside of the 30 day timeframe, outlining reasons in writing to the relevant Manager, Client Services.

How to request a CAT NGO Review

To apply for a review for any CAT Level of Care, please complete the following:

- Attach original CAT Report received for the child or young person
- Complete all mandatory fields in the CAT NGO Review form
- Provide analysis of the issues and supporting information identifying the behaviours and/or health and development issues that have presented within the last 30 days and the impact on the placement
- Provide copies of relevant supporting information of behavioural and/or health and development issues

NOTE: The supporting information-

- must relate to new information about the child or young person, or information that has come to light since the child/young person was placed with the NGO, or a change in circumstances.
- is substantiated with professional advice in the form of a report from medical doctor, clinician, psychologist, school principal or other relevant professional.
- can be in the form of incident reports where such reports can be corroborated by other reports/ evidence
- can be in the form of reports/ supporting documents which should analyse the impact of the new information on the child or young person's behavioural, health or development needs
- should show a recent pattern of behaviour / issues rather than a single incident. The exception to this would be if the one-off incident severely impacted on the child/young person's behavioural and health needs, and which would jeopardise the stability of the placement, or the placement's capacity to meet the needs of the child or young person
- must relate to new information about the child or young person, or information that has come to light since the child/young person was placed with the NGO, or a change in circumstances
- Must show a link between the new information, the care needs of the child or young person with regard to identified behavioural and health and development issues, and ability of the placement to continue to meet the needs of the child at the assessed level of care.